Arkansas Department of Human Services
Division of Children and Family Services

Semi-Annual Progress Report
Title IV-E Waiver Demonstration Project
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OVERVIEW

Arkansas is five years into its Title IV-E Waiver Demonstration Project. The Arkansas Department of Human Services, Division of Children and Family Services (DCFS) initiated the State’s Waiver in August 2013 to accomplish three goals:

1. safely reduce the number of children entering foster care;
2. increase placement stability; and,
3. expedite permanency for children in foster care.

Five interventions are being implemented across the state to achieve these goals, including:

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

These interventions are at varying stages of implementation, but progress continues for these five interventions. At the initiation of the Waiver, there were six interventions, since that time, one intervention, Permanency Roundtables, has been discontinued due to lack of adequate outcomes. This report summarizes the project and evaluation activities and accomplishments for Arkansas’s Waiver during the period of February 1, 2018 through July 31, 2018.

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 remaining five 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.
DEMONSTRATION STATUS

Program Improvement Policies

Arkansas selected key program improvement policies, including the five aforementioned interventions, to accomplish the goals of its demonstration project. The Implementation section within Arkansas’s Terms and Conditions (2.3) outlines the two primary program improvement policies the state committed to implement during the demonstration project, including:

- Specific Programs to Prevent Foster Care Entry or Provide Permanency
- Recruiting and Supporting High Quality Foster Homes

Through the Waiver, DCFS decided to implement programs designed to prevent children from entering foster care, programs focused on providing permanency for children in foster care and programs focused on the recruitment and retention of high quality foster homes. Although there is still room for improvement, the ensuing implementation and evaluation sections for each intervention show that the Division has been successful in implementing these program improvement policies over the past five years.

Differential Response, Team Decision Making and the Nurturing Parenting Program have been implemented to protect children and prevent them from entering foster care, just as Arkansas's Creating Connections for Children (ARCCC) program is working to provide permanency for children in care. The Child and Adolescent Needs and Strengths (CANS) and Family Advocacy and Support Tool (FAST) functional assessment tools support each of these goals by providing comprehensive assessments of families’ needs and family-centered service planning. ARCCC is a statewide diligent and targeted recruitment program designed to recruit and support high quality resource families and volunteers. Permanency Round Tables was another intervention intended to provide permanency for children in care; however, this strategy has not yielded the results anticipated so this intervention has been discontinued.
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 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.

On January 8, 2018 the DR Supervisors began reviewing and assigning reports from the Statewide DR box. During the review, if a supervisor finds that the referral doesn’t meet DR criteria, an email is then sent to the Central Office DR staff to switch the referral to the investigative pathway.

Also in January 2018, it was identified that DR data was pulled incorrectly according to policy. Policy considers the DR report initiated when the DR Specialist assesses the health and safety of the alleged victim in the family’s home and when the DR Specialist has also met with at least one parent/caregiver in the home. DR reports, per policy, are required to be initiated within 72 hours from the time the referral was received at the hotline. There is an additional DR policy that requires the DR Specialist to also visit with all other household members within five days from the time the referral was received at the Child Abuse Hotline, but that protocol is not tied to the initiation requirements. Until January 2018 the data pulls were only considering DR reports initiated once the DR Specialist spoke to all household members. In order to accurately reflect the initiation rate the DR report was corrected and modified to reflect DR policy.

The following data and accomplishments represent the DR program’s functioning between February 1, 2018 through July 31, 2018:

Differential Response Data:

- DR referrals worked: 3,114
- DR referrals screened out: 322
- DR referrals re-assigned to investigations: 352

*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 three-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 Supervisor in the field 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. If the DR Supervisor determines that the referral should be sent through the investigation
pathway instead of DR, then the third-level review is conducted by the DR Unit to make the final determination.

**Summary of Differential Response Activities for this Reporting Period:**

**February 2018**

- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Program Manager held a DR refresher Training in Clay County on February 12, 2018
- DR Manager attended a Teaching Important Parenting Skills (TIPS) meeting for updates on pilot counties
- DR unit attended a coaching training, to enhance the DR unit on how to be more effective when working with the field staff
- DR Specialist completed reviews on area 4 and 9
- DR Specialist sent out prevention information and PUBs
- DR unit attended the Prevention and Reunification Unit meeting

**March 2018**

- DR Program Manager held a one on one training with new Supervisor and DR worker in Jefferson County
- DR Program Manager along with the Prevention Unit went to area 4 and spoke at their area meeting about their individual program and practice.
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Specialist completed reviews on Area 1 and 6
- DR Specialist sent out PUBs and prevention material
- DR unit coached area 3 and 6 for the month of March
- DR Program Manager attended Waiver Core Team meeting to provide DR updates

**April 2018**

- DR Manager held a one on one initial DR training in Bradley County
- DR Program Manager held a one on one initial DR training in Drew County
- DR Program Manager and Assistant Director Leslie Sebren meet with DR supervisor and Area Director in area 9 on improving DR practices in the area
- DR Specialist completed reviews on Area 3 and 6
- DR Specialist sent out PUBs and prevention material
- DR unit coached area 9 and 7
- DR Manager spoke at the Area Manager meeting about the barriers of DR improvement and practices of DR.
- DR unit attended the Prevention and Reunification Unit meeting
- DR Specialist sent out prevention information and PUBs
- DR Program Manager attended Waiver Core Team meeting to provide DR updates

May 2018

- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR unit coached area 1 and 5
- DR Specialist reviewed areas 2 and 5
- DR Specialist attended cross training with TDM
- DR Specialist completed Customer Service Training
- DR Specialist sent out a notice via email on all overdue reports
- DR Specialist sent out prevention information and PUBs

June 2018

- DR Program Manager conducted a one on one initial training in Area 9 for the new DR Supervisor
- Reviews conducted on areas 8 and 7
- DR unit coached areas 4 and 10
- The DR unit attended the Structured Decision Making Training
- DR Program Manager attended the Prevention Conferences in Fayetteville, AR
- DR Program Manager reviewed training materials for the annual DR training
- DR program Manager conducted a one on one initial training in area 7 for supervisor and new worker

July 2018

- Reviews conducted on areas 1 and 2
- DR Manager has been working on the new revamp of initial training
- DR Manager met with Safe Families to discuss partnership with DR.
CANS & FAST Functional Assessment Tools

During the current review period the CANS/FAST Program Manager continued to attend 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. Supervisors across the state who have been identified as CANS/FAST Champions in the area have also been reaching out and providing education at the local level to stakeholders as needed/requested.

Arkansas also developed and implemented a CANS/FAST Stakeholder Orientation, which is being conducted quarterly by MidSOUTH with support of the Program Manager at each of their five training academies across the state. All stakeholders are invited and encouraged to attend the Stakeholder Orientations (the targeted audience is providers, foster parents, CASA volunteers, and attorneys/court teams). The orientation explains the AR DCFS history and background with CANS/FAST, what our agency goals are with CANS/FAST, and goes in depth about the actual tools (item review, how to determine ratings, what action levels mean, etc.). Essentially, they are educated on how to interpret the CANS/FAST so that they can be involved in the process and give appropriate feedback on the CANS/FAST for clients with whom they are working. They also complete a CANS in small groups with a practice vignette and review a case plan based on that CANS/practice vignette. Announcements of these trainings are sent by various avenues to stakeholders, and the Program Manager has also participated in the quarterly conference calls with various DCFS providers to encourage attendance and discuss how providers can use the CANS/FAST in their work with clients. There have been eight rounds of these trainings conducted to far, holding a training at each of the five MidSOUTH sites across the state, for a total of 40 Stakeholder Orientations to date. The feedback from the stakeholder trainings has been very positive so far, and partners have shared that they are excited to be a part of the CANS/FAST process and use the assessments as they work with DCFS 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 is in the process.

There has now been a session added as a standard part of New Supervisor Training; the Program Manager attends and speaks specifically on Supervision and Coaching of CANS/FAST and provides coaching materials to all new supervisors.

Dr. Lyons has also been available for consultation as Arkansas looks at potential changes to the current tools and future development of new tools. Arkansas has officially begun 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 workgroup convened and made decisions regarding a ‘draft’ of the UFACET that has, as of now, been sent to Praed for review and consultation to get it finalized. A condensed version of this hybrid tool will then be employed for use in investigations and 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 Arkansas is not currently doing) or use FAST in investigations/DR (which Arkansas would still like to do). The Division believes that if the tools are combined.
(like Utah has done with great success) so that the basic assessment is the same regardless of case type (but additional modules would be completed for out-of-home cases) then that will increase ease of use for staff and, therefore, also augment fidelity to the model.

In fact, the number one complaint from the field has been that it is too time consuming to do a single CANS for every child when there are so many cases with multiple children in them and that it is complicated to switch back and forth between CANS and FAST based on case type (e.g., when a child is taken into foster care or returned home). Arkansas’s CANS and FAST do not directly align, so caseworkers must start over with the new instrument when the case type changes, which impacts their ability to track a child’s or family’s progress on individual items. The Division believes that staff buy-in and fidelity to the tool will increase if they don’t see it as such a burden. Once Arkansas has 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. Arkansas has also included strategies surrounding this goal in the Program Improvement Plan with a goal of finalizing changes by August 2018, and full implementation by January 2019. The Program Manager has been working on the detailed manual updates for this hybrid tool throughout this review period and these are almost finalized.

The Program Manager continued to focus throughout this review period on ensuring best practice and fidelity of the model and current CANS/FAST being used in Arkansas through trainings, support to the field, stakeholder education, and working with CHRIS/SACWIS on enhancements to the current tools and reports available to promote policy compliance and accuracy.

The Program Manager continues to provide the field with recertification coupons as needed, enter certifications into the CHRIS system to enable access to the CANS/FAST tools, assist the field with technical issues regarding both the CANS training site and CANS/FAST/Case Plan in CHRIS. Additionally, the CANS unit has an extra-help position dedicated exclusively to reviewing CANS/FAST. The Program Manager and extra-help reviewer worked together to develop the CANS/FAST Review Tool in Survey Monkey to be used for the case reviews. This CANS unit 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. During a previous review period, the extra-help reviewer completed a project of completing case reviews on a specific population of children identified as difficult to place by the placement team who are currently on contract in acute or sub-acute facilities. The agency hoped that by getting a thorough and accurate assessment on these children the placement team/Central Office can work with the field to identify the most appropriate placements for these children and be able to successfully step them down from their current placement setting. Many youth in this population have been able to be placed in less-restrictive settings. The agency worked with Casey Family Programs to do a larger data review of all the CANS for this identified population. This resulted in a journal article being published in the Public Journal of Child Welfare. This project has been completed. The CANS unit is currently still reviewing initial
assessments and case plans within a week of approval to provide feedback quickly at the beginning of a case. The agency hopes that if we can improve the quality and accuracy of our initial family assessments and case plans then our families will be receiving the most appropriate services timely, resulting in improved outcomes for the children and families that we serve. The CANS unit receives a report weekly that includes all approved initial case plans across the state that were approved within the last 7 days. The Program Manager then identifies which cases will be reviewed each week based on various factors, for example, recently the Assistant Director over Community Services requested the CANS unit identify workers that have lower workloads across the state (15-20 cases or less) and review off of those cases to see if the quality of work the staff are able to do improves with lower workloads.

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 0s. The concern is that staff are not truly doing a thorough assessment of all areas. This has been addressed and is continuing to be monitored, in part by providing the individual thorough case reviews to the field as they are completed and continued messaging to supervisors about approving only quality CANS/FAST that follow fidelity. The Program Manager also continues to reiterate at these meetings the importance of using CANS as a communication tool and sharing it with our family teams, and ensuring we involve our collaterals (providers, foster parents, school personnel, court teams, etc.) and check-in with them prior to completing subsequent CANS/FAST assessments so that any changes or improvements being made by the family as a result of the services can be accurately reflected in the updated assessment.

Refresher trainings are still happening periodically, on an as needed basis. These trainings review all aspects of CANS and FAST and focus 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. The Refresher Trainings are now held every few months or as needed for any staff that wish to come back through, staff promoted to a new position that would benefit from a refresher, or staff that supervisors require to come as they seem to be having difficulty with CANS/FAST and completing them thoroughly and accurately.

During a previous review period, the Program Manager began shadowing in Pulaski County during case staffings to observe (and model when necessary) the proper use of CANS in a staffing scenario and how to use the CANS to guide the decisions surrounding services and building the case plan as a family team. The Program Manager has continued this and is specifically working with the Pulaski County 0-3 Safe Babies Court Team (SBCT) Coordinator to ensure that the CANS is being utilized in those facilitated staffings as a decision support tool and to identify and prioritize services for the families. During a previous review period, the Program Manager worked with the SBCT liaison and the FTM
facilitator to make modifications to the staffing agenda and forms that are used during these staffings to include CANS items and language when identifying families strengths and needs and beginning at the staffing to connect specific CANS-identified needs to services. During this review period, a change was made to when SBCT would get involved in a case. A case does not become officially identified until adjudication, however, it was decided the Community Coordinator and Central Office Liaison (also CANS manager) would get involved earlier at the initial staffing to ensure individualized service decisions and proper family assessment early on in the case to lead to the best initial CANS and Case Plans. This has been going very well and the CANS Manager has had the opportunity to do more one-on-one coaching with a worker and follow a case from probable cause through completing the initial CANS/CP to ensure quality. The workers have expressed that this process has been particularly helpful and that they learned many things that they did not know prior to the individualized coaching about the proper documentation in CHRIS of CANS and case plan features, and generally how to use best practice.

The full CANS/FAST Family Engagement Tool was provided to workers and supervisors across the state in April 2015. This tool goes domain by domain and provides suggested questions and conversation starters to help workers gather the information needed to complete the CANS/FAST, as well as general tips for engaging families and ways to engage stakeholders and collaterals to obtain a more comprehensive assessment of families' 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. The Program Manager continues to share this at various meetings and specifically with staff who seem to be struggling with engagement and gathering all the necessary information for the CANS/FAST, as identified during case reviews.

New Workers all have goals to be certified by the end of their New Staff Training (NST) classes, and the majority of workers have all been certified by the end of NST. There is a report to monitor certifications and the Program Manager provides it to Area Directors monthly highlighting staff that need to re-certify. Assistance and coaching is given by the Program Manager or various CANS Champions as needed for workers struggling with certification. If a worker’s certification is expired, the CHRIS system blocks them from completing CANS/FAST in the system (or blocks supervisors from approving if they are expired). During this review period, the Program Manager conducted a training specifically with field trainers who are there to coach workers during their first year on the job. This training focused on coaching to the fidelity of CANS/FAST and provided many tools to utilize in the coaching.

During the previous reporting period the Division Director convened a CANS War Room. This is made up of Assistant Directors, the Program Manager, and field staff to identify how to strengthen CANS as an agency and how various program leaders can also work to support best practice of CANS/FAST in all cases. Topics covered so far have been a history of the CANS/FAST implementation, a demo of the CANS/FAST and Case Plan screens in CHRIS and a demo of the TCOM training site staff use to certify, sharing the current review tools, and sharing the work done so far on the hybrid UFACET tool.
CANS/FAST has been implemented statewide for over three years now (since February 2015).

**Summary of CANS/FAST Activities:**

**February 2018**

- Waiver Core Team Meetings
- War Room Meeting (make-up UFACET presentation for executive staff that missed the first one)
- CHRIS/Executive staff monthly meeting
- SBCT Pulaski FTM’s-attend monthly staffings, one special staffing
- CHRIS-several meetings to finalize requirements for SSRS report RE: cases with no actionable items. Met with new developers with Deloitte, case connect ITN/defect, and finalize current outstanding ITN’s for February release.
- PIP meeting
- Permanency Safety Consultations with Pulaski (North, South, and Southwest office)
- Attend Statewide Supervisor Meeting in Arkadelphia; Supervision afterwards with CANS extra-help reviewer
- Coaching Training
- Programs Management Team Meeting
- New CHRIS staff CANS/FAST/CP demo/training (shared ‘practice’ information behind CHRIS screens and demo of UFACET and changes to come)
- SBCT/AIR Meeting with DCFS (discuss evaluation plan)
- SBCT Stakeholder Meeting with American Institute for Research (AIR)
- Present at Pulaski South monthly staff meeting, per County Supervisor’s request on best practice with CANS/FAST and CANS/FAST as a Communication Tool
- TSDT
- Ongoing:
  - Provide coupons (totaling 49 for month of February)
  - Provide assistance/troubleshooting on various CANS/FAST/Case Plan case specific questions and/or certification questions and issues from the field.
  - Case Reviews-reviewing weekly report from HZA to assign cases for review and then completing secondary review work prior to emailing to field/identifying safety issues that need to be immediately addressed and share those with Assistant Directors as needed to immediately address with Area Directors. Extra-help reviewer completed 7 reviews for the month of February.

**March 2018**
- Waiver Core Team Meetings
- War Room Meeting (Peter Pecora/Casey Family Programs Presentation on CANS analysis of congregate care)
- SBCT Pulaski FTM’s-attend monthly staffings, one special staffing
- CHRIS-several meetings to finalize requirements for case plan defects. Buddy testing with developer.
- Prepare DCFS all re: case plan defects to be sent out
- Permanency Safety Consultations (East and Jacksonville-Pulaski; Perry County)
- Facilitate training as requested by Area 1 Adoptions Supervisor re: case plans and CANS in adoptions cases
- Curriculum development for PIP practice trainings for CANS
- Participate in filming project for SBCT National; did individual interviews as DCFS Liaison and mock FTM
- Clarify CANS Copyright information (and Praed/Chapin Hall) for procurement
- Present at New Supervisor Training-Coaching for best practice with CANS
- Send training materials/info to Audrey to share with field trainers (re: CANS Coaching)
- Request clarification on chain of command when concerns arise in case review now that Prevention/Reunification Unit is in place (should it go to Angie as it is field related or Latisha/Shiloh/Leslie if it is PS case or investigation related).
- Attend Judge Warren’s Judicial Leadership meeting-review Trauma Audit and develop action steps based on the recommendations
- CANS Refresher-Little Rock
- Meet one-on-one with Supervisor rehired on after CANS Refresher
- Bentonville FTM’s
- Ongoing:
  - Provide coupons (totaling 35 for month of March)
  - Provide assistance/troubleshooting on various CANS/FAST/Case Plan case specific questions and/or certification questions and issues from the field (multiple questions re: case plan defects this month)
  - Case Reviews-reviewing weekly report from HZA to assign cases for review and then completing secondary review of Charlotte’s work prior to emailing to field/identifying safety issues that need to be immediately addressed and share those with Assistant Directors as needed to immediately address with Area Directors. Charlotte completed 8 reviews for the month of March.

April 2018

- Waiver Core Team Meetings
- SBCT Pulaski FTM’s-attend monthly staffings, two special staffings, and court.
- Held CANS training for Pulaski SBCT
- SBCT monthly stakeholder meeting
  - Shared safety factors and expanded safety factors with SBCT team to utilize in assessing safety and decisions for reunification at staffings.
- Attend two-day ASQ training put on by Zero to Three (children's assessment of developmental status and social emotional needs). Many stakeholders utilize this assessment; need to determine how both assessments can work together and use the ASQ to inform items on the CANS and vice versa.
- Attended Judge Warren’s Judicial Leadership Meeting. Shared flyers on communication with CANS/FAST and policy on sharing and utilizing the assessments with family teams. Appointed to be on two work groups for Judge Warren: Trauma Informed Court Room and a Data Committee.
- Permanency Safety Consultations (Pulaski, East, North, Jacksonville)
- Finalized Praed contract for next fiscal year
- Followed up with Praed regarding next steps for UFACET.
  - Participated in conference call with Lynn Steiner and Katherine Sun who will be working on the manuals. They will begin working and gave estimate of end of June to have the draft back to us re-formatted.
    - Shared this update by email with Christin to share with Mischa for War Room.
- Received notice from Praed on some changes to the training website format that will be implemented in June. Put in request to be cc’d moving forward when staff get emails with feedback after 3rd failed certification attempts so I know which and when staff are struggling.
- Observe staffing day in Jefferson County in anticipation of SBCT expansion in Jefferson.
- FASD Training put on by Zero to Three
  - Follow-ups from this to be explored further: PACE and FASD screening, Psych Evals and FASD questions to identify in adults/parents
  - Went to Pulaski Supervisor Meeting with Dr. Burd to present on FASD and considerations in working cases
- Attended Family Map training at UAMS (another assessment tool used by many of our stakeholders/providers already). Again, trying to determine how one assessment tool can help inform another to get the best assessment of our children's needs.
- Presented at Children in the Courts on CANS/FAST and how it should be utilized by court teams. Attended multiple other sessions at CITC.
- Finalized journal article with Casey Family Programs and sent final approval to Peter Pecora.
- Benton County SBCT
- Pending CHRIS Net Report:
  - Worked with CHRIS to get report finalized

- Ongoing:
  - Provide coupons (totaling 27 for month of May)
  - Provide assistance/troubleshooting on various CANS/FAST/Case Plan case specific questions and/or certification questions and issues from the field (multiple questions re: case plan defects this month)
  - Case Reviews-reviewing weekly report from HZA to assign cases for review and then completing secondary review of Charlotte’s work prior to emailing to field/identifying safety issues that need to be immediately addressed and share those with Assistant Directors as needed to immediately address with Area Directors. Charlotte completed 8 reviews for the month of May; some of her time was taken in helping to test the new report).
    - Worked with Charlotte on being able to send out reviews herself to staff. Manager is still reviewing before final email goes out but Charlotte is drafting email with all attachments and feedback to staff and it is coming from her now.

*June 2018*

- SBCT Pulaski FTM’s-missed actual monthly FTM’s due to vacation, two initial staffings, and court.
  - SBCT monthly stakeholder meeting-presented with Kevin on Permanency Safety Consultations, focusing on Safety Factors and Protective Factors
  - Lots of one-on-one with Pulaski staff (5 different meetings with two staff) coaching/teaching CANS/CP on ZTT cases. The goal is from now on with taking cases as ZTT at PC and participating in initial staffing Program Manager can really help workers do the initial CANS and CP to ensure quality and distribution to the team.
  - Attended quarterly meeting for ZTT/SBCT

- Held CHRIS meeting on some outstanding CANS/CP defects
- Permanency Safety Consultations (Pulaski Southwest, North, Jacksonville)
- CHRIS Net Fidelity Report went LIVE (showing cases with no actionable items approved and current in the system).
- Praed implemented new website rollout on June 11; spent a lot of time troubleshooting and working on issues with the new site and figuring out new processes for coupon application (now have one universal coupon code with a certain number of uses).
  - Did conference call/demo with Praed on new site
  - Don’t have specific coupon ‘number’ for the month due to the changeover and now having a universal coupon. We will be getting a report from Praed
monthly from now on with how many ‘uses’ we have left and I will be able to monitor coupon application/distribution that way

- Participated in federal site visit
- Ongoing:
  - Provide assistance/troubleshooting on various CANS/FAST/Case Plan case specific questions and/or certification questions and issues from the field (multiple questions re: case plan defects this month)
  - Case Reviews-reviewing weekly report from HZA to assign cases for review and then completing secondary review of Charlotte’s work prior to emailing to field/identifying safety issues that need to be immediately addressed and share those with Assistant Directors as needed to immediately address with Area Directors. Charlotte completed 7 reviews for the month of June; some of her time was taken in helping to test the new report).
  - Charlotte is now sending out reviews herself to staff. Manager is still reviewing before final email goes out but Charlotte is drafting email with all attachments and feedback to staff and it is coming from her now.

**July 2018**

- SBCT Pulaski
  - FTM day
  - 2 PC hearings, one adjudication
  - SBCT monthly stakeholder meeting-worked with Erica to coordinate for Emily Robbins from Child Study Center to come speak on CPP (Child Parent Psychotherapy) and PCIT (Parent Child Interaction Therapy) as we utilize these in SBCT cases and staff have a lot of confusion about therapies for such young children.
  - Lots of one-on-one with Pulaski staff coaching/teaching CANS/CP on ZTT cases. Program Manager worked with 3 different workers on 3 different initial CANS/CP’s.

- Identified printing issue with CANS reports; sent to CHRIS.
- First committee meeting for the Data Committee developed out of Judge Warren’s Judicial Leadership
- Present on CANS Coaching to field trainers/Partnership at Partnership Meeting
- Spent day in Texarkana meeting and doing supervision with Charlotte
- Permanency Safety Consultations (Jacksonville)
- CHRIS Net Fidelity Report went LIVE last month; DHS All email went out explaining
- Praed implemented new website rollout on June 11; spent a lot of time troubleshooting and working on issues with the new site and figuring out new
processes for coupon application (now have one universal coupon code with a
certain number of uses).
  
  o Did another conference call/demo with Praed on new site; this call
    specifically about reporting. Still some unanswered questions they are
    supposed to be getting back with us on.
  
  o Don’t have specific coupon ‘number’ for the month due to the changeover
    and now having a universal coupon. We will be getting a report from Praed
    monthly from now on with how many ‘uses’ we have left and I will be able to
    monitor coupon application/distribution that way.
  
  o Emails back and forth with Praed regarding getting answers to vignettes to
    ensure they are being answered from child welfare perspective after
    concerns came up in reviewing website training modules. They refused to
    provide answers for current CANS and FAST vignettes; inquired about when
    we switch to UFACET if we can get those since Utah developed them with
    Praed. They stated yes but it will be strictly given to the Program Manager
    and they want assurance no one else will have access to the answers.

- Ongoing:
  
  o Provide assistance/troubleshooting on various CANS/FAST/Case Plan case
    specific questions and/or certification questions and issues from the field
    (multiple questions re: case plan defects this month)
  
  o Case Reviews-reviewing weekly report from HZA to assign cases for review
    and then completing secondary review of Charlotte’s work prior to emailing
    to field/identifying safety issues that need to be immediately addressed and
    share those with Assistant Directors as needed to immediately address with
    Area Directors. Charlotte completed 7 reviews for the month of July.
  
    ▪ Charlotte is now sending out reviews herself to staff. Manager is still
      reviewing before final email goes out but Charlotte is drafting email
      with all attachments and feedback to staff and it is coming from her
      now.
Team Decision Making

In 2014 Team Decision Making (TDM) implemented in 5 Counties in Arkansas and is currently implemented in 30 of the 75 Counties. An implementation date is still to be determined for the remaining 45 Counties. The next implementation phase will include Mississippi County in Area 8 and from there 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, 2019.

On March 14, 2016, the Area 6 TDM Facilitator was promoted to TDM Supervisor. In January 2018 TDM Supervision was transition to TDM Program Manager. TDM Program Manager was acting as both the Supervisor and TDM Program Manager. June 25th, 2018 a new TDM Supervisor was named.

In April of 2018, the Area 6 Facilitator turned in his letter of resignation, effective in April 13th, 2018, to accept a position with an outside agency. Area 3 and Area 5 Facilitators have acted as back-ups for Area 6 until a new facilitator could be hired and trained. The new Area 6 Facilitator started on July 16th, 2018.

The TDM meeting is utilized in cases where protection plans are implemented and for all investigations accepted by the Child Abuse Hotline for Substance Exposed Infants, also referred to as Garrett’s Law.

Automatic emails are sent to the Area Director, TDM Program Manager and TDM supervisor when the Child Abuse Hotline accepts an investigation for Garrett’s Law. It is required that a TDM meeting be held for all Garrett’s Law referrals accepted for investigation in the TDM implementation counties within 3 business days of the hotline receiving the referral. Protection Plans TDM continue to occur within 48 hours of implementation of the protection plan.

As of July 31, 2017, there have been 2267 TDM meetings in the 30 implementation counties and these meetings have involved 4881 children. Of these 2267 meetings:

- 35% were triggered by a protection plan, 62% were triggered by a Garrett’s Law referral, and 3% were other meeting type.
- 67% of the TDM recommendations were to Maintain Children in Own Home/No Court Involvement.
- 24% of the TDM recommendations were to file for Court Intervention Not Involving Removal.
- 6% of the TDM recommendations were to file for any Type of Custody that Includes Removal. Of these children that were removed at the time of the TDM, 40% were on a Garrett’s Law TDM and 60% on a Protection Planning TDM.
- 7% of the children involved in a TDM were removed within 30 days of the meeting.
Once the technical assistance from Annie E. Casey Foundation ended in May 2015, the monthly Case Consultations continued and are led by the TDM Program Manager and MidSOUTH Trainer 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.

When the TDM facilitators are not conducting TDM meetings, they continue community/stakeholder engagement and identifying available services within each of their respective communities, e.g., drug treatment providers, home visiting programs, domestic violence shelters, etc. The TDM facilitators have developed a community/stakeholder resource list and will send out invitations for TDM stakeholder sessions in each of the implementation counties. Stakeholder training is a three-hour curriculum designed to introduce and familiarize key community stakeholders/partners with the goals of Team Decision Meetings (TDM) and the important role that stakeholders play in the TDM process.

The previous semi-annual report identified concerns with the impact of Act 1017 of 2015, which required a dependency/neglect petition be filed with the court for all protection plans. Interviews with DCFS staff reveal that the threat of courts overturning the protection plans coming out of TDMs has diminished their likelihood to use those plans. CHRIS data confirms that the Agency is implementing fewer protection plans since Act 1017 was enacted in July 2015. DCFS completed an average of 172 protection plans per month from October 2013 through June 2015, compared to just 84 protection plans per month from July 2015 through March 2016.

During the 2017 legislative session, the piece of Act 1017 of 2015 requiring all protection plans to be filed with the court was repealed. The new law only requires a protection plan to be filed with the court if after 30 days of the implementation of a protection plan the safety factor still exists. This new law went into effect July 30, 2017.

**Summary of TDM Activities:**

**February 2018**

- TDM Program Manager/Supervisor conducted coaching and supervision with Area Facilitators
- TDM case consultation was held on the 14th of February the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Program Manager/Supervisor
- TDM Program Manager/Supervisor conducted Individual and Group Supervision
- TDM Program Manager/Supervisor attend DCFS Supervisor Training
- TDM Program Manager/Supervisor conducted individual phone supervision with Area Facilitators
- TDM Program Manager/Supervisor attended Permanency Safety Consult Training
March 2018

- TDM Program Manager/Supervisor conducted coaching and supervision with Area Facilitators
- TDM case consultation was held on the 16th of March the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Program Manager/Supervisor
- TDM Program Manager/Supervisor conducted Individual and Group Supervision
- TDM Program Manager/Supervisor attend meeting with Casey Family to discuss TDM triggers.
- TDM Program Manager/Supervisor conducted individual phone supervision with Area Facilitators
- TDM Program Manager/Supervisor and CPS Program Manager worked on the Prevention Unit News Letter for the Department.
- TDM Program Manager/Supervisor, CPS Program Manager, and DR Program Manager facilitated training in Area 4 on TDM, DR, and Investigations.

April 2018

- TDM Program Manager/Supervisor conducted coaching and supervision with Area Facilitators
- TDM case consultation was held on the 11th of April the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Program Manager/Supervisor
- TDM Program Manager/Supervisor conducted Individual and Group Supervision
- TDM Program Manager/Supervisor attended Permanency Safety Consults.
- TDM Program Manager/Supervisor attended Area 8 TDM meeting with the Area 8 Facilitator to conduct coaching and observation.
- TDM Program Manager/Supervisor conducted individual phone supervision with Area Facilitators
- TDM Program Manager/Supervisor attended Think Legacy Meetings with the Arkansas Department of Corrections.

May 2018

- TDM Program Manager/Supervisor conducted TDM Facilitator training for the Prevention and Reunification Unit.
- TDM case consultation was held on the 9th of May the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Program Manager/Supervisor
- TDM Program Manager/Supervisor attended Substance Abuse Training at UALR
- TDM Program Manager/Supervisor conducted Individual and Group Supervision
- TDM Program Manager/Supervisor attended Permanency Safety Consults.
- TDM Program Manager/Supervisor and TDM Facilitators attended a Webinar training on Parental Depression and its impact on the child and family.
- Area 4 Facilitator facilitated Stewards of Children training
- TDM Program Manager/Supervisor conducted individual phone supervision with Area Facilitators
- TDM Program Manager/Supervisor presented at the Drug Endangered Children training.

**June 2018**

- TDM Program Manager/Supervisor and CPS Manger conducted interviews for the Area 6 Facilitator
- TDM case consultation was cancelled for the month of June due to facilitators being on vacation
- TDM Program Manager/Supervisor attended Structured Decision-Making Training
- TDM Program Manager/Supervisor conducted Individual and Group Supervision
- The new TDM Supervisor started June 25th, 2018

**July 2018**

- TDM Program Manager trained the new TDM Supervisor in Team Decision Making
- TDM Program Manager, TDM Supervisor, and Assistant Director of Prevention and Reunification met to discuss TDM Triggers
- TDM case consultation was held on the 19th of July the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Program Manager and TDM Supervisor
- TDM Program Manager attended Waiver Conference in DC
- TDM Program Manager and TDM Supervisor conducted Individual and Group Supervision
**Nurturing the Families of Arkansas**

During this reporting period the Nurturing the Families of Arkansas (NFA), Arkansas's version of the Nurturing Parent Program (NPP), continued to provide evidence-based parenting education to families across the state that have an active in-home protective service case. As of Oct. 15, 2017, the referral criteria have been expanded to include at least one child in the home between the ages of 5-18. At this time, we have kept the other criteria: Non-court-involved PS case; Substance misuse does not prevent family participation; At least one of the eight FAST items related to NFA has been scored with a rating of 2 or 3. Exceptions to these criteria are made on a case by case basis with approval from the In-Home Program Manager.

As of July 31, 2018, MidSOUTH has received 1,103 referrals for NFA. 359 families (447 individuals and 1,171 children) have successfully graduated from NFA and 102 families are currently receiving NFA services. Of the 1,013 referrals, 110 families either did not begin and/or did not complete NFA because they did not meet program eligibility criteria and 438 referrals did not begin and/or did not complete the NFA program for an array of reasons. The number of inappropriate referrals or referrals closing prior to NFA completing has continued to decrease.

All parents take a Comprehensive Parenting Inventory (CPI) pre, midway, and post program. The purpose of the CPI is to look at parenting behavior/knowledge in the 5 constructs of Appropriate Expectations, Empathy, Discipline, Appropriate Roles, Power and Independence as well as Nurturing Parent Knowledge and Nurturing Parent Use. Low scores (1-3) indicate a high risk for abusive parenting behaviors while high scores (8-10) indicate positive parenting attitudes with a low risk of abuse. Scores in the 5-7 range are “normal” and indicate a moderate risk of abuse. The goal of NFA is to move parents from low scores of 1-3/4 to the normal or high range with more nurturing parenting skills. Results of the CPI continue to show NFA as effective in lowering the risk of abusive parenting behaviors at the midpoint and the final assessment.

State level NFA Lead, MidSOUTH staff, and Central Office staff began monthly meetings in December to brain storm ways in which to improve and strengthen the NFA program. While NFA is effective for the people it serves, we want to continue to improve the process and communication between local NFA staff and DCFS field staff so that more families may benefit from NFA. Out of those two meetings and planning conversations a few things have developed. NFA is now sending weekly “active/triage” emails out that list each family they have received a referral on by county and the status of each family. This way we can see if NFA is having trouble contacting the family, not getting responses from the FSW, if a family is missing sessions, etc. It also allows us to really see which areas are utilizing NFA and conversely which areas are not utilizing NFA. This will allow us to focus our efforts in a
strategic way and come up with targeted solutions. We also talk about messaging and brainstorm ideas on how NFA staff can build relationships with their local DCFS staff. In addition, we are looking at ways to address the barriers staff continue to have regarding transportation and group sessions. The amount of group sessions compared to single family sessions has fluctuated over the course of the program with a high of approximately 63% of their sessions being held in a group setting. Currently they are serving approximately half in group settings and half in single family sessions. While we want to increase the number of groups, we must remain flexible and focused on meeting the needs of each family.

NFA administrative staff members have continued to use their autonomy to determine which referrals meet NFA criteria. If a referral has been made that does not meet criteria, but DCFS staff and NFA staff believe the family will truly benefit from the program, NFA Program Lead can request an exception from the In-Home Program Manager. These requests are few, but often approved. The most common reason to ask for the exception is that the family also has an open FINS case. MidSOUTH documents when an exception is made. Hornby and Zeller Associates (HZA) discard any exception cases that get pulled in their evaluation sample since these cases due not meet the referral criteria set out in Arkansas’ IV-E Waiver Demonstration Project Initial Design and Implementation Report (IDIR).

We would like to be able to increase the number of families that are served through NFA. One idea is to open the criteria to allow FINS involved cases. That comes with some challenges as often our Judges on FINS cases are often the same as our Judges for Dependency/Neglect cases. We do not want Judges to start ordering NFA for a variety of reasons. We want this service to stay focused on our in-home cases as that is where we lack good reliable services across the state. Also, the way this program is designed would make it incredibly difficult to provide this service effectively and efficiently if the children were not in their parent’s care. Because of these concerns we are thinking of a Pilot project, but we are moving very hesitantly. There has also been some consideration given to changing the Program Indicators in the contract to allow NFA to continue for a designated amount of time after DCFS has closed its case. There are two reasons behind this. One, this would enable us to refer families that have had a Differential Response case instead of the traditional investigation and then a case. Second, we have had cases that have closed because the family has won their appeal. In those cases, DCFS must close their case unless the family wants to continue receiving supportive services. While that does not happen often, if at all, NFA is so popular with families that we believe most of them in this situation would finish NFA if they did not have to continue with a DCFS case. Since the structure of NFA is such that they are not billing per family this could be done without increasing the cost of NFA or them billing on a family that did not have an open case. This is still in the
early stages of discussion and we are waiting on approval before approaching our MidSOUTH partners regarding this idea.

MidSOUTH continues to have moderate turnover with NFA staff, but for the most part have been able to fill vacancies in a timely manner. They continue to struggle with keeping Jonesboro staffed, but have worked around this issue by using a PRN. Currently NFA has 20 educators (2 of which are bilingual) and 2 vacancies. All NFA employees 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 must have at least 2 years’ experience facilitating groups. All staff have attended NFA facilitator training and are cross-trained to be able to work with both parents and children. Due to expanding the age criteria, all NFA educators were trained in the NPP adolescent curriculum module and supplemental materials. NFA staff receive supplemental continuing education on specific topics such as trauma informed care, managing defiant behaviors, etc.

**Summary of Nurturing the Families of Arkansas Activities for this Reporting Period**

**February 2018**

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges as needed.
- MidSOUTH Administrative staff, NFA programmatic lead, DCFS In-Home Program Manager, and DCFS Assistant Director of Prevention and Reunification had third monthly meeting
- NFA interviewed for the Arkadelphia educator position.
- 2 positions in Jonesboro remained posted.
- To date 63% of families that have graduated, were in a multifamily setting and 37% were single family classes.

**March 2018**

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH Administrative staff, NFA programmatic lead, DCFS In-Home Program Manager, and DCFS Assistant Director of Prevention and Reunification had fourth monthly meeting.
- Offers extended for positions in Jonesboro and Arkadelphia.
- One Jonesboro position reposted.
- One position posted in Fayetteville.
- 2 positions posted in Little Rock, including a bilingual position.
April 2018

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH Administrative staff, NFA programmatic lead, DCFS In-Home Program Manager, and DCFS Assistant Director of Prevention and Reunification had monthly meeting.
- Offer extended for one parent educator in Little Rock – person to start in May.
- Interviews in progress for the two other Little Rock positions, including the bilingual position.
- New parent educators in Arkadelphia and Jonesboro started.
- Jonesboro and Arkadelphia CPS Educator position posted.
- Fayetteville’s position still posted.

May 2018

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- Dr. Bavolek, founder of Nurturing Parent Program, visited from May 7-10. Dr. Bavolek went to each NFA site and met with educators.
- MidSOUTH Administrative staff, NFA programmatic lead, DCFS In-Home Program Manager, DCFS Assistant Director of Prevention and Reunification, and Dr. Bavolek had monthly meeting.
- One Little Rock position filled, and interviews in progress for bilingual position.
- The new Jonesboro educator resigned as of May 31st.
- In process of hiring for the other Jonesboro position.
- In process of hiring an applicant in Fayetteville.

June 2018

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH Administrative staff, NFA programmatic lead, DCFS In-Home Program Manager, DCFS Assistant Director of Prevention and Reunification canceled our monthly meeting.
- NFA had 2 parent educator vacancies as of June 30th (both positions in Jonesboro)
- 35 new referrals in June
- 1 exception approved for a FINS case in Sebastian County
- 1 hotline report made by a parent educator
- 55% in multifamily groups and 45% in single family classes – currently
- NFA staff continues to attend county meetings and going out to the offices to meet workers.

July 2018

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
MidSOUTH Administrative staff, NFA programmatic lead, DCFS In-Home Program Manager, DCFS Assistant Director of Prevention and Reunification met July 11th for our monthly meeting.

NFA currently has 20 educators, 2 positions are still open in Jonesboro. 1 of which is in the final stages of hiring.

2 of the current educators are bilingual.

19 new referrals were made during July.

Approximately half are in multifamily groups and half are single family classes.

Discussions occurring around a pilot county opening NFA to FINS cases without special approval.
Arkansas’s Creating Connections for Children Program

The Division of Children and Family Services continues to implement the targeted recruitment intervention, Arkansas’s Creating Connections for Children (ARCCC) program. 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.

Resource Development and Support

Arkansas continues to develop and assess the activities of the local community recruitment teams to assist the CES with resource family recruitment and retention. The counties that specifically have an active recruitment team include:

- **Area 3**
  - Garland County, 6 members
  - Howard and Pike Counties, 4 members
  - Perry County, 5 members
  - Montgomery and Polk Counties, 6 members
  - Hot Springs County, 5 members
  - Saline County, 4 members
- **Area 4**
  - Columbia County 3 members
  - Hempstead County 4 members
  - Lafayette County, 2 members
  - Little River County, 2 members
  - Miller County, 4 members
- **Area 5**
  - Pope County, 15 members
  - Conway County, 12 members
  - Van Buren County, 9 members
- **Area 7**
  - Jefferson County, 4 members
- **Area 9**
  - No recruitment teams active at this time
- **Area 10**
  - St. Francis County, 5 members
  - Phillips County, 2 members

Community Partnerships

The ARCCC workgroup meets on a quarterly basis and was able to meet twice within this reporting period. The workgroup discussed items that foster families often identify as barriers when they are out recruiting such as interrupting birth order and fears of teens
acting out on their younger children. The group felt the best way to dispel the myths was to have current foster families that accept older children and teens to give accounts of positive experiences they have had. The workgroup reviewed data from Hornby Zeller Evaluators to also identify ways the partners can work to meet the recruitment needs of children in foster care. The group agreed that current foster parents are the best recruitment tool as they can give accounts of experiences they have had with foster children.

The workgroup aims to create an environment that supports partnership between DCFS and other groups by:

- Identifying strategies and action plans to recruit and retain new and existing foster families to meet the needs of youth 11 and older, sibling groups, children with special needs, youth in congregate care, and children of color
- Identify efforts to retain foster parents
- Identifying strategies to recruit and retain volunteers to support current and new foster families
- Identifying strategies to promote partnerships between DCFS and community groups to promote foster home recruitment

The workgroup continues to adhere to the Charter that identifies each member’s responsibilities to the group. ARCCC did not implement any new recruitment partners during this period, however more focus was to develop and strengthen local recruitment teams in the communities of children removals.

ARCCC’s current foster home recruitment partnerships include:

- The Arkansas Baptist Children’s Homes and Family Ministries (ABCH- Get Connected) is a non-profit agency of the Arkansas Baptist State Convention. ABC Homes Get Connected.
- Greene County Baptist Association (GCBA) was a newly developed recruitment partner that ceased during this reporting period. The CES in Area 8 has taken on many of the relationship GCBA developed in the community in regards to foster home recruitment and retention.
- COMPACT

Geographic Information System

During this reporting period the Geographic Information System (GIS) contract ended and the site was removed. The decision not to renew the GIS contract was made due to the expense of the contract, the fact that the system is often down, and the information on the system being incorrect attributed to the end of the contract.
Targeted Recruitment Tools
The tools CES and Central Inquiry Unit continue to utilize to guide recruitment include:

- Foster Children Demographics by County – Age, Race and Gender
- Foster Families and Adoptive Families by County – Race
- Active, Available and Approved Foster Family Home by Area and County with Placement
- Foster Care Children in TFC Provider
- Foster Care Sibling Separation
- Annual and Quarterly Report Card
- Recruitment Planning Tool
- Resource Family Applicant Tracker Report
- ARCCC Resource Family Home Inquiry Report

The CES continue to use the ARCCC Community Recruitment Team Charter for the ongoing work and implementation of the teams’ area wide for ARCCC 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

CES continue to utilize the following tools to guide recruitment:

- Brochures and flyers that display targeted populations
- Guides for Provisional Relative and Fictive Kin placements
- “Road to Fostering” which identifies each step involved in the application process
- Foster Children Demographics by County – Age, Race and Gender
- Foster Families and Adoptive Families by County – Race
- Active, Available and Approved Foster Family Home by Area and County with Placement
- Foster Care Children in TFC Provider
- Foster Care Sibling Separation
- Annual and Quarterly Report Cards
- Recruitment Planning Tools

The ARCCC Recruitment Planning Tool and the use of data reports continue to drive the Program Manager’s and CES’ efforts to identify placement gaps and provide real education to stakeholders about the needs of Arkansas’s child welfare system. The teams are expected to recruit, at a minimum, two resource family homes that are willing to accept the target populations and two volunteers to support resource families or youth in care on a
monthly basis. This means the work of the team will lead to at least two resource families inquiring online each month. While the goal is for the family to be open and approved as a resource family, the CES is primarily responsible for sharing the need and providing any additional information to support the potential family. Once the family has inquired and submitted appropriate background paperwork, the CES generally is no longer involved as the family is assigned to a Resource Worker. However, the CES is encouraged to follow up with pending resource families and make their contact information available to assist with the engagement process.

The CES continue to monitor the ARCCC Resource Family Home Inquiry Report to follow up with inquires or applicants that are currently going through the process and those who may have discontinued the process as well. During this reporting period, the Centralized Inquiry Unit, which is tasked with engaging prospective resource families from the initial inquiry to assignment of the local county Resource Worker to be fully approved, was transitioned to ARCCC. The Resource Family Home Inquiry Applicant Tracker Report is a tool closely monitored by the ARCCC Program Manager and other Centralized Inquiry Unit staff to monitor the timeliness of engagement with applicants and processing of their background checks, and in-home consultation assignments. The transition allows the CES to be more informed of applicants in process and Centralized Inquiry Unit staff are ensuring applicants understand the type of resource families needed for children in foster care. The CES have strengthened communication with the Centralized Inquiry Unit for swift follow up with pending applicants. This also allows CES to monitor the status of resources families.

**Summary of Targeted Recruitment Activities:**
**February 2018**

Area 3
- CES is covering for the Resource Worker in Polk County and was not able to conduct community engagement

Area 5
- Attended the Area 5 supervisor meeting and discussed the needs of each county
- Attended Chocopalooza in Pope County and handed out recruitment materials and volunteer packets
- Held an informational meeting Pope County
- Assisted the Resource Unit by conducting IHC’s and overdue evaluations
- Met with the staff in Conway County and discussed the needs of the county
- Met with stakeholders in Boone County
- Spoke with a superintendent about issues they are having with DCFS staff
- Began a support group for families that have children with developmental disabilities
- Spoke on the local radio station about the support group
• Met with the Prosecuting Attorney and the Supervisor in Pope County about increasing communication between the agencies

March 2018

Area 3
• Has been covering Polk County resource since December and has not been able to do any community engagement
• Spoke to the foster parents in Polk County regarding the need for children ages 6 and older to be placed in foster homes
• Trained the new Resource Worker for Area 3 and plans to return to community engagement in April

Area 4
• Vacant

Area 5
• Began planning the Area 5 Foster Parent Conference
• Reached out to a church to obtain donations and to utilize their space for the Foster Parent Conference
• Attended the CALL informational meeting in Boone County
• Held a Town Hall Meeting to meet with foster parents and provide support in two counties
• Planned a victims' rights event which will take place in April
• Assisted with the Resource Unit in Area 5 by completing In Home Consultations, fingerprinting for FBI background checks, re-evaluation of foster homes, conducted quarterly visits, and assisted with filing.

Area 7
• Sent notifications to Jefferson County foster parents regarding a training
• Contacted an individual regarding donations for refreshments to be served at the foster parent training
• Began planning an informational meeting to be held in Bradley County and reached out to local businesses to gain interest in attending the meeting.
• Met with an individual interested in opening a group home in Thornton
• Met with a family interested in adoption
• Attended an In-Home Consultation with the Resource Supervisor
• Hosted the informational meeting in Bradley County
• Registered Jefferson County for Kids Fest 2018 to be held in White Hall
Area 9

- Vacant

April 2018

Area 3

- Attempted to gain new members for Recruitment Teams
- Made arrangements for a CPR class for new applicants
- Assisted in planning the Foster Parent Conference that will be held in May
- Assisted in the Easter Egg Hunt for community and foster families
- Invited foster families to the luncheon hosted by CASA

Area 4

- Vacant

Area 5

- Assisted with an event for child abuse awareness month/Victim's Rights Week
- Created a display for Child Abuse Awareness on the Boone County square
- Wrote an article to raise awareness for the local newspaper
- Assisted with Area 5 Foster Parent Conference and gathered donations for the event
- Attended a panel at foster parent training orientation with the CALL in Boone and Newton Counties
- Attended an informational meeting for The CALL
- Assisted the Resource Unit by completing multiple IHC’s, Fingerprints, re-evaluations, quarterly visits, and assisting with filing

Area 7

- Sent invitations to the Area 7 provider families for the Foster Parent Conference
- Contacted the Consolidated St. Marion Baptist District Congress regarding the upcoming Health Care Expo.
- Distributed flyers for the Jefferson County Informational Meeting
- Began planning for Dallas, Grant, and Lincoln Counties informational meetings
- Attended Pride Training
- Collaborated with the Pine Bluff Chamber of Commerce regarding upcoming events
- Assisted the Resource Staff
- Attended the University of Arkansas Pine Bluff Unity Fest to pass out pamphlets for foster/adoption
Area 9

- Vacant

Area 10

- Hosted a booth at the Lee County Health Fair
- Hosted a booth at the St. Francis County Job Fair
- Met with the Mayor of St. Francis to discuss foster care needs
- Assisted with the Foster Parent Conference

May 2018

Area 3

- Helped with the Foster Parent Conference in Area 3
- Primarily conducted Resource duties as the Resource Worker was on leave in Garland County during the month of May

Area 4

- Vacant

Area 5

- Partnered with The CALL in Boone and Newton Counties to conduct a support group meeting-rented a bounce house for the children to play in while the meeting took place
- Worked closely with the Resource Unit by completing IHC’s, fingerprinting, re-evaluations, conducted quarterly visits and assisted with filing.

Area 7

- Hosted a booth at the Jefferson County 2018 Business Expo
- Assisted with the Area 7 Foster and Adoption Conference
- Participated in the St. Marion Baptist District Congress Healthcare Expo at Pine Bluff High School
- Distributed flyers to Area 7 foster/ adoptive parents for the Jefferson County meeting
- Spoke at First Assembly of God regarding opportunities to Foster and Adopt and distributed flyers
- Began planning an Inquiry Meeting in Lincoln County
- Contacted REFORM Inc. regarding upcoming events
- Shadowed Resource Worker to gain knowledge on how In-Home Consultations are conducted
- Began planning an Inquiry Meeting to be held in Bradley County
- Attended a training in Jefferson County
- Contacted the Rotary Club in Cabot
- Assisted with a volunteer packet

Areas 9 & 10

- Vacant
June 2018
Area 3
• Primarily conducted Resource duties as the Resource Worker was on leave in Garland County during the month of May

Area 4
• Position filled worker must attend new worker training

Area 5
• Attended the Disney Extravaganza event in Little Rock hosted by Project Zero
• Attended a Conway Safety Event
• Attended two informational meetings in Boone, Newton, and Marion Counties
• Met with the Boone and Newton County Fundraiser Coordinator to brainstorm a new fundraising idea
• Completed IHC’s, Policy Waivers, and assisted in opening provider homes.

Area 7
• Shadowed Resource Worker on In-Home Consultation
• Spoke at the Cabot Rotary Club Meeting
• Assisted with the FBI harvester
• Assisted a family with filling out an inquiry form on fosterarkansas.org
• Spoke at the First Assembly of God about Fostering/Adopt and handed out flyers
• Contacted the Jefferson County Rotary Club regarding a meeting

Area 9
• Position filled worker must attend new worker training

Area 10
• Vacant

July 2018
Area 3
• Primarily conducted Resource duties as the Resource Worker was on leave in Garland County during the month of July
Area 4

- Assisted the Resource Unit with IHC’s, quarterly visits and re-evaluations
- Facilitated the Foster Parent Support Group in Hempstead and Columbia Counties
- CES works to build community partnerships with DCFS Caseworkers and The Call.
- Worked with the Recruitment Teams in Ouachita and Little River Counties to organize outreach meetings for July
- Worked with the Recruitment Teams in Hempstead and Columbia Counties to increase the number of homes for children 6 and older

Area 5

- Attended a meeting with The CALL in Boone/Newton County to plan future events
- Assisted Boone, Baxter, Newton, Marion, Van Buren, and Searcy Counties in getting donations (snacks) for meetings with foster families
- Contacted the Pope County Coalition to discuss fundraisers and meetings
- Received multiple donations for upcoming adoption events
- Obtained donations from Share N Care for vouchers for teens establishing new apartments
- Assisted the Resource Team with opening homes and completing policy/alternative compliance waivers

Area 7

- Shadowed Resource Worker on In-Home Consultations
- Began planning an Inquiry Meetings in Grant and Lincoln Counties
- Scheduled an In-Home Consultation
- Attended a local church community event and spoke about opportunities to foster or volunteer
- Assisted an individual with completing an inquiry on www.fosterarkansas.org
- Conducted a harvester for a prospective foster family

Area 9

- Shadowed the Area 8 Community Engagement Specialist
- Attended a resource meeting at Mid-
- Attended the Community Resource Fair

Area 10

- Vacant
EVALUATION STATUS

EVALUATION

Background

Hornby Zeller Associates, Inc., (HZA), the project evaluator for Arkansas’s waiver, has continued to conduct data collection activities for five of the Demonstration initiatives: Differential Response (DR), Child and Adolescent Needs and Strengths Assessment (CANS)/Family Advocacy and Support (FAST), Team Decision Making (TDM), Nurturing Families of Arkansas (NFA), and Targeted Recruitment (TR) which is also called Arkansas Creating Connections for Children (ARCCC). With the cessation of Permanency Round Tables (PRT), evaluative efforts have been discontinued for this sixth initiative.

The Waiver Demonstration Project is designed to accomplish three goals, with at least one of the initiatives intended to satisfy multiple goals.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Associated Initiatives</th>
</tr>
</thead>
</table>
| Safely reduce the number of children      | ▪ DR
| entering foster care                      | ▪ CANS/FAST
|                                            | ▪ NFA
|                                            | ▪ TDM
| Increase placement stability for children  | ▪ CANS
| in foster care                            | ▪ ARCCC
| Expedite permanency for children in foster| ▪ CANS
| care                                      | ▪ PRT

Three data collection activities were employed over the last six months to inform the evaluation: case record reviews, family satisfaction surveys and CHRIS analysis. The case record reviews and family satisfaction surveys are designed to inform the process evaluation while analysis of data from CHRIS, Arkansas’s case management system, is designed to measure the impact or outcomes of each initiative.

Methodology

**Case Reviews:** Data from the case reviews are used to supplement information collected from CHRIS. The reviews are used to gather information from case notes which are not available in a coded format. For most initiatives, case review data are merged with CHRIS data so that information can be correlated across data sources. The structured case reading instruments use fixed answer, objective questions that can be answered using information found in the records. Separate case review instruments (presented in previous semi-annual reports) were created for each initiative and reviewers were trained specifically to collect case record evidence for each initiative.
**Family Surveys:** Families involved in three of the interventions, DR, TDM and NFA, are asked to complete a survey following receipt of the intervention. A survey is also administered to resource families, following their approval as resource homes, to learn about the recruitment and approval process for ARCCC. Surveys consist of a combination of multiple choice, yes/no, Likert scale and open-ended questions.

**CHRIS Analysis:** CHRIS data supply the evaluation with objective data on children and families, case plans, services, strengths and risks, as well as safety and permanency outcomes. Propensity score matching (PSM) was used to construct a comparison (Comp) group that is similar to the treatment (Tx) group for each initiative, using a number of variables to match across the two groups. The matching variables include demographics as well as relevant prior experience with DCFS. Matched comparison groups for each initiative were drawn from periods prior to the implementation of the respective initiatives, typically the 12-month period immediately prior to implementation. The comparison group for CANS uses a reverse PSM to create the matched groups because the treatment population is larger than the population for the comparison group. Each treatment group is selected in six-month cohorts based on the beginning (TDM, NFA, CANS/FAST) or end of (DR, ARCCC) the program or process, with the PSM selected comparison cases matched on a cohort-by-cohort basis. Outcomes are then measured forward from the date used to select each case, whether it is a treatment or comparison case.

The following pages present findings from the process and outcome evaluation activities completed over the last six months, drawing comparisons to prior period findings as appropriate. Information for the cost study component is also provided.

**General Waiver Outcomes**

Each initiative, as will be described in detail in the following sections of the report, is designed to achieve a specific set of outcome measures. A number of the initiatives share common objectives, e.g., DR, TDM, NFA and FAST are all designed to reduce the percent of children removed from the home. The tables presented below provide a summary of the outcome measures for the initiatives which share a common measure, doing so within three and six months for the most recent treatment cohort and corresponding comparison group. More detailed information can be found in each initiative’s section.

![Table 1. Percentage of Cases with No Children Removed from the Home](image-url)
Table 1 shows the percentage of cases where no children were removed from the home within three and six months of the DR case closing, TDM meeting date, the NFA graduation date, and the initial FAST assessment completion date, respectively. Youth involved in the waiver initiatives are typically less likely to be removed than comparison group members. TDM shows the lowest percentage of youth remaining in the home within three and six months, though this is not surprising since these meetings target a higher risk population.

For youth who are in foster care, the CANS assessments and ARCCC initiative are designed to increase placement stability. Youth with a CANS assessment are more likely to achieve placement stability than youth who received an assessment using the previous tool, FSNRA. Placement stability is slightly higher for youth placed into a newly approved ARCCC home than for youth who were placed in a home from the historical match comparison group.

Once a child has been removed, it is hoped that the CANS assessment will provide the necessary tools and supports to reunify the child with his or her family. Table 3 shows the percentage of youth who were reunified with their biological family or were given relative custody. Youth five and older with a CANS assessment completed in the most recent reportable period are significantly more likely to reunify within three and six months than youth whose assessment was completed with an FSNRA. Youth under five are significantly more likely to reunify within three months.

At a broad level, it appears that the treatment groups are more successful than the comparison groups at keeping children out of foster care and reunifying them with their families after they were removed.
Differential Response

Differential Response, first implemented in August 2013, was one of the first initiatives implemented under the IV-E Waiver. The purpose of the initiative is to provide services quickly to families referred with low-risk child maltreatment allegations and focus on family engagement rather than investigation. By linking families with needed services, DR aims to safely reduce the number of children entering the foster care system, decrease future involvement with DCFS, and return youth to their homes in the event a child is removed. Between August 2013 and January 2018, 21,604 families have been served by DR, involving a total of 32,053 children.

Methodology

A survey is administered to families soon after the DR case closes to gain the perspective of the families on the services they received. To help increase the rate of response, starting in February 2017, the survey along with a postage-paid, pre-addressed envelope is given to the family by staff at the time of DR closure. In the 18 months since HZA made that change, 104 surveys were returned, compared to only 50 in the previous 18 months.

Additionally, case record reviews were completed for a sample of 100 DR cases closed between February 2017 and January 2018 using a structured instrument to collect data on both family wellbeing and fidelity of the DR process. The wellbeing questions focused on the family’s service needs, services received and the progress made by the family. The fidelity questions addressed timeliness of the process from intake to case assignment and timeliness to face-to-face contact with the family.

Six-month time frames are used to measure the impact of the initiative in keeping children safe. With DR first implemented under the Waiver on August 1, 2013, the comparison pool of cases is comprised of cases for whom an investigation was closed from August 1, 2012, to July 31, 2013, with an allegation(s) satisfying the DR criteria. PSM was used to select
members from the comparison pool who resemble the characteristics of those in the treatment group. Propensity scores were determined using allegation type(s), service area, county, number of male children in the case, number of female children in the case, the average age of the children in the case, the race of the family, and the ethnicity of the family.

An added requirement in selecting the groups is that the treatment group needed to have at least one child under the age of 18 or one child with a known date of birth. Under these restrictions the comparison group always has a smaller number of cases than the treatment group since these treatment group members are unable to be matched. Propensity scores were matched using a nearest neighbor algorithm. Table 5 shows the statewide count of cases in the treatment and comparison groups for each cohort. Cohort 10 was not matched because there is not enough time to measure outcomes.

**Process Evaluation**

**DR Referrals**

Six criteria must be present for a report of alleged maltreatment to be assigned for a DR assessment: a) correct identifying information must exist; b) the alleged perpetrators must be the parent/caregiver; c) the family must not have a pending or open protective or supportive services case; d) the victim or household members must not be in the custody of DCFS; e) protective custody is not required; and f) the reported allegation must be within a specified range of maltreatment types, usually associated with neglect. The percentage of DR referrals whose case records were reviewed which meet these criteria is shown in Table 6. In total, 90 percent of the referrals reviewed met all criteria.

Figure 1 shows the percentage of all DR cases opened in CHRIS with a given allegation for each six-month treatment cohort. In the three most recent cohort

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1 In Cohorts 8 and 9, the characteristics of the treatment group changed significantly, necessitating a change in the criteria applied to select the comparison group. The service area, educational neglect, and inadequate supervision criteria were unable to be matched. These adjustments were driven by the changing characteristics of DR cases, not from the evaluators’ decision.
periods, educational neglect is the most common allegation for which families are referred, which is likely due to a large push by the school systems for teachers to report truant youth to DCFS. To quantify the increase in educational neglect referrals, the first report period contained 185 referrals with such an allegation while the most recent period has 1,057, an increase of nearly 500 percent. Allegations for inadequate supervision and environmental neglect are the next most common allegations among DR referrals.

**Implementation**

Once the case is assigned to the DR specialist, contact with the family should be made within 24 hours to schedule an initial meeting. Figure 2 shows that contact within 24 hours of case assignment was made in 29 percent of the reviewed cases. The caseworker was found to have attempted to make contact for 17 percent of the cases, bringing the overall compliance rate up to 46 percent.

Moreover, face-to-face contact with the victim child(ren) and at least one parent/caregiver involved in the DR referral must take place in the victim child(ren)’s home within 72 hours of receipt of the initial hotline report. All other household members must be seen face-to-face within five days of the report. Of the 94 cases (out of 100) where face-to-face contact was made with the child and at least one parent/caregiver, the specialist made contact or exercised due diligence\(^2\) within 72 hours in 62 percent of the cases. Specialists met or

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\(^2\) Due diligence is defined as three documented (unsuccessful) attempts at contacting the victim and at least one Person Responsible for the Child (PRFC) within 72 hours of receipt of the referral.
showed due diligence to meet with all other members of the family in over half (53 percent) of the cases.

The family satisfaction survey asked families a series of questions regarding the implementation and fidelity of the DR service, with results provided in Figure 3. All families reported the workers followed up with the family to make sure the goals were being met. In 85 percent of the responses, families reported the DR worker explained that participation was voluntary.  

Figure 3. Percentage of Families Responding "Yes" to the Following Questions

- Throughout Your Involvement With the Agency, Did the Worker Follow-up on Those Goals to Make Sure You and Your Family Had What You Needed to Meet Your Goals?
- Did the Worker Help You and Your Family Create Goals to Address Those Needs?
- Did the Worker Ask You and Your Family What Kind of Help You Thought You Might Need?
- Did the Worker Talk to All Family Members When (s)he Visited Your Home?
- Did the Worker Call Before Coming to Your House to Meet You and Your Family?
- Did the Worker Explain Why (s)he was Contacting You and the Purpose of the Contact?
- Did the Worker Explain That (s)he was Not Investigating Your Family for Child Abuse or Neglect?
- Did the Worker Ask You and Your Family What Kind of Help You Thought You Might Need?
- Did the Worker Help You and Your Family Create Goals to Address Those Needs?
- Did the Worker Ask You and Your Family What Kind of Help You Thought You Might Need?
- Did the Worker Talk to All Family Members When (s)he Visited Your Home?
- Did the Worker Call Before Coming to Your House to Meet You and Your Family?
- Did the Worker Explain Why (s)he was Contacting You and the Purpose of the Contact?
- Did the Worker Explain That (s)he was Not Investigating Your Family for Child Abuse or Neglect?

Cohorts 1 and 5 are omitted from the graph because there were no responses received from families in served during these periods.

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3 A number of families did not answer all the questions contained within the survey. The percentages are reflective of those for which an answer was received to the question.
4 Cohorts 1 and 5 are omitted from the graph because there were no responses received from families in served during these periods.
**Case Duration**

DR is designed to expedite workers’ engagement with the families, provide frequent visitation and offer intensive yet short-term support. Figure 4 shows the average number of days DR cases were opened. In the most recent six-month timeframe, the average DR case was open for 20 days, a decrease of 19 days from DR cases one year prior. This reduction in case length likely occurred because of the increase in referrals so that the agency could keep up with demand.

**Family Engagement**

The family survey was used to gather from the families’ perspectives the benefits of DR. Families were asked the extent to which they agreed or disagreed with particular statements on a four-point scale from “Strongly Agree” to “Strongly Disagree,” with results provided in Figure 5. During the most recent six month period, every family responding to the survey reported they have the services they need, they feel more confident in managing needs, and their home life is more stable. One-quarter of the families reported the DR worker met with the family twice a week, while 92 percent of the families indicated the amount of time the worker spent with the family is enough to meet their needs.
Outcome Analysis

Subsequent Report

The underlying goal of DR is twofold: first, reduce the percentage of cases who suffer from subsequent maltreatment and, second, reduce the number of children removed from their homes. The former is addressed in Table 7 which shows the percentage of cases in the treatment and comparison groups with subsequent involvement with DCFS within three, six and twelve months of the DR case closure. Highlighted cells are those with statistically significant differences between the treatment and comparison groups. Cohort 9 shows families receiving DR are significantly less likely to have a subsequent CPS case within 6 months and are less likely to have a subsequent maltreatment within 3 and 6 months, though this result is not significant. Additionally, Cohort 9 families are slightly more likely to have a Supportive Service (SS) case opened after the DR than the comparison group families.

5 Cohort 10 is not included for the remainder of this section since not enough time has passed to measure outcomes.
Table 7. Percentage of Cases with Subsequent DCFS Involvement Within 3, 6, and 12 Months of DR Closing Date

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Group</th>
<th>Subsequent Maltreatment</th>
<th>Subsequent Referral</th>
<th>DR</th>
<th>Subsequent CPS Case</th>
<th>Subsequent SS Case</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>3 Mo</td>
<td>6 Mo</td>
<td>12 Mo</td>
<td>3 Mo</td>
<td>6 Mo</td>
</tr>
<tr>
<td>Cohort 1</td>
<td>Tx</td>
<td>1.4%</td>
<td>2.7%</td>
<td>4.5%</td>
<td>1.1%</td>
<td>2.4%</td>
</tr>
<tr>
<td></td>
<td>Comp</td>
<td>2.9%</td>
<td>4.2%</td>
<td>6.0%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cohort 2</td>
<td>Tx</td>
<td>2.3%</td>
<td>3.7%</td>
<td>5.9%</td>
<td>1.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td></td>
<td>Comp</td>
<td>2.4%</td>
<td>4.1%</td>
<td>6.6%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cohort 3</td>
<td>Tx</td>
<td>2.9%</td>
<td>4.6%</td>
<td>7.2%</td>
<td>2.5%</td>
<td>4.3%</td>
</tr>
<tr>
<td></td>
<td>Comp</td>
<td>2.1%</td>
<td>3.9%</td>
<td>6.9%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cohort 4</td>
<td>Tx</td>
<td>1.8%</td>
<td>3.7%</td>
<td>5.8%</td>
<td>3.0%</td>
<td>4.5%</td>
</tr>
<tr>
<td></td>
<td>Comp</td>
<td>2.7%</td>
<td>4.2%</td>
<td>6.4%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cohort 5</td>
<td>Tx</td>
<td>2.4%</td>
<td>4.0%</td>
<td>6.4%</td>
<td>2.6%</td>
<td>4.6%</td>
</tr>
<tr>
<td></td>
<td>Comp</td>
<td>2.5%</td>
<td>4.2%</td>
<td>6.0%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cohort 6</td>
<td>Tx</td>
<td>2.2%</td>
<td>3.4%</td>
<td>4.9%</td>
<td>2.2%</td>
<td>3.4%</td>
</tr>
<tr>
<td></td>
<td>Comp</td>
<td>3.0%</td>
<td>4.7%</td>
<td>7.1%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cohort 7</td>
<td>Tx</td>
<td>2.6%</td>
<td>4.7%</td>
<td>7.1%</td>
<td>5.1%</td>
<td>7.9%</td>
</tr>
<tr>
<td></td>
<td>Comp</td>
<td>2.1%</td>
<td>3.9%</td>
<td>6.8%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cohort 8</td>
<td>Tx</td>
<td>1.9%</td>
<td>3.6%</td>
<td>5.8%</td>
<td>2.8%</td>
<td>5.0%</td>
</tr>
<tr>
<td></td>
<td>Comp</td>
<td>3.0%</td>
<td>4.4%</td>
<td>6.9%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cohort 9</td>
<td>Tx</td>
<td>1.9%</td>
<td>3.4%</td>
<td>-</td>
<td>3.6%</td>
<td>6.2%</td>
</tr>
<tr>
<td></td>
<td>Comp</td>
<td>2.5%</td>
<td>4.2%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Removals**

Figure 6 shows the extent to which children are remaining in their homes within three, six, and twelve months from the closing of the DR case. Like the results for previous cohort periods, families receiving DR in Cohort 9 are significantly less likely to have a child removed from their home within three and six months. Similarly, families in Cohort 8 are significantly less likely to have a child removed at 12 months.
Children Discharged from Care

If a child is removed from the home, it is hoped that the services and community supports provided to the family as part of the DR case might allow for the child to be returned to the home sooner than what had transpired in the past. Table 8 shows both the percentage of children who entered foster care within one year after the DR case closed and the percentage reunified or placed in relative custody within three, six, and twelve months of removal. Similar to the previous reporting periods, Cohort 7, representing the most recent period for which measurement is possible, shows that once children in a DR case are removed from the home, the percentage of children reunified is significantly lower than that of the historical comparison group.

Table 8. Percentage of Children Entering and Discharged from Foster Care

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Percent of Children Entering Care</th>
<th>Percentage of Children Removed from Home Who are Discharged from Care Within</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tx</td>
<td>Comp</td>
</tr>
<tr>
<td></td>
<td>Removal Within 3 Months</td>
<td></td>
</tr>
<tr>
<td>Cohort 1</td>
<td>2.5%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Cohort 2</td>
<td>2.4%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Cohort 3</td>
<td>3.1%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Cohort 4</td>
<td>2.6%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Cohort 5</td>
<td>3.3%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Cohort 6</td>
<td>2.1%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Cohort 7</td>
<td>3.0%</td>
<td>8.2%</td>
</tr>
</tbody>
</table>
Summary

The number of DR referrals with an allegation of educational neglect continues to rise, bringing the overall number of DR referrals to nearly 3,000 over the past six months. DR Specialists are contacting families (or showing due diligence) within 24 hours of receiving the referral in 46 percent of reviewed cases; face-to-face contact with all family members (or showing due diligence) occurred in 53 percent of reviewed cases. The average length of time a DR case is open has decreased to 20 days. Families receiving DR are at significantly lower risk of having a child removed from the home after the case closes than the comparison group. However, if a child is placed into care, a smaller percentage of children are reunified with their families after three, six, or 12 months than in the comparison group. DR cases also show a lower percentage of subsequent CPS cases opening after closure of the DR case and slightly higher percentages of subsequent Supportive Services cases than the comparison group.