ANNUAL PROGRESS AND SERVICE REPORT
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Submitted to:
Administration for Children and Families
U.S. Department of Health and Human Services

By:
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ARKANSAS AT A GLANCE
The overall population in Arkansas was estimated at 2,978,204 at the time of the U.S. Census in 2015 an increase of 2.1 percentage points from 2010. Children under five years of age comprised 6.5 percent of the population as of 2014, whereas 23.8 percent of the population was under the age of 18. 79.7 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 2014 the median household income was $41,264 annually.

DCFS is a division within the Arkansas Department of Human Services (DHS). DHS is the largest state agency with more than 7,500 employees working in all 75 counties. Every county has at least one local county office where citizens can apply for any of the services offered by the Department. Some counties, depending on their size, have more than one office. DHS employees work in ten divisions and five support offices to provide services to citizens of the state. DHS provides services to more than 1.2 million Arkansans each year.

The Division of Children and Family Services
DCFS is the designated state agency to administer and supervise all child welfare services (Titles IV-B and IV-E of the Social Security Act), including child abuse and neglect prevention, protective, foster care, and adoptive programs. The State’s child welfare system investigated 33,683 reports of child maltreatment. DCFS provided In-home services (Protective and supportive) to 3,074 families which involves 7,151 children. In addition, at the end of the SFY 2015 there were 4,418 children in foster care. This was an 8 percent increase from SFY 2014 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.
DCFS Mission Statement:

*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.

DIVISION OF CHILDREN AND FAMILY SERVICES 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:

- Community Services
- Mental Health & Preventative Services
- Infrastructure & Specialized Programs
- Placement Supports & Community Outreach
- Finance and Administrative Support.

The Division Director directly supervises the following programs: Child Protective Services, and In Home Services (which includes Differential Response).

DCFS is compromised of the following program areas supervised by each Assistant Director:

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, the Program Administrator, as well as the Supervisor of Team Decision Making.
OFFICE OF MENTAL HEALTH and PREVENTATIVE SERVICES
The Office of Mental Health and Preventative Services includes Behavioral Health, Specialized Placements, Fetal Alcohol Spectrum Disorder (FASD) and Early Intervention Supportive Services, and the System of Care Units.

OFFICE OF INFRASTRUCTURE and SPECIALIZED PROGRAMS
The Office of Infrastructure and Specialized Programs provides support to Transitional Youth Services, Planning, Policy, Professional Development, Education, and the CANS/FAST Units.

OFFICE OF PLACEMENT SUPPORTS and OUTREACH PROGRAMS
The Office of Placement Supports and Outreach Programs oversees the Foster Care, Arkansas Creating Connections for Children (ARCCC), Adoptions, Permanency Roundtables and Subsidized Guardianship, Specialized Services (DDS Waiver and Arkansas Sexual Adjustment Program), and Interstate Compact for the Placement of Children (ICPC) Units.

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. Together, these offices and their 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 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
- 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 the
common goal of helping and supporting families. The Division continues to develop new
partnerships with groups as it becomes more creative in assessing the needs of families and
identifying 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 the CFSP.

The Division establishes key committees with varied stakeholders involved to assess and assist
with the development and implementation of goals and objectives of not only the CFSP, but for
previous Program Improvement Plans (PIP) and future Program Improvement Plans (PIP). These
committees often break out in subcommittees to focus on particular areas. Although this is an
area that DCFS continually works on, it is also an area that the Division intends to more fully
develop. The Division’s PIP and CFSP goals and objectives include many strategies that involve
more partnerships and community involvement than ever before. It challenges DCFS to build
upon an area in which it has already had some success. The Division’s goal is to work with
varied partnerships and stakeholders to open even more opportunities for families as well as staff
professional development. This would provide optimum accessibility and availability of services
that are individualized to meet the individual need of families.

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

- **Acute and Sub-Acute Psychiatric Facilities**: A residential child care facility in a non –
hospital (sub-acute) and a hospital setting (acute) that provides a structured, systematic,
therapeutic program of treatment under the supervision of a physician licensed by the
Arkansas State Medical Board who has experience in the practice of psychiatry. A sub –
acute and acute setting are for children who are emotionally disturbed and in need of
daily nursing services, physician’s supervision and residential care. This service is
typically covered by Medicaid.

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
Family Service Workers’ (FSWs) case management best practice and ensure DCFS is
highly involved in the treatment process. If problems are noted, FSWs are given direction
and support. As a result of DCFS attending the reviews, increased quality and quantity of
involvement by FSWs has been noted by ASH administration. In addition to attending
reviews at ASH, the program specialist continues to participate in treatment team
meetings at United Methodist Behavioral Health Hospital. Communication between
FSWs and the facility has improved according UMBH. Workers are responding to emails
and participating more in staffing.
A conference call was held with both acute and sub-acute providers on March 31, 2016 to discuss appropriate discharge planning for foster youth placed in this higher level of care and collaborating with DCFS on setting up appropriate services for the youth and families if appropriate. Discussions are also held concerning Medicaid and their expectations for youth who receive services from multiple systems.

An annual meeting for 2016 is being planned for this sub-group of providers. Among other issues on the agenda, trauma-informed services will be addressed. Providers will have an opportunity to give input on specific contract performance indicators that will require trauma training for all staff involved with children and families.

- **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 (AOC). The Division has participated in a number of meetings along with trainings as well as traveled with CIP to a site visit to Greene County in the spring of 2016 to determine how courtroom and agency practices could be improved.

  The need to improve the relationship between DCFS and the AOC was one of the recommendations in the Paul Vincent Report. The current DCFS Interim Director has stated one of her goals is to do just that, to include the Attorney Ad Litem and Parent Counsel programs. The Division is already working diligently to complete initial legislative drafts for the 2017 General Legislative Session to present to AOC and its programs as early as possible, one of the examples provided within the recommendation in the Paul Vincent Report related to the DCFS and AOC relationship. The DCFS Interim Director also wants to continue meetings with the AOC to address current issues, upcoming changes, updates on DCFS initiatives/interventions, proposed legislative changes, policy changes, etc. The DCFS Interim Director has also requested to meet with all juvenile judges at their annual fall meeting.

  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. However, the current DCFS Interim Director has shared with AOC that she is willing to begin discussions on this topic once again to see if common ground can be reached.

  DCFS planning staff and CQI staff have met throughout this reporting period with the CIP Director to coordinate and prepare for the 2016 CFSR. Several judges, attorneys ad litem, parent counsel, and CASAs participated in the CFSR focus groups.
Arkansas Association for Infant Mental Health (AAIMH) Policy Committee: The Arkansas Association for Infant Mental Health (AAIMH) serves as the Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) Steering Committee. It meets quarterly as an advisory body at the state level to improve coordination of services and support for the early child-serving system. The DHS Division of Children and Family Services is a part of this system and is an active member of AAIMH Policy Committee. Additionally, a foster/adoptive parent has joined this group to represent child welfare from a consumer’s perspective.

Within the past 6 months, a survey was administered to parents of children ages 0-8 in Mississippi County, which are the target age range and county for Project LAUNCH. Findings include that parents would like authentic engagement from child services systems and parenting skills development. As follow-up to the survey, the AAIMH Policy Committee is supporting efforts to provide accessibility to parent education and home visiting services. If outcomes are favorable, the approaches used in the target county will be replicated statewide. Project LAUNCH is in year 2 of a 5 year grant awarded by SAMHSA (the Substance Abuse and Mental Health Services Administration) to the University of AR for Medical Sciences and the AR DHS Division of Behavioral Health Services.

The Arkansas Baptist Children’s Homes and Family Ministries (ABC Homes): ABC Homes is a non-profit agency of the Arkansas Baptist State Convention. Through residential childcare and counseling services, ABC Homes is seeking to be the foremost provider to children and families in crisis in Arkansas. ABC Homes has implemented a new program known as ABC Homes Get Connected. ABC Homes Get Connected launched in Pulaski County by recruiting foster families and volunteers from local churches in North Pulaski. As a result of the partnership with ABCH Get Connected, seven families were trained to begin foster parenting and/ or adoptive care. These homes were recruited and finished training this year in May 2016, and all families were open and approved. ABC Homes has also recruited many volunteer to provide service to DCFS and the organization.

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. This council presents a model that DCFS can observe as it relates to including past services recipients in the decision-making process for future initiatives.

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

- **Arkansas Commission on Child Abuse, Rape, and Domestic Violence:**

  The Commission on Child Abuse, Rape, and Domestic Violence is comprised of agencies and groups representing law enforcement, multidisciplinary teams, education, mental health, judicial and other professional groups. The Director of the Division of Children and Family Services is appointed to the Commission on Child Abuse, Rape, and Domestic Violence. The Commission meets on a quarterly basis and, these meetings provide a forum to share information related to issues, initiatives, and concerns of the child welfare system and, in turn, allows the Division to hear 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 the development of proposed legislation.

  Commission representatives have participated on the Differential Response Committees and the Child Welfare Allegations stakeholder workgroup. A member of the Commission also serves on the DCFS Advocacy Council.

  The Commission continues to license the web-based mandated reporter training through a partnership with the Center for the Application of Information Technologies and Western Illinois University.

  During State Fiscal Year 2015, 13,763 individuals completed this self-paced online curriculum.
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 online professional development portal utilized by licensed educators. More than 11,000 Licensed Educators viewed the training during State Fiscal Year 2015. 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.

The Commission and DCFS are currently collaborating on preparing a grant application to address trafficking within the child welfare population (HHS-2016-ACF-ACYF-CA-1179).

- **Arkansas Head Start Collaboration Office (HSSCO)/Arkansas Head Start Association (AHSA):** DCFS has a memorandum of understanding with the Arkansas Head Start Collaboration Office/Arkansas Head Start Association. 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 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 are 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. However, in May 2016, the AIM Team combined with the Pulaski County Infant and Child Death Review Program in order to streamline work in this area.

- **The Arkansas Safe Babies Court Team (SBCT) Project:** The Safe Babies Court Team Project is a collaboration 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 September 2015, the SBCT in Judge Patty James’ court in Pulaski County ended due to mutual agreement between Judge James, Zero to Three, and DCFS. The SBCT in Lonoke County, launched in September 2014, continues to thrive.

  Accomplishments within the past year include establishing a Parent Partner Orientation for biological parents and other caretakers who have recently become involved in the child welfare system and establishing the SBCT Lonoke Coordinator as the point-person for providing Step By Step Parenting to parents whose children have been removed. Step By Step Parenting is a parenting education program designed for parents with developmental disabilities.

- **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. This team meets periodically throughout the year to discuss action steps to continue to promote healthy outcomes for families within the state of Arkansas. Members of the DCFS Office of Mental Health and Preventative Services attend these meetings.

- **Bikers Against Child Abuse (BACA):** BACA exists to create a safer environment for abused children. BACA exist as a body of Bikers to empower children to not feel afraid of the world in which they live. BACA sends a message to parties involved with an abused child that the child is a part of BACA and that the organization members are prepared to lend their physical and emotional support to a child by affiliation and their physical presence. BACA has a working relationship with DCFS in Sebastian, Faulkner and White Counties. BACA has also offered their support to allow DCFS to recruit during community events, etc.

- **CASSP (Child and Adolescent Service System Program):** The Child and Adolescent Service System Program (CASSP) focuses on interagency collaboration for the needs of seriously emotionally disturbed (SED) children. Children involved with DCFS are a priority population for CASSP and there is a DCFS staff member who serves on the State CASSP Coordinating Council and Executive Committee. There are several children who are involved in CASSP and DCFS and each year the State CASSP Council targets an area
of common interest. Most recently the Council has identified a workgroup comprised of community mental health center staff, early childhood therapists, DCFS, and family members to address the barriers that exist for children in foster care as it relates to timely initiation of mental health services. A letter was drafted by the workgroup requesting help to address this problem. The letter has been distributed to members of the AR State Legislature, AR Department of Human Services executive staff and other key stakeholders. A meeting to include the director of DCFS is being planned to discuss further actions. The director of the AR Department of Human Services has agreed to attend a State CASSP Council meeting in the fall of 2016.

In March 2016, the DCFS Policy Manager also attended that month’s CASSP Coordinating Council meeting to share and explain the Division’s reasonable and prudent parenting standard policy (Policy VII-G) with this group of stakeholders.

- **Child Death and Near Fatality Multidisciplinary Review Committee:** The Child Death and Near Fatality Multidisciplinary Review Committee conducts a comprehensive review of the circumstances leading to the near fatalities and fatalities of children under the age of eighteen who had contact with the Division within twenty-four months before the fatality as determined by comparing records of death from the Arkansas Department of Health, Division of Vital Records with information in CHRIS and all deaths and near fatalities of children reported through the Arkansas Child Abuse Hotline. These 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.

  Its membership is prescribed in A.C.A. 9-25-105. The Child Death and Near Fatality Multidisciplinary Review Committee meets on a quarterly basis.

- **Children of Arkansas Loved for a Lifetime (C.A.L.L.):** The C.A.L.L. 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 C.A.L.L. in each county. The DCFS and C.A.L.L. 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 C.A.L.L. The C.A.L.L. became a statewide organization in 2010. Since 2007, the C.A.L.L. has recruited over 1,000 foster and adoptive families.

  The C.A.L.L. has created a county-based/statewide oversight model that has been replicated in 41 counties. These counties are: Pulaski, Lonoke/Prairie, Faulkner/Conway, Jefferson, Northwest, AR (Benton, Washington, Madison, and Carroll), Johnson, Franklin, Sebastian/Crawford, Izard/Sharp/Fulton, Stone, Van Buren, Baxter, Boone, Independence, Saline/Perry, Arkansas, Cleburne, Van Buren, Pope, Columbia, Union, Ouachita, Clark, Miller, Lafayette, Nevada, Hempstead, Little River, Sevier, Howard,
Polk, and Drew. There are more counties that are working toward launch of the C.A.L.L.: Marion, Craighead, Logan, Montgomery, Pike, Grant, and Cleveland counties. We expect these counties to be launched in SFY 2017.

The C.A.L.L. supports foster families by offering monthly support group meetings and the C.A.L.L. closet, which offers resources such as clothing or baby supplies to all approved foster parents.

The C.A.L.L. hosted the third annual “Hope Conference” in March 2016. This one day conference was attended by both C.A.L.L.-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 C.A.L.L. co-hosted a “Walk for the Waiting” in 2016 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 C.A.L.L.’s website is http://www.thecallinarkansas.org/

- **Children Trust Fund**: The Children’s Trust Fund believes 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.

- **Christians for Kids (C4K)**: C4K is a non-profit organization located in Craighead County to help Christian families and singles become foster parents by helping them through the process to approval. C4K is also used as a support for families or singles once they are approved and accepting children in foster care.

- **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 Arkansas Citizen Review Panels meet and collaborate on projects they believe will have an impact on their community specifically focusing on enhancing the lives of children and families. The DCFS CRP Coordinator and the Planning Specialist attended the National Citizen Review Panel Conference in Phoenix, AZ in June 2016. The conference provided a national perspective for the operation of other CRP’s.
• **COMPACT:** This placement provider is a Christ-centered ministry to redeem the fatherless and family through compassion in action. E.g. Hillcrest Children’s Home. COMPACT is in the early stages of planning to launch a foster care recruitment program to recruit, train, and support families in Arkansas.

• **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. 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.

Quarterly meeting agenda items during this reporting period included:
  - Adoption special report
  - Garrett’s Law Summary
  - 1st and 2nd Quarter Progress Reports
  - Concerns/impact of new legislation as reports
  - Current Trends and Numbers
  - Paul Vincent Report
    - Proposed action steps for recommendations
    - Proposed changes to Foster Parent process
  - Education and AR Foster Care System
  - Homeschooling Q & A

One of the primary tasks for the DCFS Advocacy Council within the coming year will be to carry forth any recommendations or needed action steps from the Governor’s Oversight Committee.

• **DCFS Internal Child Death Review Committee:** This 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.
• **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. However, this committee was disbanded in August of 2015 due to the creation of the Child Death and Near Fatality Multidisciplinary Review Committee as required by Act 1245 of the 90th General Assembly, 2015.

• **Division of Behavioral Health Services (DBHS):** DCFS collaborates with DBHS to advocate for children involved in the behavioral health and welfare systems. One of the efforts is the engagement of youth is Youth MOVE AR, which is an advocacy group for persons ages 13-25 years who have lived-experience in social services systems. DBHS provides funding for local Youth MOVE AR chapters throughout the state and DCFS makes referrals for persons to join this group. DCFS also holds a position on the Youth MOVE AR Advisory Board. In June 2016, the DCFS Youth Advisory Board (YAB) will sponsor youth in foster care to participate in the annual Youth MOVE AR family and youth conference that will be held on the campus of Arkansas State University in Jonesboro. DCFS also collaborates with DBHS regarding substance abuse services. DCFS set up contracts with providers, supporting the approach and direction that DBHS is taking for statewide services. Regular meetings and communication regarding substance abuse services are held to insure consistency among state agencies funding substance abuse services.

• **Division of Developmental Disabilities (DDS):** DCFS has partnered and is strengthening the collaboration for referral, consultation, and communication with the Developmental Disabilities Division. The DCFS Centralized Developmental Disabilities Coordinator Positions continue to play a critical role in assuring timely processing and approval of children eligible for DDS Waiver services, which takes this time intensive process off of Family Service Workers in the field. Feedback from the field was that this was a tedious and time limited administrative process and was very difficult for the field to complete and monitor along with all the other responsibilities. DCFS recognized that it could impact placements of children with challenging behaviors due to developmental disabilities 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. With the collaboration of DDS and DCFS to give children in foster care priority on the DDS Waiver wait list, the addition of these two centralized Developmental Disabilities Coordinator positions makes it more possible for children in foster care to gain eligibility for DDS Waiver services while in care and to be able to carry those services over when reunification, APPLA or adoption occurs.

• **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. The DCFS FASD and Early Intervention Supportive Services FSW works to educate staff statewide regarding DCFS policies & procedures for early intervention referrals and services. Conversations have recently started again with the new DDS Part C liaison to discuss how to more effectively meet the both CAPTA and Part C requirements related to early intervention referrals.

- **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. The two agencies are also in the process of updating this agreement and hope to have it finalized soon. The DCFS liaison continues to coordinate with DYS on several issues affecting dual-custody youth and other shared issues between the two divisions.

In addition, in 2015 the DCFS Mental Health Specialist was appointed to serve on the Youth Justice Reform Board. Governor Asa Hutchinson created this task force in August 2015 to help strengthen the juvenile justice system and other intersecting agencies in Arkansas.

- **Emergency Shelters:** Emergency shelters are available on a twenty-four (24) hour basis for up to forty-five (45) days in a six (6) month period for youth whose circumstances or behavior require immediate removal from their home. The extent and depth of the services provided to a youth in the Emergency Shelter program will depend upon the individual needs of the youth and referral source.

Quarterly conference calls are held with the emergency shelter providers to promote better communication, identify problem issues or barriers, share data on practice issues and improve the quality of services and collaboration. Practice issues discussed included development of better communication between the family service workers and the shelters, as well as with the child. Updates regarding the new federal rule from federal Public Law 113-183, the Reasonable and Prudent Parent Standard were given by the providers. The primary issues addressed 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.

An annual meeting for 2016 is being planned for this sub-group of providers.

- **FASD Task Force:** This group 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 and has begun the process of establishing 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.

- **Geographic Information Systems Lab, University of Arkansas at Little Rock (GIS):** DCFS has maintained a partnership with the GIS Laboratory at UALR to develop a geographic information system to be used for the recruitment of resource families. The use of GIS in determining recruitment needs has improved decision-making by analyzing spatial relationships that describe the interaction among people, family, community and environment. UALR provided DCFS the first phase of the product on December 4, 2015. The GIS capabilities assist in guiding recruitment in target communities. The GIS is available to all DCFS staff. DCFS will continue to use geospatial mapping to visualize the community of removal of children that have entered foster care and their proximity to family and available resource families. 194 individual sessions (logins) have occurred and of the 194 sessions, 285 searches have been completed. The tool will be used to recruit additional resource families from specific locations and display community resources and services as new partnerships are made and identified as supports. 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.

- **Greene County Baptist Association:** This group is a newly developed partnership to recruit, train, and support foster families in Greene County that is in progress.

- **Governor’s Oversight Committee:** The Governor’s Oversight Committee was created in the fall of 2015 as a result of the 2015 Paul Vincent Report, a review of the Arkansas child welfare system commissioned by Governor Asa Hutchinson. The Governor’s Oversight Committee is led by the Governor’s senior advisor and comprised of a variety of stakeholders including, but not limited to, DCFS, the Administrative Office of the Courts, Child Safety Centers, mental health providers, university partners, DHS Office of Chief Counsel, state legislators, judges, the Public Defender’s office, and faith-based/community partners such as The CALL and Christians 4 Kids. The purpose of the Governor’s Oversight Committee is to determine how the Paul Vincent recommendations can be implemented. Five subcommittees were created to look at specific recommendations, develop action plans, and implement certain activities where possible. The five subcommittees covered:
  - Child Safety
  - Permanency/Placements
The Governor’s Office has asked each of the subcommittees to finalize its plans by the end of July 2016 at which point the DCFS Advocacy Council will follow up with any needed recommendations or actions steps.

- **Interdivisional Staffings:** Youth who have significant in case planning, placement or maintaining stability due to multiple and complex needs. Children who are are not in DHS custody may be referred for an Interdivisional Staffing. The Medicaid utilization contractor refers youth with complex needs identified in their care coordination for high utilizers. Many referrals include adopted youth in order to identify services and supports that are needed to maintain the adoption. 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. Only those youth who have complex needs including mental health issues, placement difficulties, psychotropic medication or other needs that cannot be adequately addressed in typical discharge meetings. These discharge meetings occur on all dual custody youth and involve DYS and DCFS staff assigned to each dual custody youth. Whenever possible youth have been attending the staffing, which gives them an opportunity to provide direct input regarding their case plan.

- **Judicial Leadership Team:** This 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.

- **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 barriers or issues arise that impact clients in the child welfare system, the mental health specialist coordinates an intervention and response to either client-specific or systemic issues.

- **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.

- **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. This is a continuing collaboration; however the support group ended in February 2016.

- **Project PLAY (Positive Learning for Arkansas’ Youngest):** Project PLAY is an Early Childhood Mental Health Consultation (ECHMC) program funded by the AR 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 and it has a program area that addresses children in foster care. Collaboration occurs on the local and state level. At the local level, when a child in foster care is identified in a childcare center as needing concerted attention to address his/her behavior, staff in the center, the child’s DCFS caseworker and foster parent(s) come together to discuss the options specific to the child. If a change in foster parents or caseworker occurs or other DCFS administrative actions occur, DCFS central office staff is included
to help expedite coordination of services. This process has been in place for approximately 3 years and has yielded effective communication and service provision across systems.

- **Psychiatric Research Institute (PRI), University of Arkansas for Medical Sciences:** DCFS and PRI collaborate often to identify and address problematic systemic issue in the behavioral health services for the child welfare population. In the past year, the behavioral health unit and PRI developed and implemented a format and process for a Complex Trauma Assessment. This is a very comprehensive evaluation that assists in determining accurate diagnoses and provides recommendations for evidence-based treatment approaches. This project was initiated due to multiple children and youth being inaccurately diagnosed with Reactive Attachment Disorder, when trauma was not assessed or considered, therefore treatment approaches being taken were not effective.

- **Public Guardian for Adults (PG) and Adult Protective Services (APS):** Act 1033 states that a transitional staffing for children who will be considered incompetent to care for themselves outside the assistance of DCFS upon turning 18 is to be scheduled no later than 6 months prior to a child’s 18th birthday or upon entering foster care (whichever occurs later), and that Adult Protective Services and Public Guardian for Adults are to be invited. DCFS has delegated a liaison within the agency to aid in the referral process and in communication between DCFS and these two agencies. This liaison is reaching out to the field staff to educate on the process of applying for Public Guardian and with scheduling this staffing. This liaison also screens all Public Guardian referrals for quality and accuracy before forwarding to the Public Guardian office.

- **Residential Treatment Care:** Any child welfare agency that provides care, training, education, custody or supervision on a twenty-four (24) hour basis for six (6) or more unrelated minors. Quarterly conference calls are held to promote better communication and collaboration, identify problem issues or barriers, share data on practice issues and improve the quality and consistency of services. Implementation of the new federal rule from Public Law 113-183, the Reasonable and Prudent Parent Standard has resulted in a more normalized lifestyle for our youth in these placements. There was also discussion concerning the CANS and the importance of the providers being included in the assessment process. Some providers are utilizing the CANS results to inform their treatment/care plan. This will be an ongoing quality improvement project. An annual meeting for 2016 is being planned for this sub-group of providers.

- **Southern Christian Home, Morrilton (SCHM):** SCHM is a newly developed partnership to recruit, train, and support foster families in Greene County that is in progress.

- **Therapeutic Foster Care:** Therapeutic foster care providers are those that deliver 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.

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 have been discussed with all TFC providers 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.

- **University of Arkansas for Medical Sciences (UAMS):** DCFS has partnered with UAMS for the collaboration of referrals, consultation, and communication with the Adolescent Sexual Adjustment Program (ASAP) and the Family Treatment Program (FTP). DCFS had identified a liaison in the Specialized Services Unit to provide assistance to field workers in the preparation of application packets for the above named programs. DCFS recognized that we could impact placements of children with challenging behaviors due to sexually acting out or post-traumatic stress from sexual abuse for offenders, victims and family members. This involves providing children as well as adults experiencing post-traumatic stress from sexual abuse with the appropriate assessments, therapies, and treatment. The DCFS Specialized Services unit also works to educate staff statewide regarding DCFS policies & procedures for ASAP and FTP referrals and services.

- **Youth Advisory Board:** Youth served by the foster care system provide representation on the Arkansas Youth Advisory Board (YAB). 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 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 is happening 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.

During this reporting period, the YAB provided reviewed and feedback on draft Transitional Youth Services publications (PUB-49: Be Your Own Advocate – The Shortlist, PUB-50: Be Your Own Advocate!; and CFS-007: Acknowledgement of Youth Rights in Foster Care. Please see the Chafee Foster Care Independence Program section for more information). The YAB has also involved in the Child and Family Services Review (CFSR) process including learning about the CFSR from the CQI Manager at the YAB May 2016 meeting and participating in a youth CFSR focus group facilitated by federal partners. The members of the YAB are involved with the agency and the community as a whole.

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.

Also please refer to Item 31- State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR and Item 32- Coordination of CFSP Services with Other Federal Programs (pp. 76-80) of the Statewide Assessment for additional information in reference to Arkansas’s Consultation and Coordination.

DCFS plans to continue to build upon its community partnerships and build the service array necessary to meet the needs of its population for individualized and community based services and supports focused on safety, permanency, and well-being. DCFS recognizes that in order to have a true child and family services continuum, one entity cannot be responsible for meeting the needs of children and families. Rather, it is through true collaboration and partnerships that the
Division coordinates and integrates 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 SFY 2016**

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 his or her 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 2016 INTENSIVE FAMILY SERVICES PROVIDERS**

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

**SFY 2016 FOSTER AND ADOPTION RELATED PROVIDERS AND CONTRACTS**

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
ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN AND FAMILY SERVICES
COUNSELING SERVICES
By County - State Fiscal Year 2016

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<tr>
<th>PROVIDER</th>
<th>DCFS Areas/Counties</th>
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<tbody>
<tr>
<td>1</td>
<td>Housley Counseling</td>
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<td>Area 1 (Benton, Carroll, Madison, and Washington)</td>
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<td>2</td>
<td>Western AR Counseling and Guidance Center</td>
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<tr>
<td></td>
<td>Area 2 (Crawford, Franklin, Logan, Scott and Sebastian); Area 3 (Polk)</td>
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<tr>
<td>3</td>
<td>Counseling Associates</td>
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<td></td>
<td>Area 2 (Johnson and Yell); Area 3 (Perry); Area 5 (Conway, Faulkner, and Pope)</td>
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<td>4</td>
<td>Lee Lowder</td>
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<td>Area 3 (Clark, Garland, Hot Spring, Montgomery, and Pike); Area 7 (Prairie)</td>
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<td>5</td>
<td>Counseling Clinic</td>
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<td></td>
<td>Area 3 (Saline County)</td>
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<td>6</td>
<td>South AR Regional Health Center</td>
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<td></td>
<td>Area 4 (Columbia, Nevada, Ouachita, and Union)</td>
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<td>Southwest AR Counseling and Mental Health Center</td>
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<td>Area 4 (Hempstead, Lafayette, Little River, Miller and Sevier)</td>
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<td>8</td>
<td>Preferred Family Healthcare/Health Resources of AR</td>
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<td></td>
<td>Area 5 (Baxter, Boone, Marion, Newton, Searcy, Van Buren)</td>
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<td>9</td>
<td>HLH Consultants</td>
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<td>Area 6 (Pulaski)</td>
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<td>Agency</td>
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<td>10</td>
<td>Centers for Youth and Families</td>
</tr>
<tr>
<td>11</td>
<td>Life Strategies, Inc.</td>
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<tr>
<td>12</td>
<td>Southern Counseling Services</td>
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ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN AND FAMILY SERVICES
HOME STUDY SERVICES
By County
State Fiscal Year 2016

KEY

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<thead>
<tr>
<th>Provider</th>
<th>DCFS Areas/Counties</th>
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<tbody>
<tr>
<td>1 Winn Counseling</td>
<td>Area 1 (Benton, Carroll, Madison, and Washington)</td>
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<tr>
<td>2 Serenity Counseling</td>
<td>Area 2 (Crawford, Franklin, Logan, Scott and Sebastian)</td>
</tr>
<tr>
<td>3 Southern Counseling Services</td>
<td>Area 3 (Clark, Hot Spring, Montgomery, Perry, Pike, Polk)</td>
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<tr>
<td></td>
<td>Area 4 (Columbia, Hempstead, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier, and Union)</td>
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<td></td>
<td>Area 5 (Baxter, Boone, Marion, Newton, Searcy, and Van Buren)</td>
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<td>Area 8 (Clay, Craighead, Fulton, Greene, Izard, Lawrence, Mississippi, Randolph, and Sharp)</td>
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<td>Area 9 (Crittenden, Cross, Independence, Jackson, Poinsett, White, and Woodruff)</td>
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<td>Contact Information</td>
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<td>4</td>
<td>Libby Slatton, LCSW PA</td>
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<td>6</td>
<td>HLH Consultants</td>
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<td>7</td>
<td>Southern Counseling Services and HLH</td>
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<td>5</td>
<td>Social Work Services of AR</td>
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**NOTE:** DCFS Counseling services may be provided in-home, office based, or in a natural environment for the client/family.
**Arkansas Department of Human Services - Division of Children and Family Services**

**Psychological Evaluation Services**

**by County**

State Fiscal Year 2016

<table>
<thead>
<tr>
<th>Provider</th>
<th>DCFS Areas/Counties</th>
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<tbody>
<tr>
<td>1 Dr. Martin T. Faitak</td>
<td>Area 1 (Benton, Carroll, Madison, and Washington)</td>
</tr>
<tr>
<td>2 Dr. Robert Spray</td>
<td>Area 2 (Crawford, Franklin, Johnson, Logan, Scott, Sebastian, and Yell)</td>
</tr>
<tr>
<td>3 Psychological Care Center</td>
<td>Area 3 (Clark, Garland, Hot Spring, Howard, Montgomery, Perry, Polk, and Saline)</td>
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<td></td>
<td>Area 5 (Baxter, Boone, Conway, Faulkner, Marion, Newton, Pope, and Van Buren)</td>
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<td>Area 6 (Pulaski)</td>
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<td></td>
<td>Area 7 (Bradley, Calhoun, Cleveland, Dallas, Grant, Jefferson, Lonoke, and Prairie)</td>
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<tr>
<td>4 Dr. Betty Feir</td>
<td>Area 4 (Columbia, Hempstead, Lafayette, Miller, Nevada, Ouachita, and Union)</td>
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<tr>
<td>5 NE AR Community Mental Health (MidSouth Health Systems)</td>
<td>Area 8 (Clay, Craighead, Fulton, Greene, Izard, Lawrence, Mississippi, Randolph, and Sharp)</td>
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<td></td>
<td>Area 9 (Crittenden, Cross, Poinsett, and Woodruff)</td>
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<td></td>
<td>Area 10 (Lee, Monroe, Phillips and St. Francis)</td>
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</table>

**Note:** Arrangements can be made for Psychological Evaluations to be conducted at provider offices and within DHS county office.
ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN AND FAMILY SERVICES
SUBSTANCE ABUSE TREATMENT SERVICES
by County - State Fiscal Year 2016

Provider | DCFS Areas/Counties
--- | ---
1 | Preferred Family Healthcare
   | Area 1 (Benton, Carroll, Madison, and Washington)
   | Area 5 (Baxter, Boone, Conway, Marion, Newton, Searcy, and Van Buren): Area 8 (Fulton, Izard, Sharp)
   | Area 9 (Cleburne, Independence, Jackson, Stone, White, and Woodruff)
2 | NE AR Community Mental Health (MidSOUTH Health Systems)
   | Area 8 (Clay, Craighead, Greene, Lawrence, Mississippi, and Randolph)

KEY
- Outpatient Office
- Residential Treatment Facility
- Specialized Women's Services
<table>
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<tr>
<th>Area</th>
<th>Service Center</th>
<th>Areas</th>
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<tbody>
<tr>
<td>3</td>
<td>Western AR Counseling and Guidance Center</td>
<td>Area 2 (Crawford, Franklin, Logan, Scott, and Sebastian); Area 3 (Polk)</td>
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<td>Area 3 (Clark, Garland, Hot Spring, Montgomery, Perry, and Pike)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Area 5 (Faulkner, and Pope)</td>
</tr>
<tr>
<td>4</td>
<td>Quapaw House</td>
<td>Area 3 (Howard); Area 7 (Calhoun)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Area 4 (Columbia, Hempstead, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier, and Union)</td>
</tr>
<tr>
<td>5</td>
<td>SW AR Counseling and Mental Health Center</td>
<td>Area 3 (Saline); Area 6 (Pulaski); Area 7 (Lonoke, Prairie)</td>
</tr>
<tr>
<td>6</td>
<td>Recovery Centers of AR</td>
<td>Area 7 (Bradley, Cleveland, Grant, Jefferson, and Lincoln)</td>
</tr>
<tr>
<td>7</td>
<td>10th District Substance Abuse Treatment</td>
<td>Area 10 (Arkansas, Ashley, Chicot, Desha, and Drew)</td>
</tr>
</tbody>
</table>
ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN AND FAMILY SERVICES
INTENSIVE FAMILY SERVICES
by County
State Fiscal Year 2016

KEY

<table>
<thead>
<tr>
<th>Provider</th>
<th>DCFS Areas/Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Housley Counseling</td>
<td>Area 1 (Benton, Carroll, Madison, and Washington) Area 2 (Sebastian)</td>
</tr>
<tr>
<td>2 Counseling Associates</td>
<td>Area 2 (Johnson)</td>
</tr>
<tr>
<td></td>
<td>Area 3 (Perry)</td>
</tr>
<tr>
<td>3 HLH Consultants</td>
<td>Area 5 (Conway, Faulkner, and Pope)</td>
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<tr>
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<td>Area 6 (Pulaski)</td>
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- Indicates IFS will begin on July 1, 2016
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<thead>
<tr>
<th>Area 7 (Jefferson)</th>
<th>Area 8 (Clay, Craighead, and Greene)</th>
<th>Area 7 (Bradley and Cleveland) + Area 4 (Columbia, Miller, and Union)</th>
<th>Area 8 (Fulton, Izard, Lawrence, Mississippi, Randolph, and Sharp)</th>
<th>Area 9 (Cleburne, Crittenden, Cross, Independence, Jackson, Poinsett, Stone, and White)</th>
<th>Area 10 (Ashley, Desha, Drew, Monroe, St. Francis, + Lee and Phillips)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4  Life Strategies</td>
<td>5  Southern Counseling Services</td>
<td>6  Community Counseling Services</td>
<td>7  Martin Counseling Services</td>
<td></td>
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Purchased Services Decision Making Process: Overview

Request for Proposals (RFPs) are issued to seek proposals from qualified organizations to provide services. 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.

The respondents submit proposals in two separate parts, technical and cost. The proposals are then evaluated in four phases:

- **Phase 1** is the review to ensure all minimum qualifications are met and is mandatory. Proposals must pass this phase before being moved forward for further review.
- **Phase 2** is the evaluation of the technical proposal. Respondents must demonstrate how they are able to effectively and efficiently deliver the service.
- **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.

CHILD WELFARE PROGRAMS SUPPORTING THE SERVICES 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**: The In Home Services Unit, which consists of one staff member, had a vacancy for several months. The position was filled in April of 2016 and the review of Protective Services Cases and shadowing field staff is ongoing throughout the state. The In Home Workgroup continues to meet regarding policy and procedure.
• **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 Youth 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 Professional Development Unit (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.

In an effort to improve and support the various programs above, the Division continually assesses how it can better monitor these programs and receive feedback from the staff directly implementing them. For example, since July 2015, CHRIS has implemented 3 reports regarding CANS/FAST:

- Cases open 30+ days with no case plan, and the report then notes whether a CANS/FAST has been done or not
- Cases open between 20 and 30 days that have no CANS/FAST (to help to capture/monitor those upcoming before they are overdue)
- Missing or expired certifications (the CHRIS system blocks uncertified users from entering and/or approving CANS/FAST/Case Plans to help with maintaining fidelity; the CANS/FAST Program Manager enters certifications in CHRIS so this report is able to indicate, based on position, if an employee’s certification is missing or expired).
In addition, DCFS also began utilizing Survey Monkey during this reporting period for multiple functions. The Division has developed and completed many surveys to receive feedback from the field and various stakeholders regarding many issues (surveys detailed in the table below). This function has allowed several programs to keep an open feedback loop in many areas, including getting input from the field on changes and decisions being made in Central Office and receiving information from foster parents regarding how DCFS is meeting their needs and how the Division can improve.

Finally, DCFS is also using Survey Monkey now as a case review tool in several areas. There is a CANS/FAST case review tool, an In-Home Services Case Review Tool, and a Differential Response Case Review Tool. These are utilized by the CANS/FAST Clinical Specialist, DR Specialist, and In-Home Specialist to monitor and evaluate the quality and fidelity of the CANS/FAST in the system and the quality of work and compliance factors on current open in-home services cases and closed differential responses.

<table>
<thead>
<tr>
<th>Survey Title</th>
<th>Description</th>
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<tbody>
<tr>
<td>Supervisor Questionnaire</td>
<td>This was provided at the Statewide Supervisor Meeting in October for supervisors to self-evaluate how they are guiding practice with CANS and get some feedback on how they think CANS/FAST is going</td>
</tr>
<tr>
<td>Field Trainer/Partnership Questionnaire-CANS/FAST</td>
<td>Similar to the survey above. Provided to field trainers/IV-E University Partnership.</td>
</tr>
<tr>
<td>New FSW Questionnaire-CANS/FAST</td>
<td>This was sent out by email to New Workers who attended NWT after CANS/FAST implementation (and training was embedded) and graduated prior to 11/2015 (when survey was sent).</td>
</tr>
<tr>
<td>CANS/FAST Refresher Trainings</td>
<td>This is sent out by the CANS/FAST Program Manager (in addition to the evaluations that MidSOUTH provides at the end of trainings) to staff after they attend Refresher Trainings to get more detailed feedback.</td>
</tr>
<tr>
<td>Protection Plan Survey</td>
<td>With new legislation on filing all Protection Plans, case plans must be done sooner on protection plan cases due to the law that says we have to have a case plan done within 30 days of filing the petition. This survey is sent out to supervisors and area directors to get feedback on how to</td>
</tr>
<tr>
<td><strong>Coaching Call Survey</strong></td>
<td>This survey is sent to supervisors and MidSOUTH (anyone on list to get coaching call invites). Monthly coaching calls are held with Praed to provide support/feedback to supervisors on proper use and supervision of CANS/FAST. This survey provides feedback on the calls and suggestions for future formats/topics.</td>
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</tr>
<tr>
<td><strong>CANS/FAST Revisions</strong></td>
<td>This was sent to “DCFS All” to get feedback as the Annual Revision Workgroup has started. DCFS specifically asked for feedback on the idea of converting to hybrid tool (modeling after Utah’s UFACET).</td>
</tr>
<tr>
<td><strong>Worker Safety</strong></td>
<td>This was sent to “DCFS All” to get feedback for one of the Governor’s Oversight Committees on Worker Safety.</td>
</tr>
<tr>
<td><strong>CFM and PIE surveys</strong></td>
<td>Contract Financial Management and Provider Invoice Entry sent to program users to enhance effectiveness and make more user-friendly.</td>
</tr>
<tr>
<td><strong>Area 3/Saline Foster Parent Survey</strong></td>
<td>This survey was sent to foster home providers in Saline County to get feedback on how the Department is meeting the needs of families and the children that are placed with them, open communication, and any areas for improvement.</td>
</tr>
<tr>
<td><strong>Provider Portal Possible Expansion</strong></td>
<td>This survey was sent to all current open foster/adoptive providers with email addresses listed in system to get feedback on how DCFS can expand and ensure the provider portal is meeting their needs.</td>
</tr>
<tr>
<td><strong>CANS/FAST Case Review Tool</strong></td>
<td>This is the new review tool for the part-time CANS/FAST reviewer position to use to monitor and evaluate the quality and fidelity of the CANS/FAST assessments in the system.</td>
</tr>
<tr>
<td><strong>In-Home Case Review Tool</strong></td>
<td>This is the review tool for the In-Home Specialist position to use to monitor and evaluate the quality of work and compliance factors in protective services cases.</td>
</tr>
<tr>
<td><strong>Differential Response Case Review Tool</strong></td>
<td>This is the review tool for the Differential Response Specialist to use to monitor and</td>
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evaluate the quality of work and
compliance factors in closed DRs
(Division conducts 20% review of all
closed DRs).

DCFS STRATEGIC PLAN

For the past two years, the Division has been operating off of the DCFS Strategic Plan that was developed as a part of its 2015-2019 Child and Family Services Plan. Many activities and tasks within this strategic plan have been accomplished over the past two years. These action steps include:

- Under 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 high retention of high performing employees by 2018.”:
  - Meetings occurred with the DHS Recruitment Office to learn more about their DCFS-specific recruitment activities. These include bringing information about DCFS to various job fairs and taping interviews with current DCFS. These videos are then used on the DHS Recruitment website.
  - The Professional Development Unit met with University Partners to learn more about how they recruit stipend and non-stipend intern students. These activities include showing the DCFS Realistic Job Preview video in various social work classes and speaking about internship opportunities in each campus’s quarterly Interdisciplinary Committee meetings.
  - Continued development of field trainers based on FSW 100-level competencies has occurred through the development of a field training self-efficacy evaluation. This new evaluation system is not a performance evaluation of either the FSW or the field trainer. Rather, it evaluates the FSW’s perception of his/her ability as it relates to the competencies addressed through field training activities. A total of 76 field training subjects have been developed, as well as expected outcome statements and self-efficacy statements. The initial self-efficacy evaluation will be launched in fall 2016.

- Under Objective 2: “DCFS will ensure timely, high quality, community-based, evidence-informed services and supports to meet the needs of children and families by 2018.”:
  - Establishment of a formal mechanism for reporting non-performance of service providers when reported. This is now done regularly, not only when non-performance issues are reported, through the formal quarterly Vendor Performance Reports.
  - While consistent meetings with all providers is still a goal, regular meetings (either in-person or via phone conference) with many provider types such as home study contract providers, Intensive Family Services (IFS) providers, and residential treatment providers (e.g., group homes, emergency shelters, residential treatment facilities). Please refer to the 2016 Statewide Assessment, Item 31
Under Objective 3: “DCFS will increase the number of high-quality, accessible and appropriate resource family homes statewide by 67% by June 30, 2017.”:

- While a statewide Recruitment and Retention of Resource Family Homes Stakeholder Workgroup was not established, each DCFS service area now has or is in the process of developing an Area Resource Recruitment Team. These efforts have been led by each area’s DCFS Community Engagement Specialist and are comprised by various community members, as well as local DCFS staff, who are interested in supporting recruitment and retention efforts related to resource homes in their communities. Please refer to the 2016 Statewide Assessment, Item 35 (pages 100-105) for more information.

- Through the Arkansas’s Creating Connections for Children (ARCCC), the Family to Family approach for recruitment and retention of resource family homes is in the process of being implemented. This approach was introduced to staff during the spring and summer of 2015 through ARCCC Orientations held for staff across the state and continues to be implemented with support from the ARCCC Program Manager, Area Resource Supervisors, and the Community Engagement Specialists. A strong customer service model and focus on recruiting from and working with neighborhoods from which children are frequently removed are cornerstones of the Family to Family approach.

- The ARCCC Program Manager continues to work with the Community Engagement Specialists regarding how to package data CHRIS data and GIS technology developed through a contract with University of Arkansas at Little Rock (UALR) (see the ARCCC updates in the IV-E Waiver Evaluation section for more details regarding the GIS project) to then be shared with the local Community Recruitment Teams and the general public in those communities. This includes the development of the ARCCC Recruitment Planning Tool, which assist CESs in utilizing child welfare data to determine the best strategies for recruitment within their communities of assignment. Information such as measurable goals and recruitment target populations has been identified for the CESs in the tool. The tool is a guide for their identification of strategies and action plans to carry out recruitment with utilization of Community Recruitment Teams. In addition to the development of this tool, new management reports were also developed for ARCCC during the reporting period that identify more specific data about the characteristics of children in foster care, such as:
  - Foster Children Demographics by County – Age, Race and Gender
  - Foster Families and Adoptive Families by County – Race

ARCCC is also now utilizing existing CHRIS Net and other management reports that are available to all DCFS staff, specifically:
  - Active, Available and Approved Foster Family Home by Area and County with Placement
  - Foster Care Children in TFC Provider
  - Foster Care Sibling Separation
- Annual Report Cards
  - A standard MOU framework is in the process of being developed for volunteers (e.g., Christians 4 Kids, Greene County Baptist Association) and is anticipated to be completed by fall 2016.
  - The Centralized Inquiry Unit has functioned on a statewide level since October 2014.
  - The Centralized background check processing for all non-provisional resource family homes has been implemented since October 2014.
  - DCFS Area Directors now have the ability to conduct safety checks 24/7 for the consideration of placement with relatives.
- Under 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.”:
  - Management reports (CHRIS and HZA) used to identify performance were identified in June 2015. These include:
    - Annual Report Card
    - Quarterly Performance Report (QPR)
    - Meta-Analysis
    - Quality Services Peer Review (QSPR)
    - Compliance Outcome Report (COR)
    - Area Caseload Summary
    - AFCARS Foster Care Error Report
    - County’s Previous Month’s Case Activity Report
    - County Inbox has Files Not Yet Assigned After Five Days
    - Weekly Investigations Summary Report
    - Overdue Open Investigations-Detail Staff Report
    - Number of DR Referrals Received
    - In-Home Visits Past 120 Days
    - Protective Service Cases Open For More Than 180 Days
    - Protective Service Cases With Overdue Case Plans
    - Foster Children With Case Plan Goal and Length of Stay-Filtered by Case Plan Goal
    - Foster Children Visits Past 120 Days
    - Current Foster Care Children With No Current Open Placement
    - Foster Children With No Photo Displayed in CHRIS
    - Foster Care Visits to Parent or PRFC Prior to Removal Past 120 Days
    - Open Trial Home Visits
    - Foster Children Trust Fund Balances Greater Than $1000
    - Foster Care Children NYTD Service Received Counts
- Foster Family Home Providers Currently Exceeding Capacity on Foster Family Home Approved Slots
- Active, Available, and Approved Providers Offering Foster Home Services-Not Eligible With Detail
- Pre-Adoptive Families With Re-evaluation Due Dates
- Adoptive Home Applicants in CHRIS-Not yet Approved
- Reports Viewing by Area/County-Last 90 Days
- Current Foster Care Children by Remove County
- Foster Children Who Are IVE Eligible and Non-claimable Due to NRE
- Cases Open 30 Days
- Missing or Expired CANS Certifications by Area/County
- CHRIS Scanned Documents
- DR Projection Report
- DR Referrals Open 30 Days and Extensions
- DR Referrals Received
- DR Referrals That Have Been Overridden
- DR Summary Report
- DR All DR Referral That Closed Between XX and XX
- List of DR Referrals That Were Not Initiated in Time
- Closure Reason for DR Referral
- Team Decision Making Activity Summary
- Team Decision Making Meeting Summary
- Case Open 20 Days With No CANS, FAST
- Case Open 30 Days With No CANS, FAST or Case Plan
- CHRIS In Home Visits Past 120 Days Report
- CHRIS Foster Children Visits Past 120 Day Report
- CHRIS Protective Services Cases Open More Than 180 Days
- CHRIS Overdue Open Investigations
- CHRIS Foster Children Trust Fund Balances Greater Than $1000
- CHRIS Number of Children Currently in Foster Care With Last Photo Uploaded
- CHRIS Foster Children With No Current Open Placement
- CHRIS Current CPS Clients Without a Removal in Cases Opened Between 31-60 days
- CHRIS County or Unit Inbox Has Items Not Assigned
- CHRIS Worker Caseload
- Compliance Outcome Report (COR)
- Special Reports-Overnight in the Office Stays, IV-E Waiver Positions, Separated Sibling Report, Adoption Report, No Reasonable Effort/Show Cause Motions
Many of the CQI action steps described in the former strategic plan under this objective, while not necessarily on a one to one correlation, are addressed in the CQI section of this 2016 APSR.

- Under 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.”:
  - Through the Governor’s Oversight Committee that ran from August 2015 through July 2016, the focus of one of the subcommittees was strengthening stakeholder partnerships, so this provided one forum to address stakeholder and provider issues and concerns.
  - In addition, the new Assistant Director for Placement and Community Partnerships continues to focus on enhancing stakeholder partnerships.

Despite progress on, and in some cases completion of, action steps related to this strategic plan, not all of the strategies or even action steps reported in the CFSP have been completed. However, DCFS is at a point in time where it believes it must reassess the objectives, outcomes, and structure of this plan and potentially a revised strategic plan for the Division. There are three primary reasons for which this reassessment and corresponding new plan are needed.

First, entries into foster care in Arkansas increased 25% from January 1, 2015-March 31, 2016 compared to the preceding 15 months. This drastic increase has resulted in the Division serving almost 5,000 children in foster care while operating on a budget and staffing resources designed to serve approximately 4,000 children in foster care (in addition to the over 7,000 children involved in protective services cases). As such the Division is in a state of crisis in this regard, though it has greatly benefitted from the strong support of the Governor’s office, several key legislators, a new Department of Human Services Director who is in the process of implementing a shared services model across all DHS divisions, a proactive DCFS Interim Director, and numerous supportive community stakeholders.

Second, as referenced above, on April 1, 2016, a new DCFS Interim Director was named. Two of Interim Director’s main goals, with the help of DHS and DCFS staff and community stakeholders, is to try to better analyze and understand the reasons behind the increased number of entries into the Arkansas foster care system and then develop a targeted plan to safely reduce entries while also safely moving children already in the foster care system to permanency.

Third, over the past several months Arkansas has conducted its own Statewide Assessment (SWA), and is currently in the final stages of the third round Child and Family Services Review (CFSR). DCFS believes the findings from the SWA and CFSR statewide data indicators, systemic factors, and outcomes as well as the forthcoming, corresponding Program Improvement Plan (PIP) for Arkansas also lend to the revision of the DCFS Strategic Plan presented in the 2015-2019 CFSP and the 2015 APSR.

In summary, despite notable governmental, internal, and community support for DCFS as well as strong leadership from the DCFS Interim Director, the following factors have resulted in the Division respectfully requesting that it cease reporting on the strategic plan submitted as a part of
the 2015-2019 CFSP:

- Current state of the foster care system (i.e., significant increase in children in care);
- Changes in leadership at the Division and Department levels;
- Availability of more current information regarding the Division as a result of the SWA and CFSR.

During the upcoming state fiscal year (July 1, 2016-June 30, 2017), DCFS will develop a strategic plan to address the increased entries into foster care and permanency outcomes for children and youth currently in the state’s custody. This new strategic plan will also include activities, objectives, and outcomes linked to the Areas Needing Improvement identified in Arkansas’s recent Statewide Assessment pending final decisions from the Children’s Bureau based on remaining CFSR activities and the forthcoming Program Improvement Plan (PIP).

For this Annual Progress and Services Report, the Division presents a summary of its short-term plan below to address the current entry and placement crisis in Arkansas. More detail regarding this particular plan is anticipated to be available by fall 2016.

A. Increased Number of Children Entering Foster Care

1) Review HZA Report studying and analyzing increase of foster care entries
2) Conduct 100% case review of entries into foster care due to parent arrest/incarceration
3) Explore development of pilot program for children of incarcerated parents
4) Share information with local law enforcement regarding DCFS removal protocols

B. Placement Rebalance

1) Increase relative placements
   1) Continue with implementation of targeted recruitment of foster homes to include enhanced support to current foster parents and strengthening partnerships
   2) Implement targeted recruitment of therapeutic foster care programs and homes
   3) Ensure appropriate initial placements and lengths of stay in residential treatment care
   4) Reintegrate children into community from high-cost, long-term institutional placements
   5) Utilize outcomes based contracting and services to prevent need for placements in care

C. Number of Children Exiting Foster Care

1) Conduct Rapid Permanency Case Reviews
2) Conduct long-stayer review

D. Support for DCFS Frontline Staff

1) Right size DCFS
2) Strengthen hiring and training of DCFS staff
3) Utilize technology more effectively
The full project plan for the summary plan above is still in development. The section of the plan related to the overall goal of placement rebalance (Item B above) is attached as an appendix.

**ARKANSAS ROUND 3 CF SR: April 2016 through September 2016**

DCFS established a Child and Family Services Review (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 were added to the CFSR planning team as needed (e.g., Office of Chief Counsel representative, Professional Development Administrator, etc.), and this group helped 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

**ASSESSMENT OF CHILD AND FAMILY OUTCOMES AND PERFORMANCE ON NATIONAL STANDARDS**

The Arkansas Department of Human Services, Division of Children and Family Service’s Quality Assurance (QA) and explained in detail in the Continuous Quality Improvement (CQI)section of this report. Most notably, the discussion within Item 25 of the Statewide Assessment describes the changes to the Quality Services Peer Reviews, DCFS’ qualitative case review process. Arkansas’s QSPR process utilizes the federal Child and Family Services Reviews Onsite Review Instrument (OSRI). Prior to State Fiscal Year 2016, DCFS employed the OSRI used in the first two rounds of CFSRs, but the Division adopted the Round 3 OSRI for use in the QSPR process beginning July 1, 2015.
The Service Quality and Practice Improvement Unit conducted Quality Services Peer Reviews (QSPR) in each of the Division of Children and Family Services’ (DCFS) ten geographic service areas between July 2014 and June 2015. Thirty stratified, randomly selected cases were reviewed within each of the service areas using the Round 2 OSRI, totaling 300 case reviews conducted statewide for the State Fiscal Year (SFY) 2015 round of reviews. Seventy-three of Arkansas’s 75 counties are represented in the findings from the reviews, with at least one case being reviewed from each of the selected counties. None of the cases in Calhoun or Prairie Counties were eligible for review. Each service area’s score was weighted in the calculation of the statewide scores to account for the differing client population sizes across the Areas. Each Area was assigned a weight proportional to its foster care caseload as of October 1, 2014. The breakdown of foster children by service area is illustrated in the following table.

<table>
<thead>
<tr>
<th>Area</th>
<th># Children</th>
<th>% Statewide Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>439</td>
<td>10.97%</td>
</tr>
<tr>
<td>2</td>
<td>824</td>
<td>20.59%</td>
</tr>
<tr>
<td>3</td>
<td>251</td>
<td>6.27%</td>
</tr>
<tr>
<td>4</td>
<td>214</td>
<td>5.35%</td>
</tr>
<tr>
<td>5</td>
<td>378</td>
<td>9.45%</td>
</tr>
<tr>
<td>6</td>
<td>507</td>
<td>12.67%</td>
</tr>
<tr>
<td>7</td>
<td>241</td>
<td>6.02%</td>
</tr>
<tr>
<td>8</td>
<td>480</td>
<td>12.00%</td>
</tr>
<tr>
<td>9</td>
<td>502</td>
<td>12.55%</td>
</tr>
<tr>
<td>10</td>
<td>165</td>
<td>4.12%</td>
</tr>
<tr>
<td>Total</td>
<td>4,001</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

In addition to its qualitative case review process, DCFS also conducts child maltreatment investigation reviews on an ongoing basis to monitor the quality of and outcomes from its investigative practices. During SFY 2015, staff from Hornby Zeller Associates, Inc. (HZA) reviewed 50 randomly selected child maltreatment investigations from each of DCFS’ ten geographic service areas. The referrals were selected using a rolling sampling period from the investigations closed by DCFS between January 1, 2014 and April 30, 2015, with each sampling period ending with the most recent quarter prior to each Area’s review. A rolling sampling approach was used to ensure that each service area’s reviews were focused on recent investigative practices. Among the 500 referrals that were reviewed, 99 were given a disposition of True (20 percent), 386 were Unsubstantiated (77 percent) and 15 were Exempt (three percent). Approximately one-quarter of the referrals (24 percent) were Priority I reports with the remaining three-quarters (76 percent) being Priority II reports.

Arkansas will use the data from these case record and investigative reviews as well as available data from the statewide information system to assess its performance on the child and family outcomes pertaining to safety, permanency and well-being. Please note that the performance data from the case record reviews presented in the tables below reflect the statewide weighted scores, which were calculated using the methodology described above.
A. SAFETY

SAFETY OUTCOMES 1 AND 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the safety indicators.

STATE RESPONSE:

SAFETY OUTCOME 1

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety 1: Children are first and foremost protected from abuse and neglect</td>
<td>82%</td>
<td>73%</td>
<td>75%</td>
<td>77%</td>
<td>85%</td>
<td>76%</td>
</tr>
<tr>
<td>ITEM 1: Timeliness of investigations (N=182)</td>
<td>84%</td>
<td>78%</td>
<td>84%</td>
<td>85%</td>
<td>91%</td>
<td>83%</td>
</tr>
<tr>
<td>ITEM 2: Repeat maltreatment (N=147)</td>
<td>95%</td>
<td>88%</td>
<td>86%</td>
<td>88%</td>
<td>83%</td>
<td>82%</td>
</tr>
</tbody>
</table>

TIMELINESS OF INITIATING INVESTIGATIONS

Reports of abuse and/or neglect were received during the twelve-month period under review in 182 of the cases reviewed during the SFY 2015 QSPR. Caseworkers initiated the investigations within the State mandated timeframes in 84 percent of these cases, a six percentage point increase from the SFY 2014 QSPR. Areas 2, 9 and 10 achieved substantial conformity with the initiation measure, while Area 7 was within one percentage point of achievement.

<table>
<thead>
<tr>
<th>SFY15 Investigation Reviews: Timely Initiation</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>State Total</td>
<td>384</td>
<td>116</td>
</tr>
<tr>
<td>By Area</td>
<td>76.80%</td>
<td>23.20%</td>
</tr>
</tbody>
</table>
The SFY 2015 child maltreatment investigation reviews evidenced a similar, although slightly lower, level of performance around initiation. Specifically, 384 of the 500 reviewed investigations (77 percent) were initiated timely. Area 9 had the highest initiation rate at 90 percent, followed by Areas 2 and 10 with 86 percent and 84 percent, respectively. Area 6 fared the worst, initiating only 29 of the 50 review investigations (58 percent) on time.

### REPEAT MALTREATMENT

The SFY 2015 QSPR revealed the fewest incidents of repeat maltreatment in Arkansas since the Round 2 CFSR. The children in nearly half of the reviewed cases (49 percent) experienced maltreatment that resulted in a substantiated referral during the twelve-month period under review, but only ten of these incidents of maltreatment (5 percent) involved abuse/neglect that occurred within six months of a similar, founded maltreatment referral. Areas 3, 5 and 10 were the only service areas to not achieve substantial conformity with the repeat maltreatment measure, but even these Areas were only one or two percentage points away from meeting the standard.

### Round 3 CFSR Data Indicator: Recurrence of Maltreatment

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Performance</th>
<th>NS</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrence of maltreatment</td>
<td>5.40%</td>
<td>9.10%</td>
<td>Met</td>
</tr>
</tbody>
</table>

Arkansas’s Round 3 CFSR Data Profile from November 2015 supports the findings from the SFY 2015 QSPR. As illustrated in the preceding table, the State met the national standard on the statewide data indicator related to recurrence of maltreatment. Of all children who were victims of a substantiated or indicated maltreatment report in Arkansas during federal fiscal year (FFY)
2013, only 5.4 percent were victims of another substantiated or indicated maltreatment report within twelve months.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Performance</th>
<th>NS</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maltreatment in foster care</td>
<td>7.76</td>
<td>8.50</td>
<td>Not Met</td>
</tr>
</tbody>
</table>

Despite exceeding the national standard on the Recurrence of Maltreatment safety indicator, Arkansas did not achieve an acceptable level of performance on the Maltreatment in Foster Care safety indicator. The state’s performance, 7.76 victimizations per 100,000 days in care, exceeds the observed national performance of 8.50 victimizations. Even so, the state did not achieve the Children’s Bureau’s goal of 6.30 victimizations or less. DCFS is committed to protecting children and is looking into the State’s performance. One issue that may be impacting this indicator is past incidents of maltreatment that are called into the Child Abuse Hotline by mandated reporters, e.g., therapists and counselors, when they are disclosed by children after they enter foster care. Some of these incidents occurred well before the child’s entrance into foster care but are erroneously documented as occurring around the time the report is made. Arkansas has enhanced its SACWIS to allow for date ranges, versus specific dates, as to when maltreatment occurred for those situations in which a report may not know the exact date of when an incident occurred. This should help to establish a more accurate record for maltreatment referrals and to better reflect the experiences of children within the child welfare system. However, Arkansas recognizes that some children are, in fact, abused and neglected while in foster care, and the State is working to address that issue through the recruitment and foster home assessment processes, resource family training and supports, consistent implementation of Structured Decision Making across the state and frequent, substantive caseworker visitation with all children involved with the child welfare system.

**SAFETY OUTCOME 2**

<table>
<thead>
<tr>
<th>Safety 2: Children are safely maintained in their home when possible and appropriate</th>
<th>63%</th>
<th>73%</th>
<th>64%</th>
<th>63%</th>
<th>62%</th>
<th>60%</th>
<th>59%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITEM 3: Services to prevent removal (N=143)</td>
<td>73%</td>
<td>73%</td>
<td>73%</td>
<td>70%</td>
<td>67%</td>
<td>62%</td>
<td>68%</td>
</tr>
<tr>
<td>ITEM 4: Risk of harm (N=300)</td>
<td>64%</td>
<td>74%</td>
<td>66%</td>
<td>64%</td>
<td>63%</td>
<td>61%</td>
<td>61%</td>
</tr>
</tbody>
</table>
SERVICES TO PREVENT REMOVAL

DCFS did not provide the services needed to protect children and prevent them from entering foster care in more than one-fourth of the applicable cases (27 percent), which is comparable to its performance during the SFY 2013 and SFY 2014 QSPRs. Area 1 struggled with the prevention measure the most followed by Area 5 and Area 6 with sufficient preventive services provided in 42, 65 and 69 percent of cases, respectively. Many of the problems in the deficient cases stemmed from a lack of caseworker involvement and a lack of services. The underlying issues facing these families (e.g., substance abuse) were not sufficiently monitored (e.g., via drug screens and caseworker visitation) or addressed (e.g., through referrals for drug/alcohol assessments). Other deficient ratings resulted from incomplete, untimely services that did not sufficiently mitigate identified risk factors (e.g., services provided months after issues with safety were identified) or because caseworkers and supervisors were not focused on the appropriate risk factors in the home (e.g., focusing on peripheral issues like environmental concerns while disregarding potentially violent caregivers).

ASSESSING AND ADDRESSING RISK AND SAFETY CONCERNS

During SFY 2015, sufficient efforts were not made to assess and address risk and safety concerns for children receiving services in more than one-third of the reviewed cases (36 percent), a ten percentage point decrease from SFY 2014. The deficient ratings stemmed from problems with both initial and ongoing assessments of risk and safety and with safety management. Formal assessments of risk and safety were missing or not completed on time in many of the cases with deficient ratings, but the prevailing problem was the dearth of ongoing, informal assessments resulting from infrequent face-to-face contact between caseworkers and clients. Safety management was also a concern in some of the deficient cases. Genuine safety concerns were identified in the deficient cases, with little done to monitor the families or to intervene to ensure the children’s safety. Area 4 was the only service area to achieve substantial conformity with the safety assessment and management measure, but Areas 7 and 10 are also showing promise in this area of practice. Areas 1 and 2 struggled the most, sufficiently assessing risk/safety and managing concerns in fewer than half of the reviewed cases.

DCFS continues to do a better job of assessing and addressing risk and safety issues for children in foster care than those who remain in the family home; roughly three-quarters of the cases (74 percent) rated as being deficient during SFY 2015 were in-home cases. In fact, more than four-fifths of the reviewed foster care cases (85 percent) achieved a rating of strength on this measure compared to just over half of the reviewed in-home cases (55 percent). Much of this is attributable to the differences in contact and engagement between the Agency and children in care and that with children who remain in the family home. As described within the analysis of Well-Being Outcome 1 below, children in foster care receive much more frequent, substantive caseworker visitation than do children in in-home cases. Children in foster care (and their families) are subsequently more engaged in the assessment of risk, safety, strengths and needs, and they typically receive more services than do children who remain in the family home. For a variety of reasons, in-home cases are often assigned a lower level of priority than are their out-of-home equivalents when, in fact, the children are much more vulnerable than those in foster
care. Given these children’s increased susceptibility to repeat maltreatment, frequent, substantive contact with caseworkers which includes thorough, quality assessments of risk and safety is indispensable.

B. PERMANENCY

PERMANENCY OUTCOMES 1 AND 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the permanency indicators.

STATE RESPONSE:

PERMANENCY OUTCOME 1

<table>
<thead>
<tr>
<th>Permanency 1: Children have permanency and stability in their living situations</th>
<th>SFY 2015</th>
<th>SFY 2014</th>
<th>SFY 2013</th>
<th>SFY 2012</th>
<th>SFY 2011</th>
<th>SFY 2010</th>
<th>2008 CFSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITEM 5: Foster care re-entry (N=46)</td>
<td>96%</td>
<td>88%</td>
<td>97%</td>
<td>97%</td>
<td>85%</td>
<td>93%</td>
<td>100%</td>
</tr>
<tr>
<td>ITEM 6: Stability of foster care placement (N=150)</td>
<td>61%</td>
<td>70%</td>
<td>68%</td>
<td>74%</td>
<td>69%</td>
<td>74%</td>
<td>64%</td>
</tr>
<tr>
<td>ITEM 7: Permanency goal for child (N=150)</td>
<td>89%</td>
<td>89%</td>
<td>86%</td>
<td>90%</td>
<td>92%</td>
<td>84%</td>
<td>72%</td>
</tr>
<tr>
<td>ITEM 8: Reunification, guardianship &amp; placement w/ relatives (N=68)</td>
<td>84%</td>
<td>80%</td>
<td>91%</td>
<td>78%</td>
<td>88%</td>
<td>85%</td>
<td>72%</td>
</tr>
<tr>
<td>ITEM 9: Adoption (N=57)</td>
<td>68%</td>
<td>63%</td>
<td>54%</td>
<td>68%</td>
<td>71%</td>
<td>56%</td>
<td>33%</td>
</tr>
<tr>
<td>ITEM 10: APPLA (N=27)</td>
<td>84%</td>
<td>91%</td>
<td>69%</td>
<td>63%</td>
<td>77%</td>
<td>71%</td>
<td>57%</td>
</tr>
</tbody>
</table>

FOSTER CARE RE-ENTRY

The children in 46 of the 150 foster care cases (31 percent) selected for review entered out-of-home care during the review period; only two of these cases (4 percent) involved a removal which occurred within twelve months of a prior foster care episode. No re-entries were identified in eight of the ten service areas, while one re-entry each was found in Areas 1 and 3.
Arkansas’s performance improved by eight percentage points on the re-entry measure between the 2014 and 2015 rounds of reviews.

<table>
<thead>
<tr>
<th>Round 3 CFSR Data Indicator: Re-entry to Care in 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
</tr>
<tr>
<td>Re-entry to care in 12 months</td>
</tr>
</tbody>
</table>

Arkansas’s performance on the foster care re-entry measure within the OSRI is corroborated by the state’s performance documented within the Round 3 CFSR Data Profile. Arkansas exceeded the national standard (of 8.30 percent) on the permanency indicator regarding the proportion of children who re-enter care within twelve months of being discharged to reunification, relative placement or guardianship. Specifically, the Data Profile provides that, of all the children who entered care between April 1, 2012 and March 31, 2013 and who discharged within twelve months to reunification, live with a relative or guardianship, only 6.30 percent re-entered care within twelve months of their discharge.

**PLACEMENT STABILITY**

For purposes of the QSPRs, children are considered to experience stability if their current placement is stable and any moves they have made during the twelve-month period under review have been planned and designed either to achieve the case goals or to better meet their needs. These conditions were not met in more than one-third of the reviewed foster care cases (39 percent), denoting a nine percentage point drop on the stability measure between the 2014 and 2015 reviews. While some of the deficient cases were rated as such because the children’s current placement was not stable (e.g., the use of temporary shelters), most of the deficient ratings resulted from placement changes that were not planned by the Agency. In these cases, children were placed in accommodations that were not equipped to meet their needs or to deal with their problematic behaviors. Adequate placement resources were not available in most service areas during SFY 2015, so many of the placement decisions in the deficient cases were based on the availability of placements versus the actual needs of the children. Late in the fiscal year (i.e., as of May 18, 2015), Arkansas had only 2,499 licensed beds (in 1,126 homes) for the 4,342 children in care, equaling a bed-to-child ratio of just 0.58. No service area achieved substantial conformity with regard to placement stability, but Areas 2, 3 and 10 presented the least stable placements during the twelve-month period under review.

<table>
<thead>
<tr>
<th>Round 3 CFSR Data Indicator: Placement Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
</tr>
<tr>
<td>Placement stability</td>
</tr>
</tbody>
</table>
Arkansas’s issues with placement stability were also bore out in the State’s Round 3 CFSR Data Profile. The permanency indicator related to placement stability showed a rate of 8.11 placement moves during the period of April 1, 2014 through March 31, 2015 compared to the national standard of 4.12 placement moves.

TIMELY AND APPROPRIATE PERMANENCY GOALS

Consistent with last year, the permanency goals in 89 percent of the reviewed foster care cases were appropriate and established on time. Areas 2, 4, 6, 7 and 10 were the only service areas to not achieve substantial conformity during the SFY 2015 QSPR, although Areas 4, 6 and 10 were each within three percentage points of fulfillment.

EFFORTS TO ACHIEVE PERMANENCY GOALS

Reunification, Guardianship and Placement with Relatives

Sixty-eight cases were reviewed in which Reunification, Guardianship or Placement with Relatives was the assigned permanency goal for the target child, and appropriate services were provided to achieve the goals in 59 of these cases (84 percent). The State’s performance improved by four percentage points between the 2014 and 2015 QSPRs.

Adoption

The target children in 57 of the reviewed foster care cases were assigned a permanency goal of adoption. Despite a five percentage point increase on the adoption measure from the previous QSPR, appropriate efforts were not made to achieve finalized adoptions in a timely manner in just under one-third of the relevant cases (32 percent). Consistent with prior years’ reviews, the prevailing problem in the deficient cases was a lack of urgency. Adoption summaries and packets were not completed timely, there were delays in assigning Adoption Specialists and children’s pictures were not promptly (if ever) placed on the Arkansas Heart Gallery website. The impediments to permanency for many of these children, however, were system-wide and not limited to DCFS alone. Many of the deficiencies resulted from delays in the Division and its attorneys filing for and the courts granting termination of parental rights (TPR). Furthermore, avoidable continuances were granted for Permanency Planning Hearings (PPH) and TPR hearings in several of these cases. The QSPRs continue to find that that some children with goals of adoption, e.g., those with serious medical or behavior problems, are viewed as being “unadoptable,” while others are knowingly left in homes in which the families are not willing to provide them with legal permanence. Areas 3 and 7 were the only service areas to achieve substantial conformity on this indicator. Conversely, Areas 2 and 10 performed the worst on the adoption measure, with adequate efforts not being made to achieve finalized adoptions in 62 and 40 percent of the reviewed cases, respectively.

Alternative Planned Permanent Living Arrangements
Twenty-seven cases were reviewed in which APPLA was the assigned permanency goal for the target child. DCFS provided the appropriate services to the transitional-aged youth in all but three of these cases. The Division’s performance dropped by seven percentage points since the previous QSPR because of the weighting of each service area’s performance, but it should be noted that one fewer case was rated as being deficient from a year ago (when the same number of cases were applicable). There was consistent caseworker contact with and engagement of youth in the reviewed cases, ranging from the case planning process to transitional services.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Performance</th>
<th>NS</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanency in 12 months (entries)</td>
<td>62.30%</td>
<td>40.50%</td>
<td>Met</td>
</tr>
<tr>
<td>Permanency in 12 months (12-23 mos)</td>
<td>55.70%</td>
<td>43.60%</td>
<td>Met</td>
</tr>
<tr>
<td>Permanency in 12 months (24+ mos)</td>
<td>28.40%</td>
<td>30.30%</td>
<td>No Diff</td>
</tr>
</tbody>
</table>

In addition to the relative achievements identified through the SFY 2015 QSPR around establishing timely, appropriate permanency goals for children in foster care (Item 7) and working to achieve the goals of reunification, guardianship and placement with relatives (Item 8), the Round 3 CFSR Data Profile underscored Arkansas’s relative success in moving children to permanency. The state met or exceeded the national standard for discharging children in foster care to permanency within the twelve-month periods being examined for each length of stay, including children entering care, children in care between twelve and 23 months and children in care 24 months and longer.

**PERMANENCY OUTCOME 2**

<table>
<thead>
<tr>
<th>Permanency 2: The continuity of family relationships and connection is preserved</th>
<th>SFY 2015</th>
<th>SFY 2014</th>
<th>SFY 2013</th>
<th>SFY 2012</th>
<th>SFY 2011</th>
<th>SFY 2010</th>
<th>2008 CFSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITEM 11: Proximity of placement (N=107)</td>
<td>68%</td>
<td>71%</td>
<td>67%</td>
<td>68%</td>
<td>67%</td>
<td>73%</td>
<td>54%</td>
</tr>
<tr>
<td>ITEM 12: Placement with siblings (N=94)</td>
<td>89%</td>
<td>86%</td>
<td>90%</td>
<td>93%</td>
<td>92%</td>
<td>90%</td>
<td>96%</td>
</tr>
<tr>
<td>ITEM 13: Visiting w/ parents &amp; siblings in foster care (N=121)</td>
<td>74%</td>
<td>70%</td>
<td>85%</td>
<td>75%</td>
<td>83%</td>
<td>92%</td>
<td>82%</td>
</tr>
<tr>
<td>ITEM 14: Preserving connections (N=146)</td>
<td>41%</td>
<td>76%</td>
<td>68%</td>
<td>73%</td>
<td>69%</td>
<td>69%</td>
<td>59%</td>
</tr>
<tr>
<td>ITEM 15: Relative placement (N=115)</td>
<td>81%</td>
<td>86%</td>
<td>79%</td>
<td>77%</td>
<td>69%</td>
<td>87%</td>
<td>79%</td>
</tr>
<tr>
<td>ITEM 16: Relationship of child in care w/ parents (N=102)</td>
<td>48%</td>
<td>73%</td>
<td>68%</td>
<td>70%</td>
<td>69%</td>
<td>70%</td>
<td>48%</td>
</tr>
</tbody>
</table>
PLACEMENT PROXIMITY
Despite the aforementioned shortage of placement resources, the SFY 2015 QSPR provided that Arkansas was largely successful at placing children in foster care within close proximity to their families. The children’s placements at the time of the reviews were close enough to their parents to facilitate frequent face-to-face contact (generally a travel distance of less than an hour) in 89 percent of the applicable cases, a slight improvement from 2014. Areas 2, 3, 5 and 7 were the only service areas to not attain substantial conformity on the proximity measure, but Areas 2, 5 and 7 are moving in the right direction with 82 percent of applicable cases rated as Strengths in each.

PLACEMENT WITH SIBLINGS
Ninety-four of the reviewed foster care cases included sibling groups. Sufficient efforts were not made to ensure that the siblings were placed together in roughly one-quarter of these cases. Caseworkers either did not attempt or were unable to locate placement resources capable of accommodating all of the siblings in the deficient cases. Due to the shortage of resource families in Arkansas, the children in many of the deficient cases were placed where beds were available as opposed to placements best suited to meet their individual needs. There was also not enough effort to reunite siblings once they were initially separated. Areas 1 and 5 performed best on the sibling placement measure, while Areas 6, 9 and 10 were the service areas least likely to place siblings together during the 2015 round of reviews.

VISITATION BETWEEN FOSTER CHILDREN AND THEIR PARENTS AND SIBLINGS
In building on its successes at placing children in foster care in settings close to their parents, Arkansas continues to improve its performance around ensuring that children are able to visit with their parents and siblings. The SFY 2015 QSPR marked the second consecutive year of gains and the State’s best showing on the parent-child visitation measure to date. Even so, sufficient efforts were not made to ensure adequate visitation between foster children and their birth families in nearly one-fourth of the applicable cases, so continued efforts are still needed. Many of the deficient ratings stemmed from a lack of visitation between the target child and their parents, but issues were also identified with insufficient visitation between siblings who are not placed together. Arkansas believes that face-to-face visitation is indispensable in promoting the continuity of the children’s relationships with family members, so caseworkers must continue work to exploit the children’s closeness to their parents to facilitate frequent, quality visitation. This will increase the chances of family reunification and subsequently decrease the need for continued placement outside of the home. Areas 4 and 10 were the only service areas to achieve substantial conformity with the parent-child visitation measure, but Areas 1, 5, 6 and 8 were within a few percentage points of attainment. Area 2 exhibited the worst performance; more than a quarter of the children in the applicable cases (27 percent) did not receive adequate visitation with their parents and/or siblings.
PRESERVING IMPORTANT CONNECTIONS

Children form important bonds outside of their immediate families; providing children in care with permanence requires that they maintain as many of their important connections as possible. Arkansas put forth sufficient efforts to preserve the bonds of children in care with their neighborhoods, communities, extended families, faith, schools and friends in 118 of the 146 applicable cases (81 percent). This represents a five percentage point decline from the State’s performance during the 2014 QSPR. Areas 4 and 8 were the only service areas to achieve substantial conformity with the connections measure, while Area 3 struggled the most with preserving children’s important ties.

RELATIVE PLACEMENT

Best practice dictates that relatives are the preferred placement option for children who cannot safely remain with their parents. Placing children with family members helps to mitigate some of the trauma they experience when entering foster care, and relatives provide emotional supports for children and help promote the reunification process as well as other important connections, including their critical ethnic, cultural and community ties. DCFS effectively worked to identify, locate and evaluate potential relative placements and place foster children in those homes when appropriate in 86 percent of the applicable cases, which is consistent with its performance during the 2014 QSPR. Areas 3, 4, 5, 8 and 9 achieved substantial conformity with the relative placement measure, and Areas 1, 2 and 10 are showing promise. Areas 6 and 7 were the least successful at exploring relatives as potential placement options for children in care.

RELATIONSHIP OF CHILDREN IN CARE WITH THEIR PARENTS

Despite its success in placing children near to (and relative success in providing them sufficient contacts with) their families, DCFS struggled with promoting and supporting positive relationships between children in care and their parents/caregivers through efforts beyond establishing basic visitation plans. Sufficient efforts were not made to sustain these important connections in more than half of the applicable cases (52 percent), a 25 percentage point downswing from the previous QSPR. Visitation was being provided between the children and their caregivers in most of the deficient cases, but efforts to promote additional connections were not found. None of the Areas attained substantial conformity with this measure, while Areas 1 and 2 fared the worst, putting forth sufficient efforts in only one-fifth of the reviewed cases.

C. WELL-BEING

WELL-BEING OUTCOMES 1, 2, AND 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children’s needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.
• For each of the three well-being outcomes, include the most recent available data demonstrating the state’s performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).

• Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

STATE RESPONSE:

WELL-BEING OUTCOME 1

<table>
<thead>
<tr>
<th>Well-Being 1: Families have enhanced capacity to provide for children’s needs</th>
<th>SFY 2015</th>
<th>SFY 2014</th>
<th>SFY 2013</th>
<th>SFY 2012</th>
<th>SFY 2011</th>
<th>SFY 2010</th>
<th>2008 CFSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITEM 17: Needs/services of child, parents and foster parents (N=300)</td>
<td>66%</td>
<td>71%</td>
<td>65%</td>
<td>62%</td>
<td>56%</td>
<td>56%</td>
<td>37%</td>
</tr>
<tr>
<td>ITEM 18: Child/family involvement in case planning (N=287)</td>
<td>57%</td>
<td>64%</td>
<td>61%</td>
<td>53%</td>
<td>49%</td>
<td>53%</td>
<td>31%</td>
</tr>
<tr>
<td>ITEM 19: Worker visits with child (N=300)</td>
<td>57%</td>
<td>68%</td>
<td>61%</td>
<td>52%</td>
<td>60%</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>ITEM 20: Worker visits with parents (N=242)</td>
<td>38%</td>
<td>48%</td>
<td>41%</td>
<td>42%</td>
<td>37%</td>
<td>42%</td>
<td>33%</td>
</tr>
</tbody>
</table>

EFFECTIVELY ASSESSING AND ATTENDING TO THE SERVICE NEEDS OF FAMILIES

DCFS did not properly assess the needs of and/or provide appropriate services to children and families in more than one-third of the reviewed cases (34 percent) during SFY 2015. Caseworker visitation was limited in many of the deficient cases, thus preventing staff from properly assessing the families’ needs or identifying and providing appropriate services. Other problems centered on incomplete and untimely needs assessments and service provision. Need was suitably assessed for some family members while others were excluded or not all of the needed services were provided or they were provided outside of a reasonable timeframe within which to protect the children and help the family. Nowhere were the inconsistencies in casework between in-home and foster care cases more evident than in the practice surrounding needs assessment/service provision; nearly four-fifths of the deficient cases (79 percent) were in-home cases. No Area achieved substantial conformity with this Item, although Area 4 was within three percentage points of attainment. Areas 1, 2 and 6 struggled the most with assessing need and providing fitting services.
ENGAGING CHILDREN AND FAMILIES IN CASE PLANNING

The SFY 2015 QSPR revealed that children and/or their parents were excluded from the case planning process in 43 percent of the reviewed cases. After three consecutive years of gains, Arkansas’s performance declined by seven percentage points on the engagement measure from the 2014 review. There was an absence of case planning altogether in some of the deficient cases, but the prevailing problem centered on families, or at least particular family members (especially fathers), being left out of the process. Inconsistent contact between caseworkers and clients prevented meaningful family engagement in many of the deficient cases. In-home cases represented a disproportionate segment of the deficiencies here too, as nearly three-fourths of the deficient ratings (73 percent) were identified in in-home cases. More than half of the in-home cases (53 percent) reviewed during SFY 2015 were rated as being deficient with regard to engaging children and families in case planning. No service areas achieved substantial conformity on the engagement measure, but Areas 1, 2 and 6 involved children, youth and families in case planning the least. Casework in Arkansas must become more family-centered. Caseworkers must avoid making unilateral decisions about cases and involve families in the decisions surrounding their cases. Outcomes can improve when families are engaged in decision-making, so DCFS must work to ensure the involvement and participation of all family members in every aspect of case planning for all case types.

CASEWORKER VISITATION WITH CHILDREN AND THEIR PARENTS

After two years of progress, Arkansas’s performance dropped by eleven percentage points on the child visitation measure and ten percentage points on the parent visitation measure during SFY 2015. Children did not receive adequate visitation in 43 percent of the reviewed cases, while caseworkers failed to provide parents with frequent, substantive visitation in more than half of the reviewed cases. The bulk of the deficient ratings involving both child and parent visitation stemmed from inconsistent, infrequent contact with the clients. Caseworker visitation was too inconsistent and sporadic in the deficient cases to address issues pertaining to the safety, permanency, and well-being of the children. Apart from the issues with frequency of contact, the review also unearthed problems with the quality of some of the caseworker communication. In these instances, caseworkers did not consistently have private, face-to-face conversations with the children, the visits did not occur in the home/placement or caseworkers did not discuss with families the issues pertinent to promoting the achievement of the case goals.

In-home cases suffered the most with regard to caseworker visitation as well. More than three-quarters of the foster children (76 percent) in the reviewed cases received adequate visitation during the twelve month review period, whereas nearly half of the children in the in-home cases (47 percent) did not receive ample contact. Caseworker visitation with parents was equally inadequate between in-home and foster care cases, as DCFS struggles with engaging parents across the board. Staff in Areas 1 and 2 visited clients the least during SFY 2015, providing children with frequent, substantive visitation in only 40 and 27 percent of the cases and providing parents with consistent, quality contact in 13 and 24 percent of the cases, respectively. Caseworker visitation with clients is the foundation of effective practice in child welfare. In the absence of contact with families, caseworkers cannot assess risk, safety, strengths, needs or
resources, nor can they effectively engage families or work with them to strengthen parental capacity. DCFS must find a way to ensure that caseworkers maintain consistent, engaging contact with both children and their parents.

**WELL-BEING OUTCOME 2**

<table>
<thead>
<tr>
<th>Well-Being 2: Children receive services to meet their educational needs</th>
<th>SFY 2015</th>
<th>SFY 2014</th>
<th>SFY 2013</th>
<th>SFY 2012</th>
<th>SFY 2011</th>
<th>SFY 2010</th>
<th>2008 CFSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITEM 21: Educational needs of child (N=156)</td>
<td>88%</td>
<td>88%</td>
<td>84%</td>
<td>80%</td>
<td>78%</td>
<td>75%</td>
<td>71%</td>
</tr>
</tbody>
</table>

**EDUCATIONAL NEEDS OF CHILDREN**

Although not a true strength in practice, i.e., a score of 90 percent or higher, DCFS did a pretty good job of assessing and addressing the educational needs of the children in many of the reviewed cases. Specifically, caseworkers sufficiently worked to identify and attend to the educational needs of children involved with the Division in all but 14 of the applicable cases (12 percent), a result which is similar to that of the 2014 QSPR.
WELL-BEING OUTCOME 3

<table>
<thead>
<tr>
<th>Well-Being 3: Children receive services to meet their physical and mental health needs</th>
<th>SFY 2015</th>
<th>SFY 2014</th>
<th>SFY 2013</th>
<th>SFY 2012</th>
<th>SFY 2011</th>
<th>SFY 2010</th>
<th>2008 CFSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITEM 22: Physical health of child (N=188)</td>
<td>86%</td>
<td>92%</td>
<td>94%</td>
<td>90%</td>
<td>85%</td>
<td>84%</td>
<td>74%</td>
</tr>
<tr>
<td>ITEM 23: Mental health of child (N=155)</td>
<td>85%</td>
<td>92%</td>
<td>88%</td>
<td>77%</td>
<td>74%</td>
<td>68%</td>
<td>67%</td>
</tr>
</tbody>
</table>

PHYSICAL AND DENTAL HEALTH NEEDS OF CHILDREN

DCFS put forth sufficient efforts to assess and address the physical and dental health needs of children involved with the Division in 86 percent of the applicable cases. After substantially achieving the physical health measure for the past three consecutive fiscal years, Arkansas’s performance dropped by six percentage points between the 2014 and 2015 rounds of reviews.

MENTAL AND BEHAVIORAL HEALTH NEEDS OF CHILDREN

DCFS put forth sufficient efforts to assess and address the mental and behavioral health needs of children involved with the Division in 85 percent of the applicable cases. After substantially achieving the mental health measure for the first time last year, Arkansas’s performance dropped by seven percentage points in SFY 2015.

Please refer to the Statewide Assessment for Section IV.

SFY 2016 QSPR PERFORMANCE SYNOPSIS

SFY 2016 QSPR Performance Synopsis will be available in the revision period of the APSR

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.
BACKGROUND

The Arkansas Department of Human Services, Division of Children and Family Services (DCFS) utilizes the Quality Services Peer Review (QSPR) process as a central component of its Continuous Quality Improvement (CQI) system. The process is used as a monitoring tool to evaluate Arkansas’s child welfare system; they constitute DCFS’ qualitative case review process. The review is designed to help individual service areas, and the Division as a whole, improve child welfare services and subsequently outcomes for children and families receiving services. The standards outlined in the QSPR support the principles promoted in other review tools employed by DCFS as well as the Arkansas Practice Model, including family-centered practice, community-based services, individualizing services that address the unique needs of families and strengthening the capacity of parents to protect and provide for their children. The QSPR is administered by the Service Quality and Practice Improvement Unit, a public-private partnership between the Division and Hornby Zeller Associates, Inc. (HZA). The Unit consists of both State and contracted quality assurance reviewers, and the HZA manager responsible for overseeing the QSPR process is a member of the DCFS executive leadership team and functions as the State’s CQI Manager.

Arkansas’s QSPR process utilizes the federal Child and Family Services Reviews (CFSR) onsite review instrument (OSRI). DCFS employed the OSRI used in the first two rounds of CFSRs in past years’ reviews; for State Fiscal Year (SFY) 2016, the Division adopted the new OSRI developed for Round 3. The review tool focuses on the three broad goals of child welfare, including child safety, permanency and well-being. Consistent with the CFSR, the QSPR measures seven specific outcomes within these three broad goals by rating 18 individual items to identify strengths and areas of practice needing improvement. The outcomes include two related to safety, two related to permanency and three related to child and family well-being. In completing the instrument, reviewers conduct case file reviews and case-related interviews with children, parents, foster parents, caseworkers, and other professionals involved with the child. Each case is rated in adherence with the specific instructions outlined in the OSRI based on the totality of information collected during the review. Both the quantitative and qualitative data collected throughout the process are used to describe the effectiveness of the interventions and services utilized by the child welfare system to assist families.

QUALITY ASSURANCE

Quality assurance is an integral component of both the QSPR and CFSR processes. Quality assurance (QA) activities are interwoven throughout the case review process to ensure fidelity to the methodology, the integrity of the instruments and information contained therein and the accuracy of the ratings. The QSPR quality assurance processes adhere to the Children’s Bureau’s expectations and safeguard the validity and reliability of the findings. All cases reviewed must undergo two levels of quality assurance. The initial, or first-level, QA ensures
that reviewers are accurately rating cases and properly applying the federal instructions within the OSRI. The secondary, or second-level, QA ensures consistency among all cases reviewed across reviewers and throughout all service areas within the state. Both levels of quality assurance use a collaborative approach and place shared responsibility on both the reviewer and QA staff. Reviewers gather and reconcile the information needed to answer the relevant questions using the guidance within, and supplemental to, the instrument and the support and guidance of the quality assurance team. QA staff assist in all phases of the review, from the preparation of the case for the review through the completion of the instrument, by answering questions, working with reviewers on clarifying issues and assisting reviewers in evaluating/reconciling information to arrive at appropriate case ratings. Secondary oversight is conducted on all reviewed cases once the first-level QA and OSRI are completed. The second-level QA is conducted by a QA staff person other than the individual assigned to the first-level QA, relying on more than one individual to verify the case review information and ratings are accurate to ensure inter-rater reliability and accurate determinations.

**SAMPLING**

Arkansas was approved for a state-led CFSR so, in addition to adopting the new OSRI, DCFS amended the QSPR sampling methodology to adhere to the federal requirements. Since the case reviews conducted as part of the CFSR have to be completed within a six-month period (April-Sept. 2016), the QSPR moved from an annual to a six-month review schedule. However, to allow time to implement the new review tool and demonstrate the State’s proficiency in its usage to the Children’s Bureau, the Division allowed two additional months for data collection for the SFY 2016 QSPR. The Service Quality and Practice Improvement Unit conducted QSPRs in each of DCFS’ ten geographic service areas between August 2015 and March 2016. Fifteen stratified, randomly selected cases were reviewed within each of the service areas, including nine foster care and six in-home cases, totaling 150 case reviews (90 foster care cases and 60 in-home cases) conducted statewide for the SFY 2016 round of reviews. The 15 cases were pulled from three counties within the service areas (three offices in the case of Area 6); the counties that contributed cases were chosen at random from the sampling frame for the entire Area. The universe of cases from which the foster care samples was selected included all children for whom the agency had placement and care responsibility and who were considered to be in foster care on the basis of AFCARS reporting requirements for at least 24 hours during the sampling period. The sampling frame for the in-home services cases, which included Protective Services cases and Differential Response referrals, encompassed all cases opened for services for at least 45 consecutive days during the sampling period and in which no children in the family were in foster care for 24 hours or longer during any portion of the review period.
FINDINGS

Each year the results of the service areas’ QSPRs are combined to generate statewide scores; this provides an overall summary of the Division’s performance pertaining to the goals of safety, permanency and well-being for children receiving services. Whereas each service area’s score was weighted in the calculation of the statewide scores in previous fiscal years, the statewide scores for SFY 2016 are straight averages of the combined scores from the ten service areas in accordance with the approved federal sampling methodology. The discussion below focuses on the most prominent and significant findings identified during the SFY 2016 reviews. However, the statewide scores for all items covered in the reviews are presented within each of the safety, permanency and well-being sections and following the summary.

SAFETY

<table>
<thead>
<tr>
<th>Safety Outcomes 1 and 2</th>
<th>SFY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety 1: Children are, first and foremost, protected from abuse and neglect (N=87)</td>
<td>80%</td>
</tr>
<tr>
<td>Item 1: Timeliness of Initiating Investigations (N=87)</td>
<td>80%</td>
</tr>
<tr>
<td>Safety 2: Children are safely maintained in their homes whenever possible and appropriate (N=150)</td>
<td>73%</td>
</tr>
<tr>
<td>Item 2: Services to Prevent Removal (N=48)</td>
<td>77%</td>
</tr>
<tr>
<td>Item 3: Risk and Safety Assessment and Management (N=150)</td>
<td>75%</td>
</tr>
</tbody>
</table>

None of Arkansas’s performance around safety was indicative of any true strength in practice, i.e., a score of 90 percent or higher on any item was not achieved, but the State’s performance on Safety Outcome 2 improved by eleven percentage points during SFY 2016. At the same time, Arkansas evidenced increases of four percentage points on the prevention measure and eleven percentage points on the risk and safety assessment and management measure, marking the State’s highest scores since the inception of the Service Quality and Practice Improvement Unit in 2009. DCFS’ greatest challenge in its safety-focused casework continues to be its efforts to assess the risk to and safety of children involved with the Division, particularly in its in-home cases.

- **Risk and Safety Assessment and Management** – Despite an eleven percentage point improvement in performance from the corresponding measure from the SFY 2015 QSPR, sufficient efforts were not made to assess and address risk and safety concerns for children receiving services in a quarter of the reviewed cases. Consistent with prior years’ reviews, problems were identified with both formal and informal assessments of risk and safety. Formal assessments were either never completed or not completed until months after case opening. The bulk of the deficient ratings, however, stemmed from a lack of ongoing, informal assessments due to sparse caseworker visitation with families. Caseworkers were not in the homes enough and therefore could not adequately assess risk and safety concerns. Inconsistencies remain between foster care and in-home cases around risk and safety assessment and management; roughly two-thirds of the deficiencies (66 percent) were
identified in in-home cases. Overall, 77 of the 90 foster care cases (86 percent) reviewed during SFY 2016 achieved a rating of strength on this measure compared to only 35 of the 60 reviewed in-home cases (58 percent).

**PERMANENCY**

<table>
<thead>
<tr>
<th>Permanency Outcomes 1 and 2</th>
<th>SFY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanency 1: Children have permanency and stability in their living situations (N=90)</td>
<td>44%</td>
</tr>
<tr>
<td>Item 4: Stability of Foster Care Placement (N=90)</td>
<td>78%</td>
</tr>
<tr>
<td>Item 5: Permanency Goal for Child (N=86)</td>
<td>77%</td>
</tr>
<tr>
<td>Item 6: Achieving Reunification, Guardianship, Adoption or APPLA (N=90)</td>
<td>69%</td>
</tr>
<tr>
<td>Permanency 2: The continuity of family relationships and connections is preserved for children (N=90)</td>
<td>57%</td>
</tr>
<tr>
<td>Item 7: Placement with Siblings (N=61)</td>
<td>67%</td>
</tr>
<tr>
<td>Item 8: Visiting with Parents and Siblings in Foster Care (N=68)</td>
<td>68%</td>
</tr>
<tr>
<td>Item 9: Preserving Connections (N=84)</td>
<td>60%</td>
</tr>
<tr>
<td>Item 10: Relative Placement (N=85)</td>
<td>73%</td>
</tr>
<tr>
<td>Item 11: Relationship of Child in Care with Parents (N=49)</td>
<td>45%</td>
</tr>
</tbody>
</table>

The SFY 2016 QSPR did not identify any true strength in practice on any of the permanency measures. However, Arkansas’s performance on the placement stability measure increased by 17 percentage points from the corresponding measure used for the 2015 round of reviews and represents its highest stability score to date. The State had the most difficulties with Permanency Outcome 2, particularly in providing children in care with sufficient visitation with their families, promoting bonding between them and their parents through efforts beyond visitation alone, preserving their other important connections and placing siblings together.

- **Placement with Siblings** – Placing siblings together prevents children in out-of-home placement from experiencing additional separation and loss, and it fosters both permanency and stability for children in foster care. Sixty-one of the reviewed foster care cases included sibling groups. Adequate efforts were not made to ensure the siblings were placed together in 20 of those cases (33 percent), a seven percentage point decline from the SFY 2015 QSPR. Many staff reported not having sufficient placement resources to accommodate the sibling groups. Because of the shortage of foster homes, these staff reported having to place children where beds were available as opposed to in placements best suited to meet their individual needs. In addition to not placing siblings together initially, there was also not enough effort to reunite siblings once they were separated.

- **Visitation between Foster Children and their Parents and Siblings** – DCFS must work to ensure that children in foster care have ample contact and communication with their parents.
and siblings. Sufficient efforts were not made to ensure adequate visitation between foster children and their birth families in nearly one-third of the applicable cases (32 percent). The deficient ratings stemmed from both a lack of visitation between children and their parents and from insufficient visitation between siblings who were not placed together. Many of the deficiencies resulted from the infrequent nature of the contact. The quality of the visits was also identified as an issue in a few of the cases, with visitations taking place in unsuitable locations, e.g., in courthouse lobbies and in a small room at the DHS office while other families were also visiting. A few of the cases were rated as being deficient because the Agency did not make any efforts to arrange visitation with incarcerated parents.

- **Preserving Important Connections** – Children form important bonds outside of their immediate families. They may have significant connections to their extended family, community, neighborhood, faith, school and/or friends. Sufficient efforts were not made to maintain these important connections in 40 percent of the reviewed foster care cases, a 22 percentage point drop in performance from SFY 2015. Many of the deficiencies resulted from children not being allowed to visit and/or maintain contact with extended family members with whom they had a connection prior to entering foster care. Some of the deficient ratings also stemmed from children having to change schools because they were placed outside of their home communities. In many instances, the caseworkers did not put forth any extra effort to promote or facilitate possible connections for the children.

- **Relationship of Children in Care with their Parents** – Beyond improving parent-child visitation, DCFS must also work to provide efforts beyond visitation that will promote and support positive relationships between children in care and their parents. Caseworkers did not sufficiently work to preserve these relationships in more than half of the applicable cases (55 percent). Some of the deficiencies resulted from the Agency’s lack of contact with and engagement of parents. Visitation between the children and their parents was not encouraged in these cases, let alone extra efforts to support bonding. Most of the deficiencies were found in cases where visitation was being provided between the children and their caregivers but where efforts to promote additional connections were not found.
WELL-BEING

Well-Being Outcomes 1, 2 and 3

<table>
<thead>
<tr>
<th>Well-Being 1: Families have enhanced capacity to provide for their children’s needs (N=150)</th>
<th>SFY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 12: Needs and Services of Child, Parents and Foster Parents (N=150)</td>
<td>59%</td>
</tr>
<tr>
<td>Item 13: Child and Family Involvement in Case Planning (N=144)</td>
<td>51%</td>
</tr>
<tr>
<td>Item 14: Caseworker Visits with Child (N=150)</td>
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<td>Item 15: Caseworker Visits with Parents (N=123)</td>
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<table>
<thead>
<tr>
<th>Well-Being 2: Children receive appropriate services to meet their educational needs (N=84)</th>
<th>83%</th>
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</thead>
<tbody>
<tr>
<td>Item 16: Educational Needs of the Child (N=84)</td>
<td>83%</td>
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</table>

<table>
<thead>
<tr>
<th>Well-Being 3: Children receive adequate services to meet their physical and mental health needs (N=118)</th>
<th>80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 17: Physical Health of the Child (N=104)</td>
<td>88%</td>
</tr>
<tr>
<td>Item 18: Mental/Behavioral Health of the Child (N=75)</td>
<td>81%</td>
</tr>
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</table>

Although not a true strength in practice based on the score, DCFS was largely successful at tending to the physical and dental health needs of children involved with the Division during SFY 2016. However, none of Arkansas’s performance related to well-being was indicative of any true strength in practice. Similar to past years, Arkansas struggled most with Well-Being Outcome 1 during the SFY 2016 round of reviews. The Agency often did not properly assess and address the needs of children and families, nor did it involve children and families in case planning. Many of DCFS’ problems in these areas of practice, as well as many of those described above, stem from its failure to consistently provide its clients with sufficiently frequent contact. Additionally, the findings from the well-being-related measures further underscore the differences between the ways in which foster care and in-home cases are worked within Arkansas’s child welfare system.

- **Needs and Services of Child, Parents and Foster Parents** – In order to successfully mitigate the challenges that bring families into contact with the Division, their strengths, needs and resources must be competently assessed. That assessment must then guide the development of the case plan and inform the specific interventions that will be utilized to assist families. DCFS did not properly assess the needs of and/or provide appropriate services to children and families in more than one-third of the reviewed cases (41 percent) during SFY 2016. However, as illustrated in the following table, the Agency was more successful at tending to the needs of children and foster parents than those of biological parents.
The reviewers found problems with both formal and informal needs assessments. Child and Adolescent Needs and Strengths (CANS) and Family Advocacy and Support Tools (FAST) were completed months after the cases were opened, excluded certain family members (e.g., youth, fathers, etc.) or failed to accurately assess families’ strengths and needs. Some of the CANS and FAST functional assessments were completed before the caseworkers ever met with the families. Caseworker visitation was limited in many of the deficient cases, which prevented staff from conducting proper ongoing, informal assessments of the families’ needs. Other problems centered on incomplete and untimely service provision. Need was suitably assessed but not all of the needed services were provided or they were provided outside of a reasonable timeframe within which to help the family. There were also inconsistencies in casework between in-home and foster care cases around needs assessment/service provision; one-third of the foster care cases were rated as being deficient on this measure compared to more than half of the in-home cases (53 percent).

- **Child and Family Involvement in Case Planning** – Children and/or their parents were excluded from the case planning process in nearly half of the reviewed cases (49 percent) during SFY 2016, a six percentage point drop in performance from last year. There was an absence of case planning altogether in some of the deficient cases, but the prevailing problem centered on families, or at least particular family members, being left out of the process. Caseworkers created case plans independently without their input, which resulted in families not knowing what was needed to accomplish their case goals. School-aged children, biological fathers and stepfathers/live-in boyfriends serving in a caretaker role were most often excluded from the case planning process. In most of the deficient cases with school-aged children, workers failed to consult with the children (as developmentally appropriate) regarding their goals and services or explain the case plan in a manner the children could understand. Some of the most concerning examples of this involved youth in foster care with goals of adoption with whom no one had discussed their permanency goals or their interest in being adopted. Inconsistent contact between caseworkers and clients prevented meaningful family engagement in many of the deficient cases.

- **Caseworker Visitation with Children and their Parents** – Frequent, quality caseworker visitation is the cornerstone of effective practice in child welfare from which all other practice builds. It is through such contact that caseworkers may engage families to successfully assess risk, safety, strengths, needs and resources and work with them to strengthen parental capacity. During the SFY 2016 QSPR, children did not receive frequent, substantive visitation from caseworkers in more than one-third of the reviewed cases (39 percent), while family service workers failed to provide parents with adequate visitation in more than half of the reviewed cases (55 percent). Even with the need for continued
improvement, it should be noted that Arkansas’s performance improved by four percentage points on the child visitation measure and by seven percentage points on the parent visitation measure from the corresponding measures during 2015 round of reviews.

The problems with visitation with both children and parents were two-fold, infrequent contact as well as poor-quality communication. Caseworker contact with clients was too inconsistent or sporadic in most of the cases rated as being deficient, while many of the contacts that did occur were not sufficiently focused on all of the pertinent issues. The reviewers found that some of the children were not spoken with privately and that the length and location of some of the visits was inappropriate, e.g., very brief conversations and visits outside of the home/placement. Caseworkers also failed to focus on issues pertinent to case planning, service delivery and goal achievement during contacts with families in some of the deficient cases. Children in foster care received far more visitation from their caseworkers than did children who remained at home. Nearly three-fourths of the foster children in the reviewed cases (71 percent) received adequate visitation during the twelve month review period, whereas more than half of the children in the in-home cases (55 percent) did not receive ample contact. There was not the same level of incongruence between in-home and foster care cases on the parent visitation measure, because the Division tends to struggle with engaging parents across the board.

**SUMMARY**

No true strengths in practice were identified on any of the measures during the SFY 2016 QSPR. DCFS was largely successful at tending to the physical and dental health needs of children involved with the Division, but continued progress is needed before even that performance is considered a true Strength by the federal standards. The 2016 round of reviews underscored many areas of challenge also identified in previous QSPRs. Infrequent caseworker visitation continued to prevent caseworkers from effectively assessing and addressing risk and safety concerns for children involved with the Division, particularly children who remained in the family home. On the subject of permanency, DCFS struggled to maintain familial ties and other important connections for children in care. Specifically, the Division grappled with providing children in care with sufficient visitation with their families, promoting bonding between them and their parents through efforts beyond visitation alone, preserving their other important connections and placing siblings together. Regarding well-being, infrequent caseworker visitation continued to prevent the Agency from properly assessing and addressing the needs of children and families and from involving them in case planning.

In truth, many of the problems unearthed during this year’s and previous years’ reviews stemmed from infrequent, inconsequential contact between caseworkers and clients. DCFS must find a way to ensure that caseworkers maintain regular contact with both children and their parents. Such visitation should occur in the family home and must involve discussions of issues pertinent to safety, permanency and well-being and the achievement of the case goals. Furthermore, although there are issues with practice in both types of cases, there continues to be striking inconsistencies in casework between in-home and foster care cases in Arkansas. As a rule, significantly more in-home cases than foster care cases are found to be deficient on the safety
and well-being measures. For a variety of reasons, these cases are often assigned a lower level of priority than are their out-of-home equivalents when, in fact, these children are much more vulnerable than those in foster care. Given these children’s increased susceptibility to repeat maltreatment, DCFS must continue to focus on making in-home cases a priority.
<table>
<thead>
<tr>
<th>SFY 2015–2016 Statewide QSPR Comparisons</th>
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<tbody>
<tr>
<td><strong>Round 3 OSRI</strong></td>
</tr>
<tr>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>Safety 1: Children are, first and foremost, protected from abuse and neglect</td>
</tr>
<tr>
<td>Item 1: Timeliness of Initiating Investigations</td>
</tr>
<tr>
<td>Safety 2: Children are safely maintained in their homes whenever possible and appropriate</td>
</tr>
<tr>
<td>Item 2: Services to Prevent Removal</td>
</tr>
<tr>
<td>Item 3: Risk and Safety Assessment and Management</td>
</tr>
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<td>Permanency 1: Children have permanency and stability in their living situations</td>
</tr>
<tr>
<td>Item 4: Stability of Foster Care Placement</td>
</tr>
<tr>
<td>Item 5: Permanency Goal for Child</td>
</tr>
<tr>
<td>Item 6: Achieving Reunification, Guardianship, Adoption or APPLA</td>
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<td></td>
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<tr>
<td>Permanency 2: The continuity of family relationships and connections is preserved for children</td>
</tr>
<tr>
<td>Item 7: Placement with Siblings</td>
</tr>
<tr>
<td>Item 8: Visiting with Parents and Siblings in Foster Care</td>
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<td>Item 9: Preserving Connections</td>
</tr>
<tr>
<td>Item 10: Relative Placement</td>
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<tr>
<td>Item 11: Relationship of Child in Care with Parents</td>
</tr>
<tr>
<td>Well-Being 1: Families have enhanced capacity to provide for their children’s needs</td>
</tr>
<tr>
<td>Item 12: Needs/Services of Child, Parents, Foster Parents</td>
</tr>
<tr>
<td>Item 13: Child and Family Involvement in Case Planning</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
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<tr>
<td>Item 14: Caseworker Visits with Child</td>
</tr>
<tr>
<td>Item 15: Caseworker Visits with Parents</td>
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<tr>
<td><strong>Well-Being 2: Children receive appropriate services to meet their educational needs</strong></td>
</tr>
<tr>
<td>Item 16: Educational Needs of the Child</td>
</tr>
<tr>
<td><strong>Well-Being 3: Children receive adequate services to meet their physical and mental health needs</strong></td>
</tr>
<tr>
<td>Item 17: Physical Health of the Child</td>
</tr>
<tr>
<td>Item 18: Mental/Behavioral Health of the Child</td>
</tr>
<tr>
<td>Safety 1: Children are first and foremost protected from abuse and neglect</td>
</tr>
<tr>
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<tr>
<td>ITEM 1: Timeliness of investigations</td>
</tr>
<tr>
<td>ITEM 2: Repeat maltreatment</td>
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<table>
<thead>
<tr>
<th>Safety 2: Children are safely maintained in their home when possible and appropriate</th>
<th>SFY 2015</th>
<th>SFY 2014</th>
<th>SFY 2013</th>
<th>SFY 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITEM 3: Services to prevent removal</td>
<td>73%</td>
<td>73%</td>
<td>73%</td>
<td>70%</td>
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<tr>
<td>ITEM 4: Risk of harm</td>
<td>64%</td>
<td>74%</td>
<td>66%</td>
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<table>
<thead>
<tr>
<th>Permanency 1: Children have permanency and stability in their living situations</th>
<th>SFY 2015</th>
<th>SFY 2014</th>
<th>SFY 2013</th>
<th>SFY 2012</th>
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<tbody>
<tr>
<td>ITEM 5: Foster care re-entry</td>
<td>96%</td>
<td>88%</td>
<td>97%</td>
<td>97%</td>
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<tr>
<td>ITEM 6: Stability of foster care placement</td>
<td>61%</td>
<td>70%</td>
<td>68%</td>
<td>74%</td>
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<tr>
<td>ITEM 7: Permanency goal for child</td>
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<td>89%</td>
<td>86%</td>
<td>90%</td>
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<tr>
<td>ITEM 8: Reunification, guardianship, and placement with relatives</td>
<td>84%</td>
<td>80%</td>
<td>91%</td>
<td>78%</td>
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<tr>
<td>ITEM 9: Adoption</td>
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<td>63%</td>
<td>54%</td>
<td>68%</td>
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<td>ITEM 10: Alternative planned permanent living arrangement</td>
<td>84%</td>
<td>91%</td>
<td>69%</td>
<td>63%</td>
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<table>
<thead>
<tr>
<th>Permanency 2: The continuity of family relationships and connection is preserved</th>
<th>SFY 2015</th>
<th>SFY 2014</th>
<th>SFY 2013</th>
<th>SFY 2012</th>
</tr>
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<tbody>
<tr>
<td>ITEM 11: Proximity of placement</td>
<td>89%</td>
<td>86%</td>
<td>90%</td>
<td>93%</td>
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<tr>
<td>ITEM 12: Placement with siblings</td>
<td>74%</td>
<td>70%</td>
<td>85%</td>
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<td>ITEM 13: Visiting with parents and siblings in foster care</td>
<td>81%</td>
<td>76%</td>
<td>68%</td>
<td>73%</td>
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<tr>
<td>ITEM 14: Preserving connections</td>
<td>81%</td>
<td>86%</td>
<td>79%</td>
<td>77%</td>
</tr>
<tr>
<td>ITEM 15: Relative placement</td>
<td>86%</td>
<td>87%</td>
<td>77%</td>
<td>77%</td>
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<tr>
<td>ITEM 16: Relationship of child in care with parents</td>
<td>48%</td>
<td>73%</td>
<td>68%</td>
<td>70%</td>
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<tr>
<th>Well-Being 1: Families have enhanced capacity to provide for children’s needs</th>
<th>SFY 2015</th>
<th>SFY 2014</th>
<th>SFY 2013</th>
<th>SFY 2012</th>
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<tbody>
<tr>
<td>ITEM 17: Needs/services of child, parents and foster parents</td>
<td>66%</td>
<td>71%</td>
<td>65%</td>
<td>62%</td>
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<tr>
<td>ITEM 18: Child/family involvement in case planning</td>
<td>57%</td>
<td>64%</td>
<td>61%</td>
<td>53%</td>
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<tr>
<td>ITEM 19: Worker visits with child</td>
<td>57%</td>
<td>68%</td>
<td>61%</td>
<td>52%</td>
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<tr>
<td>ITEM 20: Worker visits with parents</td>
<td>38%</td>
<td>48%</td>
<td>41%</td>
<td>42%</td>
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<table>
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<tr>
<th>Well-Being 2: Children receive services to meet their educational needs</th>
<th>SFY 2015</th>
<th>SFY 2014</th>
<th>SFY 2013</th>
<th>SFY 2012</th>
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<tbody>
<tr>
<td>ITEM 21: Educational needs of child</td>
<td>88%</td>
<td>88%</td>
<td>84%</td>
<td>80%</td>
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<table>
<thead>
<tr>
<th>Well-Being 3: Children receive services to meet their physical and mental health needs</th>
<th>SFY 2015</th>
<th>SFY 2014</th>
<th>SFY 2013</th>
<th>SFY 2012</th>
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<tbody>
<tr>
<td>ITEM 22: Physical health needs of child</td>
<td>81%</td>
<td>88%</td>
<td>89%</td>
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<tr>
<td>ITEM 22: Physical health of child</td>
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<td>92%</td>
<td>94%</td>
<td>90%</td>
</tr>
<tr>
<td>ITEM 23: Mental health of child</td>
<td>85%</td>
<td>92%</td>
<td>88%</td>
<td>77%</td>
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</table>
DIVISION OF CHILDREN AND FAMILY SERVICES CONTINUOUS QUALITY IMPROVEMENT 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.
- Provides 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, the Office of Finance and Administrative Support, the Office of Placement Supports and Community Outreach, the Office Infrastructure and Specialized Programs, the Office Mental Health and Preventative Services.
The Division is comprised of the following program areas: Prevention/Support, Child Protective Services, In-Home Services (which includes Differential Response), Behavioral Health, Specialized Placements, Specialized Services, Child and Adolescent Needs and Strengths/Family Advocacy Support Tool (CANS/FAST), Arkansas Creating Connections for Children (AR CCC), Foster Care, Adoptions, Transitional Youth Services, Education, Planning, Quality Assurance and Service Quality and Practice Improvement, 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
- 96-273 105-89 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 Review (CFSR), the primary issues on which this analysis focuses are safety, permanency and well-being; but it also places an emphasis on the personnel, contractual and foster care resources available to achieve these outcomes. The intent of these reports is to identify those practices and outcomes where each service area is producing well and can serve as a model for other Areas, as well as those practices and outcomes where each Area most needs to improve. At the conclusion of the ten Area-specific meta-analysis reports, DCFS also completes a statewide meta-analysis that measures DCFS’ progress and overall transition over the most three recently completed calendar years. The Meta-Analysis reports continue 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:
  - For SFY 2016, DCFS made a conscious effort to review its residential treatment care facilities, which revealed that a significant proportion of the children referred for placement in these facilities could be more appropriately served in a less restrictive placement setting (e.g., a foster family home). Additionally, the agency has ordered a review of the significant increase in the statewide foster child population (which had increased by approximately 30 percent over the course of 15 months) to better identify the causes of this increase. DCFS is still conducting this review 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 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. 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 cases 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

Please reference the attached document for a breakdown on data related to foster care psychotropic drugs.

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 litems, 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 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 the 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 Interdivisional Staffings (case-specific outcomes, as well as identification of systemic issues to be addressed).

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 continued this collaboration during this reporting period by ensuring that CIP was involved in the third round of the Child and Family Services Reviews and will continue to be involved during the 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 Safe Babies Court Team (SBCT) Project 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 Coordinators for the Safe Babies Court Team Project works with Judge Warren in Pulaski County and Judge Elmore in Lonoke County 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 SBCT 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 SBCT 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 professions represented on the council are judges, juvenile justice, CASA, prosecuting attorney’s office, faith based communities including the CALL, medical, behavioral/mental health, clinical, women and children’s health, law enforcement, higher education, K-12 education, Commission on Child Abuse, Rape and Domestic Violence, Advocates for Children and Family, foster care alumni, foster parent, biological parent, current youth in care and community at large.

The 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 IV-E WAIVER DEMONSTRATION ACTIVITIES

The Arkansas Department of Human Services, Division of Children and Family Services (DCFS) began implementing the State’s Title IV-E Waiver Demonstration Project in August 2013. The goals of the five-year project are to:

1. Safely reduce the number of children entering foster care;
2. Increase placement stability; and,

To achieve these goals, DCFS selected six interventions for statewide implementation, including:

- Differential Response;
- Child and Adolescent Needs and Strengths / Family Advocacy and Support Tool;
- Team Decision Making;
- Permanency Roundtables;
- Nurturing Parenting Program; and,
- Targeted Recruitment.

Each of the aforementioned initiatives is at a different stage of implementation, but Arkansas’s Title IV-E Waiver Demonstration Project is well underway, and significant progress has been achieved for each of the six interventions. This report summarizes the project and evaluation activities and accomplishments for Arkansas’s Waiver during the period of August 1, 2015 through January 31, 2016. The conclusion of this reporting period marks the end of the tenth quarter of the Demonstration Project, which constitutes the midpoint of Arkansas’s Waiver.

The DCFS Waiver Core Team continues to be the decision-making authority for the Demonstration Project. This oversight team reviews data as well as the current progress and deliverables of the six interventions to ensure that all implementation activities and work align with the overall direction of Arkansas’s Waiver. Waiver Core Team meetings were held throughout the reporting period, including regular meetings with the evaluators. The team normally meets at least twice monthly, with at least one meeting focused on status updates and decision-making and one meeting focused on evaluation.

The DCFS Planning Manager, who was also the Waiver Lead, resigned her position during the reporting period for new opportunities outside of the organization. Therefore, the Agency’s Continuous Quality Improvement Manager, took over the role of Waiver Lead midway through the reporting period. Furthermore, although the transition occurred after the reporting period, it is important to note that DCFS is now under the leadership of new, Interim Director, following the resignation and eventual departure of former Director at the end of March.

DEMONSTRATION STATUS

Differential Response
Arkansas’s Differential Response (DR) program was implemented statewide in August 2013. As reported in prior reports, the program is administered by the DR Program Unit in Central Office, which consists of the DR Program Manager and DR Program Specialist, and is implemented by
DR Specialists and Supervisors in each service area. There were no significant policy or procedural changes within the DR program during the reporting period. The following data and accomplishments represent the DR program’s functioning between August 1, 2015 and January 31, 2016:

**Differential Response Data:**

- DR referrals worked: **2,317**
- DR referrals screened out: **238**
- DR referrals re-assigned to investigations: **624**

*In examining the number of referrals that were screened out and switched from DR to investigations, it is important to note that each DR referral goes through a two-tier screening process. The first review is conducted by the Arkansas Child Abuse Hotline at the onset of the initial call. The second-level review is conducted by the DR Program Unit and includes a history search to determine if the family is currently involved with DCFS (i.e., in an open investigation or services case) and a review of the intake narrative to determine if the allegations and information included are eligible for Differential Response.*

Practice has not been impacted as Arkansas has had a secondary review process since DR was implemented in 2012. The number of referrals has increased, however our State has seen an increase in both DR and investigation acceptance as well. The numbers are comparative year to year and there are no specific trends that have been noted.

**Summary of Differential Response Activities:**

**August 2015**
- Trained the Service Quality and Practice Improvement Unit on DR Policy to help prepare them for the upcoming, revised Quality Services Peer Review process, for which DR referrals are now included in the sampling frames.
- DR staff attended the DCFS Legislative Update Trainings which addressed the law and policy changes described in the previous report related to Educational Neglect
- Met with HZA staff to discuss formal DR evaluation
- DR Program Manager attended Area Director Meeting to discuss DR and review the program’s monthly report
- Met with Clark County DR Staff to discuss CHRIS and policy questions

**September 2015**
- DR Program Manager attended Area Director Meeting to discuss DR and review the program’s monthly report

**October 2015**
- Trained new DR staff in Little Rock
- DR Program Manager attended Area Director Meeting to discuss DR and review the program’s monthly report
DR Program Manager attended the Statewide Quarterly Supervisor Meeting to review/discuss pertinent DR data
DR Program Manager attended the International Conference on Innovations in Family Engagement in Minneapolis, MN
DR Program Unit staff shadowed DR Specialists in Areas 6, 8, and 9

**November 2015**
- DR Program Unit staff shadowed DR Specialists in Areas 2 and 4
- DR Program Unit participated in a technical assistance / planning call with consultants from the Kempe Center to prepare for the upcoming statewide DR meeting
- Met with Area 7 DR staff to discuss policy and questions related to job duties
- DR Program Manager attended Area Director Meeting to discuss DR and review the program’s monthly report
- Attended Waiver Core Team meeting to provide DR updates

**December 2015**
- Held statewide DR staff meeting with support / technical assistance from Kempe Center consultants
- Met with Area 7 DR staff to discuss program information

**January 2016**
- Participated in TIPS parenting conference call to discuss possible pilot for DR and three counties
- Attended Waiver Core Team meeting to provide DR updates
- Participated in TIPS parenting conference call
- Met with Area 7 DR staff to discuss program information

**February 2016**
- Met with Area 6 DR supervisor to go over initiations, services, and CHRIS screens
- Waiver CORE Team-Discussed DR
- Internal Child Death Review on a child death with pending DR Referral
- Shadow DR staff in Area 7
- CHRIS meeting to discuss upcoming changes in the DR screens
- Shadow DR staff in Area 3

**March 2016**
- Waiver CORE Team
- Shadow DR staff in Area 5
- Waiver CORE Team
- Shadow DR staff in Area 7

**April 2016**
- Area 7 staff development-provided an overview of DR, how to initiate a DR referral, and provided family engagement training-2-day training
- Waiver CORE Team
- Shadow staff in Area 5
- Waiver CORE Team
- 2-Day DR Training for new DR Staff
- Provided updates on the DR program to the Area Directors
- Waiver CORE Team Meeting
- Waiver CORE Team Meeting
- DR policy meeting

**May 2016**
- Waiver CORE Team Meeting
- Waiver CORE Team Meeting

**CANS and FAST Functional Assessment Tools**
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 the 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 on the tool.

The first phase of implementation counties for the CANS and 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 more 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 in late October 2014. The Waiver Core Team CANS/FAST Lead (and, as of January 2015, now the CANS/FAST Program Manager), 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. The program manager 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 a previous reporting period, a new Arkansas CANS/FAST Implementation Committee was 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 also helps to guide the implementation of the new tools into the child welfare system. The Committee has met and worked on stakeholder flyers, helped to develop and implement the plan for statewide coaching calls regarding supervision of CANS/FAST, and a look at the outcomes chains and how we can determine if CANS/FAST is achieving the intended outcomes. Arkansas looked at the short-term CANS outcomes and individually discussed ways we could potentially identify this, with consideration to what data is available to pull from CHRIS. The group identified that gaps in service array are difficult to detect because CHRIS only records what services are actually selected for a family, not any potential service needs identified by the caseworker for which the actual services were unavailable. Arkansas explored this issue during its site visit to Utah and found that they are using polls/surveys of their field staff to identify these gaps. Arkansas has talked about potentially polling the field to identify issues in this area. However, this discussion was geared towards coming up with ideas we could use to assist the evaluators in monitoring outcomes. Arkansas will ultimately rely on the evaluators to identify gaps in service array.
During this reporting period, the larger CANS/FAST Implementation Committee was ‘put on hold’ to allow more specific work to occur in various other workgroups/sub-committees. The program manager has held workshops with the identified CANS Champions across the state; been a part of an In-home Workgroup to ensure focus on best practice use of FAST with in-home cases; worked extensively with the MidSOUTH curriculum writers to develop appropriate training surrounding CANS/FAST for workers, supervisors and community stakeholders; and worked on the plan and development of a CANS/FAST Annual Revision workgroup that began in February 2016 (after one year of full implementation) to look at necessary changes and improvements to the Arkansas tools. The focus of this workgroup is developing a hybrid CANS/FAST assessment for Arkansas (same base assessment regardless of case type that will have additional modules if needed/if out-of-home placement case), and this assessment will be modeled after Utah’s UFACET.

The Communication Subcommittee developed an initial 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 (and continues to attend) several meetings across the state with various stakeholder groups to introduce CANS/FAST and answer questions, including Court Improvement Team Meetings in several counties and the Statewide Court Appointed Special Advocates Meeting and Statewide Children in the Courts Conference. The program manager also worked with one of our service providers to implement CANS within their own agency.

Arkansas also implemented a CANS/FAST Stakeholder Orientation during this reporting period, which will be conducted quarterly by MidSOUTH at each of their five training academies across the state. There have now been two rounds of these orientations, and the program manager attends these sessions to offer support and answer any DCFS-specific questions. Announcements of these trainings were sent by various avenues to stakeholders, and the program manager also participated in the quarterly conference calls with various DCFS providers to encourage attendance and discuss how our providers can be using the CANS/FAST in their work with our clients. The feedback from the stakeholder trainings has been very positive so far, and our partners have shared that they are excited to be a part of the CANS/FAST process and use the assessments as they work with our clients. An additional flyer has also been developed and shared; it focuses on the reasons DCFS is using CANS/FAST as well as stakeholders’ roles in the process.

Dr. John Lyons continues to serve in a consultative and technical assistance capacity for Arkansas. As previously reported, he assisted in the development of the State’s CANS/FAST implementation plan and 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. After the initial trainings, Dr. Lyons (or one of his coaches) also facilitated multiple coaching calls that were arranged for the
field supervisors across the state to discuss best practice use of CANS and FAST and also complete additional vignettes to strengthen fidelity of use. These have continued throughout this reporting period, and the feedback from supervisors has been that these are very helpful. The supervisors are encouraged to use the practice scenarios completed on the call to then do inter-office trainings with their staff to improve fidelity and reinforce workers understanding of the tools. Dr. Lyons has also been available for consultation as Arkansas looks at potential changes to the current tools and future development of new tools. During this review period, Dr. Lyons approved changes to the rating scale for the trauma section of the CANS and expressed support of Arkansas beginning the process of converting to a hybrid CANS/FAST modeled after Utah’s UFACET for both in-home and out-of-home cases (any modules specific to foster care/out-of-home case would just be triggered). A condensed version of this hybrid tool will then be employed for use in investigations/differential response. Arkansas’s research suggests that most states that utilize multiple different tools use CANS for a level of care recommendation for children in foster care (which we are not doing) or use FAST in investigations/DR (which we still want to do). We believe that, if we combine the tools (like Utah has done with great success) so that you do the same basic assessment regardless of case type but have additional modules when it is an out-of-home case, then that will be increase ease of use by staff and therefore fidelity. In feedback from the field, the number one complaint has been that it is too time consuming to do a single CANS for every child when we have so many cases with many kids in them, and then that the whole process is very complicated when we are switching back and forth between CANS and FAST when the workers must switch tools based on the type of case (if we return a child or take a child into foster care). Our CANS and FAST don’t align directly so they truly have to start over when the case type changes and you lose that trackable progress on individual items for child and family. We believe that we will get more buy-in from our staff and that they will really start using the tool the way it is intended if they don’t see it as such a burden. Once we have transitioned to a more finely-honed single assessment tool, it will be easier for DCFS to develop and implement the modified/shortened version that the investigator/DR worker would conduct during the assessment phase. Dr. Lyons will be available for consultation throughout this process and will approve any changes that Arkansas makes.

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 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. As of February 2015, CANS and FAST training was fully incorporated into the 5 classroom weeks of New Worker Training, along with CANS/FAST related OJT assignments for the field weeks of NWT. The Program Manager attended and supported the implementation of CANS/FAST in NWT at each of the 5 sites during the initial training of CANS/FAST. The IV-E University Partnership also developed the mandatory yearly trauma and engagement trainings from a CANS/FAST perspective and these were provided across the state during this review period. The program manager also attended a round of supervisor training to assist and then give feedback on how we can focus more on appropriate supervision of CANS/FAST by supervisors, more attention to details during the approval process, and how to coach workers on CANS/FAST.
The Division has offered ongoing support for this IV-E Waiver initiative by continuing to add frontline field staff to counties where the caseload-to-worker ratio is still high (above 25 cases) and, as referenced above, hiring a program manager dedicated solely to CANS/FAST in central office to ensure fidelity is monitored as well as to provide ongoing support to the field throughout implementation. The program manager has been completing detailed case reviews with feedback specifically on CANS/FAST and how it guided the case plan and providing that directly back to the field staff and area directors, and during this review period a part-time position was hired specifically to increase the amount and detail in case reviewing for fidelity of CANS/FAST. Additionally, the program manager speaks with the area directors at their monthly meetings and to supervisors at each Quarterly Statewide Supervisor Meeting to provide updates and address any concerning trends in practice. For example, many workers seem to only be looking at the “true finding” in the case and the CANS item that correlates with that is often rated a 2 or 3, but the entire rest of the assessment is rated all 0’s; the concern is that we are not truly doing a thorough assessment of all areas and this has been addressed and is continuing to be monitored. The aforementioned coaching calls also provide a forum in which practice issues and proper use of CANS/FAST may be discussed. In addition, it was because of some of these practice issues that we decided to do full refresher trainings prior to recertification this year instead of just allowing staff to use the CANS training website to recertify. The refresher trainings focused on best practice and highlighted some of the issues identified to date. These trainings were mandatory for all staff that directly work with CANS and FAST and all supervisors. These trainings reviewed all aspects of CANS and FAST and focused on what it means to use CANS as a communication tool (and what that should look like in real practice), what makes up a ‘quality’ CANS/FAST, the importance of proper engagement with families, and how the CANS/FAST should be guiding case decisions and driving the case plan.

CANS/FAST Practice Guides developed by MidSOUTH for New Staff Training were provided to workers statewide to use as a guide until the new engagement tool was developed. The full CANS/FAST Family Engagement Tool was provided to workers and supervisors across the state in April 2015. This tool went domain by domain and gave suggested questions and conversation starters to help workers gather the necessary information to complete the CANS/FAST, as well as general tips for engaging families and ways to engage stakeholders and collaterals to get a better assessment of our family’s needs. These were shared again at the CANS/FAST Refresher/Recertification Trainings and staff were encouraged to use them as they complete the CANS/FAST.

Employees were initially given a goal of certifying by the end of January 2015 in preparation for the statewide implementation date on 2/12/2015. By early March, the majority of all staff had certified (the exceptions were primarily workers on extended leave or staff in roles not using CANS/FAST in their daily job roles). New Workers all have goals to be certified by the end of their NWT classes, and the majority of workers have all been certified by the end of NWT. At this time we are in the process of recertifying across the state and have a report to monitor this. Assistance and coaching is given by the program manager or various CANS Champions as needed for workers struggling with certification. If a workers certification is expired, the CHRIS system blocks them from completing CANS/FAST in the system (or blocks supervisors from approving if they are expired).
CANS/FAST Champions have been identified in each service area. These individuals are field supervisors who supervise Protective Service and/or Foster Care cases who were identified as a leader in the area by the Area Director. Their role is to be a peer in the field who staff can go to if they have help or need questions, and to help get buy-in at the local, area level. The program manager has worked with the champions to build their skills and knowledge around CANS/FAST so they can truly be leaders of CANS/FAST in their respective areas. The program manager has provided additional trainings and support, and the Champions have taken on assignments in their areas to do presentations/small group trainings with staff or engage stakeholders regarding CANS/FAST. So far, seven champions have also had the opportunity to participate in a site visit to another state using CANS or go to the Annual CANS Conference and bring that knowledge learned back to the field. The CANS Champions will also be working with the program manager to identify a coaching model that Arkansas will use for CANS, develop Arkansas-specific materials to support this model and implement this with supervisors and workers.

CANS/FAST has been implemented statewide for a year now (since February 2015). As of February 15, 2016, there were 6,697 children in 3,795 cases assessed in a CANS, and 13,254 children in 5,976 cases assessed in a FAST.

Summary of CANS/FAST Activities:

**August 2015**
- CHRIS meeting on development of ability to copy case plans.
- Program manager requested a report from CHRIS to monitor staff CANS certifications which are documented in CHRIS.
- Work with Midsouth on curriculum development for the CANS/FAST Stakeholder Orientations.
- Several conference calls between new CANS/FAST Program Manager and Casey Family Programs liaison to discuss status of various committees and decisions made for CANS by WCT.
- Ongoing Waiver Core Team meetings.
- Program Manager attended part of Week 5 of New Staff Training at Fayetteville MidSOUTH Academy to provide support and feedback on CANS/FAST.
- CHRIS testing for case plan copy functionality.
- Individual meeting with Waiver Lead and Evaluators on CANS to discuss evaluation plan and review tools.
- CANS Program Manager attended new in-home workgroup to ensure proper focus on best practice of FAST in in-home cases as policy is developed.
- Conference call with Casey Family Programs’ liaison and Utah CANS leads to discuss agenda for site visit.

**September 2015**
- Program manager attended 17th Annual Child Welfare Demonstration Meeting in Washington, D.C.
- Program manager and supervisors/Champions from Areas 5 and 9 attended site visit at Utah to learn about their implementation, the UFACET, and coaching models.
- CHRIS testing for release 22.4 which will include full functionality of copy case plan feature.
- CANS Refresher in Phillips County for a re-hire supervisor and staff.
- Attended Area 3 Quarterly Staff Meeting and presented on CANS as a communication tool and the importance of using it this way, and also gave updates on upcoming CHRIS release and compliance reports.
- CANS Champion in Area 8 presented at Area 8 supervisor retreat on best practice supervision of CANS and proper approval process.
- Gave presentation on CANS/FAST at Statewide CASA Conference.
- CANS Refresher in Fayetteville for staff in Areas 1 and 2.
- CANS Program Manager attending new in-home workgroup to ensure proper focus on best practice of FAST in in-home cases as policy is developed.
- Meeting with MidSOUTH to assist with curriculum development surrounding the CHRIS changes with the copy case plan release.
- Meeting on Compliance Outcome Reports (COR) to ensure COR is pulling from all correct updates areas in CHRIS concerning CANS/FAST/Case Plan and discuss needed updates to the language in COR user guides (currently still reference FSNRA and old screen paths).
- Messaging went out to Area Directors (to be passed down to staff) again reiterating the importance of using CANS as a communication tool and sharing with all team members in a case.
- CHRIS developed certification report for program manager.
- Meeting with MidSOUTH to review the developed curriculum for the CANS/FAST Stakeholder Orientations.
- Identified the individuals selected to attend the Annual CANS Conference in November.

**October 2015**

- Pulaski and Miller Counties coming due for Recertification (one year implemented).
- Compliance report update sent to field on progress of updating old cases (pre-CANS implementation) to the new model and complying with policy timeframes on current cases.
- Several CANS/FAST Refresher/Recertification Trainings for Pulaski and Miller County staff.
- Program Manager attended Training and Skill Development Team (TSDT) meeting to give updates on CANS/FAST trainings and discuss upcoming refreshers and progress on stakeholder training development.
- Conference call with Casey Family Programs’ liaison to discuss ongoing work with CANS and specifically look at various coaching models for consideration.
- Requested that MidSOUTH finalize dates to complete the first round of CANS/FAST Stakeholder Orientations at all 5 sites. The first round of these will take place in January/February 2016.
- CHRIS release which included full copy case plan functionality, some error fixes regarding comments in CANS/FAST, and changes to the certification entry screens.
- Ongoing Waiver Core Team meetings.
- Program Manager attended the yearly trauma and engagement trainings which the partnership developed from a CANS/FAST perspective.
- Program Manager met one-on-one with Champion in Area 3 to go over case review process so Champion can begin doing reviews in the area and set up coaching meetings for other supervisors in the area.
- Program Manager presented at Quarterly Statewide Supervisor meeting. Presentation focused on practice examples of how to use CANS as a communication tool, that CANS is more than just a form and should promote a practice change, supervision techniques, the upcoming re-certification process across the state, and CHRIS changes. Supervisors also participated in a survey that was a self-evaluation of CANS/FAST supervision practices and attitudes.
- CANS/FAST Refresher/Recertification training for University Partners/Field Trainers.
- 5th Statewide Coaching Call with Dr. Lyons coach leading a practice vignette.
- DCFS-wide email went out announcing the upcoming CANS/FAST Refresher/Recertification Trainings and details surrounding the recertification process.

**November 2015**
- New Worker Training Curriculum Review with MidSOUTH to discuss changes from CHRIS release.
- Several conference calls with Casey Family Programs liaison to provide general technical assistance on various CANS activities (specifically, a plan for implementing a coaching model for CANS).
- Attended Annual CANS Conference in Seattle. DCFS sent the CANS Program Manager, In-home Specialist, and supervisors/champions from Areas 3, 7, and 8. MidSOUTH sent two curriculum development writers.
- Began statewide Refresher/Recertification Trainings (multiple in Fayetteville, Arkadelphia, Little Rock, and Jonesboro).
- Ongoing Waiver Core Team meetings.
- Meeting with MidSOUTH on Supervisor Training curriculum development (focus on supervising CANS and approval process).
- In-home workgroup meeting (manager attending to focus on FAST and best practice with in-home cases).
- Proposed idea of Arkansas moving towards a combined/hybrid CANS/FAST modeling after Utah’s UFACET, and also using a condensed version of this in investigations. Dr. Lyons agreed this is a good direction for Arkansas.

**December 2015**
- Refresher/Recertification Trainings (multiple in Monticello and Little Rock).
- Dr. Lyons appointed a person to manage the Coaching Calls facilitated by Praed. Program manager had conference call to discuss plan moving forward on coaching calls for Arkansas.
- Conference call with HZA waiver evaluators to discuss the CANS/FAST case review tool. Additional ongoing communication between evaluators and program manager occurred to ensure that the case review tool was looking at all aspects of fidelity and also properly assessing whether the case plan properly addressed the CANS/FAST identified needs.
- Ongoing Waiver Core Team meetings
- Program Manager attended last week of supervisor training at MidSOUTH to provide support/feedback. Did activity with supervisors in CHRIS lab on approval process for CANS/FAST and best practice in reviewing for approval. Conducted coaching activities modeling supervision with workers surrounding CANS/FAST assessments.
- CHRIS meeting to prioritize outstanding CANS/FAST/Case Plan ITN’s and planning for future release
- Proposed trauma changes to Dr. Lyons and got approval to move forward
- Decision made regarding changes to how to rate Trauma Domain within the CANS. Trauma will be updated to reflect a scale of ‘yes,’ ‘no,’ or ‘suspected,’ rather than the standard ‘0’ ‘1’ ‘2’ ‘3.’
- Conference call with Casey Family Programs liaison to discuss a plan for the annual revision workgroup that will be starting in February and the process for implementing changes/decisions made out of the workgroup.

**January 2016**

- Curriculum review meeting (follow-up from attending supervisor training).
- 6th Statewide Coaching Call-Dr. Lyons coach lead practice vignette tailored to model Arkansas practice and use of CANS/FAST.
- Program Manager attended New Staff Training Revisions workgroup to discuss CANS/FAST considerations.
- In-home workgroup meeting (manager attending to focus on FAST and best practice with in-home cases).
- Ongoing Waiver Core Team Meetings.
- Program Manager provided a report to the identified CANS/FAST Champions across the state and requested that they document their coaching and support activities monthly and provide back to program manager so we can better track coaching and support efforts in the field.
- Finalized members and goals of the CANS/FAST Annual Review/Revision workgroup which will begin meeting in February. This group will consist of field staff from multiple areas of the state representing case work, investigations, and dr. Members also include MidSOUTH, CHRIS, and additional central office staff. This group will look at modeling after the UFACET and developing a hybrid CANS/FAST tool for Arkansas.
- Meeting with MidSOUTH to finalize details surrounding first round of CANS/FAST Stakeholder Orientations across the state.
- Program Manager attended Area Director meeting to give CANS/FAST updates
- Program Manager attended quarterly conference calls with counseling, substance abuse, and IFS providers to discuss CANS/FAST and how providers can be using the tool in their work with our clients, and message about upcoming stakeholder trainings.
- CANS/FAST Stakeholder Orientations at Little Rock, Monticello, and Arkadelphia.
- Conference call with coaching call coordinator to plan next call.
- Conference call with Casey Family Programs liaison to agenda plan for Coaching Workshop with Champions.
- CANS/FAST Orientation provided for OCC attorneys (want to ensure the attorneys representing DHS have the same opportunity to learn as much about CANS/FAST as
various other stakeholders now that we are beginning stakeholder trainings across the state).

**February 2016**

- Program Manager attended New Staff Training Revisions workgroup to discuss CANS/FAST considerations.
- CANS/FAST Annual Revision Workgroup began meeting. The focus of this workgroup is developing a hybrid CANS/FAST assessment for Arkansas (same base assessment regardless of case type that will have additional modules if needed/if out-of-home placement case), and this assessment will be modeled after Utah’s UFACET.
- Survey went out to field via DCFS all to ask for feedback and suggestions for the Annual Revision Workgroup as we begin the process
- Program Manager held a Coaching Workshop with identified CANS Champions across the state to discuss the difference between coaching and supervision and identify specific coaching strategies for Arkansas to utilize regarding CANS/FAST. Different coaching models were looked at as well as tools developed from other states to align with the models.
- 7th Statewide Coaching Call-Dr. Lyons coach (Mark Lardner) presented on CANS as a Communication Tool and how to involve the family team (stakeholders).
- Sent survey out to supervisor group that participates in the Statewide Supervisor Coaching Calls asking for feedback (have the calls been helpful, what could make them more helpful, suggestions for topics?)
- In-home workgroup meeting (manager attending to focus on FAST and best practice with in-home cases).
- Ongoing Waiver Core Team Meetings.
- CANS/FAST Stakeholder Orientations at Fayetteville & Jonesboro
- Program Manager held make-up Refresher Trainings
- Program Manager met with CHRIS team to review outstanding ITN’s related to CANS/FAST/Case Plan and prioritize for next release

**March 2016**

- Program Manager had agenda planning call with Lynn Steiner (Chapin Hall) for next Coaching Call.
- Curriculum review meeting with Midsouth(follow-up from first round of stakeholder orientations for CANS/FAST).
- Ongoing CHRIS meetings for upcoming release
- 8th Statewide Coaching Call-Dr. Lyons coach (Lynn Steiner) presented on the 6 Key Characteristics, how to determine ratings when they are ‘on the line’, some of the more difficult items to understand/rate accurately.
- Program Manager attended New Staff Training Revisions workgroup to discuss CANS/FAST considerations.
- Part-time/Extra Help CANS reviewed position was hired and started. Program Manager met with staff to provide a CANS/FAST Refresher, give updates, discuss the case review process and plan moving forward.
- Ongoing CANS/FAST Annual Revision Workgroup meetings
- Ongoing Waiver Core Team Meetings.

**April 2016**
- Program Manager attended Training and Skill Development Team (TSDT) meeting to give updates on CANS/FAST first round of stakeholder orientations for CANS/FAST.
- Program Manager and Champion for Area 7 attended Area 7 Quarterly Staff meetings and presented on upcoming CHRIS enhancements concerning CANS/FAST, progress of the Annual Revision Workgroup and how we are incorporating feedback from the survey to the field, and the importance of using CANS as a communication tool (especially now that more and more of our stakeholders are getting educated on CANS themselves).
- Final conference call with Casey Family Programs liaison; technical support for CANS was provided for over a year and at this time it will be ‘as needed’ (Program Manager can reach out with questions) and not regularly scheduled.
- Ongoing Waiver Core Team meetings
- Ongoing CHRIS meetings regarding upcoming enhancements
- Program Manager attended New Staff Training Revisions workgroup to discuss CANS/FAST considerations.
- Ongoing CANS/FAST Annual Revision Workgroup meetings.
- 2nd round of Stakeholder Orientations for CANS/FAST across the 5 training sites began. Program Manager attended this month at Arkadelphia and Monticello.
- Program Manager had agenda planning call with Lynn Steiner (Chapin Hall) for next Coaching Call, to be held in May.
- Program Manager met with CANS/FAST Case Reviewer and began developing Case Review Tool to be completed in Survey Monkey.
- Program Manager worked with OCC attorney and attorney ad-litem to develop presentation on CANS/FAST for Children in the Courts Conference. Presentation focused on the attorneys role and what they can expect regarding CANS/FAST for their clients/cases.
- Program Manager attended Area 2 Supervisor meeting. Gave updates from Annual Revision Workgroup progress, upcoming CHRIS enhancements, and the importance of using CANS as a Communication Tool (especially as we educate more stakeholders). Also shared the draft of case review tool that will be used by the new CANS/FAST Reviewer.

**May 2016**
- Second round of Stakeholder Orientations for CANS/FAST across the 5 training sites continued. Program Manager attended this month at Little Rock, Fayetteville, and Jonesboro.
- Ninth Statewide Supervisor Coaching Call, facilitated by Dr. Betty Walton (one of Dr. Lyons coaches) on the meaningful use of the CANS, why it takes so long to do the CANS, and the importance of taking the time to get it right.
- Program Manager attended Area 1 Supervisor meeting. Gave updates from Annual Revision Workgroup progress, upcoming CHRIS enhancements, and the importance of using CANS as a Communication Tool (especially as we educate more stakeholders). Also shared the draft of case review tool that will be used by the new CANS/FAST Reviewer.
- Program Manager attended Area 3 Quarterly Staff Training Days. Program Manager worked with CANS Champion in Area 3 and FSW’s under her to develop the training curriculum. Staff worked in small groups and participated in interactive activities about the use of the CANS in practice and then held a mock staffing to practice using the CANS with families and providers to guide the case planning discussion.
- Ongoing Waiver Core Team meetings
- Ongoing CHRIS meetings regarding upcoming enhancements

Program Manager attended Mid-Level Managers Learning Collaborative in Denver, CO facilitated by Casey Families bringing together mid-level managers from various waiver states to talk about successes and barriers to successful implementation of the waiver initiatives and being in mid-level management implementing the initiatives.

**Team Decision Making**
As of the last reporting period, Arkansas had launched the Annie E. Casey Foundation model Team Decision Making (TDM) in Saline, Conway, Faulkner, Craighead, Lawrence, Randolph, Pulaski, Pope, Sebastian, Crawford, Garland, Hot Spring, Perry, Miller, Lafayette, Union, Columbia, and Greene Counties. On May 2, 2016 Van Buren County also implemented TD, and on June 13th 2016 Clay, Sharp, Hempstead, Nevada, and Ouachita Counties launched TDM as of June 13, 2016.

For the next phase of implementation, DCFS used removal data, staff capacity data and information, and geographic considerations when determining which counties to include. While a tentative implementation date is still to be determined, the upcoming implementation phase will include Washington and Madison Counties in Area 1; Lonoke and Prairie Counties in Area 7; Crittenden, Cross, Poinsett, and Woodruff Counties in Area 9; and St. Francis, Lee, Monroe, Phillips, and Arkansas Counties in Area 10. Statewide implementation is tentatively scheduled for July 1, 2017.

Since the implementation of TDM, the TDM Facilitators have been supervised by the TDM Sponsor who also serves as a Program Administrator for Community Services. Waiver Core Team decided to hire a TDM Supervisor with the primary job responsibility to directly supervise, coach, and mentor TDM facilitator staff. On March 14, 2016 the Area 6 TDM Facilitator was promoted to TDM Supervisor leaving the Area 6 position vacant. Since the Area 6 Facilitator was promoted in March 2016, a hire freeze request was submitted and approved for the Area 6 vacancy. An applicant was selected from the register, and this new Area 6 TDM Facilitator started on June 13, 2016.

Updates for other TDM staff include the following: In January 2016, the TDM Facilitator in Area 2 which covers Sebastian and Crawford Counties was promoted to a non-TDM supervisor position. The freeze request for the Area 2 TDM Facilitator position was approved. The first hire register ended with no applicant selected and was re-advertised. A selection was made on the second hire register and the Area 2 TDM Facilitator started on June 6. During this transition, coverage for Area 2 has been difficult at times with the TDM Supervisor as well as the Area 3 and Area 5 Facilitators covering Crawford and Sebastian counties while also continuing to serve
their own counties, travel for the facilitators from other areas may take up to 2½-3 hours one-way to Area 2.

The TDM Implementation Workgroup made recommendations to the Waiver Core Team about necessary policy changes to add Garrett’s Law referrals as a TDM trigger for those counties in which TDM is implemented. In Arkansas Garrett’s Law is the term used for substance exposed infants at the time of birth. The new TDM policy became effective in August 2015. The TDM Sponsor and TDM Lead met with CHRIS staff to discuss all changes required to the SACWIS system to include Garrett’s Law referrals in the TDM screens. All SACWIS changes were completed in a CHRIS release in August 2015. There is now a drop down box in the TDM screen to identify if the meeting was triggered by a protection plan or a substance exposed infant (i.e., Garrett’s Law referral). This allows for each trigger type to be identified in the outcome analysis for the evaluation. Automatic emails are sent to the Area Director and TDM Supervisor when the Child Abuse Hotline accepts an investigation for Garrett’s Law in TDM implemented counties.

All staff in the TDM implementation counties received a Garrett’s Law TDM policy training led by the TDM Facilitators. The requirement that a TDM meeting be held for all Garrett’s Law referrals accepted for investigation in the TDM implementation counties, with the exception of Pulaski County, went into effect in August 2015. Pulaski County was initially excluded because it receives 20% of all the Garrett’s Law reports received by the hotline statewide. Due to the high volume of Garrett’s Law reports in Area 6 and the fact that the TDM Facilitator was covering both Area 5 and 6 at that time, Waiver Core Team decided to have a delayed implementation date of Garrett’s Law as a TDM trigger in Pulaski County. In December 2015 and January 2016, all supervisors, caseworkers, and investigators in Pulaski County had the Garrett’s Law TDM policy training. Garrett’s Law was implemented in Pulaski County on February 1, 2016. On May 25, 2016, Garrett’s Law was temporarily suspended in Pulaski County due to high number of staff resignations, investigators carrying 60 or more investigations, facilitator vacancy, and the number of Garrett’s Law referrals assigned to Pulaski County.

As of June 1, 2016, there have been seven hundred and thirty-two (732) TDM meetings in the 19 implementation counties and these meetings have involved 1628 children. Of these 732 meetings:
- 55% were triggered by a protection plan and 45% were trigger by a Garrett’s Law referral.
- 62% the TDM recommendations were to Maintain Children in Own Home/No Court Involvement
- 33% the TDM recommendations were to File for Court Intervention Not Involving Removal
- 5% the TDM recommendations were to File for any Type of Custody that Includes Removal.

As noted above, the TDM Facilitators have been leading all TDM policy and procedure trainings for DCFS staff. The MidSOUTH trainer, TDM Sponsor, and two of the TDM facilitators also worked together to combine the One-Day Staff orientation and the TDM policy training into a
one-day training for field staff. In May of 2016 the development of the One-Day Staff Orientation training curriculum was completed. Trainings for Area 3, 4, 6, and 8 have been scheduled. Area 2 training will be scheduled soon since the new Area 2 TDM Facilitator only recently started this position. The Area 8 TDM One-Day Orientation Training took place on May 24, 2016 in Jonesboro, Arkansas. Area 4’s One-Day Orientation Training was conducted on June 7, 2016 in Texarkana, Arkansas. TDM One-Day Orientation training for Area 3, 5, and 6 took place on June 10, 2016. Areas 3, 5, and 6 training will be held for all new staff in the implemented counties.

Facilitator training for the new Area 2 facilitator, Area 6 facilitator, and potential DCFS self-selected staff will occur on June 29, June 30, and July 1st, 2016 at MidSOUTH Training Academy in Little Rock, Arkansas. DCFS self-selected staff are given the opportunity to serve as backup facilitators in order to gain knowledge of TDM, broaden their skills, and gain experience in facilitation. The TDM Supervisor sent applications to DCFS Staff on June 10, 2016 for the self-selection process with a due date of June 13, 2016.

Once the technical assistance from Annie E. Casey Foundation ended in May 2015, the monthly Case Consultations continued and are led by the TDM Sponsor and TDM Lead on the second Wednesday of each month. The Case Consultations provide peer-to-peer learning, live case consultation, and guest speakers from the Community/Service Providers. In October 2015, the TDM Sponsor, TDM Lead, and Area 6 TDM Facilitator (now the TDM Supervisor) attended the International Conference on Innovations in Family Engagement in Minneapolis, Minnesota. At the conference, several new techniques and skills were shared that would benefit TDM meetings and practice in Arkansas. The Area 6 TDM Facilitator co-facilitated TDM meetings with each of the other TDM facilitators in order to model the new techniques and skills to expand learning across the state.

When the TDM facilitators are not conducting TDM meetings, they continue community/stakeholder engagement and identifying available services within each of their respective communities. Examples include drug treatment providers, home visiting programs, domestic violence shelters, etc. The TDM facilitators developed a community/stakeholder resource list and sent invitations for TDM stakeholder sessions in each of the implementation counties that were held in August, September, and October 2015. This three hour curriculum is designed to introduce and familiarize key community stakeholders/partners with the goals of Team Decision Meetings (TDM) and the important role that stakeholders have in the TDM process.

Previously data for TDM could only be gathered manually and there was no automated mechanism for tracking and monitoring TDM implementation. TDM Facilitators were responsible for creating and maintaining a spreadsheet of all their TDM meetings and submitting those weekly to the TDM Sponsor. However, as of September 2015 the TDM Quarterly Report and a CHRIS-Net Report moved to production. In April 2016, a request was made to CHRIS to have the quarterly report show the break downs by each individual county. The request is currently in production.
House Bill 1624, An Act to Increase Protections for Children in Dependency-Neglect Cases was passed during the 2015 Legislative Session as Act 1017. Act 1017 requires a dependency/neglect petition to be filed with the court for all protection plans and went into effect on July 22, 2015. With the passing of this Act, there are concerns about the integrity of the TDM process given the potential for overturning TDM plans and decisions once the attorneys and the court became involved. Another downside is that it promotes system intrusion in the lives of families and seriously hampers the agency’s ability to determine necessary interventions and divert them from more formal system involvement.

Data shows TDM is making an impact on the children in the 19 implemented counties. As of June 1, 2016 95% of the children having a TDM Meeting have been able to remain in their home. The Team Decision Making data was compiled from the Chris Net report. TDM is expanding in Areas 4 and 8. Five new counties will be added Clay, Sharp, Hempstead, Ouachita, and Nevada Counties.

**August 2015**
- Case consultation meeting lead by TDM Sponsor and TDM Lead
- Completed interviews for Area 5 TDM facilitator position
- Met with IV-E Waiver evaluators to discuss TDM evaluation
- Met with MidSOUTH trainer to review training materials for TDM facilitator training
- Held TDM stakeholder meetings in Greene, Randolph, Craighead, and Lawrence Counties
- Conference call with Annie E. Casey to discuss TDM’s resulting in removal
- Presented TDM at Area 4 Monthly Supervisors Meeting
- Individual and Group Supervision

**September 2015**
- Case consultation meeting lead by TDM Sponsor and TDM Lead
- Held stakeholder meetings in Pope, Faulkner, Conway, Pulaski, Saline, Perry, Hot Springs, Garland, Crawford, and Sebastian Counties
- Presented TDM at the Arkansas Child Abuse and Neglect Conference
- Presented TDM at Area 4 Monthly Supervisors Meeting
- Presented TDM to Union County’s AGAPE Fellowship Organization in Area 4
- Individual and Group Supervision

**October 2015**
- Case consultation meeting lead by TDM Sponsor and TDM Lead
- Presented TDM at the Quarterly Statewide Supervisors Meeting
- Held Three-Day Facilitator Training
- Presented TDM to South Arkansas Community College Outreach Program
- Discussed TDM at Assessment Unit Meeting in Pulaski County
- Attended the International Conference on Innovations in Family Engagement
- Discussed TDM at monthly Area Director’s Meeting
- Individual and Group Supervision
November 2015

- Case Consultation meeting lead by TDM Sponsor and TDM Lead
- Met with MidSOUTH trainer to discuss future training needs for TDM
- Met with CHRIS staff to discuss needed TDM data reports
- Discussed TDM at monthly Area Director’s Meeting
- Held TDM Stakeholder Sessions for Columbia, Union, Miller, and Lafayette Counties
- Revisions made to the CFS-355 TDM Action Plan
- Presented TDM at Area 4 Monthly Supervisors Meeting
- Individual and Group Supervision

December 2015

- Case Consultation meeting lead by TDM Sponsor and TDM Lead
- Held TDM Policy and Procedure Trainings in Pulaski County for all Pulaski County staff and any new staff in Area 3 and 5
- Discussion of TDM led by the Area 5 TDM facilitator at the Pope County Judge’s Meeting
- Presented TDM at Area 4 Monthly Supervisors Meeting
- Individual and Group Supervision

January 2016

- Case Consultation meeting lead by TDM Sponsor and TDM Lead
- Held interviews for the TDM facilitator in Area 1, 7, 9, and 10
- Presented TDM at the Quarterly Statewide Supervisors Meeting
- Presented TDM at the Pope County and Conway County Community Outreach Meeting
- Discussed TDM at the monthly Area Directors Meeting
- Presented TDM at Nevada County Judges Meeting in Area 4
- Held TDM Policy and Procedure Training in Pulaski County for all Pulaski staff and any new staff in Area 3 and 5
- Individual and Group Supervision

February 2016

- Launched Garrett’s Law TDM trigger in Pulaski
- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Met with IV-E Waiver evaluators to discuss TDM evaluation
- Met with MidSOUTH trainer to review training materials for One-Day Staff Orientation
- Met with CHRIS Staff concerning CHRIS enhancements for TDM
- Conducted TDM Supervisor Interviews and made selection
- Conducted Individual and Group Supervision
- Attended Domestic Violence Conference (TDM Supervisor and Area 3 TDM Facilitator)
- Presented TDM to Women and Children’s First (TDM Supervisor)

March 2016

- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Conducted Individual and Group Supervision
TDM Supervisor started 3/14/16
TDM Supervisor attended a TDM Question and Answer session with Women and Children First
TDM Facilitator conference call to discuss progress and barriers
TDM Supervisor, Area 3 Facilitator, MidSOUTH Trainer, and TDM Manager worked on One-Day Staff Orientation power point
TDM Supervisor and TDM Manager prioritized TDM ITN’s for CHRIS enhancements
TDM Supervisor attended Court Improvement Process Conference
Area 4 Facilitator attended Judges meeting in Lafayette County
Implemented revised CFS-355: Team Decision Making Summary Report

April 2016
- Conducted observation and coaching of Area 8 Facilitator (TDM Supervisor)
- Met with IV-E Waiver evaluators to discuss TDM evaluation
- Met with Area 2 to discuss protection plans
- Held TDM CHRIS enhancement meeting
- Conducted Area 2 Facilitator Interviews and made selection
- Presented TDM to Families Inc. (TDM Supervisor)
- Presented TDM to Pope County Law Enforcement (Area 5 TDM Facilitator)
- Presented TDM at Pope County’s unit meeting (Area 5 TDM Facilitator)
- Enhanced on One-Day Staff Orientation PowerPoint (TDM Supervisor and MidSOUTH Trainer)
- Attended Bryant Library Ribbon Cutting Ceremony (Area 3 TDM Facilitator)
- Presented TDM to Saline County Health Unit (Area 3 TDM Facilitator)
- Discussed TDM at Assessment Unit Meeting in Pulaski County (TDM Supervisor)
- Conducted Individual and Group Supervision
- Contacted Annie E Casey about other possible triggers for TDM (TDM Supervisor)

May 2016
- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Met with MidSOUTH trainer to discuss future training needs for TDM
- Met with CHRIS staff to discuss needed TDM data reports
- Conducted Individual and Group Supervision
- Tested CHRIS enhancements
- Conducted Area 6 Interviews and made selection
- Presented to Women’s Crisis Executive Director and Sexual Assault Advocate (Area 4 TDM Facilitator)
- Presented to Ouachita Partnership for Economic Development (Area 4 TDM Facilitator)
- Completed TDM One-Day Staff Orientation PowerPoint
- Conducted TDM One-Day Staff Orientation Training in Area 8
- Presented at new supervisors training (TDM Supervisor)
- Contacted Annie E Casey concerning reunification as a trigger
**Permanency Roundtables**

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 timeframe 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 caseworker 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) unit as a means to increase providing permanency for youth in foster care. The Permanency Unit has worked diligently to improve permanency for older youth by collaborating with the Youth Advisory Board to discuss issues concerning bringing awareness to communities regarding the need for permanent families and connections for older youth who are in foster care. The permanency specialist has joined the National Permanency Counsel as a means to work with other individuals whose main role is the work to facilitate permanency for youth who are in foster care. The permanency specialist is a member of the clinical team which focuses on treatment for youth in foster care. This team works to insure that youth are receiving the appropriate mental health treatment needed to improve their well-being.

In August of 2015, a new consultant contracted by Casey Family Programs and the state’s Permanency Specialist co-facilitated a Skills Building Training. As a result of this training, four new people were identified as individuals who would actually participate as part of a team during PRTs. In September 2015, the same Casey consultant and Permanency Specialist conducted a statewide Permanency Values Training with more than 50 participants including DCFS employees and external stakeholders.

During this reporting period, the Division conducted 50 PRTs involving children from eight of its ten service areas. The Permanency Specialist also ensured that all of the prior PRTs have been documented in CHRIS.

DCFS offers pre-consultation for FSWs when youth have already had a PRT but for whom a permanent placement has not been identified. 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 agency has also implemented a process for adding a follow-up consultation to the action list as a means of measuring the follow-up work that is being completed once a PRT has been conducted and an action plan completed.
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. The barrier busters are also available via phone, text, email, and face-time when there are schedule conflicts and barrier busters are not able to be available in person.

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 continue to express the experience of “thinking outside of the box” allows them the opportunity to discuss alternative options when they feel that they have exhausted all options in finding permanency for youth. Staff discussed that having access to 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 and hear divergent perspectives.

The previously referenced new PRT consultant identified by Casey Family Programs is a previous employee of Casey and now consults for the agency on a contract basis. The consultant and DCFS Permanency Specialist have monthly interactions via email and phone to discuss and plan for PRTs. The consultant conducted three on-site visits during the reporting period. One of the main components of the discussion was the PRT follow-up for Arkansas. The consultant encouraged the Permanency Specialist to utilize the supervisors as a bridge between the PRT and the follow-up due to the regular communication they have with caseworkers. During the Fall Child Abuse and Neglect Conference, the new consultant and the Permanency Specialist co-facilitated training on the importance of youth having permanent connections when leaving care.

The Permanency Specialist has identified issues with some service areas not adhering to the fidelity of the PRT model, resulting in inconsistencies in terms of how the teams are created and conducted. Some Areas are not holding regular PRT meetings while the planning process is also inconsistent and/or insufficient. An example would be when workers who have been recently assigned cases and are not familiar with cases having to present their case in front of the team without their supervisor or someone to support them being present at the meeting. At times, this may be due to individuals having to attend court hearing or other meetings. The Permanency Specialist then has to ask for someone to be present as a support for the worker. DCFS is in the final stages of creating the Achieving Permanency through Roundtables Guide which will give in-depth details of the PRT process. The new consultant advised that the state needs a simple guide that can be easier understood by workers. The guide has been updated and submitted to the Waiver Core Team for review.

Previously, there were also challenges with documenting PRT-related information in CHRIS. For instance, FSWs and Area PRT Coordinators would receive 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. The major issues with adding documentation to CHRIS have been resolved and Coordinators are not reporting any issues with documenting in CHRIS at this time.

This CHRIS team is now in discussions of how to add brainstorming notes to the 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 is appropriate for that particular youth. The CHRIS team has created a means of adding the brainstorming component to the PRT screen and look to have this component available by the Fall CHRIS release.

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 doing so. 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. The Permanency Specialist has attended Area meetings, Supervisor meetings as well as area educational training meetings to discuss data entry.

Area directors, supervisors, and FSWs 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 alternate the staff who participate in each Permanency Roundtable event.

**Summary of PRT Activities:**

**August 2015**
- Permanency Specialist attended the Youth Advisory Board Summit
- Casey consultant site visit

**September 2015**
- Presentation for Arkansas Child Abuse and Neglect Conference
- Meeting with State Area Coordinators
- Attended FASD Conference
- PRT in Area 2
- PRT in Area 3
- Case mining in Area 8

**October 2015**
- Follow-up meeting for Area 1
- PRT in Area 1
- Consultation in Area 1
- Orientation for new PRT Coordinator in Area 4
- Case mining in Area 4
- Permanency Values Training
- PRT in Area 2
- PRT in Area 3
- PRT in Area 9

**November 2015**
- PRT in Area 2
- PRT in Area 3
- PRT in Area 8
- PRT in Area 10

**December 2015**
- National Permanency Team Workgroup Meeting
- PRT in Area 6
- PRT in Area 7

**January 2016**
- Webinar for National Permanency Team
- Post PRT Consultation for Area 6
- Submitted Request to Area Coordinators for status of youth who have had PRT in last 6 months

**February 2016**
- Completed 6 month IV-E Waiver review
- Participated in National Permanency Network Conference Call
- Participated in National Permanency Network Post Conference Call Committee (Clinical Committee)
- Permanency Roundtables in Area 1- 4 cases reviewed
- Permanency Roundtables in Area 2-4 cases reviewed
- Participate in Agency Volunteer event by reading at local elementary school
- Permanency Roundtables in Area 9 – 3 cases were reviewed

**March 2016**
- Permanency Roundtables Area 1 – 4 cases reviewed
- CHRIS enhancement meeting to discuss upcoming changes to PRT screen
- Permanency Roundtables in Area 2 – 4 cases reviewed
- Permanency Roundtable in Area 8- 3 cases
- Completed newsletter submission on importance of permanency for youth

**April 2016**
- Facilitated Values of Permanency training in area 1 33 participants
- Monthly CHRIS meeting to finalize add PRT Consultation to picklist and discuss creating a screenshot of PRT with bullet points to assist with navigation process
- Permanency Roundtable in Area 1 – 4 cases reviewed

**May 2016**
- Attended the Youth Advisory Board’s Annual Education Ceremony for Foster Care Youth who are graduating in 2016
- Collaborative meeting with Youth Advisory Board to prepare for their Annual Youth Conference
- Permanency Roundtable Area 3 – 4 case follow-up consultations were conducted
- Permanency Roundtable Area 10- 8 cases were reviewed
Permanency Roundtable Area 5- 7 cases were reviewed
Permanency Roundtable Area 4- 4 cases were reviewed
Permanency Roundtable Area 1- 4 cases were reviewed
Facilitated Value of Permanency training in Area 2
CHRIS team monthly meeting to discuss PRT status update email

**Nurturing Parenting Program**

From August 1, 2015-May 31, 2016 the Nurturing Parenting Program (NPP) in Arkansas continued its implementation phase and began moving into its capacity building and sustainability phase as the program passed its one year anniversary in the state.

As of May 31, 2016, 139 parents and 327 children have graduated from the Nurturing Parenting Program. Due to the results of their final CPI, twelve of these families received individual tutorials before they graduated from the program to ensure they successfully comprehended all parenting constructs and related competencies. As of this same date, MidSOUTH has also completed 259 initial Comprehensive Parenting Inventories (CPIs) and 159 mid-point CPIs. The results of the midpoint and final CPI scores continue to show improvement as families progress through the program.

State-level and local MidSOUTH NPP staff members continued to travel the state to meet with DCFS in a variety of forums in an effort to ensure regular and consistent communication. This includes MidSOUTH NPP administrative staff attending each monthly DCFS Area Director meeting (though due to budget restraints it should be noted that the February and March Area Director monthly meetings were cancelled). At these monthly meetings MidSOUTH NPP administrative staff members provide DCFS Area Directors with the most recent Comprehensive Parenting Inventory averages as well as the monthly numbers by area of families referred, families not currently active, and families that have graduated from NPP.

DCFS also continued to receive 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). In December 2015, the NPP Sponsor shared with MidSOUTH NPP administrative staff that at this point they have the autonomy to determine on a case by case basis which referrals meet NPP programmatic criteria without consulting DCFS. If any extenuating circumstances arise or they otherwise need assistance from DCFS, they may contact the NPP Program Lead and/or Sponsor to conference a particular referral.

While referrals for families that are not within the identified target population continued, the acceptance rate for these cases has decreased as the number of referrals that do fall within the referral criteria have increased and MidSOUTH’s ability to serve referrals has reached capacity in most areas. For those that are accepted, MidSOUTH documents in its 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 are 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).
During this reporting period, MidSOUTH NPP staff continued to attempt to increase the number of group sessions versus individual family sessions if at all possible in order to better manage staff resources. All NPP sessions and home visits are scheduled with each family's needs in mind (e.g., after school and scheduled around the parents' work schedules).

MidSOUTH and DCFS have also been working to increase the number of NPP staff to better serve DCFS clients. After a lengthy process, in November 2015 MidSOUTH hired a second English/Spanish bilingual NPP Parent Educator who can travel statewide as needed. Then in January 2016, a contract amendment was approved by the Arkansas legislature to increase funds in the current SFY 2016 contract to allow MidSOUTH to hire an additional Child Specialist at each of the five MidSOUTH Training Academies. This will allow an even number of direct service staff at each location (i.e., two Parent Educators and two Child Specialists all of whom will be cross-trained). This, in turn, will enable more sessions to occur concurrently since there must be one Parent Educator and one Child Specialist at each NPP session. MidSOUTH has successfully hired all of these additional Child Specialists positions.

All NPP staff have a minimum of a Bachelor’s degree in social work, education, sociology, psychology, human services, counseling, or related field or have at least one year experience with a social service organization and all of whom also have at least two years’ experience facilitating groups. Many of the NPP staff members have previously worked for DCFS. All MidSOUTH staff receive annual performance evaluations to assess their performance regarding the provision of the NPP curriculum to clients and related activities.

In another effort to bolster the program, DCFS and MidSOUTH requested that Casey Family Programs facilitate additional Business Process Mapping (BPM) sessions. Casey Family Programs conducted a second BPM session on August 28, 2015. The goal of this second BPM session was to ensure that all service delivery and case management aspects of the program are running as efficiently as possible and to develop initial plans related to program sustainability. Participants included members of the DCFS Waiver Core Team, the DCFS NPP Lead, the DCFS NPP Sponsor, DCFS field staff, and MidSOUTH NPP administrative and direct service staff. A third and final BPM session facilitated by Casey Family Programs occurred in February to finalize all NPP business process maps from the past year.

Participants once again found the mapping process helpful in identifying successes and barriers and developing plans for the long-term sustainability of the NPP program. For example, the team developed a plan to ensure that, as new DCFS staff members are hired, they will be introduced to NPP during new staff training rather than DCFS and MidSOUTH continuing to offer stand-alone NPP trainings. For new Family Service Workers, a “lunch and learn” focusing on NPP, including the referral criteria and processes, has been added to the second day of the second week of New Worker Training. For new Program Assistants (PAs), a fourth day has been added to their final week of training. This particular day focuses on the PA role in NPP and how NPP differs from Active Parenting, which is a parenting education curriculum that is used in many foster care cases around the state. The additions to both of these new staff training curricula were implemented in October 2015.
A site visit from Dr. Stephen Bavolek, the developer of NPP, is counted as another NPP highlight for this reporting period. In October, Dr. Bavolek traveled to all five MidSOUTH Training Academy sites to meet with MidSOUTH NPP direct service staff, observe NPP sessions, and provide case consultation to the NPP Parent Educators and Child Specialists. This provided the first opportunity for the direct service NPP staff to meet the developer and pose various questions to him based on situations they have encountered during the initial roll out of NPP in Arkansas. Dr. Bavolek also spent a morning with MidSOUTH NPP and DCFS Central Office staff to review the progress of NPP from an administrative perspective.

During this reporting period DCFS worked to more fully integrate NPP into staff practice by requesting certain CHRIS enhancements. For instance, in January 2016, based on a suggestion received from DCFS supervisors, the NPP Sponsor requested a CHRIS enhancement, which was then implemented as of March 10, 2016. This particular change added the FSW Supervisor to the NPP referral email that is generated by CHRIS and sent to MidSOUTH when NPP is selected and approved as a case plan service. This allows the FSW Supervisor to be included on communication related to NPP services for clients from the beginning of this process. Prior to this enhancement, the FSW Supervisor was not automatically included on communication until the NPP Parent Educator began completing the progress notes on families participating in NPP.

As another example of CHRIS enhancements related to NPP, in the fall of 2015 the NPP Sponsor requested two CHRIS enhancements. One will provide notification to MidSOUTH NPP administrative staff when there is a change to the primary Family Service Worker (FSW) assigned to a family participating in NPP. This will allow MidSOUTH to know to whom to send NPP progress notes and other communication with very little lapse in time between changes to a family’s primary FSW. The other enhancement will send an email to both the FSW and FSW’s supervisor if there is a child ages 5-11 in the home and if the FSW selected a rating of a 2 or a 3 on one of the eight FAST trigger items on the FAST assessment for that family. This auto generated email will remind the FSW and FSW Supervisor to consider the case for NPP (if they have not already done so) and, if the referral is made, to be sure to select NPP in the case plan versus general parenting. These changes were implemented in the CHRIS system on June 1, 2016.

As previously reported, the Waiver Core Team determined during the planning phase for NPP that 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 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.

The last two rounds of NPP Training-of-the-Trainer (TOTs) for existing Program Assistants and their direct supervisors took place during this reporting period. The second round concluded in
August 2015. The third and final round of NPP TOTs took place in November 2015 for the remaining Program Assistants and their direct supervisors who had not yet participated in this training. Five TOTs were offered at regional locations across the state during each round (i.e., for a total of ten TOTs during this reporting period) to ensure manageable class sizes. The morning session provided an overview of NPP as well as a review of both DCFS and MidSOUTH NPP staff roles and responsibilities. The afternoon portion of the training provided 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 also featured small focus groups for the supervisors in attendance to discuss potential opportunities and challenges related to NPP and how to support PAs in the Parent Coach role.

While there have been efforts such as the NPP Training-of-the-Trainer (TOTs) for Parent Coaches/Program Assistants and the inclusion of NPP into New Program Assistant Training, Arkansas’s Interim Evaluation Report (IER) substantiated the anecdotal accounts that the Waiver Core Team has heard regarding the assignment of Program Assistants as Parent Coaches. In short, the IER confirmed that Program Assistants are rarely assigned as Parent Coaches. Both state-level and local leadership largely attribute this to the significant increase of children in foster care in Arkansas and that most PAs’ time is dedicated to transporting children in foster care rather than providing services for protective services cases – which would include serving as a Parent Coach to families participating in NPP. The Waiver Core Team is currently assessing whether or not to eliminate the expectation regarding the assignment of Program Assistants as Parent Coaches when appropriate.

In recent months NPP direct service staff turnover has been a challenge for MidSOUTH administrative staff. For the most part, NPP direct service employees have resigned due to the significant amount of time spent driving to NPP classes across the state given the substantial service area that each MidSOUTH Training Academy covers and/or because most of their NPP classes occur in the evenings and on weekends. Generally speaking, however, MidSOUTH administrative staff members have been able to fill any vacant positions relatively quickly.

Despite some of these challenges, the completion and review of the Interim Evaluation Report (IER) provided another NPP high point for this reporting period. The NPP sample size for the IER was limited due to NPP’s relatively short existence in Arkansas and that successful completion of NPP takes over four months from initial referral to graduation. However, the IER provided encouraging results regarding client satisfaction with NPP. For example, 71.8% of parent respondents strongly agreed that the NPP Parent Educator focused on their positive qualities as a parent while 28.2% agreed with this statement. 74.4% of parent respondents reported that they strongly agreed that the NPP Parent Educator treated them with respect while another 25.6% agreed on this point.

As previously mentioned, parents’ mid-point and final Comprehensive Parenting Inventory (CPI) have shown positive movement for all parents involved in NPP. The results of the family surveys in the IER demonstrate that parents who have participated in NPP have also recognized these gains with 71.8% of parent respondents who strongly agreed that they learned positive parenting techniques and another 28.2% who agreed. 71.1% of parent respondents also strongly agreed
that they will be able to keep their children in their own care because of what they learned during NPP and another 29.9% who agreed with this statement.

The Interim Evaluation Report also prompted the Waiver Core Team to consider making changes to the NPP referral criteria for the following reasons noted in the IER:

- Challenges in determining whether or not a protective services (PS) case is truly court involved (e.g., FINS cases)
- Certain counties not making referrals to NPP because they state all of their PS cases are, in fact, court involved

As such, the Waiver Core Team may request a change to the NPP population in its Initial Design and Implementation Report (IDIR) that would strike the non-court involved requirement and allow any protective services case to be referred to NPP if all other referral criteria are met (i.e., at least one child in the home between ages 5-11 and substance abuse issues do not prevent the family from actively participating in NPP sessions). Both the Waiver Core Team and the MidSOUTH NPP administrative team believe this would help increase referral numbers tremendously, particularly in those counties that are not currently making NPP referrals. This revision would also allow for more group-based sessions serving a higher number of families in each session. This potential increase in NPP referrals and, ultimately, families served would allow for a higher sample of NPP families in the next evaluation period, and, therefore, better assist Arkansas in determining the success, or lack thereof, of NPP. This prospective request to change the NPP referral criteria may be proposed to the Federal government during the summer months.

Both DCFS and MidSOUTH are pleased with the initial implementation phase of NPP in Arkansas. In fact, one of the finding of the Interim Evaluation Report was that NPP “has been successfully integrated into services throughout the state, and staff and community partners are engaged and in support of the program.” DCFS and MidSOUTH look forward to the continued progress of the Nurturing Parenting Program as it continues its second year of operation in Arkansas.

Summary of NPP Activities:

**August 2015**

- DCFS Waiver Core Team and MidSOUTH NPP Staff completed second round of NPP Parent Coach Train the Trainer
- MidSOUTH Administrative NPP Staff continued hiring process for NPP bilingual direct service staff
- MidSOUTH NPP administrative staff met with DCFS Area Directors at the monthly Area Director meeting
- NPP Lead, NPP Sponsor, MidSOUTH Administrative NPP staff, and DCFS management and field staff participated in second Business Process Mapping Session with Casey Family Programs (service delivery and program sustainability focus)

**September 2015**
- MidSOUTH NPP administrative staff continued hiring process for bilingual local NPP direct service staff
- NPP Lead and NPP Sponsor met with MidSOUTH Administrative staff to assess general progress of NPP and any challenges
- MidSOUTH NPP administrative staff met with DCFS Area Directors at the monthly Area Director meeting

**October 2015**
- NPP Lead and NPP Sponsor met with MidSOUTH administrative staff to assess general progress of NPP and any challenges
- MidSOUTH NPP administrative staff met with DCFS Area Directors at the monthly Area Director meeting
- MidSOUTH NPP staff presented at DCFS Statewide Quarterly Supervisor meeting to promote the program, clarify misconceptions, and to discuss successes and barriers to NPP in their counties
- Dr. Stephen Bavolek, developer of NPP, conducted a site visit in Arkansas
- MidSOUTH NPP administrative staff submitted proposed budget amendment to allow for additional Child Specialist at each of the five MidSOUTH Training Academies

**November 2015**
- NPP Lead and NPP Sponsor met with MidSOUTH Administrative staff to assess general progress of NPP and any challenges
- Third and final round of NPP Parent Coach Train the Trainer sessions completed
- MidSOUTH NPP administrative staff met with DCFS Area Directors at the monthly Area Director meeting

**December 2015**
- NPP Lead met with MidSOUTH administrative staff to assess general progress of NPP and any challenges
- NPP staff met with DCFS Area Directors at the monthly Area Director meeting to discuss successes and barriers to NPP in their areas
- NPP Lead and Sponsor held a conference call with Casey Family Programs to plan for final NPP Business Process Mapping session.

**January 2016**
- NPP Lead met with MidSOUTH administrative staff to assess general progress of NPP and any challenges
- Performance Evaluation and Expenditure Review (PEER) Subcommittee of the Arkansas legislature approved contract amendment to allow MidSOUTH NPP to hire an additional Child Specialist at each of the five MidSOUTH Training Academies
- MidSOUTH NPP administrative staff began advertising for the additional Child Specialist positions
- MidSOUTH NPP administrative staff met with DCFS Area Directors at the monthly Area Director meeting to discuss successes and barriers to NPP in their areas
- MidSOUTH NPP staff met with DCFS supervisors at DCFS Quarterly Supervisor meeting to address any program issues, take questions and distribute updated NPP referral form.
- MidSOUTH NPP administrative staff trained their second bilingual Parent Educator (housed at MidSOUTH Little Rock) and the new MidSOUTH Jonesboro Child Specialist in the NPP curriculum (filling a position that had been vacated during the fall).

**February 2016**
- NPP Lead and Sponsor met with MidSOUTH administrative staff to assess general progress of NPP and any challenges
- NPP Lead, NPP Sponsor, MidSOUTH Administrative NPP staff, and DCFS management participated in third and final Business Process Mapping Session with Casey Family Programs to revise as needed and finalize all NPP business process maps

**March 2016**
- NPP Lead and Sponsor met with MidSOUTH administrative staff to assess general progress of NPP and any challenges
- CHRIS enhancement implemented that adds primary FSW’s supervisor to the NPP referral email that is generated by CHRIS and sent to MidSOUTH when NPP is selected and approved as a case plan service

**April 2016**
- NPP Lead met with MidSOUTH administrative staff to assess general progress of NPP and any challenges
- MidSOUTH NPP administrative staff met with DCFS Area Directors at the monthly Area Director meeting to discuss successes and barriers to NPP in their areas
- NPP Interim Evaluation Report results reviewed

**May 2016**
- NPP Lead and Sponsor met with MidSOUTH administrative staff to assess general progress of NPP and any challenges

**Targeted Recruitment**
The Division of Children and Family Services continues to implement the targeted recruitment intervention, Arkansas Creating Connections for Children (ARCCC). The intervention has been implemented across the state in service areas (3, 4, 5, 7, 9, and 10). Areas 1, 2, 6 and 8 are covered by the Division’s Diligent Recruitment grant, the other major component of ARCCC.

ARCCC experienced challenges with staffing in Areas 4 and 7 during the reporting period. The Community Engagement Specialist (CES) in Area 4 resigned after being on extended leave. The limited applicant pool in Area 7 presented barriers to selecting an applicant for that position, so a CES was not hired there until October 29, 2015.

At the beginning of this reporting period, 567 DCFS staff completed ARCCC orientations in which the goal of the training was to introduce staff to 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 orientations were facilitated by the ARCCC Program Manager and Diligent Recruitment Grant Lead.

Arkansas also experienced some technical difficulties with its Geographic Information System (GIS) website during the reporting period related to the sites security measures. During this reporting period the ARCCC Manager worked with the GIS workgroup, which consisted of the UALR Site Developers, SACWIS Developers, DCFS Continuous Quality Improvement Manager, DHS IT Security Manager, and the Diligent Recruitment Grant Lead, to work through the issues and strengthen the site’s security to a level acceptable by DHS and the State of Arkansas. The workgroup utilized an issue tracker to identify and address concerns. Weekly Skype meetings were held until all of the issues were resolved. The GIS website went ‘live’ and became available to DCFS staff beginning on December 4, 2015.

ARCCC continued to receive technical assistance for targeted recruitment from the National Resource Center for Diligent Recruitment (NRCDR) during the reporting period. NRCDR and ARCCC staff developed a work plan during this time period and created a crosswalk mapping the Diligent Recruitment grant requirements, activities, timelines, and other key information to the IV- E Waiver. The plan also addressed the development of local recruitment teams and plans. The ARCCC Program Manager attends telephone conference calls with the ARCCC Diligent Recruitment Grant Lead and NRCDR consultants at a minimum of twice weekly to continue implementing the work of the grant. This allows the program manager an opportunity to align the work of the grant with the Waiver. The conference calls have been beneficial and allowed for peer-to-peer learning and the identification of evidence-based strategies that other states have used or are currently using to develop local recruitment teams. The alignment of the Targeted Recruitment and Diligent Recruitment interventions has also allowed all CES’ within the state to collaborate on recruitment strategies that have worked in their communities. For example, the Diligent Recruitment Project experienced staff turnover during the reporting period which delayed recruitment efforts. The Waiver staff have been able to share ideas and strategies that have and have not worked in Arkansas to avoid the new staff from repeating some of the same efforts that have not worked in the past.

The collaboration with the NRCDR also assisted the ARCCC Program Manager in identifying data needed for the Targeted Recruitment intervention. This led to the development of the ARCCC Recruitment Planning Tool, which assist CESs in utilizing child welfare data to determine the best strategies for recruitment within their communities of assignment. Information such as measurable goals and recruitment target populations has been identified for the CES in the tool. The tool is a guide for their identification of strategies and action plans to carry out recruitment with utilization of community recruitment teams. The tool will need to be reassessed at least semiannually to reevaluate the goals and relevance of the data identified. In addition to the development of this tool, new management reports were also developed for ARCCC during the reporting period that identify more specific data about the characteristics of children in foster care, such as:

- Foster Children Demographics by County – Age, Race and Gender
- Foster Families and Adoptive Families by County – Race
ARCCC is also now utilizing existing CHRIS Net and other management reports that are available to all DCFS staff, specifically:

- Active, Available and Approved Foster Family Home by Area and County with Placement
- Foster Care Children in TFC Provider
- Foster Care Sibling Separation
- Annual Report Cards

The ARCCC Program Manager developed the ARCCC Community Recruitment Team Charter for use by the CESs with their local recruitment teams. The purpose of the Charter is to set out expectations for community members that will assist with recruitment efforts. The components of the charter include:

- Purpose and Goal
- Partnership and Collaboration
- Roles and Responsibilities
- Operating Rules of the Team
- Methods of Communication
- Target Dates

The development of the ARCCC Recruitment Planning Tool and the identification of additional data reports has greatly enhanced the program manager’s and CES’ efforts to identify placement gaps and provide real education to stakeholders and as well as other community members about Arkansas child welfare needs. Additionally, ARCCC has identified goals for the Community Recruitment Teams to recruit, at a minimum, two foster family homes that are willing to accept the target populations and two volunteers to support foster families or youth in care on a monthly basis. The CESs were also provided timeframes for finalizing their Community Recruitment Teams and corresponding charters, the deadlines for which coincide with the end of this reporting period. While the CESs are responsible for the recruitment of multiple counties, they were tasked with rolling out the initial recruitment teams in specific, targeted counties in adherence with the following timeline:

- ARCCC Recruitment Planning Tool due by 12/07/15
- CES Recruitment Team Committee members/ strategies to recruit members due by 12/30/15
- Initial recruitment team meeting due by 01/18/16
- Recruitment Team Charter due by 02/01/16
- Initial Community Recruitment Team Plan/ Strategies due by 02/08/16
- Initial recruitment team tools due by 02/22/16

The counties identified to initiate Community Recruitment Teams were Garland, Miller, Pope, Jefferson, Woodruff and St. Francis Counties. While there is no CES in Area 4, the Resource Supervisor in Miller County was able to attend and participate in the recruitment team development meeting with NRCDR. The Resource Supervisor in Area 4 has been able to assist with some activities initiated under the previous CES, but recruitment activities have been delayed in Area 4 due to the Resource Supervisor’s other duties/responsibilities.
Summary of Targeted Recruitment Activities:

August 2015

- Area 7 CES interviews conducted
- ARCCC team attended Governors Restore Hope Summit
- Continued peer-to-peer learning conference calls for the ARCCC team
- Reviewed the volunteer process for DCFS partners
- GIS meetings held with UALR and DHS IT Security team
- GIS meeting held with Office of Chief Counsel regarding the continued development of the GIS website with UALR
- ARCCC Orientations were concluded
- ARCCC logo and branding developed
- Reviewed the ARCCC Work Plan
- Materials and equipment ordered for ARCCC team
- Continued conference calls with NRCDR
- Area 3 CES attended Staff meetings in Pike, Garland and Saline Counties
- Area 10 CES met with Area Director re: implementation of Targeted Recruitment
- Area 10 CES held Community Outreach Meetings in St. Francis and Phillips Counties, although no invitees attended
- ARCCC Team assisted the Youth Advisory Board during their annual conference, allowing CESs to collaborate with youth in foster care
- ARCCC Team operated a table/booth at the Governor’s Restore Hope Summit to provide attendees with information about ARCCC and DCFS’ recruitment needs; this also allowed for peer-to-peer learning among the team

September 2015

- Area 3 CES collaborated with DCFS staff in Perry County to identify relatives for potential placements for children in foster care
- Area 3 CES attended DCFS staff meetings in Montgomery, Polk, Pike, Howard and Hot Springs Counties.
- Community Outreach Meetings were scheduled with stakeholders in Garland and Hot Springs Counties
- Area 5 CES finalized an initial recruitment team in Conway County
- Area 5 recruitment team (Conway County Foster Care Coalition) initiated backpack and back-to-school drive
- Area 9 CES held Community Outreach Meetings with no success
- Area 9 CES began focusing on the local schools for foster care recruitment
- Area 10 CES held Community Outreach Meetings in St. Francis and Phillips counties, although no invitees attended
- Area 10 CES collaborated with The Children of Arkansas Loved for a Lifetime (The CALL), DCFS’ longstanding faith-based recruitment partner, to bolster agency recruitment efforts
- Community Engagement Specialists were provided with a timeline in which to identify recruitment team members and recruitment plans
- GIS meetings continued with UALR and DHS IT Security team
October 2015

- Area 3 CES identified recruitment committee members for Perry, Garland and Hot Spring Counties.
- Area 3 CES recruited 7 inquiries for the month of October. These are the individuals that selected ARCCC during the inquiry.
- ARCCC Program Manager hosted a teleconference with the CESs in Areas 3 and 7 to facilitate peer-to-peer learning; focused on recruitment committee development in both areas and the development of the Pope County Foster Care Coalition in Area 5
- Area 3 CES facilitated Community Outreach Meetings in Perry and Garland Counties.
- Area 5 CES initiated Pope County Foster Care Coalition
- Conway County Foster Care Coalition hosted launch event, Prayer in the Park; 150 community members attended, and two Community Outreach Meetings were held following the event.
- Area 5 CES collaborated with THV 11 News Station to promote Community Outreach Meeting in Conway County and also used local radio stations, professional print media services, and community billboards to promote Community Outreach Meetings
- Area 7 CES hired
- Area 10 CES worked to identify and engage community partners that may assist with recruitment
- ARCCC Program Manager, Area 9 CES and Area 10 CES participated in peer-to-peer learning to discuss strategies for recruitment and review the connections that have been made in Area 9.
- ARCCC Program Manager, Area 10 CES and Area Director collaborated to address barriers for recruitment in Area 10.
- Initiated Volunteer Coordinator position
- GIS meetings continued with UALR and DHS IT Security team

November 2015

- Initiated development of DCFS Volunteer Program
- ARCCC Team completed Media Training facilitated by DHS Communications Office
- Continued conference calls with NRCDR; finalized agenda for technical assistance site visit
- NRCDR facilitated a technical assistance site visit with the ARCCC team
- Collaborated with Arkansas Baptist Get Connected, a DCFS partner in recruitment, to finalize initiation of the new, condensed foster parent training format
- Area 3 CES held Community Outreach Meetings in Howard, Pike, Garland, Perry, Montgomery and Polk Counties.
- Area 5 CES held Community Outreach Meeting in Conway County
- Recruitment teams were finalized in Areas 3 and 5
- Conference Call was held with Hornby Zeller Associates to discuss Waiver evaluation activities
- Area 9 CES assisted with redevelopment of the Independence County Foster Parent Association; foster parents decided to continue to meet monthly
- Area 9 CES initiated new connections with community organizations, e.g., Cross County Lyons Club, Crittenden County Rotary Club, and Jackson County Newcomers Women’s
Association), which resulted in donations for children in foster care and a foster family inquiry:

- Area 10 CES developed a sponsorship with Lucas Charity Rose Resource Center; the organization will provide diapers and wipes for St. Francis County foster families
- GIS meetings continued with UALR and DHS IT Security team

**December 2015**

- Continued peer-to-peer learning conference calls for ARCCC team
- Continued conference calls with NRCDR
- Area 3 CES held Community Recruitment Team meetings for Garland, Hot Spring, Clark and Montgomery Counties
- Area 4 CES position vacant
- Identified management reports needed to better conduct targeted recruitment
- Met with Volunteer Coordinator re: DCFS Volunteer Program
- Area 7 CES meeting to identify resources in Jefferson County
- Area 9 CES meeting to collaborate with Woodruff County school for foster care recruitment
- Area 9 Community Recruitment Team members were identified
- Area 10 CES held initial recruitment team meeting in St. Francis County; team members’ roles were identified
- GIS website fully developed and implemented / available to all DCFS staff

**January 2016**

- Area 3 CES continued Community Recruitment Team meetings for Pike, Howard, Garland, Montgomery and Polk Counties.
- Area 5 CES held Community Recruitment Team meetings in Pope and Conway Counties
- Interviews conducted for Area 4 CES position; no applicant selected
- Continued peer-to-peer learning conference calls for ARCCC team
- Area 5 CES formed recruitment team, Pope County Foster Care Coalition, and held an initial meeting with team members
- Continued conference calls with NRCDR
- Area 7 Community Recruitment Team members identified
- CESs from Areas 7 and 10 attended Presentation Skills Training through DHS Professional Development
- Area 9 CES held Community Recruitment Team meeting in Woodruff County
- Area 9 CES developed a sponsorship with Entergy Arkansas for donations of birthday cakes for children in foster care from Jackson County
- Area 9 CES initiated recruitment at Newport Elementary School in Jackson County
- Area 10 CES held Community Recruitment Team meeting in St. Francis County; charter finalized
- Arkansas Baptist Get Connected completed first Foster Parent PRIDE Training with the assistance of the ARCCC Program Manager
- Finalized DCFS Volunteer Program Toolkit
- Identified County Designees for DCFS Volunteer Program
February 2016
- Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
- Implemented statewide Volunteer Program and County Designees
- Continued meetings with UALR for GIS data and SACWIS management
- Initiated CHRIS Meetings for implementation of volunteers in the SACWIS system
- Continued CES Weekly Peer to Peer Learning Calls for CES
- Continued Evaluation Call with HZA to discuss the focus groups
- GIS Meeting – The UALR team came to DCFS to view the GIS and get an update. Things seem to be going well for the website although there are still some missing addresses
- Continued Technical Assistance from NRCDR
- Continued Community Outreach Meetings for Area 3, 5, 7, 9 and 10
- Area 3 Community Recruitment Team Meetings held in Hot Springs, Howard, Pike, Garland and Perry Counties
- Area 10 Community Recruitment Team Meeting held in St. Francis County
- Area 5 Community Recruitment Team/Coalition Meeting held in Conway County
- Presented resource family barriers to Advocacy Council Workgroup
- Presented foster child data at Arkansas Baptist State Convention Meeting for faith based organizations
- Area 4 CES Vacancy

March 2016
- Area 4 CES Vacancy
- Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
- Continued meetings with UALR for GIS data and SACWIS management
- Continued CES Peer to Peer Learning Calls
- Continued CHRIS Meetings for implementation of volunteers in the SACWIS system
- Continued Community Outreach Meetings for Area 3, 5, 7, 9 and 10
- Area 3 Community Recruitment Team Meetings held in Hot Springs, Howard, Pike, Garland and Perry Counties
- Area 10 Community Recruitment Team Meeting held in St. Francis County
- Area 5 Community Recruitment Team/Coalition Meeting held in Conway and Pope Counties
- Continued Evaluation Call with HZA for Targeted and Diligent Recruitment
- Focus Group Meeting Dates finalized for All service Areas
- Finalized and received approval from Federal Project Officer for Focus Group Data Collection Plan and Resource Family Survey
- Completed Volunteer Orientations for County Designees and Partnerships
- CES initiated re-recruiting of closed resource family applicants to attend Community Outreach Meeting
- Continued Conference Calls with NRCDR
- NRCDR completed site visit for ARCCC team Recruitment Team Planning Meeting
- Continued CHRIS Meetings for implementation of volunteers in the SACWIS system
- ARCCC Resource Family Focus Groups Scheduled

**April 2016**
- Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
- Meetings to Transition CES to Resource Unit
- Meetings to Transition Central Inquiry Unit to ARCCC
- Area 4 Vacancy
- Continued Community Outreach Meetings for Area 3,5,7,9 and 10
- Area 3 Community Recruitment Team Meetings held in Hot Springs, Howard, Pike, Garland and Perry Counties
- Area 10 Community Recruitment Team Meeting held in St. Francis County
- Area 5 Community Recruitment Team/Coalition Meeting held in Conway and Pope Counties
- Area 3 Resignation
- Continued CHRIS Meetings for implementation of volunteers in the SACWIS system
- Continued Conference Calls with NRCDR
- Continued CES Peer to Peer Learning Calls
- Continued meetings with UALR for GIS data and SACWIS management
- Continued CHRIS Meetings for implementation of volunteers in the SACWIS system
- ARCCC Resource Family Focus Groups Completed

**May 2016**
- Transition of Community Engagement Specialists to Resource Unit
- Area 3 and 4 CES Hire List Received
- Continued CES Peer to Peer Learning Calls with inclusion of Resource Supervisors and Areas Directors
- Continued CHRIS Meetings for implementation of volunteers in the SACWIS system
- Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
- Continued Area Director Meetings for ARCCC activities
- Area 3 Community Recruitment Team Meetings put on hold due to CES Vacancy
- Area 10 Community Recruitment Team Meeting held in St. Francis County
- Area 5 Community Recruitment Team/Coalition Meeting held in Conway and Pope Counties
- Area 7 Community Recruitment Team Meeting held in Jefferson County
- Received Final Product of ARCCC Foster Care Recruitment Public Service Announcement
- Initiated Foster Care Month Donation Drive Statewide, over 15,000 individual items donated for children
- Continued Area Director Meetings for ARCCC activities

**ARKANSAS CHILD ABUSE PREVENTION AND TREATMENT STATE PLAN**
The Arkansas Child Abuse Prevention and Treatment (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 statutes 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  P.O. Box 1437 Slot S563-Little Rock, AR 72203

Activities supported by CAPTA and prevention funding are as follows:

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

- Family Treatment Program contracts provide parents and caregivers of sexually abused children with treatment. Participants receive an assessment, diagnostic interview, psychiatric review, and individual or group psychotherapy. Services are offered statewide. There are no planned changes to this program.
- Intensive Family Services (IFS) contracts also continue. Providers and caseworkers continue to assist families in identifying their own needs. Updates are provided below.
- Four Citizen Review Panels, which review investigations and work to improve child welfare related practices and systems.
- Statewide Language Interpreter Services contracts for county staff with families who are not proficient in English. Interpretation and telephone services are provided 24 hours a day, seven days a week. This service 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 Office of Chief Counsel uses 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.

**Developing, strengthening, and facilitating training topics including:**
- Research-based strategies and Differential Response (DR) to promote collaboration with the families. Please see the “Child Welfare IV-E Waiver Demonstration Activities” section regarding DR for Differential Response program updates.
- 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.

There were no substantive changes in state law that impacted the State’s eligibility for the CAPTA State grant. During the last fiscal year (SFY 2016), the activities for CAPTA include:

**The Fetal Alcohol Spectrum Disorder Task Force**
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 Facebook support group. 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 Project, Opportunities, Inc. monthly meeting for therapeutic foster children, Children of Arkansas Love for a Lifetime (The CALL) support group meetings, FASD statewide support group, Statewide FASD trainings for Agency Staff to include: FSWs, FSWSs, County Supervisors, Investigators, and Resource Specialists.

**McKinney-Vento Homeless Act**
*Goal: Address McKinney-Vento Homeless Act in DCFS practice.*
During the upcoming state fiscal year, the Division of Children and Family Services (DCFS) will be revising the goal above given the impact of the “Every Student Succeeds Act (ESSA)”. 

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During the 2015 legislative session, DCFS changed the code to provide a definition of “awaiting foster care” as that term is used in the definition of “homeless children and youths” in the McKinney-Vento Homeless Act, 42 U.S.C. 11434(a)(2) to include all children who are in foster care in the state of Arkansas. However, ESSA has struck the term “awaiting foster care” from McKinney-Vento, so that those children are no longer included in the definition of “homeless children and youths.” As such, children in foster care are no longer considered homeless youth under McKinney-Vento.

ESSA does provide some guidance on what is required as far as maintaining foster children in their schools of origin and the school’s responsibility for transportation. During the upcoming year DCFS will collaborate with the Arkansas Department of Education to establish a Memorandum of Understanding (MOU) regarding payment for transportation to either cost share transportation fees for children in foster care and/or have ADE cover the full cost of transporting children in foster in an effort to keep them in their school of origin when in their best interest.

Additionally, the MOU may need to address how the determination of whether it is in the best interest of a child to remain in the school of origin will be made. ESSA provides little guidance in terms of how to determine when remaining in the school of origin is in the “best interest” of a child in foster care. However, in regard to homeless children, ESSA presumes that remaining in the school of origin is in a child’s best interest unless the parent or guardian requests the school change and there are several student centered factors that must be considered (e.g., the impact a school change would have on the achievement, health, and safety of a homeless child). Under that code section, the local educational agency makes the “best interest” determination.

While much remains to be seen regarding the impact of ESSA and the collaboration between DCFS and ADE, current DCFS Policy VI-K is reflective of McKinney-Vento as it requires collaborative decisions made for a foster care placement that is based on the best interest of the child and one that assures their educational continuity and school stability. Policy states that DCFS is to make every attempt to maintain the child’s enrollment in the school he/she attended prior to placement into foster care and in any subsequent placement moves. DCFS employees follow specified steps in DCFS policy if a child’s placement results in a child being placed in a new school and also requires DCFS to collaborate with the Local Education Agency Foster Care Liaison in order to better support a child in foster in his/her educational endeavors. The DCFS Policy Unit and the DCFS Education Specialist are in the process of reviewing this policy to determine how to ensure it is reflective of ESSA and its impact on McKinney-Vento.

In an effort to assist DCFS staff and foster parents in building their knowledge base of how to help children in foster care overcome education barriers, the DCFS Educational Specialist developed a user-friendly, question and answer document for McKinney-Vento related issues. The following are examples from this Q&A document:

**Question:**
*What is the McKinney-Vento Homeless Act and to whom does it apply?*

**Answer:**
*McKinney-Vento is a federal law that came under the No Child Left Behind Act which offers rights and protections for children who lack a fixed, regular, adequate nighttime residence and*
are considered homeless. This law requires every school district to identify a specific person to act as a liaison to identify, enroll, and facilitate services for children and youth experiencing homelessness. This includes immediate enrollment in school without records or proof of residency, and automatic eligibility for the federal Breakfast/ Lunch program.

Question:
Who is responsible for implementing McKinney-Vento at the school district level?

Answer:
Every district in the state must designate an appropriate staff person as a Foster Care Liaison.

Question:
What are the responsibilities of the school district liaisons for children who are homeless?

Answer:
The local liaisons must ensure that children who qualify as homeless in their district are identified; have equal opportunity to enroll and succeed in school; receive educational services for which they are eligible and referrals to health, mental health, dental and other appropriate services; and are informed of all available transportation services including to the school of origin and are assisted in accessing these services.

Question:
How does the homeless child become aware of the services McKinney-Vento has to offer?

Answer:
Public notice of educational rights of students in homeless situations is disseminated where children and youth receive services under the act and local liaisons must collaborate and coordinate with community and agency personnel responsible for the provisions for children who are homeless.

Question:
Does the McKinney-Vento Homeless Act require an LEA to provide transportation for students who are homeless?

Answer: If the student’s temporary residence and the school of origin are in the same district, that district must provide transportation. If the student is living outside the school of origin’s district, the district where the student is living and the school of origin must determine how to divide the responsibility and cost of providing transportation, or they must share the responsibility and cost equally.

In addition, work is still under way in developing an educational practice guide for serving homeless youth. This practice guide will include the following information:

- Caseworker and Caregiver General Information on Education Decisions
- Pre-Kindergarten Programs In Public Schools
- Decision Making Responsibilities
- Fostering Connections
Intensive Family Services Program
The DCFS Intensive Family Services (IFS) program 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.

Below are updates with the DCFS IFS program for the period of July 1, 2015 – June 30, 2016:

Service Coverage
During this time period, there was a reduction in IFS contract providers and service coverage. Rather than 6 providers covering 62 counties, the fiscal year began with 5 providers covering 35 counties, which is a 36% reduction in service coverage in the state.

- **SFY 2015** – IFS was provided in 62 counties (83% of the state covered).
- **SFY 2016** – IFS was provided in 35 counties (47% of the state covered) as of July 1, 2015.

- The IFS contractor that previously provided services in 40 counties across 7 DCFS Areas terminated its contract on June 30, 2015, due to not having therapists available in each of the counties proposed in their contract.
- In the fall of 2015, the DCFS Mental Health Specialist coordinated with the community mental health provider in Garland County for IFS to begin in that county with the intent of expanding to 4 additional counties within DCFS Area 3 by June 30, 2016.
- Procurement was conducted in the spring of 2016, which resulted in a new provider being selected and two other existing providers expanding their service coverage. Effective July 1, 2016, 48 counties will have an IFS contract provider, which will be 64% of the state offering this service.
- An annual report including the number of families served and an analysis of program effectiveness is conducted after the fiscal year ends on June 30, 2016.

Monitoring of Services
A new monthly data collecting report is required of all IFS providers. The report captures the number of new families, number of children per family, and significant issues and barriers per contract provider. The report also has a feature that calculates total numbers each month and is tied to an overall summary for the entire fiscal year. Each IFS provider submits the monthly data report in the form of an Excel spreadsheet attached to an email to DCFS Central Office along with their monthly billing requests.

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Quarterly DCFS and provider conference calls began in September 2015. DCFS Field Staff, DCFS Central Office staff, and IFS contract providers participate in the conference calls and discuss programmatic and financial matters. Since July 1, 2015, two (2) IFS providers have exceeded satisfactory performance on the Vendor Performance Report (VPR) that is required quarterly by the AR Department of Finance and Administration for all contract providers. The VPR rates contract providers in the areas of Customer Service, Delivery, Quality, and Pricing.

AR DCFS will continue to use the North Carolina Family Assessment Scales (NCFAS) to measure functioning for families that participate in IFS. At the point of intake and discharge of IFS, families are assigned a rating in each NCFAS domain based on whether a strength or problem exists. There are 8 general domains included in the NCFAS. Additionally, 2 domains are applicable only to families with the goal of reunification. Below is a list of all 10 NCFAS domains.

**General Domains**
1) Environment
2) Parental Capabilities
3) Family Interactions
4) Family Safety
5) Child Well-Being
6) Social-Community Life
7) Self-Sufficiency
8) Family Health
9) Caregiver/Child Ambivalence
10) Readiness for Reunification

The NCFAS has been used by AR DCFS since 2010 and data consistently support that families have experienced improved family functioning as a result of participating in IFS. Below are graphs of family functioning scores at intake and discharge in each of the 10 NCFAS domains for the past 4 AR State Fiscal Years.

**SFY 2012 – SFY 2015 – “Baseline or Above” Family Functioning Status**
AR - DHS - DCFS
Families Functioning at "Baseline or Above Baseline" at Intake & Closing of Intensive Family Services
SFY 2012

<table>
<thead>
<tr>
<th>Category</th>
<th>Intake (%</th>
<th>Closure (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
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<tr>
<td>Parental Capabilities</td>
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<tr>
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<tr>
<td>Family Safety</td>
<td>69%</td>
<td>59%</td>
</tr>
<tr>
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<td>45%</td>
<td>45%</td>
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<tr>
<td>Social-Community Life</td>
<td>56%</td>
<td>56%</td>
</tr>
<tr>
<td>Self-Sufficiency</td>
<td>62%</td>
<td>47%</td>
</tr>
<tr>
<td>Family Health</td>
<td>47%</td>
<td>47%</td>
</tr>
<tr>
<td>Care/Child Ambivalence</td>
<td>41%</td>
<td>57%</td>
</tr>
<tr>
<td>Readiness for Reunification</td>
<td>23%</td>
<td>15%</td>
</tr>
</tbody>
</table>
AR IFS – NCFAS Ratings “Baseline or Above” at Intake & Closing – SFY ‘13
Note: The “Baseline” rating indicates that a family is functioning at a satisfactory level.
Services for Families of Disabled Infants with Life Threatening Conditions ("Baby Doe")
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.

Citizen Review Panels
CAPTA funded four 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. 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. Some of the responsibilities of the panels include:

- Ensuring agreements of confidentiality are signed by members;
- Reviewing information on pending child maltreatment investigations;
- Making recommendations for services on each investigation reviewed at the CRP
  meeting and submitting to DCFS.
- Identify and carry out specific short and long term goals. The goals are designed to assist
  DCFS to better serve children and families.

The In Home Services Program Manager/Differential Response (DR) Coordinator in Central
Office to oversee the Citizen Review Panels as she has done since SFY 2015.

Outline of Activities for SFY 2017 supported by CAPTA

- DCFS will continue to maintain a prevention website. The 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 MidSOUTH in Parenting
  Education (i.e., Active Parenting).
- 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

Update on Services to Substance-Exposed Newborns
Garrett’s Law
DCFS policy regarding Garrett’s Law referrals and subsequent plans of safe care for substantiated Garrett’s Laws referrals are located in the DCFS Policy Manual, which can be found at the following link:
http://humservices.arkansas.gov/dcfs/dcfsDocs/Master%20DCFS%20Policy.pdf

More specifically, please refer to:
- Policy II-D: Child Maltreatment Investigations, p. 37 under “Investigation Initiation Timeframes” as well as pp. 45-47 under “Investigative Determinations and Resulting Referrals and Case Openings
- Procedure II-D7: Other Child Maltreatment Investigation Activities,” Item C, pp. 52
- Policy II-F: Team Decision Making, pp. 65-68
- Procedure VIII-D4: Fast Track Adoption Under Garrett’s Law, p. 243

As far as the interpretation of the policies and procedures above, it has been messaged to staff and stakeholders in supervisory meetings and email correspondence that the minimum federal CAPTA requirement for all true (but exempt) findings of Garrett’s Law is that a plan of safe care be established. In Arkansas, a plan of safe care for this purpose is defined as opening a protective services (PS) case. What services are provided within the PS case would depend on the assessment and dynamics of that particular case. The above referenced policy is for FASD specific reports which are different than Garrett’s Law. For Garrett’s Law, the plan of safe care is established through the case plan.

If there are no safety concerns, and staff do not believe a PS case is warranted, then there is a 3-tiered approval process in Arkansas’s SACWIS (CHRIS) system in order to not open a case even if there is a true finding. Documentation in SACWIS must be very clear as to why the local office does not plan to open a PS case/establish a plan of safe care. An example of when it may be appropriate to not open a PS case/establish a plan of safe care for a true (but exempt) finding of Garrett’s Law is if the mother of the infant is working with a private agency to adopt the child out.

If at any point in time it is determined that the safety factors (and/or lack of protective factors) involved in a true (but exempt) finding of Garrett’s Law warrant removal of the child, then an out-of-home services case would be open, which would also satisfy the plan of safe care requirement.

The Division recognizes that changes will be needed in the upcoming 2017 legislative session to potentially amend the definition of neglect as it relates to a substance-expose infant (i.e., Garrett’s Law) found in A.C.A. 12-18-103(14)(B)(i)(a) and (b)(ii) in order to comply with the new Child Abuse Prevention and Treatment Act (CAPTA) requirements -- specifically, the CAPTA requirement that notification should be provided in any instance in which an infant demonstrates withdrawal symptoms due to prenatal drug exposure, whether the drugs were obtained legally or illegally. Currently the definition of an “illegal substance” in Arkansas law as related to substance-exposed infants includes, “a drug that is prohibited to be used or possessed without a prescription under the Arkansas Criminal Code.” Arkansas will need to either expand or clarify this definition to make clear that even if a mother obtained a substance legally with a prescription, notification will still be required if the infant demonstrates withdrawal symptoms.
DCFS held a meeting in May 2016 with the Arkansas Department of Health to discuss neonatal abstinence syndrome and how the agencies can collaborate with other organizations and stakeholders to do a better job of tracking and managing this issue, which would include infants affected by drugs that were obtained legally and illegally.

At this time the Division does not anticipate requesting technical assistance to improve practice and implementation in this area, but it is exploring contracting or otherwise collaborating with one of the six home visiting programs in Arkansas to provide additional support to mothers with a true (but exempt) finding of Garrett’s Law.

**Infants Affected by Fetal Alcohol Spectrum Disorder**

While infants affected by Fetal Alcohol Spectrum Disorder (FASD) are not included within the Garrett’s Law population as alcohol is, of course, a legal drug, the Division of Children and Family Services also considers infants affected by FASD to be another vulnerable population. This is not only because of the easy accessibility most people have to alcohol, but also because of the lasting and irreversible damage alcohol has on the developing brain in utero.

Arkansas Code Annotated 12-18-310 requires that all health care providers in Arkansas involved in the delivery or care of infants to make a referral to the Child Abuse Hotline regarding an infant born and affected with FASD and to share all pertinent information, including health information, with the hotline/DCFS regarding an infant born with and affected by FASD. This law then requires DHS to accept referrals, calls, and other communication from health care providers involved in the delivery or care of infants born and affected by FASD and develop a plan of safe care for infants affected with FASD.

DCFS Policy II-C: Child Abuse Hotline for Child Maltreatment Reports and then Procedure II-C6: Referrals on Children with Fetal Alcohol Spectrum Disorder outlines the protocol for FASD referrals. In summary, upon receipt of a call from a health care provider involved in delivery or care of infants reporting an infant born and affected by Fetal Alcohol Spectrum Disorder (FASD), the Arkansas Child Abuse Hotline does accept these calls. However, such referrals are not considered official hotline reports and will not be investigated, but rather referred to DCFS for a Referral and Assessment (R and A). The Request for DCFS Assessment Screen accommodates instances where an individual is not reporting abuse/neglect but is requesting other services for the family.

When the Child Abuse Hotlines sends an FASD R and A, to DCFS, it is initially sent to the FASD FSW in Central Office. The FASD FSW then works with the involved local county to conduct an FASD assessments (to include but not limited to, home visit, review of birth records, facial screening, etc.) on referred infants within 14 calendar days of receipt of referral and then determine whether a plan of safe care is necessary. If a plan of safe care is deemed necessary, the FASD FSW from Central Office will work in collaboration with the locally assigned FSW to develop a plan of safe care for the family within 30 calendar days of receipt of the referral. The plan of safe care is used to inform the case plan of the supportive services case that will be opened. Once the plan of safe care has been developed and the supportive services case has been opened, the local FSW becomes primary on the case and the FASD FSW is assigned as secondary.
For more information regarding referrals of infants born and affected by FASD, please see pp. 33 and 36 of the DCFS Policy Manual: http://humanservices.arkansas.gov/dcfs/dcfsDocs/Master%20DCFS%20Policy.pdf

** Trafficking Amendments to CAPTA  
**
Currently Arkansas law allows the Division of Children and Family Services to file a dependency petition for youth who have been victims of human trafficking as a result of threats, coercion, or fraud without the knowledge of the parent. The Division does anticipate filing additional legislation during the 2017 legislative session to address the amendments to CAPTA relating to sex trafficking in order to implement those provisions by May 29, 2017. This will include more thoroughly defining sex trafficking victims per the Trafficking Victims Protection Act (TVPA) in collaboration with stakeholders. DCFS and the Office of Chief Counsel have already started initial discussions regarding needed legislation. At present, Arkansas does not anticipate that it will elect to apply the sex trafficking portion of the definition of “child abuse and neglect” and “sexual abuse” to persons who are over age 18 but have not yet attained age 24.

Once the needed legislation is drafted that more accurately defines “sex trafficking” and “severe forms of trafficking person,” DCFS will also begin working, in collaboration with stakeholders, to determine provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims as defined in TVPA.

For a full description of Arkansas’s activities related to identifying, reporting, and determining services to victims of sex trafficking prior to this APSR reporting period, please refer to Attachment 4 of Arkansas’s 2015 Title IV-E Plan Updates.

On September 22, 2015, the Policy Manager described the requirements of the Preventing Sex Trafficking and Strengthening Families Act specific to the identification and documenting of human trafficking victims at the Child Abuse Prevention Task Force whose membership consists of representatives from the following groups: Division of Children and Family Services; Division of Child Care and Early Childhood Education; Crimes Against Children Division; Child Advocacy Centers; Arkansas Commission on Child Abuse, Rape, and Domestic Violence; Arkansas Children’s Trust Fund; Children’s Arkansas Children’s Hospital; early childhood providers; legislators, etc.

One of the most challenging aspects associated with human trafficking victims is the provision of appropriate placements and services for this population. During this reporting period, the DCFS Mental Health Specialist and the Assistant Director of Community Services worked with one of the agency’s contracted placement providers, Centers for Youth and Families, to develop a placement option and associated referral criteria and services for victims of human trafficking.

In addition, during this APSR reporting period, the DCFS Policy Manager has reviewed a variety of materials that the State of Louisiana currently uses for this population (and shared during a Region 6 Independent Living Lead conference call) to better prepare for and determine how Arkansas may move forward with the requirement to identify and assess all reports involving known or suspected child sex trafficking victims. These materials include:
Currently when youth in Arkansas foster care runaway or go missing, the FSW caseworker is required to complete the Child and Adolescent Needs and Strengths (CANS) Runaway Module to help assess, among other issues, if there are any “red flags” that may indicate that the youth experienced human trafficking during that runaway or missing episode. During this APSR reporting period, DCFS has already discussed the potential need to implement an assessment or screening tool that may be more specific to potential human trafficking victims. In June 2016, the CANS/FAST Program Manager compiled a list of additional CANS items that could indicate a youth was the victim of human trafficking or at risk of being trafficked for Arkansas to consider as it moves forward with implementing the new CAPTA assurances related to sex trafficking. These additional CANS items are: Sexual Development, Adjustment to Trauma, Sexually Reactive Behavior, Exploited, Sexual Abuse, Witness/Victim to Criminal Activity. Additional discussion around this topic of tools and associated protocols to better identify and assess all reports of known or suspected child sex trafficking victims is one of the planned activities for SFY 2017.

In order to continue to increase awareness about the issue of child sex trafficking among DCFS staff as well as provide information about identifying, assessing, and providing comprehensive services to children who are sex trafficking victims, the Division has elected to implement the Capacity Building Center for States “Child Welfare Response to Child and Youth Sex Trafficking” curriculum for all Family Service Workers (FSWs) and FSW Supervisors. Field trainers from the Academic Partnership in Public Child Welfare will provide this training to this population beginning in fall 2016. A Training-of-the-Trainers for these field trainers is scheduled for the July 2016 Quarterly Partnership Meeting.

The Division recognizes that addressing the issue of child sex trafficking cannot be addressed by DCFS alone. It will need to be a collaborative effort that includes the FBI, Arkansas State Police, local law enforcement, Child Advocacy Centers, juvenile justice, and other social service agencies. As a result, DCFS is currently collaborating with the DHS Office of Chief Counsel, the Arkansas Commission on Child Abuse, Rape, and Domestic Violence, and other stakeholders to apply for the Children’s Bureau’s Funding Opportunity Number HHS-2016-ACF-ACYF-CA-1179: Grants to Address Trafficking within the Child Welfare Population. This funding would allow Arkansas to continue the development of its response to human trafficking through infrastructure building and a multi-system approach with local law enforcement, juvenile justice, court systems, runaway and homeless youth programs, Child Advocacy Centers, etc. In the
interim, as human trafficking cases have come forward, DCFS continues to work closely with the FBI, Arkansas State Police, local law enforcement, and placement providers, as appropriate.

Beginning in SFY 2017, DCFS will begin meeting with the Office of Systems and Technology (OST) CHRIS team to begin drafting specifications to ensure Arkansas reports the number of children who are victims of sex trafficking in order for the Children’s Bureau to collect this information through NCANDS.

Arkansas anticipates that all assurances related to the CAPTA trafficking amendments will be submitted to the Children’s Bureau by no later than May 29, 2017.

**FOSTER CARE SERVICES**

Foster Care Services fall under several programs and units in DCFS which include:

- Foster Care Unit, which is overseen by the Foster Care Manager, is responsible for a variety of functions including board payments, out of state birth certificate processing, keying and monitoring background checks for private providers, responding to foster parent requests and complaints, and sharing information about continuing education opportunities for foster parents.

- Arkansas Creating Connections for Children (ARCCC), which includes Arkansas’s Diligent Recruitment Grant activities, focuses on targeted recruitment of resource homes as well as resource home retention efforts (see below for a more comprehensive description). This program, including all federal reporting requirements, is coordinated at the state level by the ARCCC Program Manager. The local, area Community Engagement Specialists (CESs) are now supervised by the area Resource Supervisors. The CESs perform a variety of duties related to the targeted recruitment and retention of resource homes.

- Centralized Inquiry Unit, managed by the ARCCC Program Manager, responds to all traditional foster and adoptive home inquiries that come through the online inquiry website from across the state and processes all initial background checks for applicants.

- Permanency Roundtables and Subsidized Guardianship Program are coordinated by a Permanency Specialist.

- Transitional Youth Services Unit coordinates events and best practices for working with youth ages 14 and older and also manages the Driver’s License Program, Car Insurance Reimbursement Program, Educational and Training Voucher (ETV) Program, youth credit checks, and Chafee related services and supports. The day-to-day activities of the TYS Unit are coordinated by the TYS Program Specialist.

- Specialized Placement Unit coordinates Interdivisional Staffings 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.

- Policy Unit assures policy and procedures align with federal and state laws as well as best practice related to foster care services;

- Adoption Unit works on a variety of recruitment efforts for adoptive homes such as A Place to Call Home and Wendy’s Wonderful Kids. The Adoptions Unit also handles all adoption subsidy issues, assists with identifying post-adoptive services, and manages the Mutual Consent Voluntary Adoption Registry.

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 when ensuring the safety, permanency, and well-being for vulnerable children and families statewide. 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 removal itself. They also struggle with multiple other challenges that include, but are not limited to, poverty, single parenthood, domestic violence, substance abuse, and mental/physical abuse. The agency understands that birth parents can be defensive about sharing information 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 as to how we can improve in meeting their needs. DCFS has fully implemented Arkansas Creating Connections for Children (ARCCC) statewide. ARCCC is a comprehensive program for resource families with four major components, including:

1. Community Outreach & Development
2. Recruitment for Targeted Populations
   a. Youth 10 and older (Areas 3,4,5,9,and 10)
   b. Youth 12 and older (Areas 1,2,6, and 8)
   c. Children with Special needs
   d. Children of color
   e. Sibling groups
3. Child Specific Recruitment ( Areas 1,2,6, and 8; Youth in care over 24 months)
4. Retention & Support of Resource Families

The strategies within ARCCC are designed to recruit, train, and support a cadre of foster and adoptive families who reflect the characteristics of youth in foster care so these families can assist young people with establishing lifelong connections and achieving permanency in the shortest time possible.

The ARCCC approach encompasses two key elements of the Annie E. Casey Family to Family model: Building Community Partnerships and Resource, Development, and Support. Building Community Partnerships (BCP) elements center on building relationships with a wide range of community organizations and leaders in the neighborhoods and communities with high rates of child welfare involvement in an effort to create an environment that supports families involved with the child welfare system. DCFS has employed Community Engagement Specialists (CESs) to take the lead on community outreach and education of the child welfare system and establishing partnerships needed to establish a strong network of neighborhood based resource families. The CESs will continue to work with their local recruitment teams to ensure community representatives are involved to identify and enhance services and supports that are accessible financially, culturally, and geographically for all families who live there. The specific goals of the local recruitment teams include:
• Develop a network of foster families that are more neighborhood-based, culturally sensitive, and located in the communities of where children entering foster care live and will work to support reunification efforts.

• Reduce the need for institutional or congregate care by meeting the needs of youth in foster family homes.

• Increase the number and quality of foster family homes to meet health, safety, stability, educational, social, emotional, and physical needs of children within their communities and schools.

While the CES have been tasked with taking the lead on community outreach and development and forging the partnerships needed to serve children and families in their own communities. DCFS has also implemented Recruitment, Development, and Support (RDS) strategy toward foster homes to focus on sound and cohesive recruitment, training, and support to maintain a sufficient number of foster families who more closely resemble and meet the breadth of needs of children in foster care. Under ARCCC, DCFS is promoting an environment for all staff to understand that Recruitment Is Everyone’s Business (RIEB). Staff members have been trained to understand that practice with families is interrelated at every step of the casework process as well as the need for resource and biological families need to work as a team. The CES recruitment activities are community-based and located in the areas with a significant number of children coming into foster care. Local recruitment teams consist of a local media contact, biological parents, school social workers, community mental health professionals, and other stakeholders that are committed to working as a team to recruit and increase the number of resource families and supports for them.

Finally, ARCCC has established a Geographic Information System (GIS) through a partnership with the University of Arkansas at Little Rock. The GIS shows SACWIS and community level data on a map to produce multi-dimensional analyses of the children in foster care and the resource families available to care for them within their community of removal.

**FOSTER CARE DATA** - This data shows children who entered during 07/01/2015 until 06/12/2016

### Ages of All Children Who Entered Foster Care During SFY2016

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>0 to 1 Years</td>
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</tr>
<tr>
<td>2 to 5 Years</td>
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<tr>
<td>10 to 13 Years</td>
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<td>14 Years and Older</td>
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**Total** 3599 100.00%
### Race/Ethnicity of All Children who Entered Foster Care During SFY 2016

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<td>18.73%</td>
</tr>
<tr>
<td>MULTIPLE</td>
<td>330</td>
<td>9.17%</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>219</td>
<td>6.09%</td>
</tr>
<tr>
<td>UTD</td>
<td>25</td>
<td>0.69%</td>
</tr>
<tr>
<td>AIAN</td>
<td>9</td>
<td>0.25%</td>
</tr>
<tr>
<td>ASIAN</td>
<td>7</td>
<td>0.19%</td>
</tr>
<tr>
<td>NAPI</td>
<td>4</td>
<td>0.11%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3599</td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

### Removal Reasons for All Children who Entered Foster Care During SFY 2016

<table>
<thead>
<tr>
<th>Removal Reason(s)</th>
<th>Count</th>
<th>Percentage(%) of Removals in which Reason was cited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect (Alleged)</td>
<td>1870</td>
<td>51.96%</td>
</tr>
<tr>
<td>Drug Abuse (Parent)</td>
<td>1651</td>
<td>45.87%</td>
</tr>
<tr>
<td>Incarceration of Parent(s)</td>
<td>703</td>
<td>19.53%</td>
</tr>
<tr>
<td>Physical Abuse (Alleged)</td>
<td>410</td>
<td>11.39%</td>
</tr>
<tr>
<td>Inadequate Housing</td>
<td>338</td>
<td>9.39%</td>
</tr>
<tr>
<td>Sexual Abuse (Alleged)</td>
<td>261</td>
<td>7.25%</td>
</tr>
<tr>
<td>Caretaker ILL/ Unable to Cope</td>
<td>166</td>
<td>4.61%</td>
</tr>
<tr>
<td>Alcohol Abuse (Parent)</td>
<td>143</td>
<td>3.97%</td>
</tr>
<tr>
<td>Abandonment</td>
<td>103</td>
<td>2.86%</td>
</tr>
<tr>
<td>Child's Behavior Problem</td>
<td>100</td>
<td>2.78%</td>
</tr>
<tr>
<td>Truancy</td>
<td>66</td>
<td>1.83%</td>
</tr>
<tr>
<td>Drug Abuse (Child)</td>
<td>59</td>
<td>1.64%</td>
</tr>
<tr>
<td>Death of Parent(s)</td>
<td>16</td>
<td>0.44%</td>
</tr>
<tr>
<td>Sexual Offender</td>
<td>12</td>
<td>0.33%</td>
</tr>
<tr>
<td>Child's Disability</td>
<td>10</td>
<td>0.28%</td>
</tr>
<tr>
<td>Child of Teen Parent in Foster Care</td>
<td>8</td>
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</tr>
<tr>
<td>Relinquishment</td>
<td>5</td>
<td>0.14%</td>
</tr>
<tr>
<td>Alcohol Abuse (Child)</td>
<td>4</td>
<td>0.11%</td>
</tr>
<tr>
<td>Court Ordered Foster Care in FINS Case</td>
<td>2</td>
<td>0.06%</td>
</tr>
</tbody>
</table>
Gender of All Children who Entered Foster Care During SFY 2016

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1803</td>
<td>50.10%</td>
</tr>
<tr>
<td>Male</td>
<td>1796</td>
<td>49.90%</td>
</tr>
<tr>
<td>Total</td>
<td>3599</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Foster Parent Type Providers Open and Approved as of 06/30/2016 (Fictive Kin Foster Family Home; Foster Family Home; Provisional (Fictive Kin); Provisional (Relative); Relative Foster Family Home):
There are 1,692 Distinct Providers; 3036 HoH1 and HoH2

FOSTER PARENT RECRUITMENT AND RETENTION ACTIVITY UPDATE
The Division of Children and Family Services (DCFS) continues to implement the targeted recruitment intervention, Arkansas Creating Connections for Children (ARCCC). The intervention has been implemented statewide in all 10 service areas. The Program Unit has been established for the Recruitment and Retention of Foster and Adoptive Family Homes and Volunteers. It is DCFS’ 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 targeted and child specific recruitment for foster families and adoptive families.

The Centralized Inquiry Unit has been fully implemented so that all applicants interested in fostering or adopting are consistently screened and are clear of all background checks prior to assignment to the field for further assessment that includes the In Home Consultation, training, and SAFE 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.

While the Centralized Inquiry Unit (CIU) 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. The CIU is now able to respond to all inquiries. In efforts to strengthen Arkansas resource family applicant process some changes were incorporated into the CIU procedures. Inquiries are now more manageable for the CIU staff. The process has been enhanced as prospective applicants who inquire on the foster care website now...
receive an automated email with instructions to email or call CIU if they are interested in moving forward with the formal application process.

Once the applicant confirms they are ready to begin the application process by calling or emailing CIU, a CIU staff member is assigned, the applicant is moved out of the electronic “holding tank” and created as a provider in CHRIS, and a packet with background check forms and other information is mailed to the applicant. The CIU member who initiates the application process with the applicant is generally the same person who handles the background checks instead of distributing the packets to other individuals for processing.

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 3-6 month time frame. The Centralized Inquiry process must be time limited to allow a reasonable amount of time for the In Home Consultation, training, and SAFE home study processes to be completed.

Field staff and community partners currently report much success with CIU and the timeliness of their inquiries to receiving packets to initiate the inquiry to approval process.

The Division continued to hold joint quarterly Adoption and Resource Worker and Community Engagement Specialist meetings where staff 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. However, there are plans for SFY 2017 to also offer meetings for resource staff only and then adoption staff only in addition to the joint meetings.

DCFS recognizes that supporting foster parents significantly impacts retention and 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** – This volunteer provides resources and assistance to resource families in Arkansas, including suggestions for navigating the system, information and resources for educational issues, and active listening for compliments and complaints.
- **Foster Parent Groups and Associations** – These groups provide a forum through which foster parents may connect with other resource families in their local communities.
- **Annual Foster Parent Conferences** – These events are held at the local level to provide the opportunity for foster parents to receive required training and network with other foster parents.
- **National Foster Care Month Annual Donation Drive** – This event allows community members and partners to donate items children typically need when they first enter foster care. The initiative is implemented statewide during foster care month, and acts as a general recruitment strategy to establish new connections with stakeholders and businesses for resource family recruitment and retention.
The Foster Care Unit, 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 regarding 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 2016/2017 Year:
- Transition of Community Engagement Specialist under the Resource Unit (In progress)
- Transition of Central Inquiry Unit under ARCCC(In progress)
- Development of the Volunteer Services Program under ARCCC (In progress)

**Foster Care Recruitment and Retention Plan** -- This plan provides updates of Division activities that have been shifted to the ARCCC Unit.

**RECRUITMENT AND RETENTION PLAN IMPLEMENTATION UPDATE**

The Division of Children and Family Services (DCFS) has fully implemented Arkansas Creating Connection for Children (ARCCC) statewide in each service area.

ARCCC has made significant progress during this reporting period. Local recruitment teams were formed, recruitment plans were developed and implemented, and recruitment activities are continuing to move forward in each service area. Such activities include Community Outreach Meetings, individual stakeholder meetings, and community recruitment events. While ARCCC has been fully implemented there were some challenges with staffing during this reporting period. Due to the turnover some recruitment activities were delayed.

In the beginning of this reporting period, 567 DCFS staff completed ARCCC orientations in which the goal of the training was to introduce staff to strategies that can be used to change current practice to achieve better, measurable outcomes for children and families resulting in integration of recruitment into their daily job duties. The orientations were facilitated by the ARCCC Program Manager and Diligent Recruitment Grant Lead. This led to staff being more informed of the ARCCC Program during this reporting period.

The Geographic Information System (GIS) experienced some technical difficulties in regards to proper security measures being implemented in the site for the staff use. During this reporting period ARCCC Leadership worked with the GIS workgroup, which consisted of the UALR Site Developers, SACWIS Developers, DCFS Quality Assurance Manager, and DHS Security Manager to work through issues noted on the site. The workgroup utilized an issue tracker in
which issues were identified and addressed weekly during some in person and Skype Meetings until full development of the site. The site was live and implemented in the DCFS site for access to all staff on December 4, 2015.

Recruitment teams have been formed in Areas 2, 3, 5, 6, 7, 8, 9 and 10. ARCCC identified a strong team to consist of the Community Engagement Specialist, current or former resource parent, a youth currently in foster care or foster care alumni, faith based leader, community members/stakeholders with expertise in medical, educational, media relations, marketing, and community organization experience.

ARCCC continued technical assistance for the Diligent Recruitment program for Arkansas DCFS with the National Resource Center for Diligent Recruitment (NRCDR) assistants. NRCDR and ARCCC completed a work plan to facilitate ARCCC process for developing a crosswalk/mapping of the Diligent Recruitment grant requirements, activities, timelines, and other key information with the IV-E waiver and to develop local recruitment teams and plans. ARCCC Leadership attends regular telephone conference calls with the NRCDR technical assistants at a minimum of twice monthly to continue implementing the work of the grant in combination of the Demonstration Waiver Targeted Recruitment Intervention. This allows DCFS an opportunity to align the work of the grant with the Waiver CES activities. The conference calls have been beneficial in regards to peer to peer learning and identifying evidence based strategies that other states have used or are currently using to develop local recruitment teams. The overlap between the targeted recruitment IV-E Waiver Intervention and Diligent Recruitment program has also allowed the grant CES an opportunity to collaborate with Waiver CES on strategies that have worked in their communities as well. For example, the Diligent Recruitment Program experienced staff turnover which delayed recruitment efforts. The Waiver staff have been able to share ideas and strategies that have and have not worked in Arkansas to avoid the new staff from repeating some of the same efforts that have not worked in the past. The collaboration with the NRCDR allowed DCFS to successfully identify data that is necessary for targeted recruitment. ARCCC now has a Recruitment Planning Tool for the purpose of the CES to utilize Arkansas child welfare data to determine the best strategies for recruitment within the CES communities of assignment. Information such as measurable goals and recruitment for target populations has been identified for the CES in the tool. The tool is a guide for their identification of strategies and action plans to carry out recruitment with utilization of community recruitment teams. The tool will need to be reassessed at least semiannually due to the goals and relevance of the data identified. In addition to the development of this tool, ARCCC was able to collect new reports data reports that identify more specific data about the characteristics of children in foster care such as:

- Foster Children Demographics by County- Age, Race, and Gender
- Foster Home and Adoptive Home by County- Race

ARCCC is also utilizing current data reports that are available to all DCFS staff, specifically:

- Active, Available and Approved Foster Family Home by Area and County with Placement
- Foster care children in TFC Provider
• Foster Care Sibling Separation
• State Fiscal Year Annual Report Card

The ARCCC Program Manager identified a template to develop a Charter for the CES local recruitment teams. The Charter has been identified as the ARCCC Community Recruitment Team Charter. The purpose of the Charter is to set out expectations for community members that will assist with recruitment efforts. The components identified on the Charter are:

• Purpose and Goal
• Partnership and Collaboration
• Roles and Responsibilities
• Operating Rules of the Team
• Methods of Communication
• Target Dates

The Development of the ARCCC Recruitment Planning Tool and identification of new data reports for targeted recruited coupled with the GIS has greatly enhanced ARCCC staff efforts to identify placement gaps and provide real education to stakeholders and as well as other community members about Arkansas child welfare needs. In addition to the development and implementation of these tools ARCCC has identified goals for the Community Recruitment Teams to recruit at a minimum two foster family homes that are willing to accept the target populations and two volunteers to support the foster family or children in foster care. The teams have been tasked with recruiting these two service types monthly. The CES were also provided time frames for finalizing their Community Recruitment Teams and Charter. While the CES are responsible for the recruitment of multiple counties, they were tasked with rolling out the initial recruitment teams by county with the following time line:

• ARCCC Recruitment Planning Tool due by 12/7/15
• CES Recruitment Team Committee Members/ Strategies to recruit members due by 12/30/15 (worksheets 9 and 10 ARCCC Recruitment Planning Tool)
• Complete Initial Recruitment Team Meeting due by 1/18/16
• Recruitment Team Charter due by 2/1/16
• Initial Community Recruitment Team Plan/ Strategies due by 2/8/16 (worksheet 9 and 10 of ARCCC Recruitment Planning Tool)
• Initial Recruitment Team tools due by 2/22/16
• CES Recruitment Team goals expected target date of completion 6/1/16

Below is progress of ARCCC Recruitment of Foster Homes since implementation and active engagement of Diligent Recruitment and Waiver Staff

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Foster Homes Approved Between 7/31/2013 and 1/31/2016 and Active as of 1/31/2016</th>
<th>Foster Care Children as of January 31, 2016</th>
<th>Foster Homes</th>
<th>Number of Beds</th>
<th>Beds per Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>509</td>
<td>11.1%</td>
<td>154</td>
<td>16.1%</td>
<td>304</td>
</tr>
<tr>
<td>2</td>
<td>912</td>
<td>19.8%</td>
<td>137</td>
<td>14.3%</td>
<td>295</td>
</tr>
</tbody>
</table>
664 foster homes were approved between 2/1/2015 and 1/31/2016
98 of those foster homes closed by 1/31/2016

While ARCCC has fully implemented the Targeted and Diligent Recruitment Intervention statewide, in the upcoming month’s staff will work to:

- Continue branding and marketing activities, reviewing and designing tools to ensure they are tailored to the needs of the communities and marketing ARCCC Public Service Announcement
- Advance ARCCC’s increasing focus on the commitment to relative placements, reunification partners, and concurrent planning
- Address outcomes through development and ongoing review of the CES local recruitment team efforts by empowering communities to share in the work and being present in the communities to insure new and ongoing partnerships
• Engaging partners in the ARCCC Stakeholder Workgroup to assist in engaging communities of faith and nonprofit organizations to set reasonable policies and procedures for the success of achieving quality placements for children in foster care
• Ensure both current and new partnerships such as The CALL, ABCH have appropriate data to also target recruitment for the purpose of recruiting quality resource families
• Strengthen ARCCC Customer Service Model by outlining the specific information to be incorporated in staff trainings
• Establish and strengthening partnerships with community and faith based organizations for targeted recruitment such as finalizing Memorandum of Understanding

During this reporting period, new community partnerships were implemented and/ or strengthened between the following partners:

• The Restore Hope partnership seeks to bring collaborative action to reduce the social and financial impact of incarceration and foster care in communities of Arkansas. In August, 2015 Governor Asa Hutchinson initiated a faith based summit to engage leaders across the state in caring for children in foster care and individuals that are re-entering society from prison. In collaboration with DCFS, Governor Hutchinson provided DCFS the individual names of faith leaders and organizations that shared an interest in mentoring youth in transition and opening foster homes. Some of the attendees of the summit have remained engaged in recruiting for foster families and assisted on local recruitment teams of the CES.

• Clinton School of Public Service A two-year graduate program with a “real world” curriculum, the Clinton School is located on the grounds of the William J. Clinton Presidential Center and Park in Little Rock. The school embodies former President Clinton’s vision of building leadership in civic engagement and enhancing people’s capacity to work across disciplinary, racial, ethnic and geographical boundaries. The Clinton School partnered with DCFS to collect items children need when they first enter foster care and foster care recruitment. Clinton School shared information about DCFS with their List Serv. and within the school to promote foster care month.

• Delta Dental specializes in dental benefits, they are passionate about oral health and its importance to future generations. Delta Dental core purpose is the advancement of oral health care to their customers, partners and consumers through the dental benefits programs and philanthropic efforts of our 39 independent member companies. Delta Dental donated over 4,000 toothbrushes for children in foster care in 2015 and 2016. Delta Dental promoted foster care month awareness throughout May, 2015 and May, 2016.

• Arkansas Educational Television Network (AETN) purpose is to enhance and empower the lives of all Arkansans by offering lifelong learning opportunities through high-quality educational television programs and services. AETN provided DCFS a published Public Service Announcement May, 2016 to aid in recruiting foster families and volunteers. AETN has also broadcasted the PSA, and will continue throughout the month of May.
Please see the collaboration section for additional information regarding these collaborations related to foster home recruitment and retention:

- Greene County Baptist Association – Greene County Baptist Association formed during the spring of 2016. At that point in time, they had not yet started recruiting families.
- COMPACT
- The Arkansas Baptist Children’s Homes and Family Ministries (ABC Homes) – ABC recruited 8 families in the Central Arkansas area and have recently expanded to Miller County in the southwest area of the state.
- Christians for Kids (C4K) – C4K recruited 112 families from July 1, 2015-June 30, 2016.

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 five years population is served. The Division has 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. DCFS utilizes data reports as well as a trending report at the executive level and a 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/dcfs/dcfsDocs/ARC%20SFY%202015%20-%20FINAL.pdf

The following is a breakdown of children in foster care four and younger and their average length of stay for SFY’s 2014, 2015, and 2016. As these data show, there has been an increase in the average length of time in foster care this age group experiences, but this cannot necessarily be tied directly and/or solely to the availability and/or quality of services for children under the age of five.

- As of 06/30/2014, there were 1528 children in foster care ages four or younger. The Average length of stay for those children as of 06/30/2014 was 281.6 days.
- As of 06/30/2015, there were 1614 children in foster care ages four or younger. The Average length of stay for those children as of 06/30/2015 was 281.3 days.
As of 06/30/2016, there were 1856 children in foster care ages four or younger. The Average length of stay for those children as of 06/30/2016 was 290.4 days.

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

**Zero to Three, Safe Babies Court Team Project**
The Zero to Three Safe Babies Court Team (SBCT) Project is a collaboration between the Division of Children and Family Services, the Division of Child Care/Early Childhood Education (DCC/ECE), and Zero To Three. The purpose of this program is to:

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

The criteria for admittance to the Safe Babies Court Team Project includes:

- 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

Currently the SBCT is implemented in the 10th Division of Pulaski County as well as Lonoke County. Successes during the past year include establishing the Parent Partner Orientation Program for parents with new dependency neglect cases. They are designed to introduce parents to the child welfare system and what will be expected of them from the perspective of parents who have already successfully navigated the system. Parents do not have to participate in SBCT to attend one of the monthly Parent Partner Orientation Programs.

**Fetal Alcohol Spectrum Disorder Program**
Initially the Fetal Alcohol Spectrum Disorder Project was funded by SAMHSA and included a 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, and after June of 2012 funded was ended.

DCFS 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 born with and affected by alcohol exposure.

Currently the program provides early and timely FASD screening, refers positive cases for evaluation/diagnosis and interventions for children of all ages who are in the state’s custody or otherwise receiving services from DCFS when a referral is made by DCFS staff to the FASD Program. Referrals are accepted on children who are symptomatic of FASD and have documented history of alcohol exposure during pregnancy.
The FASD program staff also handles the CAPTA law referrals from the hotline and offer supportive services to those families via a plan of safe care. This is as a result of the Child Abuse Prevention and Treatment Act (CAPTA) amendment in the 2011 Arkansas legislative session (A.C.A. 12-18-310), which:

- 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 the Division hopes to prevent the secondary disabilities that often occur (e.g., poor habituation, irritability, poor visual focus, sleep challenges, feeding difficulties, developmental delays, distractibility and hyperactivity, etc.) when children are not diagnosed and appropriate interventions do not occur.

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 (0 if these occurred for the time period of APSR).
- Ages of children assessed - newborns
- # of care of safe plan developed – 4 plans of safe care have been developed – 1 the Division was unable to locate one family– 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.

Since transitioning to the statewide program Arkansas staff is currently providing secondary case work services on 35 foster care cases that have been referred for screening by various sources including courts, DCFS staff and other caregivers. These cases have received either a positive diagnosis, a positive monitor status or they are in the screening/evaluation process. Many other cases have been closed.

In December 2016 a new FASD Program Coordinator was hired to assist the Family Service Worker with identifying and getting children evaluated for FASD. The responsibilities of this position include obtaining documentation and information to process all FASD Screening Referrals, assisting in obtaining evaluations and other services for all positive screened cases,
providing parenting and supportive services and referral recommendations to any family, caregivers, or foster parents who are caring for children positively affected by FAS/FASD, providing training to staff and other organizations about FASD, the process of FASD screening referral, and the state laws requiring mandated reporting.

**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 along with University of Arkansas for Medical Sciences 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.

Project PLAY activities include:

- 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. The toolkit includes:

- 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
This project is made possible through the Department of Health’s $1.2 million Maternal, Infant, and Early Childhood Grant. Projects include:
- Infant Mortality/Support for infant death review and investigation
- Injury Prevention/Safety Baby Showers

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, and in the past year the Nurturing the Families of Arkansas Program Manager has also participated in these meetings.

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.

Teaching Important Parenting Skills (TIPS)
Teaching Important Parenting Skills (TIPS) is an evidenced-based parenting education toolkit based on the Brief Parenting Intervention Model and developed by the University of Arkansas for Medical Sciences (UAMS). It translates recent research on a variety of topics from biting to potty training to “spoiling” babies into brief, family-friendly messages. It essentially is a toolkit designed to meet parents where they are in terms parenting their children at any given point in time. As such, TIPS allows professionals to engage parents, respond to parents’ most current concerns, and tailor parenting information to individual families. TIPS is available to all parents.
without them attending parenting classes, though TIPS may be used as a supplement to traditional, classroom-based parenting programs.

Over the past several months, DCFS, at the request of a current DCFS caseworker who has experience with the TIPS Program from a previous job, has collaborated with UAMS to bring TIPS to more DCFS caseworkers. Three pilot counties have been identified (Conway, White, and Fulton). Initial training in TIPS is planned for late summer/early fall 2016 for these counties.

**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**
The Arkansas Collaboration for Maltreated Children’s Care is developed in 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 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).

**CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (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 Educational 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 older, for successful transition to adulthood and to ensure that youth have access to an array of resources. The Division ensures that each youth in foster care who reaches age 14, or who enters foster care at or after age 14, is provided with 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 are 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. Broad TYS program requirements include:

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.

Within 30 days of entering care, or within 30 days of turning 14 years of age, whichever comes first, youth receive PUB-49: “Be Your Own Advocate: The Short List,” which is a document that describes their rights while in foster care: https://ardhs.sharepointsite.net/CW/DCFS%20Publications/PUB-49.pdf

Staff are encouraged to review PUB-49 with youth during the initial staffing so that the youth’s attorney ad litem (AAL) will also be present and both DCFS staff as well as the youth’s AAL can be present to respond to questions the youth may have about his or her rights while in foster care.

After reviewing PUB-49 with the youth, the youth is asked to complete and sign CFS-007: Youth Acknowledgement of Rights in Foster Care, which, as the title indicates, is a form that
allows the youth to acknowledge whether he or she understands what his/her rights are while in foster care:
https://ardhs.sharepointsite.net/CW/DCFS%20Forms%20Library/CFS-007.pdf
The youth’s FSW and AAL also sign this form. The form is printed in triplicate so that the youth, FSW, and AAL may all retain a copy for his/her records.

PUB-50: “Be Your Own Advocate” is an extended version of PUB-49 that goes into more detail about a youth’s rights while in foster care as well as what to expect while in the custody of DCFS such as different services and programs available to them. DCFS staff members are encouraged to provide PUB-50 to all youth 14 and older as a supplement to PUB-49.

Each youth is 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 is created with the support of the youth’s Transitional Team which consists of adults who the youth identifies as significant. In fact, the youth can choose up to two members of the case planning team who are not the youth’s FSW or foster parent.

The youth’s primary Family Service Worker is 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 a support for some of the youth’s Transitional Plan actions and/or goals and may serve on the Transitional Team if appropriate.

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

Because “Another Planned Permanent Living Arrangement” (APPLA) is the least permanent goal for a youth, the case plan and Transitional Plan address life connections. APPLA may only be the case plan goal for youth who is 16 years of age or older and only when APPLA is the most appropriate case plan goal. All youth 16 and older must be asked about his or her desired permanency goal at the permanency planning hearing or have the youth’s attorney ad litem enter evidence concerning the youth’s wishes if the youth does not feel comfortable speaking in court. The youth and his or her attorney 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 (Educational and Training Voucher) and may attend youth development activities and life skills classes as well as remain eligible for other services until their 21st birthday.

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 provides, 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 is assessed annually using an appropriate life skills assessment tool; however, an individualized assessment is 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 are assessed at each staffing held for a youth age 14 and older. When the youth turns 18, assessments should be highly individualized.

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

Opportunities are available for each foster parent caring for, or interested in caring for, a youth age 14 or older. 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 provides 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.

The Division policy regarding Transitional Youth Services, including Extended Foster Care and After Care, (i.e., DCFS Policy VIII-A, VIII-B, and VIII-C) is currently undergoing review and significant revisions to provide more detailed guidance regarding these programs to staff, youth, and stakeholders. The draft version of this policy includes language that supports the sexual orientation and gender identities of youth served by the program and that they should be treated without bias in all placement settings and service delivery. This draft policy goes on to state that special consideration should be given to the placement of LGBTQ youth as well as to the services and supports put in place to help meet their individualized needs. The Division plans to reach out to providers and community groups that could assist the Division with resources, activities, and events for this lesbian, gay, bisexual, transgender, and queer (LGBTQ) population such as Lucie’s Place, the Center for Artistic Revolution, and the Pridecorps LGBT Center for Youth.

Finally, the draft version of the revised TYS policy also encourages DCFS staff, foster parents, and adoptive parents to seek out training regarding how best to work with and support the LGBTQ population (both youth and providers) to meet their individualized needs. In 2014, the University of Arkansas at Little Rock (UALR) MidSOUTH Training Academy developed a training entitled, “Working with Lesbian, Gay, Bisexual and/or Transgender Individuals and Couples.” This interactive workshop introduced the initial concepts of child welfare best practice with same sex couples interested in becoming foster/adoptive parents and those couples who have already welcomed a child into their homes. The concepts of safety, permanency and well-being were woven into this accepting and affirming program. The workshop enabled child welfare professionals to fully explore and improve their own practice with these families groups. In addition, the workshop highlighted pertinent ethical and legal considerations. This training was offered as a continuing education workshop to DCFS staff several times throughout 2014-2015. However, because the revised, draft TYS policy that provides LGBTQ considerations, the Division has already started conversations with UALR MidSOUTH about offering this training once again as the policy moves forward to the promulgation process. DCFS also recognizes it will need to explore training opportunities for staff related to working with LGBTQ youth.
There are plans to hire a Policy Manager in SFY 2017 to help move the promulgation of this revised, draft TYS policy forward. Once the policy is finalized, the TYS Unit plans to explore providing training in support of the goals and objectives of the Chafee Foster Care Independence Program to help DCFS staff in particular better understand not only the basic policy framework, but the intent behind those policies. The TYS Program Specialist has already had initial conversations with UALR MidSOUTH regarding earlier training curricula UALR MidSOUTH developed related to serving the transitional youth services population. Both the TYS Unit, Transitional Youth Service Coordinators, and MidSOUTH have expressed a great deal of enthusiasm about potentially reviving and revising this curriculum as additional training regarding serving youth 14 and older is very much needed.

In an effort to further ensure a smooth transition to adulthood for youth in foster care, the TYS Unit plans to compile a list of the various mentor and transitional services programs throughout the state for the teenaged population. The TYS Unit will also follow up with programs like local CALL chapters who have expressed interest in developing a mentoring program and/or their own life skills curricula to offer to youth in care.

**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. During SFY 2016 (July 1, 2015-June 30, 2016), 439 youth participated in the Extended Foster Care Program.

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 is eligible for Transitional Youth Services until his or her 21st birthday.

Board payments for IV-E eligible youth are made through title IV-E funds. Board payments for youth who are not IV-E eligible are 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.
In March 2016, the Division provided needed clarification regarding Transitional Youth Services (TYS) Sponsors for youth who elect to stay in Extended Foster Care. In Arkansas, a TYS Sponsor must be in place for youth who are 18 and older and do not reside with a foster family or with a licensed placement provider. The purpose of the TYS Sponsor is to provide additional support to the youth and help the youth with budgeting his or her monthly board payment. As such, the youth’s board payment is paid via the TYS Sponsor.

The information provided to staff in the March 2016 “DCFS All” email outlined the requirements for an individual to become a TYS Sponsor as well as the requirements for a youth 18 or older to reside with a TYS Sponsor. The text of that email was as follows:

*We understand that different areas may handle Transitional Youth Sponsors for youth who elect to participate in extended foster care (i.e., ages 18-21) in different ways. In an effort to standardize these practices, we ask that you please adhere to the following requirements:*

- **The biological parent of the youth cannot serve as the youth’s sponsor.**
- **A State Police Criminal Background Check and a Child Maltreatment Central Registry Check must be run on all Transitional Youth Sponsors.**
- **After receiving clear background checks, all Transitional Youth Sponsors must, at a minimum, attend a staffing/Transitional Team Meeting with the youth and all parties to the case prior to being entered as the sponsor in CHRIS (referred to as the ‘ILP Sponsor’ in CHRIS). The goal of this staffing is to ensure the prospective sponsor understands his/her role to include, but not limited to:**
  - Serving as a member of the youth’s Transitional Team
  - Providing support and guidance to the youth as they transition to adulthood (e.g., assisting with decision-making regarding education, employment, housing, etc.)
  - Assisting the youth with budgeting the youth’s board payment
  - Helping to ensure the youth meets at least one of the following extended foster care requirements or has a viable plan in place to meet one of the following requirements:
    - Youth is enrolled in school; or,
    - Youth is working at least 80 hours/month; or,
    - Youth is enrolled in a program designed to remove barriers to employment (e.g., JobCorps); or,
    - Youth has a medical condition that prevents him/her from participating in any of the above activities.
- **Transitional Youth Sponsors will be on either the Resource Worker Supervisor’s workload or the Transitional Youth Services Supervisor’s workload to ensure the State Police and Child Maltreatment Central Registry checks remain current (i.e., every two years).**
- **For youth participating in extended foster care (i.e., 18 years of age and older), those youth may live with the Transitional Youth Sponsor provided that:**
  - The State Police Background and Child Maltreatment Central Registry checks are clear and up to date (i.e., within the past two years); and,
A visual inspection of the sponsor’s home is conducted by the child’s primary FSW caseworker (or secondary FSW caseworker, as appropriate) and TYS Coordinator prior to the youth living there; and,

The Area Director approves the living arrangement with the sponsor; and,

A staffing/Transitional Team Meeting is held to ensure the sponsor understands his/her role (see above) and that individualized guidelines and expectations are established for any youth who will reside with his/her sponsor (e.g., curfews, any responsibility for assisting with costs of living, if applicable, via the youth’s board payment, etc.); and,

The FSW caseworker (primary or secondary, as appropriate) must continue to make monthly visits to any youth living with a Transitional Youth Sponsor just as they would for a youth in any other placement, and the TYS Coordinator is also encouraged to visit the youth in this type of placement on at least a quarterly basis.

DCFS may deny any Transitional Youth Sponsor based on background check results or other concerns. The youth’s ad litem must always be consulted regarding the selection of a Transitional Youth Sponsor (see staffing requirement above) and any plans for a youth over the age of 18 to live with a sponsor.

During SFY 2016 (July 1, 2015-June 30, 2016), there were 57 youth who had TYS Sponsors. 41 of these youth already had TYS Sponsors prior to July 1, 2015, so during SFY 16 there were 16 new youth who began using a TYS Sponsor.

**After Care Services and Supports**

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.

**Annual Teen Leadership Conference**

The 2015 “Teen Leadership” conference was held at the Arkansas 4-H Center in (Ferndale) Little Rock, Arkansas. We had a total of 182 youth who attended and participated along with a
host of chaperones, and DCFS staff in attendance both days of the conference. During this conference we wanted to make sure that the youth not only learned new material as they went through each workshop, but for it to be a “fun” experience for them while they learned.

This year’s workshops consisted of “Independent City”, which the youth learned the proper way to budget, job preparedness, education, and housing. We had six additional workshops: “Team Building Skills”, “Driving Lessons’ which consisted of life’s ups and downs, “Being your own Advocate”, “Smart Money”, “Creative Vision Board” “Aging out at 18 Why Not 21”?

The Youth Advisory Board hosted a Talent Show for Monday night’s entertainment and the youth had a blast! We had several youth to participate and they had many talents from singing, dancing, playing instruments, and giving their life testimony. Military, business, and college recruiters were also present at the conference. Overall the conference was a huge success and we look forward to next year’s conference.

**Transitional Youth Services Unit Staff and Activities**

The TYS Program Manager position has been vacant since July 2014. Therefore at this time minimum work has been done around specific training for CFCIP. However, the TYS Program Specialist, Kandis Romes, has ensured that all Chafee and ETV requests are processed timely. The TYS Program Specialist also continues to lead, coordinate, and support the Youth Advisory Board in their activities and leadership development. Duties 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 reviews and approves TYS requests from across the state, works with field staff on requests, and addresses any issues/concerns as they arise. The TYS Program Specialist worked with the youth to develop the Senior Recognition event and annual Teen Leadership Conference as well. Finally the TYS Program Specialist worked/communicated with local communities regarding the needs of the youth in the system, submitted required federal annual report information, and submitted monthly report information to DCFS Director, and, as of May 2016, the DCFS Assistant Director over Transitional Youth Services.

As of May 2016, Assistant Director of Infrastructure and Specialized Programs now oversees and manages the Educational and Training Voucher (ETV) program statewide with support from the TYS Program Specialist. Management of this program includes review and approval of ETV voucher requests from across the state, and working with field staff on requests and providing education to all levels of staff regarding TYS program requirements and best practices.

Each of the ten DCFS geographic service areas has one to two TYS Coordinator s who provide support to FSWs with youth ages 14 and older on their caseloads. The TYS Coordinators are directly supervised by Family Service Workers Supervisors in the field.
The TYS Unit receives and reviews a monthly report provided by each Transitional Youth Services Coordinator throughout the state. These monthly reports allow the unit 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. This information is then compiled to provide the number of youth participating in Life Skills classes across the state. In SFY 2016 (July 1, 2015 through June 30, 2016) 3,699. This was a duplicated count of youth for the year.

**Life Skills Classes held SFY July 31 2015- June 30 2016-
Presented by Arkansas Transitional Youth Services Coordinators**

The chart below reflects the total number of youth who attended life skills classes across the State per area.

**July 2015:**

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<tr>
<td>10</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>308</strong></td>
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### December 2015:

<table>
<thead>
<tr>
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<th># of Youth</th>
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<tbody>
<tr>
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<td>9</td>
<td>6</td>
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<tr>
<td>10</td>
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<td><strong>Total</strong></td>
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### January 2016:

<table>
<thead>
<tr>
<th>Area</th>
<th># of Youth</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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</tr>
<tr>
<td>2</td>
<td>10</td>
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<tr>
<td>3</td>
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<td>31</td>
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### February 2016:

<table>
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<td>16</td>
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<tr>
<td>4</td>
<td>35</td>
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<tr>
<td>5</td>
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<td>54</td>
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<td>20</td>
</tr>
<tr>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>10</td>
<td>NO INFORMATION PROVIDED!</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>268</strong></td>
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March 2016:

<table>
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</tr>
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<tr>
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<td>51</td>
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<tr>
<td>2</td>
<td>31</td>
</tr>
<tr>
<td>3</td>
<td>NO INFORMATION PROVIDED!</td>
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<tr>
<td>4</td>
<td>58</td>
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<tr>
<td>5</td>
<td>23</td>
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<td>6</td>
<td>33</td>
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<tr>
<td>10</td>
<td>16</td>
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<tr>
<td>Total</td>
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</table>

April 2016:

<table>
<thead>
<tr>
<th>Area</th>
<th># of Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>47</td>
</tr>
<tr>
<td>2</td>
<td>33</td>
</tr>
<tr>
<td>3</td>
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<td>42</td>
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<td>24</td>
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<tr>
<td>10</td>
<td>36</td>
</tr>
<tr>
<td>Total</td>
<td>371</td>
</tr>
</tbody>
</table>

May 2016:

<table>
<thead>
<tr>
<th>Area</th>
<th># of Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>2</td>
<td>30</td>
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<tr>
<td>3</td>
<td>22</td>
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<td>4</td>
<td>40</td>
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<td>5</td>
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<td>6</td>
<td>43</td>
</tr>
<tr>
<td>7</td>
<td>55</td>
</tr>
<tr>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>10</td>
<td>34</td>
</tr>
<tr>
<td>Total</td>
<td>328</td>
</tr>
</tbody>
</table>
The Youth Advisory Board President, former YAB member, and present YAB member had an opportunity to speak in El Dorado Arkansas at the El Dorado’s Faith Based Summit in November of 2015. The youth were able to speak to the people who attended this conference to let them know the services needed in the TYS population. The TYS Program Specialist also spoke to this group to inform them more about the Transitional Youth Services Program for the State of Arkansas.

In addition, the Assistant Director over TYS, the TYS Program Specialist, and the Area 8 TYS Coordinator also presented at the 2016 Children and the Courts Conference to inform judges, attorneys ad litem, parent counsel, and DHS attorneys about the TYS Program.

**Accomplishments**

- The annual Teen Leadership Conference was held at the Arkansas 4-H Center in Little Rock, AR (Ferndale) August 2-4, 2015.

- The Senior Recognition event was held at Fellowship Bible Church May 18, 2016 to recognize our DCFS Graduating Seniors. There were a total of 57 youth that either received their high school diploma or GED.

- The Youth Advisory Board had the opportunity to attend the Foster Youth Museum that traveled to Fayetteville, Arkansas April 1-2, 2016. The Foster Youth Museum was curated by a group of foster youth and former foster youth from California to share their experiences with foster care with others. Later the YAB members put their own exhibit together which told their stories of living in the foster care system in Arkansas. Plans are underway to potentially develop a similar experience for youth who will attend the 2016 Teen Leadership Conference in August 2016.

**Activities planned for FY 2017**

- Teen Leadership Conference -- July 31 – August 2, 2016 at the Arkansas 4-H Center in Little Rock, Arkansas.
- Winter Ball held for Youth Advisory Board
• College Tour
• Promulgation of additional TYS policy

**National Youth in Transition Database**

In July of 2015, the Division created a support position to oversee the National Youth and Transition Database (NYTD) survey process. Several objectives were outlined to ensure results were maximized:

1) Communication system established between the state office and each of the areas across the state, maintaining constant updates on progress and steps taken to complete surveys.
2) Incentives given for the teens to participate.

Ongoing communication about the process was a top objective. Helping each person involved understand the importance of each of the teens to be surveyed was important to completing the goal. This process began in an all-directors meeting held in the state offices. Handouts were created explaining the broader objectives of the NYTD process, and the impact the survey had on the individual DCFS offices was also a point of significance.

Key individuals within each area and DCFS were identified and contacted promptly. Open and consistent communication was maintained. Understanding any issues that the field was experiencing was also a focus point. The field was given consistent updates on where they were on their specific lists, and this communication was also provided to their supervisors. The field was also encouraged to make note of every single communication and attempted contact they made with the teens and their families. As some teens were either difficult to find or had no desire to participate, the Division wanted to ensure that the federal government and other supervisors reviewing the works saw and took note of the due diligence the field was putting into the process.

To help encourage the teens to participate in the survey, DCFS provided a $25 gift card to the teens after completing their surveys. This proved to have a substantial impact in participation. A spreadsheet was maintained and provided to make sure each teen, in fact, did receive their card, as DCFS wanted to lay the groundwork for connecting back with the youth when they turn 21 and are surveyed again.

Understanding the difficulties in finding these youth and securing their participation was a key initiative, because DCFS wants to attain stronger and stronger results with the NYTD program.

The key finding in this reporting year is open and consistent communication.

37 out of the 58 19 year old Follow Up Population submitted (63.79% overall), therefore Arkansas did not meet its compliance rate for this NYTD rating period.

The NYTD Program Administrator continued to work on encouraging applicable youth to complete the NYTD surveys as well as educate DCFS staff and stakeholders about NYTD.
The TYS Program Specialist and Assistant Director who oversees the TYS Unit participated in the June 28, 2016 Region 6 Independent Living Lead Conference Call where ideas around sharing NYTD data with youth and stakeholders was shared. The TYS Unit will use this discussion to help determine how Arkansas can not only improve the collection of NYTD data, but also share the results and the implications of those results with youth, staff, and stakeholders.

**Homelessness Prevention**
DCFS recognizes that youth who age out of foster care are at greater risk of homelessness, among other risks. For this reason, DCFS works to encourage youth to stay in Extended Care, or, if not, access After Care Support to help with the initial transition out of foster care.

The Division contracts with the following programs funded by the Runaway and Homeless Youth Act (RHYA):
- Youth Bridge, which covers the Northwest Arkansas region
- Consolidated Youth Services located in Jonesboro

Area staff in Northwest Arkansas state that Youth Bridge is used frequently and is open to taking youth ages 12-17 who are typically challenging to place. There have been management changes within Youth Bridge over the past year, and local staff report they have recently reached out to the new management to establish/help improve the working relationship between Youth Bridge and DCFS.

Local staff in the Jonesboro area (Northeast Arkansas) reports that Consolidated Youth Services is used frequently, typically as an emergency shelter service, and that they maintain a positive working relationship.

The following table provides the number of youth placed with these two RHYA-funded contract providers (either residential treatment or emergency shelter) during the past reporting period:

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Number of Unique Children who Entered Agency's RTC or Emergency Shelter Programs Between 7/1/2015-05/31/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Bridge</td>
<td>68</td>
</tr>
<tr>
<td>Consolidated Youth Services</td>
<td>41</td>
</tr>
</tbody>
</table>

Thirty-three of the 41 children (79 percent) who had entered CYS were ages 14 and older at the time of admission; 58 of the 68 children (85 percent) who had entered Youth Bridge were 14 or older.

Information regarding various national resources for runaway youth are also provided in PUB-50: “Be Your Own Advocate!” These resources include the National Runaway Switch Board, Boys Town/Girls Town National Hotline, National Youth Crisis Hotline, and the National Human Trafficking Resource Center.

**Pregnancy Prevention**
The Division also acknowledges that youth in foster care or who have aged out of foster care are at a greater risk of early pregnancy. PUB-50: “Be Your Own Advocate!” encourages youth and
staff to reach out to their local Health Department units as needed to obtain quality information regarding and services related to youth health needs, including safe sex practices and resources. The Arkansas Department of Health participates in the Family and Youth Services Bureau’s (FYSB) State Personal Responsibility Education Program (PREP) and the State Abstinence Education Grant Program.

During SFY 2017, the TYS Unit will reach out to other FYSB grantees to learn more about their services. These grantees include:

- Cabot Crisis Pregnancy Center (Competitive Abstinence Education Grant Program)
- People Nurturing People/Choosing to Excel Program (Little Rock, Competitive Abstinence Education Grant Program)

**Educational and Training Vouchers**

Youth in care, emancipated youth, or youth who have entered adoption or guardianship (16 & up) may apply for assistance through the Educational Training Voucher (ETV) grant program. Arkansas 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 typically 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 participating in Transitional Services.

Until recently, ETV approval has been handled outside the Transitional Youth Services (TYS) Unit. As of May 2016, this approval process now takes place within the TYS Unit including tracking of ETV amounts awarded. The TYS Unit would like to provide information regarding ETV more widely to youth in foster care. As a starting point, an informational handout will be provided to all youth who attend the Youth Leadership Conference. The Assistant Director who currently oversees the TYS Unit also plans to explore CHRIS enhancements that could be implemented to allow the agency to track ETV awards in CHRIS.

In addition ETV will be added as an agenda item in an upcoming YAB meeting to ensure the board is fully aware of this benefit and to brainstorm how the Division could better disseminate information about ETV to other youth in Foster Care.

To date, no tribes have requested the development of an agreement to administer or supervise the Chafee Foster Care Independence Program or an ETV program with respect to eligible Indian. All children with Indian heritage who otherwise qualify for CFCIP and/or ETV, are eligible for CFCIP (transitional youth) services and the ETV program.

**JUVENILE JUSTICE TRANSFERS**

**For SFY 2016 (July 1, 2015 to May 31, 2016)** there were 22 distinct foster children placed in Division of Youth Services (DYS)

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 DYS at the time of this transfer, DCFS continues involvement in lieu of a parent. DCFS has a Memorandum of Understanding and is in the process of updating this agreement with DYS so that we can ensure smooth transfer of custody upon entering and discharging from the DYS 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 DYS on youth and the custody.

This data was obtained from the CHRIS system.

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 mining the case file for possible extended family members or significant people in that child’s life who may be interested in adopting that particular child. Our emphasis is 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 68%. 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.
Although DCFS Adoptions partners with The CALL for recruitment of foster and adoptive parents for our waiting children and Project Zero for raising awareness about adoption, these faith-based entities do not serve co-habiting heterosexual adults, same-sex couples or lesbian, gay, bisexual of transgender individuals. There is a protocol in place that if any co-habiting heterosexual adults, same-sex couples or lesbian, gay, bisexual of transgender individuals approach The CALL or Project Zero, both of these agencies will refer that couple or individual to DCFS to learn about the Division’s recruitment, application, and approval process for foster and/or adoptive homes.

**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 (MCVAR)

In the spring of 2016, the Adoptions Unit developed a Post-Adoption Services Brochure in an effort to communicate these services to a wider audience. This brochure can be found at the following link:

[https://dhs.arkansas.gov/dcfs/heartgallery/Post%20Adoption%20Services.pdf](https://dhs.arkansas.gov/dcfs/heartgallery/Post%20Adoption%20Services.pdf)

In addition, the Adoption Manager participates in Interdivisional Staffings involving families at risk of having a disrupted or dissolved adoption.
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# - 1501ARAIPP – Amount - $609,847.00 (9/18/15) + $972,153.00 (6/7/16) = $1,582,000.00
Grant Period – 10/01/2015 – 09/30/2018
These funds must be obligated by 09/30/2018 and liquidated no later than 12/31/2018. As of June 30, 2016 the 1501ARAIIP Adoption Incentive Award has unobligated funds in the amount of $697,153.72, the unobligated balance will be fully expensed prior to 09/30/2018. 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.

During SFY 2016, 684 adoptions were finalized for children.

Arkansas Adoption Program will continue to invest resources in the following activities:

- 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. Information on fostering, mentoring teens transitioning out of care, and other areas of need is also included. They also refer viewers to our Heart Gallery Website with banners for viewing the Foster Care and Preventive Services Website. Three 30 minute specials per year are also done, which includes 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.
- Partner with Cumulus radio specifically for the recruitment of African American families.
- Provide promotional items and updating adoption informational material, specifically the brochure about Post Adoption Services, to be used at Heart Gallery presentations, recruitment activities, and other adoption events and distributed to DCFS staff and resource applicants.
- Manage child specific contracts for Reactive Attachment Disorder (RAD) therapy for pre and post adoption services.
- Provide respite for post adoption services.
- Assist with 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*

<table>
<thead>
<tr>
<th>Strategy/Action</th>
<th>Source</th>
<th>Next Steps</th>
<th>Data/TA needed</th>
<th>Dates</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Request Report</td>
<td>Chris Price</td>
<td>Review Report</td>
<td>Report on goals of children in Foster Care</td>
<td>N/A</td>
<td>Completed</td>
</tr>
<tr>
<td>2. Compose list by Name, county, area, Adoption Specialist &amp; Adoption Supervisor</td>
<td>CHRIS Support Staff</td>
<td>Distribute to staff, review by A.S. and Supervisors Share with Permanency Roundtable Manager</td>
<td>N/A Yearly updates</td>
<td>Yearly updates</td>
<td>Completed Ongoing</td>
</tr>
<tr>
<td>3. Schedule Permanency Roundtables</td>
<td>All persons involved with Child – A.S., FSW, AAL, CASA, Supervisors, OCC, Facilitator and child for part of the review if appropriate</td>
<td>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.</td>
<td>N/A</td>
<td>In Progress and continuing</td>
<td>Involvement by all needed participants and agreement on assignments and plans</td>
</tr>
<tr>
<td>4. Intensive Child Specific Recruitment</td>
<td>Adoption and Resource Staff Arkansas Heart Gallery</td>
<td>Review goal</td>
<td>N/A</td>
<td>N/A</td>
<td>In Progress Ongoing Finding an appropriate permanent placement</td>
</tr>
</tbody>
</table>
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 2016

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Count</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 1 Years</td>
<td>23</td>
<td>4%</td>
</tr>
<tr>
<td>2 to 5 Years</td>
<td>116</td>
<td>20%</td>
</tr>
<tr>
<td>6 to 9 Years</td>
<td>128</td>
<td>22%</td>
</tr>
<tr>
<td>10 to 13 Years</td>
<td>175</td>
<td>30%</td>
</tr>
<tr>
<td>14 Years and Older</td>
<td>140</td>
<td>24%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>567</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Gender of All Children with Goal of Adoption at End of the third quarter SFY 2016

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>336</td>
<td>59%</td>
</tr>
<tr>
<td>Female</td>
<td>231</td>
<td>41%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>567</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Race/Ethnicity of All Children with Goal of Adoption at End of the third quarter

During the quarter, 220 new foster homes were opened and 176 were closed, for a net gain of 44 homes.

Appendix F displays the closure reasons for the foster homes that closed during the quarter.
SFY 2016

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Count</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE</td>
<td>317</td>
<td>56%</td>
</tr>
<tr>
<td>BLACK</td>
<td>125</td>
<td>22%</td>
</tr>
<tr>
<td>MULTIPLE</td>
<td>74</td>
<td>13%</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>47</td>
<td>8%</td>
</tr>
<tr>
<td>ASIAN</td>
<td>2</td>
<td>0.5%</td>
</tr>
<tr>
<td>AIAN</td>
<td>2</td>
<td>0.5%</td>
</tr>
<tr>
<td>UTD</td>
<td>2</td>
<td>0.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>567</td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Adoptive Home (Adoptions with ‘Date Adoption Legalized) between 07/01/2015 to 06/30/2016:

There are 397 Distinct Providers; 730 HoH1 and HoH2

**General Recruitment Plans**

- 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.
• 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
• 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

**Information on Child Protective Service Workforce as of June 2016**

For child protective service personnel responsible for intake screening, assessment, and investigation of child abuse neglect reports, the following data is available:

<table>
<thead>
<tr>
<th>DCFS averages:</th>
<th>CACD averages:</th>
<th>Hotline Operator averages:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>87.7%</td>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
<td>12.3%</td>
<td>Male</td>
</tr>
<tr>
<td><strong>Race:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>56.3%</td>
<td>Caucasian</td>
</tr>
<tr>
<td>African American</td>
<td>42.5%</td>
<td>African American</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.7%</td>
<td>Hispanic</td>
</tr>
<tr>
<td>Asian</td>
<td>0.4%</td>
<td></td>
</tr>
<tr>
<td><strong>Ages:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-30</td>
<td>23.2%</td>
<td>20-30</td>
</tr>
<tr>
<td>31-40</td>
<td>30%</td>
<td>31-40</td>
</tr>
<tr>
<td>41-50</td>
<td>26.6%</td>
<td>41-50</td>
</tr>
<tr>
<td>51-60</td>
<td>15.6%</td>
<td>51-60</td>
</tr>
<tr>
<td>61-70</td>
<td>4.6%</td>
<td>61-70</td>
</tr>
<tr>
<td><strong>Educational Level:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSW</td>
<td>13.16%</td>
<td>BSW</td>
</tr>
<tr>
<td>Related Degree</td>
<td>60.43%</td>
<td>Related Degree</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Related degree</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BS/Master's Degree related field</td>
</tr>
</tbody>
</table>
DCFS Family Service Worker Minimum 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 workloads are calculated. The workload report is broken down into multiple categories.
| **Investigation – Primary** | DCFS receives 1 credit for every investigation that is open as of the end of the reporting month and for which it serves as primary.  
The DCFS primary worker and his/her Area and County also receive 1 credit. |
| **Investigation - Secondary** | DCFS receives 0.5 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.  
The DCFS secondary worker and his/her Area and County also receive 0.5 credit (or less depending on the number of secondary workers). |
| **Foster Care Cases** | DCFS receives 1 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.  
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. |
| **In-home Protective Services Cases** | DCFS receives 1 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.  
The DCFS primary worker and his/her Area and County also receive 1 credit. |
| **Supportive Services Cases** | DCFS receives 1 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.  
The DCFS primary worker and his/her Area and County also receive 1 credit. |
| **ICPC** | DCFS receives 0.25 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.  
The DCFS primary worker and his/her Area and County also receive 0.25 credit for every child. |
| **Differential Response (DR)** | DCFS worker receives 1 credit for every DR referral that is open as of the end of the reporting month.  
The DCFS primary worker and his/her Area and County also receive 1 credit. |
| **Calculation:** | 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.

The highest average workload for the month of June was 68.5 cases (Dallas County). That’s just for one worker. High caseloads fluctuate and can be in urban and rural counties.

The statewide average workload was 29.3 cases.

Below is a map that represents the averages by county:
<table>
<thead>
<tr>
<th>DATE REQUESTED</th>
<th>TA DESCRIPTION</th>
<th>NRC/Provider</th>
<th>APPROVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2014-6/30/16</td>
<td>CFSR Planning</td>
<td>Region 6</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patsy Buida/Cindy Ximenes</td>
<td></td>
</tr>
<tr>
<td>7/1/13-6/30/16</td>
<td>Organizational, Strategic, Programmatic</td>
<td>Casey Family Programs-Ann Stanley, Consultant</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Consultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/1/13-6/30/16</td>
<td>Differential Response</td>
<td>Casey Family Programs</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kempe Center-Consultants</td>
<td></td>
</tr>
<tr>
<td>7/1/13-6/30/16</td>
<td>Permanency Round Tables</td>
<td>Casey Family Programs</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7/1/15 Cindy Hamilton</td>
<td></td>
</tr>
<tr>
<td>7/1/13-6/30/16</td>
<td>CANS</td>
<td>Casey Family Programs</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Candice Ward-Consultant</td>
<td></td>
</tr>
<tr>
<td>7/1/13-10/31/16</td>
<td>Nurturing Families of Arkansas</td>
<td>Dr. Stephen Bavelok</td>
<td>Yes</td>
</tr>
<tr>
<td>1/1/15-4/30/16</td>
<td>Nurturing Families of Arkansas</td>
<td>Casey Family Programs</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phyllis Duncan-Consultant</td>
<td></td>
</tr>
<tr>
<td>7/1/13-9/30/16</td>
<td>Team Decision Making</td>
<td>Annie E Casey</td>
<td>Yes</td>
</tr>
<tr>
<td>Date Range</td>
<td>Description</td>
<td>Name/Role</td>
<td>Yes/No</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------</td>
<td>-------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>04/01/13-01/31/16</td>
<td>(new plan awaiting approval to cover period of 05/01/16-04/30/17)</td>
<td>DR3 Grant/Targeted Recruitment</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NRC Diligent Recruitment-Linda McNall</td>
<td></td>
</tr>
<tr>
<td>1/1/14-3/30/15</td>
<td>Advocacy Council Facilitation</td>
<td>Casey Family Programs-Gregory Davis</td>
<td>Yes</td>
</tr>
<tr>
<td>5/1/13-6/30/16</td>
<td>Implementation Science</td>
<td>Casey Family Programs (strategic planning team) Tracey Campfield-Consultant</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Evaluation and Technical Assistance Narrative**

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 and evaluations to measure the quality of its workforce and services and also utilizes a variety of technical assistance when possible. 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, other quality assurance projects, or requests for technical assistance are in line with CFSR benchmarks, Statewide Assessment Areas Needing Improvement, and/or the goals outlined in the Division’s Program Improvement Plan (PIP), as applicable.

The Technical Assistance Plan outlined in the table above provides a summary of technical assistance the Division has received during the last reporting period. These capacity building services from partnering organizations and consultants are invaluable to the Division in terms of achieving its goals and objectives, particularly the implementation of its IV-E Waiver initiatives. Once the final results of Arkansas’s 2016 Child and Family Services Review are received and the corresponding Program Improvement Plan developed, the Division will review and determine what additional technical assistance may be needed at that point in time. In the meantime, the Division will be taking advantage of the “Child Welfare Response to Child and Youth Sex Trafficking” curriculum developed by the Capacity Building Center for States (CBCS), though at this point direct technical assistance from the CBCS in this arena is not anticipated.

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 2016:

- **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 display 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.

- **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 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 2016, DCFS made a conscious effort to review its residential treatment care facilities, which revealed that a significant proportion of the children referred for placement in these facilities could be more appropriately served in a less restrictive placement setting (e.g., a foster family home). Additionally, the agency has ordered a review of the significant increase in the statewide foster child population (which had increased by approximately 30 percent over the course of 15 months) to better identify the causes of this increase. DCFS is still conducting this review 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 2012 through SFY 2015. 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 200 ad hoc reports are completed in a given year.

**CONSULTATION AND COORDINATION BETWEEN STATE AND TRIBES**

DCFS provides services and supports to Native American children just as they do on all other child populations that DCFS serves (such as Hispanic and Marshallese). Children’s ethnicity is captured in the CHRIS system when a case is opened. Ethnicity is further discussed at the probable cause and adjudication hearing to determine if the family is a member of a Native American tribe. The attorneys for the Department take the lead on notifying any Tribal Nation and assisting with coordination of steps to verify the membership of the child with a specific Tribe including verifying maternity and paternity of the child. During this verification process, as well as after Tribal membership has been confirmed, DCFS staff begin including the Tribal liaison in the development of the case plan, schedule phone conferences as needed, invite Tribal partners to the case plan staffings, notify the Tribe of placement changes, ask for placement considerations of other relatives or connections for placement, notify the Tribe of court hearings, and many other activities.

In Arkansas, there are only a very limited number of the 75 counties that have Native American children on their caseload that would meet the requirements of ICWA. The Division’s policy and procedures are applicable to all child populations. The Tribal Liaison is included for children identified as Native American. Some examples of case management activities that DCFS provides would be:

- **Providing updates and/or notification on placement moves**
- **Providing incident reports involving the child**
- **Notifications of court hearings, case plan staffings, mediations**
- **Providing a schedule of the parent/child visits**
- **Conducting home studies on potential relative/fictive kin placements**

Some examples of case activities the Tribal Liaison might provide would be:

- **Attending & participating in court hearings**
- **Ensuring that the legal language is in the court orders**
- **Recommending services/placements specifically for Native American children**
- **Transporting parents**
- **Providing parents various contacting information**
• **Advocating the child and/or parent**

Currently, the majority of the ICWA cases in Arkansas are predominately in a 6 county region (Northwest Arkansas—Benton, Carroll, Washington, Boone, Crawford, & Sebastian counties). However, there are a few other cases scattered throughout the state. In this area, almost all of the foster children involved with ICWA are part of the Cherokee Nation. The FSW’s communicates one-on-one with the 2 Tribal Liaisons from the Cherokee Nation on cases. Generally, it appears to be a good working relationship between the DCFS staff and the 2 Cherokee Nation Liaisons’. On the few other Native American cases, typically the OCC attorney regularly consults with the Tribal representatives. These same OCC attorneys provide notice as required by ICWA and have ongoing communication with the Tribal representatives to discuss participation in the court hearings and case plan staffings. The OCC attorneys also help assist in identifying potential placements, although the placement options are not always utilized. There has only been 1 case that was moved to tribal court during this last year.

For SFY 2016 Currently, CHRIS reflects for foster children American Indian and Alaskan Native Data:

- **121** current foster children who are identified as American Indian and Alaskan Native (AIAN).
- **81** children who are identified as American Indian and Alaskan Native (AIAN) entered care between July 1, 2015-May 31, 2016.

Some of the Tribes represented in the number of children entering care were: Cherokee Choctaw, Northern Cheyenne Tribe, and Muscogee.

*Although the CHRIS system does have an element where ethnicity can be documented, it can be very inconsistent due to staff not inputting the data correctly. Often times, Native American ancestry is not confirmed until well into the case and that is when staff often forget to go back and change the child’s ethnicity on the demographics screen.*

*All children ages 14 in older in Arkansas are referred to the Transitional Youth Services (Independent Living) program. The program allows youth to actively participate in life skill classes, the development of their Transitional Plan, and to actively patriciate in the planning of their future. All ICWA children age 14 and older are eligible to participate in the TYS program. At this time, there are 0 children in Arkansas custody identified whose cases meet this criterion. If a current ICWA child reaches the age of 14 during this year, they will be referred to the TYS Coordinator in their area and independent living services will be offered to them.*

**Tribal Communication/Collaboration**

Over the last year, DCFS has made great strides in collaborating with the Cherokee Nation, the tribe where the majority of the Arkansas foster children have heritage. In the summer of 2015, DCFS began to work with the CHRIS team to convert all currently open resource homes (foster or adopt) to being placed under a Master Provider to more easily identify those tribal homes. DCFS currently has 5 resource homes showing under the Cherokee Nation’s master provider. This helps to better clarify to staff that these homes have been licensed and approved by the Cherokee Nation. These resource homes do not show on the regular list of homes that DCFS
could contact for placement; rather, they are open and available for children whom the Cherokee or other Tribal Nations deem to need a Native American home. Arkansas provided an approval template to the Cherokee Nation Foster Home Program Manager via email. Once a tribe has licensed and approved a resource home, the completed template is submitted to a staff person in the Central Office to open in CHRIS.

All open, approved resource homes (including tribal foster/adoptive homes) were mailed a letter at the end of October 2015 discussing the recent changes to the “reasonable and prudent parent standard.” The letter detailed the Division’s protocols around normal age appropriate activities, baby-sitting, the Foster Family Support System, and respite care. The letter further explained that the reasonable and prudent parent language may be new, but the concept aligns with the Division’s long-standing intent that children in foster care should have the same opportunities as children who are not in care -- such as spending the night with friends, playing on a school sports team, getting a part-time job, or dating. Included along with the letter was also a copy of the Division’s policy-- VII-G: Alternate Care for Children in Out-of-Home Placement.

In November, Arkansas DCFS participated in the Oklahoma Indian Child Welfare Conference. The conference was informative regarding federal and state ICWA laws and guidelines and provided an opportunity to learn more about specific Native American recruitment efforts for resource parents. DCFS staff engaged in conversations with various federally recognized tribes about ongoing case issues in Arkansas. The conference was a good opportunity for Arkansas DCFS to provide a contact name/number to tribal leaders.

Also over the last year, DCFS started holding regularly scheduled meetings with upper-level management as well as field workers of the Cherokee Nation. These meetings have been held in order to discuss specific case issues, staff issues, policies, and Arkansas Child and Family Services Review. At these meetings the Division provided the Cherokee Nation with copies of the following DCFS policies and publications and asked the representatives to please provide feedback and/or ask any questions regarding the documents below (all policies may be accessed at http://humanservices.arkansas.gov/dcfs/dcfsDocs/Master%20DCFS%20Policy.pdf):

- Policy I-B: Child Welfare Delivery System
- Policy III-B: Notification of Relatives and Fictive Kin When a Child is Taken into Custody by the Division
- Policy VI-A: Out of Home Placement Criteria
- Policy VI-G: Case Review Judicial Hearings for Children in Out of Home Placements ("Notification of Hearings and Reviews" section)
- Policy VII-G: Alternate Care for Children in Out of Home Placements
- Policy VIII-A: Transitional Youth Services
To date, no concerns have been raised by the tribe regarding these policies or accessing Chafee services, in particular.

DCFS also began the discussion regarding establishing a Memorandum of Understanding (MOU) and/or a Tribal State Agreement in place between Arkansas DCFS and the Cherokee Nation. As of this date, the MOU is still being developed by the DHS Office of Chief Counsel. However, these meetings have opened communication between the Cherokee field staff and the DCFS Central Office liaison and emails are routinely sent when there is a case issue or information needs to be disseminated.

In addition, two Cherokee Nation field staff caseworkers have provided ongoing training to DCFS field staff in the Northwest region of Arkansas. They are regularly invited to staff meetings and continuing education seminars where they provide information on what ICWA is (for new staff) and the importance of what active efforts means to each case.

Arkansas has also recently had extended contact with members of the Choctaw Nation. The director/attorney for the Choctaw Nation as well as a case manager were involved with a specific case in Northeast Arkansas where they assisted with case planning and provided court testimony.

During the month of March 2016, Arkansas held focus groups around the state for the third round of the Child and Family Services Review (CFSR). Members of the Cherokee Tribe were invited to Little Rock for a discussion to get stakeholder input. Both the Choctaw Nation and Cherokee Nation were also formally invited to participate in the CFSR focus groups with the Children’s Bureau to be held in June 2016.

In May 2016, the Division Interim Director made contact via email with the leaders of all the tribes with which Arkansas has the potential to have affiliation regarding placements of children. This was an introductory email as the leadership for the Division has changed since the last communication was sent. The email provided the Interim Directors contact information, the two new Central Office liaisons contact information, the approved 2015 APSR, a link to the DCFS master policy manual, an excerpt of the ICWA policy, and an open invitation to participate in the round three CFSR focus group. The tribal leads were:

- Nikki Baker, Cherokee Nation of Oklahoma
- Lari Ann Brister, Choctaw Nation of Oklahoma
- Tamara Gibson, Eastern Shawnee Tribe of Oklahoma
- Tonya Barnett, Modoc Tribe of Oklahoma
- Doug Journeycake, Peoria Tribe of Oklahoma
- Mandy Dement, Quapaw Tribe of Oklahoma
- Mark Westfall, Seneca-Cayuga Nation of Oklahoma
- Dana Butterfield, Wyandotte Nation

There were no negative responses or suggestions to the policy by a member who received the various policies. 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. The Division
believes that establishing the two Central Office liaisons will continue to help strengthen its collaboration/partnership with Tribal agenesis.

While Arkansas has made significant strides over the last two years to increase its communication and collaboration with the tribal partners, there is still work to be done. Staff continue to struggle with entering the correct demographic information into the CHRIS system to correctly identify the client’s race/ethnicity. Management will continue to message to the staff that documenting this information correctly will help ensure that accurate data is reported. Arkansas has recently added a feature in Edoctus (which is linked to the CHRIS system) where the Native American tribal card can be scanned in and kept electronically. This feature is brand new, and DCFS anticipates staff being able to use it in the summer of 2016.

Training continues to be a challenge as well for Arkansas. Field staff and practicing attorneys need to continue to receive training on all ICWA requirements. It has been very helpful to have the Cherokee case managers travel to the local offices offering training. DCFS would like to see this expand in scope throughout this next year. To that end, the Division plans to invite the Cherokee case managers to present at a statewide supervisor meeting where all 75 counties are represented. The hope is this will help put a name and a face with someone to whom the local offices can reach out with specific questions (as well as the Central Office liaisons). There is also a continued need to engage other tribes in meaningful case consultation and to ensure both entities are collaborating for the best interest of each child.

CHILD MALTREATMENT FATALITIES AND REVIEWS

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 Infant and Child Death Review Program

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 and Coordinator. The Arkansas Child Death Panel has standard operating procedures and a Standard Operating Procedure (SOP) manual. There are currently eight established teams covering 49 counties which currently account for 79% of all pediatric deaths in AR from years 2010-2014. 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, Poinsett, Boone, Baxter, Carroll, Madison, Marion, Newton, Searcy, Crittenden, Cross, Lee, Monroe, Phillips, St. Francis, Garland, Grant, Hot Springs, Jefferson, Saline, White, Lonoke, Montgomery, Arkansas, Clark, Dallas, Cleveland, Lincoln and Desha Counties. The local review teams meet quarterly.

A statewide Arkansas 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. This Arkansas Infant Mortality Team combined with the Pulaski County Child Death Panel in spring 2016.
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 any way during the twenty-four 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 Child Death and Near Fatality Multidisciplinary Review Committee**

The passage of Act 1245 of 2015 created the Child Death and Near Fatality Multidisciplinary Review Committee. This committee took the place of the former External Child Death Review Panel that had been created during the 85th General Assembly, Regular Session 2005.

Per A.C.A. § 9-25-105(b) (1-15), the Child Death and Near Fatality Multidisciplinary Review Committee will be comprised of the following members:

- DCFS Director or designee;
- DCFS Family Service Worker (FSW) Supervisor designated by the DCFS Director;
- DCFS FSW Investigative Supervisor designated by the DCFS Director;
• Crimes Against Children Division Commander or designee;
• Arkansas Commission on Child Abuse, Rape, and Domestic Violence Executive Director or designee;
• Children’s Advocacy Centers of Arkansas Director or designee;
• Arkansas CASA Association Director or designee;
• Arkansas Children’s Hospital’s Team for Children at Risk and Arkansas Children’s House Director or designee;
• Dependency-Neglect Attorney Ad Litem Director or designee;
• Office of Policy and Legal Services Director or designee;
• Office of the Prosecutor Coordinator Director or designee;
• A member appointed by the chair of the House Subcommittee on Children and Youth of the House Committee on Aging, Children and Youth, and Legislative and Military Affairs;
• A member appointed by the Chief Justice of the Arkansas Supreme Court;
• A member appointed by the Governor;
• A member to be designated by the Arkansas Child Abuse, Rape, and Domestic Violence Commission.

The Child Death and Near Fatality Multidisciplinary Review Committee reviews all child deaths of children under the age of eighteen who had contact with the Division within twenty-four months before the fatality as determined by comparing records of death from the Arkansas Department of Health, Division of Vital Records with information in CHRS. The sharing of information between the Division of Vital Records and Division of Children and Family Services will be governed by a Memorandum of Understanding between the two agencies.

The Child Death and Near Fatality Multidisciplinary Review Committee also reviews all deaths and near fatalities of children reported through the Arkansas Child Abuse Hotline.

This Child Death and Near Fatality Multidisciplinary Review Committee meets at least quarterly each calendar year. The committee meetings are closed and information discussed at the meeting is confidential. Individuals who are not members of the Child Death and Near Fatality Multidisciplinary Review Committee are not be allowed to attend or otherwise participate in a committee meeting unless a majority of the members vote to request the attendance or participation of a non-committee member.

The Child Death and Near Fatality Multidisciplinary Review Committee will produce an annual report that will contain a summary of findings, actions taken by the Department of Human Services or other entities, and recommendations to each branch of the state government to improve practices and prevent future child near fatalities and fatalities. This annual report is to be presented to the House Committee on Aging, Children and Youth, Legislative and Military Affairs and will be made available on the Department of Human Services’ public disclosure of child deaths and near fatalities website.

This external reviews will 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 determine recommendations to improve practice and work together as a system to prevent future child fatalities and near fatalities.

It should be noted with the formation of this review committee, child fatalities are reviewed by the following groups:

- Local Multidisciplinary Teams (MDTs)
- Local child fatality review committees
- 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 Fatality Data**

In accordance with the Child Abuse Prevention and Treatment Act and state law, Arkansas reviews the deaths of children with prior child welfare involvement to gain insight into steps which might be taken to reduce or avoid future deaths from happening. The following tables report, by fiscal year, the number of fatalities involving children who had been known to DCFS before their death. Prior to State Fiscal Year (SFY) 2016, DCFS tracked and reviewed fatalities of children with DCFS involvement in the *12 months* preceding the child’s death. Act 1245 of 2015 extended the scope of this monitoring to fatalities involving children with DCFS involvement within *24 months* of their death.

<table>
<thead>
<tr>
<th>SFY</th>
<th># Fatalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>23</td>
</tr>
<tr>
<td>2012</td>
<td>35</td>
</tr>
<tr>
<td>2013</td>
<td>39</td>
</tr>
<tr>
<td>2014</td>
<td>34</td>
</tr>
<tr>
<td>2015</td>
<td>33</td>
</tr>
</tbody>
</table>

**Source:** SFY 2015 Child Fatality Report

<table>
<thead>
<tr>
<th>SFY</th>
<th># Fatalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>52*</td>
</tr>
</tbody>
</table>

**Source:** DCFS Child Fatality Log

Fatality reports are screened by the Arkansas Child Abuse Hotline and documented in the Children’s Reporting and Information System (CHRIS), and DCFS now checks comprehensive monthly records from Vital Records regarding all children for whom a death certificate has been
issued to determine if there was prior Agency involvement. The Agency maintains a Child Fatality Log of all deaths that meet the review criteria and records documenting the outcomes of the reviews.

Hornby Zeller Associates, Inc. produces annual fatality reports for DCFS to identify trends in the characteristics of children who die and the circumstances surrounding their death. Two sources of information are used to produce these reports, the death reviews conducted by DCFS and information from CHRIS. Data are used to examine three key elements in the child death cases, the characteristics of children, the characteristics of parents/caregivers and the characteristics of the Agency’s interaction with the family. The data and information in this section is taken from the SFY 2015 Child Fatality Report.

Arkansas’s child 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. The next table displays the category of circumstances surrounding the children’s deaths between SFY 2011 and SFY 2015.

<table>
<thead>
<tr>
<th>SFY</th>
<th>Abuse/ Neglect</th>
<th>Undetermined</th>
<th>Not Maltreatment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>2011</td>
<td>3</td>
<td>11</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>2012</td>
<td>9</td>
<td>32</td>
<td>15</td>
<td>23</td>
</tr>
<tr>
<td>2013</td>
<td>6</td>
<td>21</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>2014</td>
<td>4</td>
<td>14</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>2015</td>
<td>6</td>
<td>21</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>100</td>
<td>65</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: SFY 2015 Child Fatality Report

Between 2011 and 2015, a total of 164 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 three years being quite similar in count (35 in 2012 compared to the 34 in 2014 and 33 in 2015). 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 five 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 POPULATIONS**

Per the review of the data in Arkansas, the Division has 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.

**Garrett’s Law**

Arkansas continues to see an increase in cases in which substance abuse is a factor. The 2005 Regular Session of the 85th General Assembly of the Arkansas Legislature expanded the legal definition of child neglect in the State of Arkansas. Under the provisions of Act 1176, the term neglect was expanded to include “the causing of a newborn child to be born with:

1) an illegal substance present in the newborn’s bodily fluids or bodily substances as a result of the pregnant mother knowingly using an illegal substance before the birth of the newborn, or

2) a health problem as a result of the pregnant mother’s use before birth of an illegal substance.”

Garrett’s Law, which was named after a newborn child who was born under such circumstances, was modified by Act 284 of the 2007 Legislative Session. The “health problem” criterion was eliminated but was replaced by the criterion of “the presence of an illegal substance in the mother's bodily fluids or bodily substances.” As a result of this change (which went into effect on July 1, 2007), the presence of an illegal substance, which includes the abuse of prescription drugs, in either the newborn or the mother is now sufficient to substantiate an allegation of neglect under Garrett’s Law. Another significant change made by Act 284 was that even if a Garrett’s Law referral was substantiated, the mother would not be listed in the state’s Child Maltreatment Registry. This change was made in response to concerns that being listed in the
Maltreatment Registry might have negative consequences for the employment prospects of mothers involved in substantiated referrals.

The most significant change related to Garrett’s Law referrals that occurred in Arkansas since the submission of its 2016 APSR was the decision to hold a Team Decision Making (TDM) Meeting for all Garrett’s Law referrals in the counties in which TDM is currently implemented (per Policy II-F: Team Decision Making, referenced above). The Waiver Core Team made the decision to add Garrett’s Law as a “trigger” for a referral to TDM due to the high number of child deaths and other issues that occurred in cases that either had started with a Garrett’s Law referral or had some Garrett’s Law history involved. The Waiver Core Team believed holding a TDM Meeting for Garrett’s Law referrals could help strengthen the plan of safe care by using information from the TDM Meeting Summary Report once a case was opened/a plan of safe care was established, wrap additional support around the family, and provide the family with helpful information on a variety of topics including, but not limited to, safe sleep.

The change to add Garrett’s Law as a TDM referral point was officially implemented in August 2015 in all TDM counties with the exception of Pulaski County. Pulaski County was initially excluded because it receives 20% of all the Garrett’s Law reports received by the hotline statewide. Due to the high volume of Garrett’s Law reports in Area 6 and the fact that the TDM Facilitator was covering both Area 5 and 6 at that time, the Waiver Core Team decided to have a delayed implementation date of Garrett’s Law as a TDM trigger in Pulaski County. While, Garrett’s Law was eventually implemented in Pulaski County on February 1, 2016, it was once again suspended in Pulaski County on May 25, 2016 due to high number of staff resignations, investigators carrying 60 or more investigations, facilitator vacancy, and the number of Garrett’s Law referrals assigned to Pulaski County. DCFS hopes to expand the use of TDM for Garrett’s Law referrals (as well as those TDMs that are held due to the establishment of a protection plan) in other counties during SFY 2017. However, this expansion is contingent upon staffing resources and the DCFS budget. For more information regarding Garrett’s Law and TDM, please refer to the TDM section in the “Child Welfare IV-E Waiver Demonstration Activities” section of this report.

The number of Garrett’s Law (GL) referrals accepted for investigation has consistently increased in recent years. Nine hundred and seventy (970) GL referrals were received during SFY 2015. This represents a 12 percent increase over the 867 referrals received during SFY 2014, a 30 percent increase over the 749 referrals received during SFY 2013, and a 47 percent increase over the 662 referrals received during SFY 2012.

Figure 1 on the following page shows the number of GL referrals received each month during the four-year period from SFY 2012 through 2015. 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 2015 was 81 per month, compared to 55 for SFY 2012.
Marijuana was the most commonly used drug associated with Garrett’s Laws referrals with amphetamines being the second most commonly cited drug involved in Garrett’s Law reports. Opiates (e.g., heroin, morphine, codeine, and oxycodone) were the third most commonly cited drug (20 percent) during the year, followed by benzodiazepines (e.g., prescription drugs such as Xanax and Valium) at 12 percent and cocaine at six percent. Non-categorized prescription drugs (e.g., tricyclics), barbiturates, and hallucinogens are rarely reported in these referrals.

Sixty percent of the newborns did not have any reported health problems. The documentation indicated that 20 percent of the newborns required treatment in a neonatal intensive care. Approximately 13 percent suffered from respiratory distress or other respiratory problems, nine percent exhibited drug-related withdrawal symptoms, and one percent passed away.

Among the mothers cited in GL reports, those who allegedly abused amphetamines, opiates and tranquilizers were the most likely to give birth to children with a documented health problem (48 percent each) while those who allegedly used marijuana were the least likely (37 percent).

As shown in Table 1 below, 93 percent of the GL referrals received statewide were substantiated during SFY 2015, with the substantiation rate among the individual Service Areas ranging from 86 percent (Area 8) to 96 percent (Areas 3 and 9).
### Table 1:
Substantiation Rate (%) of Garrett’s Law Referrals by Area,
State Fiscal Years 2012-2015

<table>
<thead>
<tr>
<th>Area</th>
<th>SFY 2012</th>
<th>SFY 2013</th>
<th>SFY 2014</th>
<th>SFY 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>79.4</td>
<td>90.2</td>
<td>90.1</td>
<td>88.6</td>
</tr>
<tr>
<td>2</td>
<td>89.0</td>
<td>92.5</td>
<td>93.2</td>
<td>92.9</td>
</tr>
<tr>
<td>3</td>
<td>87.2</td>
<td>94.7</td>
<td>95.4</td>
<td>96.4</td>
</tr>
<tr>
<td>4</td>
<td>91.1</td>
<td>85.2</td>
<td>91.3</td>
<td>95.0</td>
</tr>
<tr>
<td>5</td>
<td>94.0</td>
<td>88.2</td>
<td>91.5</td>
<td>94.5</td>
</tr>
<tr>
<td>6</td>
<td>93.0</td>
<td>95.4</td>
<td>97.0</td>
<td>95.8</td>
</tr>
<tr>
<td>7</td>
<td>96.7</td>
<td>95.1</td>
<td>92.7</td>
<td>95.3</td>
</tr>
<tr>
<td>8</td>
<td>91.3</td>
<td>90.8</td>
<td>87.4</td>
<td>85.8</td>
</tr>
<tr>
<td>9</td>
<td>86.6</td>
<td>93.2</td>
<td>94.9</td>
<td>96.4</td>
</tr>
<tr>
<td>10</td>
<td>83.3</td>
<td>87.2</td>
<td>94.3</td>
<td>94.3</td>
</tr>
<tr>
<td>State</td>
<td>89.4</td>
<td>91.6</td>
<td>93.1</td>
<td>92.9</td>
</tr>
</tbody>
</table>


Table 2 below shows the percentage of substantiated GL referrals that resulted in the opening of a child protective services case.

### Table 2:
Case Opening Rate (%) for True Garrett’s Law Referrals by Area, State Fiscal Years 2012-2015

<table>
<thead>
<tr>
<th>Area</th>
<th>SFY 2012</th>
<th>SFY 2013</th>
<th>SFY 2014</th>
<th>SFY 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>82.0</td>
<td>83.6</td>
<td>90.2</td>
<td>96.8</td>
</tr>
<tr>
<td>2</td>
<td>95.4</td>
<td>96.5</td>
<td>95.8</td>
<td>94.9</td>
</tr>
<tr>
<td>3</td>
<td>69.1</td>
<td>95.6</td>
<td>96.4</td>
<td>100.0</td>
</tr>
<tr>
<td>4</td>
<td>100.0</td>
<td>95.7</td>
<td>97.6</td>
<td>96.5</td>
</tr>
<tr>
<td>5</td>
<td>96.8</td>
<td>95.1</td>
<td>96.0</td>
<td>97.7</td>
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<td>6</td>
<td>92.5</td>
<td>97.1</td>
<td>98.7</td>
<td>99.4</td>
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<td>7</td>
<td>96.6</td>
<td>94.9</td>
<td>92.1</td>
<td>97.6</td>
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<td>8</td>
<td>95.9</td>
<td>97.8</td>
<td>90.4</td>
<td>96.1</td>
</tr>
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<td>9</td>
<td>100.0</td>
<td>96.4</td>
<td>91.9</td>
<td>97.5</td>
</tr>
<tr>
<td>10</td>
<td>100.0</td>
<td>91.2</td>
<td>98.0</td>
<td>96.0</td>
</tr>
<tr>
<td>State</td>
<td>92.0</td>
<td>95.0</td>
<td>95.0</td>
<td>97.3</td>
</tr>
</tbody>
</table>

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 97 percent for SFY 2015, higher than the rates observed for each of the past three years.

Whether or not caseworkers respond to a substantiated GL referral by opening a child protective services case was largely consistent among most DCFS Service Areas during SFY 2015, ranging from 95 percent (Area 2) to 100 percent (Area 3).

Mothers involved in GL referrals may subsequently be referred to specialized substance abuse treatment programs at one of the various sites scattered throughout the state. These treatment resources consist of both outpatient and inpatient programs. As Arkansas’s authorized licensing agent for substance abuse treatment providers, the Office of Alcohol and Drug Abuse Prevention (OADAP) within the Division of Behavioral Health Services maintains a comprehensive listing of licensed treatment facilities throughout the state.

As part of the conditions of licensure, these treatment facilities supply OADAP with monthly listings of the treatment services they have provided and the clients they have served. These listings include identifying information of the individuals who received those services, which permits matching of the mothers identified in GL referrals to the information housed at OADAP to see if any of these mothers received treatment through a licensed program.

Table 3 reports the percentage of mothers cited in true GL referrals who received substance abuse treatment from an OADAP-licensed program over the past four years. The percentage of mothers who received such treatment has decreased since SFY 2012. Over 20 percent of the mothers cited in the SFY 2012 GL referrals received services, compared to just nine percent for SFY 2015. However, sufficient time has not passed to fully identify all of those who may eventually receive treatment, especially for those whose investigations occurred during SFY 2015 where sufficient time has not yet elapsed even to measure participation in treatment within three months. Over the last four years, nearly one out of every six mothers in true GL referrals has received substance abuse treatment thus far.

<table>
<thead>
<tr>
<th>SFY</th>
<th>Within Six Months</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>14.0</td>
<td>21.3</td>
</tr>
<tr>
<td>2013</td>
<td>13.6</td>
<td>21.4</td>
</tr>
<tr>
<td>2014</td>
<td>13.4</td>
<td>16.5</td>
</tr>
<tr>
<td>2015</td>
<td>8.4</td>
<td>8.6</td>
</tr>
<tr>
<td>Total</td>
<td>12.1</td>
<td>16.2</td>
</tr>
</tbody>
</table>

Table 3: Percentage (%) of Mothers Cited in Garrett’s Law Referrals who Received Treatment
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 4 below, outpatient treatment (46 percent) was the most common service received by these mothers, followed by residential treatment (35 percent). Detoxification programs were received less frequently, and partial day or prison-based treatment were rarely utilized.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Treatment</td>
<td>46.0</td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>34.8</td>
</tr>
<tr>
<td>Detoxification</td>
<td>15.1</td>
</tr>
<tr>
<td>Partial Day Treatment</td>
<td>2.1</td>
</tr>
<tr>
<td>Prison-Based Treatment</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Children Under Age Five:
In review of the child fatality data there is a major concern regarding the deaths of children under the age of five. Child Fatality data indicates the following:

<table>
<thead>
<tr>
<th>Year</th>
<th>% 5 and Under</th>
<th>Maltreatment Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>76%</td>
<td>75%</td>
</tr>
<tr>
<td>2011</td>
<td>74%</td>
<td>100%</td>
</tr>
<tr>
<td>2012</td>
<td>83%</td>
<td>100%</td>
</tr>
<tr>
<td>2013</td>
<td>64%</td>
<td>20%</td>
</tr>
<tr>
<td>2014</td>
<td>81%</td>
<td>25%</td>
</tr>
</tbody>
</table>

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.

In SFY 2015, nearly 60% of child deaths involved a child under the age of one while 70% involved a child under the age of three. Substance abuse was present in 61% of the families who experienced a child death in SFY 2015, which is down slightly from 74% in SFY 2014.
However, substance abuse was a causal factor in five of the deaths from SFY 2015, compared to just one from SFY 2014.

There were 9,543 victim children involved in the maltreatment investigations that were found true in SFY 2015. Children ages two to five represented the largest group involved in true maltreatment investigations (25%), followed by children ages zero to one (22%). Additionally, children ages two to five made up the largest group of children involved in in-home cases (27%) at the end of SFY 2015, followed by children in the six to nine age group (24%). Furthermore, children two to five years of age represented the largest group of children in foster care at the end of SFY 2015 (25%).

The data conclusion is clear - very young children are at much greater risk of death as well as 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. There is still more work for the agency to do in establishing more stringent investigation and casework protocols for cases involving infants and toddlers, particularly those involved in in home services cases.

However, during this reporting period progress in this area has been achieved. For example, as reported in the last APSR submission, with the number of children being served in in-home cases, the agency hired an In Home Services Program Manager to focus on the development of the In Home Services Program for the Division. Shortly after the start of SFY 2016, an In Home Service Specialist was hired to assist the In Home Services Program Manager with reviews of in home cases and the provision of technical assistance to in home services caseworkers based on those case reviews as well as shadowing in home services caseworkers. The In Home Services Program Manager and In Home Services Specialist also established an workgroup during this reporting period to focus on strengthening in home services policies and procedures. This workgroup is comprised of Central Office and field staff and anticipates filing the revised policy for promulgation early in SFY 2017.

Youth in Foster Care 36 Months or Longer
Another greatest risk population is our youth who have been in the system for 36 months or longer. SFY 2015 data indicates that 13% of the children in foster care had been in the system for 36 months or more, and, as of May 31, 2016, 221 youth have been in foster care for 5-10 years, 49 youth have been in care between 10-15 years, and 4 youth have been in foster care for over 15 years.

These youth are at a greater risk due to instability in placements as our data indicates the longer in care the more moves a youth encounters. During SFY 2015 indicates that for children in care for less than 12 months, 75% experienced 2 or fewer placements compared to the national standard of 86%. Children in foster care between 12 and 24 months, 45% had two or fewer placements compared to the national standard of 65.4%. Of those children in care over 2 years, only 17% experienced 2 or fewer moves compared to the national standard of 41.8%. Also in SFY 2015, children ages 6 – 11 represent the largest group of children who experienced three or more placements during their stay in foster care. This placement instability not only affects their educational stability but also impacts the overall well-being. 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.

Children and Youth Who Have Experienced Disrupted/Dissolved Adoptions
Another greatest risk population are those children and youth who have experienced disrupted or dissolved adoptions. As reported in the 2015 APSR, 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 report showed 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, even with the overall success rate with adoptions, there are adjustments that can be made to its current policies and processes to better serve adopted children and their adopted families. These include:

- Providing information about post adoption services more widely, including the Post Adoption Services Brochure developed in 2015
- Referring families on the verge of a disruption or dissolution to an Interdivisional Staffing
- Having the Adoption Manager participate in all Interdivisional Staffings related to potential disrupted or dissolved adoptions
- Collaborating with the University of Arkansas for Medical Sciences (UAMS) on the development of a new trauma-informed training for this population
  - UAMS held focus groups with current foster and adoptive parents in June 2016 to gain information from them in terms of their needs and what they would like to see in continuing education training to help ensure placement stability in foster homes and prevent disruptions and dissolutions in adoptions.
- Holding regular meetings with adoption staff (specialist and supervisors) beginning in SFY 2017 to address best practices in adoption and other issues.
  - For the past several years, the adoption staff has met jointly with resource staff. It was recently determined via the work of one of the Governor’s Oversight Committee’s subcommittees that the given the distinct work between resource and adoptions, both of these groups need their own time to address common issues, ensure policy is followed, and learn about best practices.
- Participating in a conference for adoption staff, hosted by Project Zero, in October 2016, which will provide another learning forum for the adoptions staff that may help prevent adoption disruptions and dissolutions.

The agency is committed to providing staff and parents with the supports, guidance, services needed to meet the needs of the families served. DCFS is also committed to quality communication.

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.

Due to the most recent audit findings DCFS and Office of Chief Council (OCC) instituted new policies and procedures to better align with the FBI standards as it relates to securing, storing, and disseminating FBI checks. They also developed a new way of notifying qualified and disqualified applicants. OCC worked closely with the Criminal Record Check Program Manager along with the Adoption Program Manager on these new requirements. Also anyone who handles background checks must now take an online training before completing job duties associated with background check processing.

Currently, Office of Chief Counsel (OCC) has been charged with developing standards for meeting the updated requirements and a review is continuously ongoing.

**PREVENTING SEX TRAFFICKING AND STRENGTHENING FAMILIES ACT, P.L. 113-183 (H.R. 4980) ACTIVITIES**
- Planning Unit has reviewed and continued the work on meeting the IV-E requirements
- Significant messaging regarding the Reasonable and Prudent Parent Standard has been delivered to DCFS staff and stakeholders during the current reporting period:
  - All emergency shelter providers, therapeutic foster care providers, and group home and residential facility providers were provided copies of the draft of Policy VII-G: Alternate Care Policy on June 22, 2015 in an effort to introduce them to the concept of the reasonable and prudent parent standard. In addition, at this meeting:
    - The DCFS Policy Manager and Mental Health Specialist responded to questions and concerns related to the forthcoming implementation of the reasonable and prudent parent standard.
    - A Youth Advisory Board (YAB) also spoke to the providers about her experiences with normalcy, or the lack thereof, while in congregate care settings.
    - DCFS requested that all emergency shelter, group home, and residential treatment facility providers consider who their designated officials to apply the reasonable and prudent parent standard would be and to submit those names/positions to the Specialized Placements Unit Program Manager as soon as possible but no later than September 30, 2015. The Specialized Placements Unit Program Manager continues to maintain this list.
The Division also asked all emergency shelter, group home, and residential treatment facility providers to submit their various house rules to the Specialized Placements Unit Manager in order for the Division to begin a review of these different provider standards and policies. The goal is to determine if there are any areas in which certain house rules/standards/policies may be standardized across providers in an effort to provide more normalcy to youth who reside in these facilities.

- Policy Manager met with Youth Advisory Board members at their July 2015 monthly meeting to review the concept of the reasonable and prudent standard with them and solicit their input regarding this topic.
- Policy Manager met with Specialized Placements Unit Program Manager and Mental Health Specialist on July 29, 2015 to assess progress of emergency shelter providers, group home providers, and residential treatment facility providers submitting their designated reasonable and prudent parent official names/positions and to discuss next steps regarding potentially standardizing various provider house rules related to normalcy for youth.
- The Policy Manager reviewed the reasonable and prudent parent standard at all 2015 Legislative Update Trainings. While the reasonable and prudent parent standard is not addressed in Arkansas law, the Policy Manager took the opportunity at these trainings to also review new/forthcoming policies, such as Policy VII-G: Alternate Care, which includes the reasonable and prudent parent standard. During the Legislative Update Trainings, the Policy Manager presented the basic elements of this policy to staff and accompanied that presentation with practice examples delivered through a game format. Approximately 77% of the staff (FSWs and Supervisors) attended these trainings held in August-October 2015.
- Policy Manager provided three workshops to youth attending the Youth Leadership Conference that included information regarding the reasonable and prudent parent standard and other normalcy-related issues.
- Policy Manager presented the proposed version of Policy VII-G: Alternate Care that includes the reasonable and prudent parent information on September 15, 2015 to the legislative Children and Youth Committee as part of the promulgation process.
- Policy Manager presented the proposed version of Policy VII-G: Alternate Care that includes the reasonable and prudent parent information on September 23, 2015 to the legislative Rules and Regulations Committee as part of the promulgation process.
- In October 2015, the version of Policy VII-G: Alternate Care that includes the reasonable and prudent parent information officially became effective in Arkansas.
- In mid-October 2015, the Division sent a letter describing the reasonable and prudent parent standard and its implications to all DCFS foster and adoptive homes.
- Policy Manager, Specialized Placements Unit Program Manager, DCFS Contract Administrator, and CANS/FAST Program Manager met on September 16, 2015 to begin review of all house rules/standards/policies submitted by emergency shelter,
group home, and residential treatment facility providers related to normalcy of youth in these settings. The group determined it would be helpful to have all house rules/standards/policies compiled in a comparative document format for a more streamlined review. DCFS Policy Manager assigned this task out to an extra help administrative assistant in October 2015.

- Policy Manager participated in October 7, 2015 federal “State Perspectives on Reasonable and Prudent Parent Standards” webinar.
- Policy Manager presented at the Area 1 Foster Parent Conference on October 10, 2015 regarding the reasonable and prudent parent standard.
- Policy Manager once again presented to all emergency shelter providers, therapeutic foster care providers, and group home and residential facility providers at their October 26, 2015 meeting to follow up on the implementation of the reasonable and prudent parent standard. This included distributing the finalized version of Policy VII-G and responding to questions and concerns. Two YAB members also spoke at this meeting regarding their experiences with normalcy, or the lack thereof, while residing in congregate care.
- At the end of January 2016, the extra help administrative assistant completed the review of all emergency shelter, group home, and residential treatment facility providers’ various house rules and compiled them in a comparative format. Next steps related to this comparative document were then put on hold due to numerous Governor Oversight Committee activities as well as the transition to a new DHS Director and a new DCFS Interim Director. Plans to reconvene this work (i.e., review this document and determine if there are certain areas in which various congregate care settings could standardize house rules/standards/policies in an effort to achieve a greater sense of normalcy for youth placed in these settings) are slated for SFY 2017. Participants will include Assistant Director for Infrastructure and Specialized Programs, Assistant Director for Mental Health and Preventative Services, Specialized Services Unit Program Manager, DCFS Contract Administrator, CANS/FAST Program Manager, and YAB members.
- In April 2016 the DCFS Policy Manager sent two separate “DCFS All” emails to offer a reminder about the reasonable and prudent parent standard. The first of these emails included two practice examples of how the reasonable and prudent parent standard may be applied. The second of these emails included “real life” examples from an emergency shelter provider that has had significant success with the application of the reasonable and prudent parent standard including better short-term outcomes for youth placed there.
- Throughout spring 2016 the Policy Manager and Specialized Services Unit Program Manager continued to respond to a variety of questions from placement providers regarding the application of the reasonable and prudent parent standard.
- In June 2016 the new Foster Care Manager sent a reminder email to foster parents outlining the reasonable and prudent parent standard.

- Policy Manager provided information to all Family Service Workers (FSWs) and FSW Supervisors regarding provisions of the Strengthening Families and Preventing Sex Trafficking Act passed during the 2015 Arkansas legislative session at the Legislative Update Trainings held from August-October 2015. These included:
• Limiting of the permanency of the permanency goal of Another Planned Permanent Living Arrangement (APPLA) only to youth 16 and older if APPLA is in their best interest;
• Adding the ability in law for youth to choose up to two members of their case planning team who are not the youth’s caseworker or foster parent;
• Providing youth 14 and older with a document describing the youth’s rights related to education, health, visitation, and court participation (PUB-49: Be Your Own Advocate – The Short List) and for the youth to sign an acknowledgment that he/she understands these rights (CFS-007: Acknowledgement of Youth Rights in Foster Care);
• Requiring DCFS to provide notice to all parents of a sibling of a juvenile taken into DHS custody when the parent has legal custody of the sibling via from CFS-323-A;
• Amending the definition of sibling to include “an individual who would have been considered a sibling but for a termination or other disruption of parental rights;”
• Allowing for subsidized guardianship payments to continue to a successor guardian if the initial guardian dies or is otherwise incapacitated and has named a successor guardian in the initial subsidized guardianship agreement.

- Policy Manager described the requirements of the Preventing Sex Trafficking and Strengthening Families Act specific to the identification and documenting of human trafficking victims at the September 22, 2015 Child Abuse Prevention Task Force whose membership consists of representatives from the following groups: Division of Children and Family Services; Division of Child Care and Early Childhood Education; Crimes Against Children Division; Child Advocacy Centers; Arkansas Commission on Child Abuse, Rape, and Domestic Violence; Arkansas Children’s Trust Fund; Children’s Arkansas Children’s Hospital; early childhood providers; legislators, etc.
- Professional Development Administrator and Training Manager participated in 12/15/2015 “Child Welfare Response to Child & Youth Sex Trafficking” webinar hosted by the Capacity Building Center for States
- Professional Development Manager reviewed all “Child Welfare Response to Child & Youth Sex Trafficking” training curricula, including training videos, developed by the Capacity Building Center for States (CBCS) for use by state child welfare agencies.
- Professional Development Administrator and Professional Development Manager introduced CBCS curriculum to the Training Skills Development Team at its January 12, 2016 meeting. The Professional Development Administrator requested that designated members of the Academic Partnership in Public Child Welfare review the CBCS materials as well and plan to deliver the curriculum to Family Service Workers (FSWs) and FSW Supervisors in fall 2016.
  ▪ Development of this training that will be tailored to Arkansas has been ongoing since this January 12, 2016 meeting.
  ▪ A Train-the-Trainer event for the CBCS “Child Welfare Response to Child & Youth Sex Trafficking” curriculum is scheduled for July 28, 2016 for all Academic Partnership in Public Child Welfare field trainers. Roll out of the training to FSWs and FSW Supervisors will be scheduled shortly thereafter by DCFS Area Directors (fall 2016).
• Policy Manager began revising DCFS procedure that addresses protocol for runaway/missing youth to comply with new requirements regarding reports to the National Center for Missing and Exploited Children.
• Policy Manager and Planning Specialist held conference call in May 2016 with the National Center for Missing and Exploited Children (NCMEC) regarding requirements to report all missing/runaway youth to NCMEC and the various options the state has in how to make those reports.
• Policy Manager drafted a Memorandum of Understanding (MOU) in May 2016 between DCFS and NCMEC to allow transfer of needed information regarding missing/runaway youth to NCMEC. MOU is currently under review by the DHS Office of Chief Counsel.
• Several DCFS Executive Staff members, representatives from the Arkansas Commission on Child Abuse, Rape, and Domestic Violence, the DHS Office of Chief Counsel, and other stakeholders began meeting in May 2016 to prepare the DCFS application for the Children’s Bureau’s Funding Opportunity Number HHS-2016-ACF-ACYF-CA-1179: Grants to Address Trafficking within the Child Welfare Population to help the child welfare system in Arkansas build infrastructure to more effectively identify, assess, and provide services to human trafficking victims (due July 11, 2016).

MONTHLY CASEWORKER VISITS
Percentage of visits made on a monthly basis by caseworkers to children in foster care:
☐ FFY 2015: 82.03%
☐ Number of monthly visits made to children in the reporting population (Numerator) – 36,144
☐ Number of such visits that would occur during the FFY if each such child were visited once per month while in care (Denominator) – 44,064

Percentage of visits that occurred in the residence of the child:
☐ FFY 2015: 92.41%
☐ Number of monthly visits made to children in the reporting population that occurred in the residence of the child (Numerator) – 33,400
☐ Number of monthly visits made to the children in the reporting population (Denominator) – 36,144

The aggregate # of children in the data reporting population is: 6,299

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:
  o DHS Area Manager
  o DHS Assistant Director
  o DHS Deputy Director - DCFS
  o DHS Program Coordinator
  o DHS Program Manager
  o DHS Program Specialist
  o DHS Staff Supervisor
  o Family Service Worker
  o Family Service Worker Clinical Spec
  o Family Service Worker County Supervisor
  o Family Service Worker Specialist
  o Family Service Worker Specialist-Adoption Specialist
  o Family Service Worker Supervisor
  o Family Service Worker-Adoption Specialist
  o 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.

Arkansas has utilized caseworker visits funds to support the salary of caseworkers. In the past, DCFS has purchased laptops for staff, but this did not significantly improve the visits over the two year period during which they were provided. Some field staff still has access to laptops, but for the most part the Division has shifted laptops to supervisors since there were several challenges in regards to lack of utilization, lost or stolen, and sometime technology issues. However, due to feedback from direct field staff, this decision is currently being reviewed.
Arkansas continues to monitor and assess the frequency and quality of worker visits. Reports used for this purpose include the Compliance Outcome Report (COR), the 120 Day Worker Visit Report, and the QSPR. The most recent data available shows that there have been decreases in the frequency of monthly caseworker visits in both in-home and foster care cases. This is largely attributed to the significant increase of children in foster care, but, regardless, the Division is committed to improving these numbers. The Assistant Director of Community Services ensures that this is a topic for her monthly meetings with Area Directors, monitors it through monthly reports, and assists with coverage during high turnover when possible. The Division has repeatedly messaged that children and families have better outcomes when the caseworker visits are consistent and high quality.

The caseworker visit funds were part of salaries to direct service staff to ensure activities are carried out. Although DCFS has not recently seen improvement in caseworker visit percentages overall, there are some areas of the state that are showing incremental improvement. The Division plans to assess what strategies are working for those areas and share with other areas for consideration.

It is the Division’s intent to continue with the implementation of its 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 is a part of the agenda and consultations.

**ATTACHMENTS**

- APSR Cover Letter
- APSR Checklist
- Annual Progress and Service Report (APSR)
- 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
- Project Plan (Strategic Plan)
- Disaster Plan
- Health Care Oversight Plan
- Foster and Adoptive Parent Diligent Recruitment Plan
- Psychotropic Medication data
- Organizational chart
- Citizen Review Annual Report Area 1, 2, 4, and 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, 2016 through September 30, 2017. (Excel and PDF)
- CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services FFY October 1, 2016 through September 30, 2017 (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 2017: October 1, 2016 through September 30, 2017 (Excel and PDF)

Financial Information comparing FY 2016 State expenditures against State expenditures under Title IV-B in 2005 (Excel and PDF)