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

By:
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ARKANSAS AT A GLANCE
The overall population in Arkansas was estimated at 2,988,248 at the time of the U.S. Census in 2016 an increase of 2.5 percentage points from 2010. Children under five years of age comprised 6.4 percent of the population as of 2015, whereas 23.7 percent of the population was under the age of 18. 79.5 percent of the population is white, while another 15.7 percent of the population is black. More than seven percent of the population identify themselves as being of Hispanic or Latino origin. In 2015 the median household income was $41,371 annually.

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

The Division of Children and Family Services
DCFS is the designated state agency to administer and supervise all child welfare services (Titles IV-B and IV-E of the Social Security Act), including child abuse and neglect prevention, protective, foster care, and adoptive programs. The State’s child welfare system investigated 35,493 reports of child maltreatment. DCFS provided In-home services (Protective and supportive) to 2,860 families which involves 6,604 children. In addition, at the end of the SFY 2016 there were 4,957 children in foster care. This was a 12 percent increase from SFY 2015 timeframe. The Division is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages, and delivers services without regard to race, color, religion, sex, age, national origin, mental or physical disability, veteran status, political affiliation or belief.

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

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

The Division’s Practice Model goals include:

- Safely keep children with their families.
- Enhance well-being in all of our practice with families.
- Ensure foster care and other placements support goals of permanency.
- Use permanent placement with relatives or other adults, when reunification is not possible, who have a close relationship to the child or children (preferred permanency option).
- Ensure adoptions, when that is the best permanency option, are timely, well-supported and lifelong.
- Ensure youth have access to an array of resources to help achieve successful transition to adulthood.

DIVISION OF CHILDREN AND FAMILY SERVICES OPERATIONAL STRUCTURE

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

- Community Services
- Mental Health and Preventative Services
- Infrastructure and Specialized Programs
- Placement Supports and Community Outreach
- Prevention and Reunification.

During SFY 2016, the Division Director directly supervised Child Protective Services and In Home Services (which includes Differential Response), but these two units will move under the Prevention and Reunification Unit beginning July 2017. However, the Division Director does now directly supervise the Eligibility and Criminal Background Checks and Notifications Units due to changes related to the Department of Human Services’ shared services model.

Many of the functions that previously fell under the DCFS Financial and Administrative Unit are now provided to the Division through the shared-services model at the DHS Executive Staff level. There are now DHS Chiefs for each of the following areas:

- Finance
- Information (IT)
- Human Resources
- Legal Counsel
- Security and Compliance
- Legislative & Intergovernmental Affairs
• Communications & Community Engagement.

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

**OFFICE OF COMMUNITY SERVICES**
The Office of Community Services provides administrative leadership and guidance to DCFS field staff throughout all 75 counties within the state. The counties are divided into 10 geographic service areas, each with an Area Director. The Assistant Director of Community Services directly supervises the 10 Area Directors, the Program Administrator, as well as the Supervisor of Team Decision Making.

**OFFICE OF MENTAL HEALTH and PREVENTATIVE SERVICES**
The Office of Mental Health and Preventative Services includes Behavioral Health, Specialized Placements, Fetal Alcohol Spectrum Disorder (FASD) and Early Intervention Supportive Services, and the System of Care Units.

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

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

Together, these offices and their units are responsible for the provision of administrative and programmatic support for the state’s network of child welfare services as well as short- and long-term planning and policy development.

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

**PUBLIC LAWS:**
- 111-320 CAPTA Reauthorization Act of 2010
  Abandoned Infants Assistance Act
CONSULTATION AND INVOLVEMENT OF STAKEHOLDERS

The Division continues to have strong professional relationships with many groups that share the common goal of helping and supporting families. The Division continues to develop new partnerships with groups as it becomes more creative in assessing the needs of families and identifying supports that will best meet their needs in their own communities.

The Division strives to consistently engage in ongoing consultation with key stakeholders. The Division establishes key committees with varied stakeholders involved to assess and assist with the development and implementation of goals and objectives of not only the CFSP, but for Program Improvement Plans (PIP).

These committees often break out in subcommittees to focus on particular areas. Although this is an area that DCFS continually works on, it is also an area that the Division intends to more fully develop. It challenges DCFS to build upon an area in which it has already had some success. The Division’s goal is to work with varied partnerships and stakeholders to open even more opportunities for families as well as staff professional development. This would provide optimum accessibility and availability of services to meet the individual need of families.

Some key partners in include:

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

The Behavioral Health Unit provides technical assistance to psychiatric hospitals and facilities where foster children receive acute care and residential services. A daily report is received each weekday from the Medicaid utilization review contractor that gives data on all foster children admitted to acute care or psychiatric residential services. The Behavioral Health Unit sends a report daily to all assigned FSWs, Area Directors and Assistant Director over the field. This change in reporting has resulted in greater accountability for ensuring that appropriate discharge plans are made. Any trends or DCFS practice issues noted with a specific facility are addressed with the assigned field staff and supervisors.

The program specialist in the Behavioral Health Unit continues to attend utilization reviews at the Arkansas State Hospital (ASH) to gather information to improve DCFS’s Family Service Workers’ (FSWs) case management best practice and ensure DCFS is
highly involved in the treatment process. If problems are noted, FSWs are given support and coaching.

An annual meeting was held to provide a forum for better communication, problem-solving and improvement in quality. Trauma-informed care was a topic in the annual meeting with the expectation that providers would ensure that trauma-informed care is implemented in their programs. DCFS has been collaborating with UAMS, psychiatric research institute to develop a train the trainer workshop for organizational trauma-informed care. There is a tentative plan to provide this training for all DCFS contract providers in July and August, 2017.

• **Administrative Office of the Courts:**
DCFS continues its partnership with the Administrative Office of the Courts (AOC), which includes the Attorney Ad Litem, Parent Counsel, CASA, and Court Improvement Project programs. The Division participated in a number of meetings with the AOC throughout the 2017 legislative session to discuss and offer suggestions regarding various pieces of legislation from the agency, AOC programs, and other stakeholders, including legislators. Administrative Office of the Courts staff members were also invited to the DCFS Child and Family Service Review report out, and the CIP Director served on the DCFS Program Improvement Plan (PIP) Development Team.

A DCFS representative traveled to the national Court Improvement Project conference in August with the CIP Director and another DCFS representative also attended the CIP Regional Meeting in May with the Arkansas CIP Director. Each agency is striving to increase collaboration, which includes participating in CQI and planning processes such as the CIP strategic plan and DCFS PIP. The DCFS Director, the DCFS Assistant Director of Community Services, and the DCFS Assistant Director of Infrastructure and Specialized Programs both sit on the CIP workgroup that is tasked with developing and carrying out the CIP strategic plan.

• **Arkansas Association for Infant Mental Health (AAIMH) Policy Committee:** The Arkansas Association for Infant Mental Health (AAIMH) serves as the Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) Steering Committee. It meets quarterly as an advisory body at the state level to improve coordination of services and support for the early child-serving system. The DHS Division of Children and Family Services is a part of this system and is an active member of AAIMH Policy Committee.

During this reporting period, AAIMH, specifically the AAIMH Policy Committee, partnered with Arkansas Advocates for Children and Families and DCFS to raise awareness about the child welfare system and resources needed to support vulnerable children. Through this joint venture, the following were developed:

- A letter from the AAIMH Policy Committee outlining how community stakeholders and partners can help the child welfare system
- A Factsheet from AAIMH about the child welfare system in Arkansas, highlighting both strengths and needed supports
Information provided by Arkansas Advocates for Children and Families about child welfare budget needs
Information provided by Arkansas Advocates for Children and Families about how to contact legislators to help provide education

These resources were distributed to all members of the AAIMH and the DCFS Advocacy Council.

- **The Arkansas Baptist Children’s Homes and Family Ministries (ABC Homes):** ABC Homes is a non-profit agency of the Arkansas Baptist State Convention. Through residential childcare and counseling services, ABC Homes is seeking to be the foremost provider to children and families in crisis in Arkansas. ABC Homes has implemented a new program known as ABC Homes Get Connected. ABC Homes Get Connected has launched in Mississippi County this year. ABC Home has renewed their Private Licensed Agency licensing and recently was awarded a contract for this service. ABC Homes will be recruiting foster homes only for their agency. DCFS has supported ABC Homes in PRIDE training and SAFE home study training. DCFS meets with ABCH monthly.

- **Arkansas Behavioral Health Planning Advisory Councils (ABHPAC):** is a defined entity through the Federal Department of Health and Human Services Substance Abuse and Mental Health Services Administration (HHS SAMHSA) and is comprised of consumers of behavior health services, family members, behavioral health professions and stakeholders within a state that receives SAMHSA Block Grant funding. The DHS Division of Behavioral Health Services is the lead agency for the ABHPAC. DCFS is a required partner with this group. Meetings occur quarterly and there is an annual retreat. This council presents a model that DCFS can observe as it relates to including past services recipients in the decision-making process for future initiatives.

- **Arkansas Rehabilitation Services (ARS):** mission is to prepare Arkansans with disabilities to work and lead productive and independent lives. ARS has 19 field offices across the state serving all 75 counties. ARS also operates the Arkansas Career Training Institute which is a comprehensive, state-owned rehabilitation facility--one of only nine in the country and the only one in the country west of the Mississippi River. To achieve its mission Arkansas Rehabilitation Services (ARS) provides a variety of training and career preparation programs including:
  - Diagnosis and evaluation of capacities and limitations
  - Guidance and counseling
  - Career and technical education
  - Job placement
  - Physical and cognitive restorative services
  - Assistive technology
  - Residential career training facility and hospital
  - Transition services for high school students (youth 14 and older) with disabilities who are moving from high school to further education or work
  - Scholarships and leadership programs for students with disabilities
  - Financial assistance to kidney transplant recipients
Community rehabilitation programs
- Supported employment services
- Supported housing

Arkansas Commission on Child Abuse, Rape, and Domestic Violence:
The Commission on Child Abuse, Rape, and Domestic Violence is comprised of agencies and groups representing law enforcement, multidisciplinary teams, education, mental health, judicial and other professional groups. The Director of the Division of Children and Family Services is appointed to the Commission on Child Abuse, Rape, and Domestic Violence. The Commission meets on a quarterly basis and, these meetings provide a forum to share information related to issues, initiatives, and concerns of the child welfare system and, in turn, allows the Division to hear the concerns and perspectives of other disciplines along with the community. Most importantly, it serves as an avenue for making connections and bolstering relationships with individuals who have a similar mission of protecting children and providing families with the necessary services and supports. The Commission is an integral partner in regards to the development of proposed legislation.

A member of the Commission also serves on the DCFS Advocacy Council. The Commission also organized and hosted a meeting during the 2017 legislative session for child welfare-related stakeholders (e.g., DCFS, AOC, attorneys-ad-litem, parent counsel, CASA, Arkansas Children’s Hospital, Arkansas Advocates for Children and Families, etc.) to present their proposed legislation, discuss concerns, and also review and discuss legislation put forward by Arkansas General Assembly members.

The Commission continues to license the web-based mandated reporter training through a partnership with the Center for the Application of Information Technologies and Western Illinois University. During State Fiscal Year 2016, 12,384 individuals completed this self-paced online curriculum.

The commission has continued a partnership with the Arkansas Educational Network (AETN) to revise and update a web-based mandated reporter training video for the online professional development portal utilized by licensed educators. 9,851 Licensed Educators logged in to view the training during State Fiscal Year 2016 (though it should be noted that often one educator logs in and the video is then viewed by a group of educators). Due to the success of the original video, the Arkansas Department of Education in collaboration with the Hot Springs Child Advocacy Center developed an additional 2 hours of video production for the professional development portal on topics related to child maltreatment.

In 2016, the Commission and DCFS collaborated on preparing a grant application to address trafficking within the child welfare population (HHS-2016-ACF-ACYF-CA-1179). The grant was not awarded to Arkansas.
Arkansas Head Start Collaboration Office (HSSCO)/Arkansas Head Start Association (AHSA): DCFS has a memorandum of understanding with the Arkansas Head Start Collaboration Office/Arkansas Head Start Association. The purpose is to foster collaboration, effective communication, and cooperation between the HSSCO/AHSA and DCFS on the state and local level in providing services to children and families in the EHS/Head Start programs across the State. This collaboration will allow HSSCO/AHSA to consider the DCFS population as a priority population in providing services and supports to the children and families referred. This will also allow both agencies at the local level to share information, as it relates to the child, for services and supports. Arkansas is working to renew this MOU.

Arkansas Infant and Child Death Review Program: The Arkansas Infant and Child Death Review Program is administered by the Department of Pediatrics of the University of Arkansas for Medical Services and Arkansas Children’s Hospital and supported by a contract with the Arkansas Department of Health, Family Health Branch. The mission of the Infant and Child Death Review Program is to improve the response to infant and child (ages birth through 17) fatalities, provide accurate information as to how and why Arkansas children are dying, and make recommendations to reduce the number of preventable infant and child deaths in Arkansas. The Program has trained multidisciplinary, local level teams across the state to conduct legislatively required reviews of all unexpected infant and child deaths in the state. To date, there are ten active local level review teams that review infant and child deaths covering all 75 counties in Arkansas. All child fatalities meeting the review team’s child death team’s criteria are entered into the Arkansas Child Death Review data system. The results and recommendations from the local child death review teams are submitted to the Arkansas Child Death Review Program for follow up and implementation. The DCFS Director and CPS manager serve as members of this committee; the committee meets quarterly to discuss the implementation of the local team’s recommendations. The DCFS Area Directors serve as core team members of the review teams in their areas.

The Arkansas Infant Mortality (AIM) Team: This team was formed in 2014, to exclusively review deaths of infants under the age of one in counties not covered by local Infant Child Death Review Teams, allowing 100% of eligible infant deaths in the state to be reviewed. The DCFS CPS manager serves as a core member of the AIM’s team. As a core member, the manager serves as a liaison between the agency and the AIM’s team and provides the case information for families with active or prior DCFS involvement. However, in May 2016, the AIM Team combined with the Pulaski County Infant and Child Death Review Program in order to streamline work in this area.

The Arkansas Safe Babies Court Team (SBCT) Project: The Safe Babies Court Team Project is a collaboration between the DHS Division of Child Care/Early Childhood Education (DCC/ECE), the DHS Division of Children and Family Services (DCFS), and Zero to Three in Judge Joyce Warren’s court located in Pulaski County. The SBCT in Lonoke County ended in 2016 at the request of the Lonoke County Judge.
Accomplishments within the past year include working with the Division of Behavioral Health Services (DBHS) System of Care Grant to establish the first official Parent Partner to work with families whose children have been removed and adding the DCFS CANS/FAST Program Manager to the SBCT facilitated staffings to ensure the team has a thorough understanding of the CANS and help the team complete the CANS together with the family. In addition, the Pulaski Co. Community Coordinator became the SBCT Training and Outreach Coordinator. One of her new duties in this role is to explore other potential SBCT sites. Initial community discussions and work to establish more SBCT sites have taken place in Benton, Washington, and Jefferson counties.

- **Arkansas Strengthening Families Initiative**: The Strengthening Families Initiative originated from the *Center for the Study of Social Policy*, and is a research-based, cost-effective strategy to increase family strengths, enhance child development and reduce child abuse and neglect. It focuses on building five Protective Factors that also promote healthy outcomes. Those five protective factors are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and social and emotional competence of children. This team meets periodically throughout the year to discuss action steps to continue to promote healthy outcomes for families within the state of Arkansas. Members of the DCFS Office of Mental Health and Preventative Services attend these meetings.

- **Bikers Against Child Abuse (BACA)**: BACA exists to create a safer environment for abused children. BACA exist as a body of Bikers to empower children to not feel afraid of the world in which they live. BACA sends a message to parties involved with an abused child that the child is a part of BACA and that the organization members are prepared to lend their physical and emotional support to a child by affiliation and their physical presence. BACA has a working relationship with DCFS statewide through a Memorandum of Understanding finalized during State Fiscal Year 2017.

- **CASSP (Child and Adolescent Service System Program)**: The Child and Adolescent Service System Program (CASSP) focuses on interagency collaboration for the needs of seriously emotionally disturbed (SED) children. Children involved with DCFS are a priority population for CASSP and there is a DCFS staff member who serves on the State CASSP Coordinating Council and Executive Committee. There are several children who are involved in CASSP and DCFS and each year the State CASSP Council targets an area of common interest DCFS attends monthly statewide CASSP meetings.

- **Child Death and Near Fatality Multidisciplinary Review Committee**: The Child Death and Near Fatality Multidisciplinary Review Committee conducts a comprehensive review of the circumstances leading to the near fatalities and fatalities of children under the age of eighteen who had contact with the Division within twenty-four months before the fatality as determined by comparing records of death from the Arkansas Department of Health, Division of Vital Records with information in CHRIS and all deaths and near fatalities of children reported through the Arkansas Child Abuse Hotline. These reviews provide the Division and other stakeholders involved with child serving systems with an additional opportunity to collaboratively review the facts surrounding the fatality and
accurately assess child deaths, work to improve systemic issues, address public health concerns, and make recommendations to improve practice and work together as a system to prevent future child fatalities.

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

The sunset clause for this committee goes into effect as of July 30, 2017. As such, this committee will no longer be required by law. However, the DCFS Director intends to ensure that this committee will continue to meet in SFY 2018, but will work with the existing committee to determine what changes may be needed regarding fatalities and near fatalities reviewed.

- **Children of Arkansas Loved for a Lifetime (CALL):** The CALL is a 501 (c) 3 organization which recruits, trains, and supports foster and adoptive homes for DCFS. There is a defined process for the establishment of CALL in each county. The DCFS and CALL partnership is guided by an MOU that is reviewed on a biannual basis. The first CALL County was established in 2007. The second CALL County was established in 2008 after a significant increase in the number of available foster homes from the first implementation of the CALL. The CALL became a statewide organization in 2010. Since 2007, the CALL has recruited over 1,000 foster and adoptive families.

  The CALL has created a county-based/statewide oversight model that has been replicated in 45 counties. Currently the CALL is working on implementing into the following counties; Marion, Grant, Lincoln, and Desha. DCFS meets on monthly basis with the CALL to ensure that the partnership is supported.

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

  The CALL in collaboration with other partners hosted the fourth annual “Hope Conference” in February 2017. This two day conference was attended by both CALL recruited families and DCFS-recruited families. Workshops included: Attachment, Caring for Children with Different Behaviors, Connecting while Correcting, Parenting Children from Hard Places, and Adoption from the Inside Out.

  The CALL website is [http://www.thecallinarkansas.org/](http://www.thecallinarkansas.org/).

- **Children Trust Fund:** The Children’s Trust Fund believes support of programs and initiatives that promote positive parenting practices and encourage strong, healthy families will ensure a brighter future for all Arkansans. The Arkansas Children’s Trust Fund provides a permanent funding source for the prevention of child abuse in Arkansas. Collected funds are disbursed in the form of grants to organizations or individuals that operate programs with a proven child abuse prevention component. As a result of 2017 legislation, the Children’s Trust Fund budget and staff will be transferred
to DCFS as of July 1, 2017. This program will be housed within the DCFS Prevention and Reunification Unit.

- **Christians for Kids (C4K):** C4K is a non-profit organization located in Craighead, Poinsett, Greene, Cross, and Crittenden Counties to help Christian families and singles become foster parents by helping them through the process to approval. DCFS finalized a Memorandum of Understanding with C4K during state fiscal year 2017. C4K is also used as a support for families or singles once they are approved and accepting children in foster care. During this reporting period, C4K began training PRIDE for its resource home recruits (that will serve as DCFS foster homes) and also started recruiting volunteers to help support DCFS foster families (e.g., collect needed items, make dinners, etc.).

  DCFS meets with C4K bi-monthly.

- **Citizen Review Panels:** The Citizen Review Panels (CRP) operates in Pope, Logan and Ouachita Counties. The panels review child maltreatment cases and the State Plan. The panels make recommendations and suggestions in areas they have identified where DCFS could improve practice or protocols. The panels work with the local County Offices to coordinate which cases they will review and ensure DCFS is represented at the meetings. The Arkansas Citizen Review Panels meet and collaborate on projects they believe will have an impact on their community specifically focusing on enhancing the lives of children and families. The DCFS CRP Coordinator and the Planning Specialist attended the National Citizen Review Panel Conference in Anchorage, Alaska in May 2017. The conference provided a national perspective for the operation of other CRP’s.

- **COMPACT:** This placement provider is a Christ-centered ministry to redeem the fatherless and family through compassion in action. E.g. Hillcrest Children’s Home. COMPACT has entered into a contract with DCFS as a Private License Agency to launch a foster care recruitment program to recruit, train, and support families in Arkansas.

  DCFS is supporting COMPACT in attending PRIDE and SAFE Home Study training.

- **DCFS Advocacy Council:** The Division formed an Advocacy Council to help further our message and the direction of the child welfare agency. The professions represented on the council include judges, juvenile justice, CASA, prosecuting attorney’s office, faith based communities including the CALL, medical, behavioral /mental health, clinical, women and children’s health, law enforcement, higher education, K-12 education, Commission on Child Abuse, Rape and Domestic Violence, Advocates for Children and Family, foster care alumni, foster parent, biological parent, current youth in care and community at large.

  When the Governor’s Oversight Committee concluded in October of 2016, it was agreed that the DCFS Advocacy Council would help carry forward the work started by/recommendations made by the Governor’s Oversight Committee.
• **DCFS Internal Child Death Review Committee**: This committee reviews DCFS actions and prior involvement in order to make recommendations to improve child safety and investigative practices both locally and statewide. The standing committee consists of the DCFS Director, the Assistant Director and Program Administrators for Community Services, the CPS Manager and the CQI Manager, but all pertinent field staff are engaged throughout the review process. The Director reviews all recommendations from the Internal Child Death Review Committee and assigns them to the appropriate staff within her administrative team for implementation. Upon approval and implementation of the recommendations, the Director, or her designee, reports the implementation of the recommended actions to the DCFS Executive Staff. In addition, DCFS policy and procedures are updated to reflect the changes.

• **Division of Behavioral Health Services (DBHS)**: DCFS collaborates with DBHS to advocate for children involved in the behavioral health and welfare systems. The Medicaid Mental Health Transformation initiative is the primary focus of collaboration as major systems changes will occur July 1, 2017. DCFS also collaborates with DBHS regarding substance abuse services. DCFS set up contracts with providers, supporting the approach and direction that DBHS is taking for statewide services. Regular meetings and communication regarding substance abuse services are held to insure consistency among state agencies funding substance abuse services.

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

• **Division of Developmental Disabilities (DDS)-First Connections Part C**: Regarding children who are at risk for developmental delay, appropriate early intervention services are required. DCFS has partnered with DDS to strengthen policy and practice related to the CAPTA requirement to refer all children under the age of three when an investigation is initiated and is required for children under age 3 in substantiated cases of child maltreatment for an early intervention screening as DDS is the lead Part C agency in
Arkansas. The DCFS FASD and Early Intervention Supportive Services FSW works to educate staff statewide regarding DCFS policies & procedures for early intervention referrals and services.

- **Division of Youth Services (DYS):** This division has partnered and developed an Interagency Agreement that has been implemented to better serve and plan for permanency of youth in foster care that are committed to DYS. The DCFS liaison continues to coordinate with DYS on several issues affecting dual-custody youth and other shared issues between the two divisions. The DCFS Assistant Director for Behavioral Health is a member of the Arkansas Youth Reform Board and is the subcommittee chair for Oversight of System Reforms.

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

  In July 2016, DCFS updated its protocol regarding placement at emergency shelters to require that any child age 10 or under placed in an emergency shelter be moved after ten days. For emergency shelter stays longer than ten days, a justification (to include detailed information about has been done to locate a relative or fictive kin placement and/or a foster home placement, any special behavioral issues the child has, if the child is part of a sibling group and, if so, where the siblings are placed) must be sent to the Central Office Placement Team for review. Any emergency shelter stay extensions are then granted by the Central Office Placement Team via email.

  Quarterly conference calls are held with the emergency shelter providers to promote better communication, identify problem issues or barriers, share data on practice issues and improve the quality of services and collaboration. Practice issues discussed included development of better communication between the family service workers and the shelters, as well as with the child.

- **Fetal Alcohol Spectrum Disorder (FASD) Task Force:** This group meets monthly and includes representatives from the following agencies: Pulaski County Juvenile Courts, Partners for Inclusive Communities, UAMS Departments of Family and Preventive Medicine, DHS/DCFS, Administrative Office of the Courts, Division of Child Care & Early Childhood Education, UAMS PACE team, Division of Behavioral Health, Arkansas Department of Education, Special Education, Division of Developmental Disabilities Part C, Arkansas Foundation for Medical Care, Arkansas Zero to Three Safe Babies Court Team, Arkansas Department of Health, March of Dimes, Arkansas Association of Infant Mental Health, and Adoptive Parent Representatives. The group has served as an advisory board to the FASD program and has set goals of promoting FASD awareness in Arkansas such as Fetal Alcohol Syndrome (FAS) Awareness Day, facilitating the request for the Governor’s proclamation every September, and supporting and promoting the FASD yearly conference. The DCFS Assistant Director for Behavioral Health attended the annual conference in July, 2016. The Task Force has now
formed a Board of Directors and has begun the process of establishing itself as an official non-profit organization. The FASD Family Service Worker does not hold any office within the Taskforce, but meets monthly with the Taskforce to collaborate on the above mentioned tasks. The Taskforce continues to advocate for children in the state of Arkansas and has been instrumental in providing insight on services needed for children 0-18 years of age who have pre-natal alcohol exposure. A new FASD coordinator was hired in April 2017 which is resulting in increased communication and collaboration with community stakeholders, DCFS staff and clients.

• **Geographic Information Systems Lab, University of Arkansas at Little Rock (GIS):** DCFS has maintained a partnership with the GIS Laboratory at UALR to develop a geographic information system to be used for the recruitment of resource families. The use of GIS in determining recruitment needs has improved decision-making by analyzing spatial relationships that describe the interaction among people, family, community and environment. UALR provided DCFS the first phase of the product on December 4, 2015. The GIS capabilities assist in guiding recruitment in target communities. The GIS is available to all DCFS staff. DCFS will continue to use geospatial mapping to visualize the community of removal of children that have entered foster care and their proximity to family and available resource families. The tool is used to recruit additional resource families from specific locations and display community resources and services as new partnerships are made and identified as supports. GIS technology is an excellent tool for this approach, primarily because it will allow agency staff to gain a better understanding of where agency resources and staff should be allocated—to address the goals of our general, targeted and child-specific recruitment efforts.

• **Interdivisional Staffings:** Youth who have significant in case planning, placement or maintaining stability due to multiple and complex needs. Children who are or are not in DHS custody may be referred for an Interdivisional Staffing. The Medicaid utilization contractor refers youth with complex needs identified in their care coordination for high utilizers. Many referrals include adopted youth in order to identify services and supports that are needed to maintain the adoption. The goals of the staffings are:

  o To improve treatment/case planning to more appropriately address the youth’s needs;
  o To provide assistance and support to DCFS field staff, direct services staff, and other stakeholders involved with the youth and family; and,
  o To attempt to resolve the youth’s issues before referring him or her to the Child Case Review Committee (CCRC). An interdivisional staffing must take place before a CCRC is held.
  o To identify systemic issues that needs to be addressed to improve services, collaboration and interagency processes.

These staffings occur at least three times a month and include representatives from other DHS divisions, including the Division of Youth Services (DYS), the Division of Medical Services (DMS/Medicaid), the Division of Behavioral Health Services (DBHS), the Division of Developmental Disabilities Services (DDS), and other stakeholders specific to the child such as CASA workers, attorneys ad litem, and etc. Dual Custody
Interdivisional Staffings for youth involved in DCFS and the DYS occur monthly. Only those youth who have complex needs including mental health issues, placement difficulties, psychotropic medication or other needs that cannot be adequately addressed in typical discharge meetings. These discharge meetings occur on all dual custody youth and involve DYS and DCFS staff assigned to each dual custody youth. Whenever possible youth have been attending the staffing, which gives them an opportunity to provide direct input regarding their case plan.

- **Judicial Leadership Team:** This team is a collaborative effort started by Judge Warren of Pulaski County Juvenile Court to facilitate communication between the court, DCFS, CASA, OCC, ZTT, AAL’s and Parent Council. Judge Warren schedules the meetings in her courtroom every other month at 7:30 a.m. so she can attend prior to the start of court hearings. New programs can be introduced at the meeting and issues or concerns can be raised and addressed giving an opportunity for open communication with Judge Warren to all in attendance.

- **Local Community Mental Health Centers:** DCFS has an Interagency Agreement with the Community Mental Health Centers throughout the state to strengthen communication and ensure mental health services are provided to the children in foster care. The DCFS Mental Health Specialist regularly attends meetings with community mental health centers and the Division of Behavioral Health to facilitate communication and improve services throughout the state for foster children. Whenever barriers or issues arise that impacts clients in the child welfare system, the mental health specialist coordinates an intervention and response to either client-specific or systemic issues. In the past year, timely access to services were identified as particularly problematic in Areas 1 and 2. The DCFS Assistant Director over behavioral health collaborated with two Medicaid mental health providers who are Medicaid providers under the same program as the community mental health centers. This resulted in adding another available provider in Area 1 and another in Area 2, who can provide a wide array of timely services and who have therapists certified in TF-CBT, trauma focused, cognitive behavioral therapy.

- **Multi-Disciplinary Teams (MDT):** The Arkansas Commission on Child Abuse, Rape and Domestic Violence, the Department of Human Services and the Arkansas State Police have entered into an agreement in cooperation with law enforcement agencies, prosecuting attorneys, and other appropriate agencies and individuals to implement a coordinated multidisciplinary team (MDT) approach to intervention in reports involving severe maltreatment.

- **New Beginnings Children’s Home** - New Beginnings children home is currently operating a residential family like setting in Benton County, Arkansas. New Beginnings focuses on placements of sibling groups. New Beginnings recently has expanded their program into Sebastian County, Arkansas where they have (8) homes in a family like setting that they focusing on opening. New Beginnings recently obtained a private licensed agency licensure and will begin to recruit, train and support their own foster homes. New Beginnings will be trained in SAFE home studies and PRIDE.
• **Paragould Children’s Home and Children’s Home Inc.** - Paragould Children’s Home has a campus in Paragould, Arkansas that is a family like setting. Paragould Children’s Home also operates Children’s Home Inc. that is located in Searcy, Arkansas. Children’s Home Inc. is a Private Licensed Agency who recruits, trains and supports foster families. Children’s’ Home Inc. monitors these homes for compliance with licensing standards. DCFS supported Children’s Home Inc. in PRIDE training and SAFE home study training. DCFS meets with Children’s Home Inc. at least quarterly. A new MOU was implemented.

• **Partners for Inclusive Communities**: This is one of the main collaborative partners from the beginning of the Fetal Alcohol Spectrum Disorder (FASD) program. Partners’ associates are active members of FASD task force. They support the program by providing technical assistance on difficult cases and consulting on Individualized Education Plans (IEPs) for students receiving special education services. Partners’ historically has hosted a family support group meeting once a month for families living with a person affected with FASD and provide individual counseling whenever needed for families. Partners also provide FASD trainings for medical or school personnel and are an active advocate when it comes to FASD. Partners for Inclusive Communities (Partners) are the entity that represents Arkansas University Center on Disabilities and is a member of the nationwide Association of University Centers on Disabilities. Administratively located within the University of Arkansas College of Education and Health Professions; Partners is a member of the nationwide Association of University Centers on Disabilities –AUCD. Partner’s Mission: To support individuals with disabilities and families of children with disabilities; to fully and meaningfully participate in community life, effect systems change, prevent disabilities and promote healthy lifestyles. Partners’ Beliefs and Values: Individuals with disabilities are people first, with the same needs and desires as other people. Disability is a natural and normal part of the human experience that in no way diminishes a person's right to fully participate in all aspects of society. This is a continuing collaboration.

• **Project PLAY (Positive Learning for Arkansas’ Youngest)**: Project PLAY is an Early Childhood Mental Health Consultation (ECHMC) program funded by the AR DHS Division of Child Care and Early Childhood Education (DCCECE) in collaboration with the UAMS Department of Family and Preventive Medicine. Project PLAY connects childcare programs with free early childhood mental health consultation throughout Arkansas and it has a program area that addresses children in foster care. Collaboration occurs on the local and state level. At the local level, when a child in foster care is identified in a childcare center as needing concerted attention to address his/her behavior, staff in the center, the child’s DCFS caseworker and foster parent(s) come together to discuss the options specific to the child. If a change in foster parents or caseworker occurs or other DCFS administrative actions occur, DCFS central office staff is included to help expedite coordination of services.

• **Project Zero** - Project Zero is a non-profit who supports DCFS in finding forever families for waiting children. Project Zero hosts several matching events throughout the
year. Children and youth from across the state (as well as families) come, interact, and meet families; examples of events include; Disney Extravaganza, Back to School Bash, Dream Big. Project Zero is funded by donations and volunteer service! Project Zero maintains its own heart gallery. At the end of 2016 – 125 children/youth found their forever families at Project Zero events.

As of July 2017, Project Zero will assume responsibility for the Arkansas Heart Gallery. Project Zero will maintain all Heart Gallery photographs which are taken by professional volunteer photographers. DCFS will implement an MOU to ensure that appropriate guidelines are followed.

**Psychiatric Research Institute (PRI), University of Arkansas for Medical Sciences:**
DCFS and PRI collaborate often to identify and address problematic systemic issue in the behavioral health services for the child welfare population. DCFS has been collaborating with UAMS, psychiatric research institute to develop a train the trainer workshop for organizational trauma-informed care.

There is a tentative plan to provide this training for all DCFS contract providers in July and August, 2017. In the past year, the behavioral health unit and PRI implemented a process for a Complex Trauma Assessment. This is a very comprehensive evaluation that assists in determining accurate diagnoses and provides recommendations for evidence-based treatment approaches. This project was initiated due to multiple children and youth being inaccurately diagnosed with Reactive Attachment Disorder, when trauma was not assessed or considered, therefore treatment approaches being taken were not effective. This assessment is being utilized more frequently with very positive results in providing reasons for ruling out previous diagnoses and determining the primary diagnoses that should be the focus of evidence-based services and other case plan goals, such as working with special education to better meet the needs of the child.

**Public Guardian for Adults (PG) and Adult Protective Services (APS):** Act 1033 of 2015 states that a transitional staffing for children who will be considered incompetent to care for themselves outside the assistance of DCFS upon turning 18 is to be scheduled no later than 6 months prior to a child’s 18th birthday or upon entering foster care (whichever occurs later), and that Adult Protective Services and Public Guardian for Adults are to be invited. DCFS has delegated a liaison within the agency to aid in the referral process and in communication between DCFS and these two agencies. This liaison is reaching out to the field staff to educate on the process of applying for Public Guardian and with scheduling this staffing. This liaison also screens all Public Guardian referrals for quality and accuracy before forwarding to the Public Guardian office.

**Residential Treatment Care:** Any child welfare agency that provides care, training, education, custody or supervision on a twenty – four (24) hour basis for six (6) or more unrelated minors. An annual meeting was held on July 29, 2016 with all residential care providers and emergency shelters. This annual meeting provides a forum for better communication, problem-solving and improvement in quality. Trauma-informed care was a topic in the annual meeting with the expectation that providers would ensure that trauma-informed care is implemented in their programs. DCFS has been collaborating
with UAMS, psychiatric research institute to develop a train the trainer workshop for organizational trauma-informed care. There is a tentative plan to provide this training for all DCFS contract providers in July and August, 2017.

Also in July 2016, DCFS implemented a new protocol related to residential treatment care that prohibited any child under the age of 10 to be placed in residential treatment care without the permission of the Central Office Placement Team. This was done in an effort to ensure that young children in particular are not unnecessarily placed in congregate care settings.

- **Restore Hope** - Aims to harness the passion of individuals, public-sector agencies, companies, and social and religious organizations to claim accountability for their communities. Restore Hope believes that no one agency or organization can solve the problem: Collaboration is the solution. It takes a community working together. DCFS is a part of the two alliances that are currently formed in the state. There is one in Fort Smith, Arkansas (Sebastian County) and another in Searcy, Arkansas (White County). Each alliance is made up of about 15-20 people.

- **Searcy Children’s Home (SCH)** - Has been a Private Licensed Agency in Arkansas for many years. Searcy Children’s Home recruits, trains and supports foster family homes who accept placement of DCFS children. Searcy Children’s Home monitors these homes for compliance with licensing standards. DCFS supported Searcy Children’s Home case managers becoming SAFE home study trained and PRIDE trained. A new MOU was implemented.
  
  DCFS meets with SCH at least quarterly.

- **Southern Christian Children’s Home (SCCH)**: Southern Christian Children’s Home currently operates a family like setting campus in Morrilton, Arkansas. Southern Christian Children’s Home has received their licensure as a Private Licensed Agency. Southern Christian Children’s Home is working on recruiting, training and support foster family homes. Southern Christian Children’s Home monitors these homes for compliance with licensing standards. DCFS supported Southern Christian Children’s Home in becoming PRIDE and SAFE Home Study trained. An MOU was implemented. At this time their first set of homes will open June of 2017. DCFS meets with SCCH at least quarterly.

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

  Community Mental Health Centers and licensed private agencies maintain contracts with DCFS to provide this service statewide. DCFS meets once a month with providers to
strengthen communication of referral and other issues. This group is known as the Foster Family Based Treatment Association (FFTA). The agenda varies, but topics mostly cover updates from Specialized Placement Unit (SPU), proposed TFC standards, child specific recruiting, double occupancy request, FBI results, and age waivers. There is also discussion in regards to their annual institute conference and other national issues. DCFS also brings issues related to TFC providers having more consistent practice related to admission criteria.

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

A collaborative Health Services Initiative has been implemented in November 2016 by the Division of Behavioral Health and DCFS primarily in therapeutic foster homes. This Intensive Home & Community-Based program allows Arkansas to utilize Medicaid funds to provide intensive services in the TFC home, including Behavior Assistants that can provide individualized care to youth who previously had behaviors that were so problematic that they could not be maintain in the community. These are youth who were stuck in institutional settings such as psychiatric residential care. At this point, nine youth have been admitted to this service. The funding has been extended for another year. DCFS and DBHS held a meeting with providers to identify any barriers, issues, best practices, successes, etc. that have occurred in the first six months of the program.

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

19
assessments, therapies, and treatment. The DCFS Specialized Services unit also works to educate staff statewide regarding DCFS policies & procedures for ASAP and FTP referrals and services.

- **Youth Advisory Board:** Youth served by the foster care system provide representation on the Arkansas Youth Advisory Board (YAB). The YAB provides peer to peer support for other youth in care; develops training/workshops/conferences for transition aged youth; and provides guidance to DCFS staff on behalf of transition aged youth as it relates to policy, programs and normalcy.

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

The YAB is incorporated in planning, policy initiatives, the annual Teen Leadership Conference, and other program development efforts. These efforts include community-based development within the DCFS, along with the implementation of any component that impacts or could impact the likely outcomes of youth leaving care. These youth receive Board Training from DCFS staff and other members of the community.

The YAB was involved in the Child and Family Services Review (CFSR) process including learning about the preliminary CFSR results from the CQI Manager at the YAB November 2016 meeting. The members of the YAB are involved with the agency and the community as a whole.

These youth are engaged as partners in program improvement plans and fully communicate with the DCFS Executive Staff on a monthly basis and provide recommendations for program improvements. The YAB is a valued and involved stakeholder and assists with the agency’s efforts to promote and provide the best supports and opportunities for youth making their transition from foster care to adulthood.

DCFS plans to continue to build upon its community partnerships and build the service array necessary to meet the needs of its population for individualized and community based services and supports focused on safety, permanency, and well-being. DCFS recognizes that in order to have a true child and family services continuum, one entity cannot be responsible for meeting the needs of children and families. Rather, it is through true collaboration and partnerships that the Division coordinates and integrates into other services to prevent child abuse and neglect as well as achieve positive outcomes for children and families who are within the child welfare system.
SERVICE DESCRIPTIONS: STATUS for SFY 2017
Child Welfare Services are a broad category of services to children and their families. DCFS staff provides child maltreatment investigations, family assessment, case planning, referral, and case management services. If a child cannot be maintained safely in his or her own home, DCFS will petition the court for custody and place the child in an approved foster home or licensed residential facility.

The Division delivers services directly and purchases services from private and public agencies, universities and individuals, using state and federal funds. Programs and services of other Divisions within the Department of Human Services (DHS) are also available to clients of DCFS. Delivery of services is coordinated with other Divisions administering TEA/TANF Medicaid, Food Stamps, Social Services Block Grant, and other federal entitlement programs. DCFS continues to work with the state Community-Based Child Abuse Prevention Program (CBCAP) State Lead Agency funded under Title II of CAPTA to develop child abuse prevention programs, in addition to the ones DCFS purchases.

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

SFY 2017 INTENSIVE FAMILY SERVICES PROVIDERS
- Housley Counseling – Area 1, and a county in Area 2
- Counseling Associates, INC. – Counties in Areas 2, 3 & 5
- HLH consultants, LLC – Area 6 and a county in Area 7
- Life Strategies Counseling, INC. – Counties in Area 8
- Southern Counseling Services – Counties in Areas 7, 8, 9 & 10
- Community Counseling Services – Counties in Area 3
- Martin Counseling Services – County in Area 3 Counties in Area 7

SFY 2017 FOSTER AND ADOPTION RELATED PROVIDERS AND CONTRACTS
Adoption and foster home approval activities
- Training for DCFS staff, prospective adoptive and foster parents, and current/active adoptive and foster parents

Additional Adoption Promotion and Support Services include:
- In-home consultation visits with prospective adoptive families
- Adoption home studies
- Adoption summaries on waiting children
ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN
AND FAMILY SERVICES
Intensive Family Services
by County
State Fiscal Year 2017

KEY

<table>
<thead>
<tr>
<th>Provider</th>
<th>DCFS Areas/Counties</th>
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<tbody>
<tr>
<td>1 Housley Counseling</td>
<td>Area 1 (Benton, Carroll, Madison, and Washington)</td>
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<tr>
<td></td>
<td>Area 2 (Sebastian)</td>
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<tr>
<td>2 Counseling Associates</td>
<td>Area 2 (Johnson)</td>
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<td>Area 3 (Perry)</td>
<td>Area 5 (Conway, Faulkner, and Pope)</td>
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<tr>
<td>3   HLH Consultants</td>
<td>Area 6 (Pulaski)</td>
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<td>Area 7 (Jefferson)</td>
<td>4   Life Strategies</td>
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<td>5   Southern Counseling Services</td>
<td>Area 7 (Bradley and Cleveland); Area 4 (Columbia, Miller, and Union)</td>
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<tr>
<td>Area 8 (Fulton, Izard, Lawrence, Mississippi, Randolph, and Sharp)</td>
<td>Area 9 (Cleburne, Crittenden, Cross, Independence, Jackson, Poinsett, Stone, and White)</td>
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<tr>
<td>Area 10 (Ashley, Desha, Drew, Monroe, St. Francis, Lee and Phillips)</td>
<td>6   Community Counseling Services</td>
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<tr>
<td>7   Martin Counseling Services</td>
<td>Area 3 (Saline) Area 7 (Lonoke and Prairie)</td>
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Arkansas Department of Human Services - Division of Children and Family Services

Counseling Services
By County - State Fiscal Year 2017

Provider | DCFS Areas/Counties
--- | ---
1 | Housley Counseling
   | Area 1 (Benton, Carroll, Madison, and Washington)
2 | Western AR Counseling and Guidance Center
   | Area 2 (Crawford, Franklin, Logan, Scott and Sebastian); Area 3 (Polk)
3 | Counseling Associates
   | Area 2 (Johnson and Yell); Area 3 (Perry); Area 5 (Conway, Faulkner, and Pope)
4 | Lee Lowder
   | Area 3 (Clark, Garland, Hot Spring, Montgomery, and Pike); Area 7 (Prairie)
5 | Counseling Clinic
   | Area 3 (Saline County)
6 | South AR Regional Health Center
   | Area 4 (Columbia, Nevada, Ouachita, and Union)
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<th></th>
<th>Organization</th>
<th>Areas</th>
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<tbody>
<tr>
<td>7</td>
<td>Southwest AR Counseling and Mental Health Center</td>
<td>Area 4 (Hempstead, Lafayette, Little River, Miller and Sevier)</td>
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<tr>
<td>8</td>
<td>Preferred Family Healthcare/Health Resources of AR</td>
<td>Area 5 (Baxter, Boone, Marion, Newton, Searcy, Van Buren)</td>
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<tr>
<td>9</td>
<td>HLH Consultants</td>
<td>Area 6 (Pulaski)</td>
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<tr>
<td>10</td>
<td>Centers for Youth and Families</td>
<td>Area 7 (Bradley, Calhoun, Cleveland, Dallas, Grant, Jefferson, Lincoln)</td>
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<td></td>
<td></td>
<td>Area 10 (Arkansas, Ashley, Chicot, Desha, and Drew)</td>
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<tr>
<td>11</td>
<td>Life Strategies, Inc.</td>
<td>Area 8 (Clay, Craighead, Greene, Lawrence, Mississippi, and Randolph) Area 9 (Poinsett)</td>
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<tr>
<td>12</td>
<td>Southern Counseling Services</td>
<td>Area 8 (Fulton, Izard, Sharp); Area 9 (Cleburne, Crittenden, Cross, Independenc e,</td>
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<td></td>
<td></td>
<td>Area 10 (Monroe, Phillips, and St. Francis)</td>
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**NOTE:** DCFS Counseling services may be provided in-home, office based, or in a natural environment for the client/family
**Home Study Services by County**

**State Fiscal Year 2017**

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<thead>
<tr>
<th>Provider</th>
<th>DCFS Areas/Counties</th>
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<tr>
<td>1 Winn Counseling</td>
<td>Area 1 (Benton, Carroll, Madison, and Washington)</td>
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<tr>
<td>2 Serenity Counseling</td>
<td>Area 2 (Crawford, Franklin, Logan, Scott and Sebastian)</td>
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<tr>
<td>3 Southern Counseling Services</td>
<td>Area 3 (Clark, Hot Spring, Montgomery, Perry, Pike, Polk)</td>
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<td></td>
<td>Area 4 (Columbia, Hempstead, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier, and Union)</td>
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<td></td>
<td>Area 5 (Baxter, Boone, Marion, Newton, Searcy, and Van Buren)</td>
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<td>Area 8 (Clay, Carighead, Fulton, Greene, Izard, Lawrence, Mississippi, Randolph, and Sharp)</td>
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<td>5</td>
<td>Libby Slatton, LCSW PA</td>
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<td>6</td>
<td>HLH Consultants</td>
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<td>Southern Counseling Services and HLH Consultants</td>
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<td>Social Work Services of AR</td>
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- Indicates locations where psychological evaluations are conducted.

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<thead>
<tr>
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<th>DCFS Areas/Counties</th>
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<tr>
<td>1 Dr. Martin T. Faitak</td>
<td>Area 1 (Benton, Carroll, Madison, and Washington)</td>
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<td>2 Dr. Robert Spray</td>
<td>Area 2 (Crawford, Franklin, Johnson, Logan, Scott, Sebastian, and Yell)</td>
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<td>3 Psychological Care</td>
<td>Area 3 (Clark, Garland, Hot Spring, Howard, Montgomery,</td>
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<td>Area</td>
<td>Region</td>
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<tr>
<td>Center</td>
<td>Perry, Pike, Polk, and Saline</td>
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<tr>
<td>Area 5</td>
<td>Baxter, Boone, Conway, Faulkner, Marion, Newton, Pope, Searcy, and Van Buren</td>
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<td>Area 6</td>
<td>Pulaski</td>
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<tr>
<td>Area 7</td>
<td>Bradley, Calhoun, Cleveland, Dallas, Grant, Jefferson, Lincoln, Lonoke, and Prairie</td>
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<td>4</td>
<td>Dr. Betty Feir</td>
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<tr>
<td>Area 4</td>
<td>Columbia, Hempstead, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier, and Union</td>
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<tr>
<td>5</td>
<td>NE AR Community Mental Health (MidSouth Health Systems)</td>
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<td>Area 8</td>
<td>Clay, Craighead, Fulton, Greene, Izard, Lawrence, Mississippi, Randolph, And Sharp</td>
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<tr>
<td>Area 9</td>
<td>Crittenden, Cross, Poinsett, and Woodruff</td>
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<td>Area 10</td>
<td>Lee, Monroe, Phillips and St. Francis</td>
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ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN AND FAMILY SERVICES
Substance Abuse Treatment Services
by County - State Fiscal Year 2017

**Provider** | **DCFS Areas/Counties**
--- | ---
1 | Preferred Family Healthcare
--- | ---
1 | Area 1 (Benton, Carroll, Madison, and Washington)
--- | ---
2 | NE AR Community Mental Health (MidSouth Health)
--- | ---
2 | Area 8 (Clay, Craighead, Greene, Lawrence, Mississippi, and Randolph)
--- | ---

**KEY**
- Outpatient Office
- Residential Treatment Facility
- Specialized Women's Services
- Adolescent Residential Treatment
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<th>Area</th>
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<td>3</td>
<td>Western AR Counseling and Guidance Center</td>
<td>Area 2 (Crawford, Franklin, Logan, Scott, and Sebastian); Area 3 (Polk)</td>
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<tr>
<td>4</td>
<td>Quapaw House</td>
<td>Area 3 (Johnson and Yell)</td>
</tr>
<tr>
<td>5</td>
<td>SW AR Counseling and Mental Health Center</td>
<td>Area 3 (Clark, Garland, Hot Spring, Montgomery, Perry, and Pike); Area 5 (Faulkner, and Pope)</td>
</tr>
<tr>
<td>6</td>
<td>Recovery Centers of AR</td>
<td>Area 3 (Saline); Area 6 (Pulaski) Area 7 (Lonoke, Prairie)</td>
</tr>
<tr>
<td>7</td>
<td>10th District Substance Abuse Treatment</td>
<td>Area 7 (Bradley, Cleveland, Grant, Jefferson, and Lincoln); Area 10 (Arkansas, Ashley, Chicot, Desha and Drew)</td>
</tr>
</tbody>
</table>
Purchased Services Decision Making Process: Overview

Request for Proposals (RFPs) are issued to seek proposals from qualified organizations to provide services. Respondents operate community based businesses, serving designated client populations. Moreover, they must be listed as being in good standing with the Secretary of State’s office.

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

- Phase 1 is the review to ensure all minimum qualifications are met and is mandatory. Proposals must pass this phase before being moved forward for further review.
- Phase 2 is the evaluation of the technical proposal. Respondents must demonstrate how they are able to effectively and efficiently deliver the service.
- Phase 3 is evaluation of the cost proposal.
- Phase 4 is ranking of the proposals after the final scores for each respondent for the technical and cost proposals are added together for a final overall score. The highest number of points is ranked number 1. The other proposals are ranked in descending order.
based on their number of points.
A contract is awarded to the respondent whose proposal is determined to be most advantageous to DCFS and DHS based on the selection criteria, not necessarily the lowest price.

CHILD WELFARE PROGRAMS SUPPORTING THE SERVICES IN THE FIELD

- **Differential Response:** Differential Response (DR) is a family engagement approach that allows the Division to respond to reports of specific, low risk allegations of child maltreatment with a Family Assessment (FA) rather than the traditional investigative response. The goals of Differential Response are to prevent removal from the home and strengthen the families involved. As with investigations, Differential Response is initiated through accepted Child Abuse Hotline reports and focuses on the safety and well-being of the child and promotes permanency. Having two different response options in the child welfare system recognizes that there are variations in the severity of the reported maltreatment and allows for a Differential Response or an investigation, whichever is most appropriate, to respond to reports of child neglect.

- **Prevention/Support:** The Division primarily manages prevention/support through community based contracts, communication strategies, and opportunities for families to request voluntary or Supportive Services.

- **Child Protective Services:** This unit is not currently staffed, but it is anticipated that employees will be hired for the CPS Unit in July 2017. The goal of this unit is to oversee child maltreatment investigations as a program and improve risk and safety assessments as well as ensure that services are provided as needed to families throughout the course of an investigation.

- **In-Home:** When an investigation is determined to be true, DCFS opens an in-home (a.k.a. protective services) case and works with the child(ren) and family in the home in an effort to prevent the child(ren) from entering foster care. The In Home Services Unit, currently consists of one staff member, who is responsible for reviewing in-home (i.e., Protective Services) cases as well as shadowing in-home services field staff throughout the state in an effort to improve the quality of services offered through these cases and, in turn, ensure that children can safely remain in their homes.

- **Behavioral Health Unit:** Provides placement support services and technical assistance to the local field staff in ensuring appropriate placements are available for children and youth in foster care. The unit provides programmatic oversight to best practices and challenges around placement providers for youth with special or behavioral needs. This unit manages many of the placement contracts as well as the TFC and DDS programs.

- **ARCCC Arkansas’s Creating Connections for Children (ARCCC):** is the foster and adoptive home recruitment, retention, and volunteer services program. ARCCC is identified for both the IV-E Waiver and Diligent Recruitment Grant. DCFS has implemented a targeted recruitment program statewide. The goal of the ARCCC is to recruit and support a pool of available resources for families in the highest need communities to serve the population most in need.

- **Foster Care Services:** The Division cares for children who cannot remain in their biological/legal parents’ homes by locating temporary placements in least restrictive
environments, usually approved foster homes. These children, who are usually removed from their families due to alleged abuse or neglect, are cared for while biological families complete the steps put into place by the courts to bring their children home. Plans are immediately put in place for the children, including reunification with biological parents, placement with relatives or significant people in their lives, adoption, and/or other permanent living arrangements. Permanency is paramount to these plans. The Division works with the families to offer all services in conjunction with court orders in order to reunify the family and place the child back in their home.

The Foster Care Unit is also responsible for supporting foster parents as well as other placement providers who serve children in foster care. This includes processing foster parent travel reimbursements and ensuring regular communication with foster parents regarding various Division initiatives. During this past reporting period, the Foster Care Unit has worked closely with the IT team to pilot a secure text message system to allow a DCFS supervisor to text foster parents who have opted into the text program regarding the needs for placements and to enhance the Foster Parent Provider Portal. This web-based portal now includes the following features:

- User Profile with options to upload a family photo, update addresses/phone numbers and opt in/out of RAVE text messaging (for the purpose of finding placement for a child).
- A new “My Home” panel containing information specific to a foster home such as:
  - Resource Worker Contact Information and Resource Worker Supervisor Information
  - Number of slots the home is approved for and how many are full and available
  - Reevaluation due date
  - Approved Foster Family Support System (FFSS) information.
  - Bank Profile to set up direct deposit for board payments and show board payment history
  - Placements tab showing current and past placements and contact information for a child’s Family Service Worker and Family Service Worker Supervisor.
  - Links to frequently used DCFS forms and publications

The Foster Care Unit also processes all Division volunteers. During SFY 2016, a volunteer tab was implemented as a CHRIS enhancement that now allows staff to see all approved direct and indirect service volunteers in the state.

- **Adoptions:** All children have a right to a safe, permanent family. The Division of Children and Family Services develops and implements permanency plans for children. One option is to terminate parental rights to a child for adoptive placement, when it has been determined that reunification with the family is not a viable option. The court may consider a petition to terminate parental rights (TPR) if the court finds that there is an appropriate permanency placement plan for the child. It is not required that a permanency planning hearing be held as a prerequisite to the filing of a petition to terminate parental rights, or as a prerequisite to the court considering a petition to terminate parental rights.
The Adoptions Unit also manages the Subsidized Guardianship Program. It is for children for whom a permanency goal of guardianship with a relative has been established, the Division offers a federal (title IV-E) Subsidized Guardianship Program to further promote permanency for those children (provided subsidized guardianship eligibility criteria are met). Any non-IV-E eligible child may enter into a subsidized guardianship supported by Arkansas State General Revenue if the Department determines that adequate funding is available and all other Subsidized Guardianship Program criteria are met. The monthly subsidized guardianship payment is used to help relative guardian(s) defray some costs of caring for the child’s needs. During permanency planning staffings guardianship should be explored as a potential permanency option. If it is determined at the permanency planning hearing that a guardianship arrangement with relatives is in the child’s best interest and the child’s permanency goal is changed to legal guardianship, the Division shall then determine if a specific guardianship arrangement may be supported by a subsidy through the Division’s Subsidized Guardianship Program. Only relative guardians may apply for a guardianship subsidy. Relative is defined as a person within the fifth degree of kinship by virtue of blood or adoption (A.C.A. § 9-28-108). The fifth degree is calculated according to the child.

Arkansas has approved fifteen cases with thirty-two children receiving a subsidy of Subsidized Guardianships to date. The Permanency Specialist review each referral closely for the documentation, conducts a case review, and a consultation with the worker/supervisor. The challenge in regards to these referrals is assuring that the documentation that clearly reflects the ruling out of reunification and adoption is clear.

- **Transitional Youth Services**: Each child in DHS/DCFS custody, age fourteen or older, in care for 30 days or more is provided with opportunities for instruction for development of basic life skills. Each child, beginning at 14 is assessed every six (6) months to determine the progress in acquiring basic life skills as well as planning for transition to adulthood until age 18 or as competency is achieved in the assessment score (90% or above). Services identified in the assessment to help the child achieve independence are provided directly by staff, foster parents or placement staff, through contract or through arrangement by staff. The Chafee Foster Care Independence Program provides service to youth in foster care that are often unavailable or unfunded through other program funds such as Title IV-E-Foster Care. Services provided are those supports and services that will enhance the likely of a transition to a successful adulthood. CFCIP also serves those youth adopted after age 16 and youth who are eligible for the Subsidized Guardianship. CFCIP also provides services to youth leaving care after age 18.

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

Policy: The DCFS Policy Unit has responsibility for developing, revising, promulgating, and distributing DCFS policies, procedures, publications and forms. Various federal and state laws govern DCFS which requires the monitoring, updating, and developing rules and regulations to maintain compliance with these laws. The Policy Unit also ensures that all field staff receive training on new and revised laws that go into effect as a result of legislative sessions.

Professional Development Unit: The Professional Development Unit (PDU) develops and monitors the contracts with MidSOUTH Academy and Academic Partnership in Public Child Welfare to ensure DCFS staff members receive training necessary to perform their job responsibilities. PDU also monitors a variety of continuing education training opportunities offered through the IV-E Partnership and other entities that are designed to enhance staff skill sets and improve practice with children and families. The PDU Manager also maintains and updates the training plan required as a part of IV-E & IV-B.

FEEDBACK LOOPS
In an effort to improve and support the various programs above, the Division continually assesses how it can better monitor these programs and receive feedback from the staff directly implementing them. For example, since July 2016, CHRIS has implemented a 90+ Day Subsequent Case Plan Compliance Report, which the CANS/FAST Program Manager provides.
to the Area Directors on a monthly basis to help ensure CANS/FAST assessments are updated per DCFS Policy.

The CANS/FAST Program Manager also implemented an Initial Assessment Review Project. For this project, the CANS/FAST Program Manager and her staff review initial CANS assessments in an effort to ensure that those initial 30-day assessments are of high quality. Reviews consist of detailed feedback via Survey Monkey regarding ratings and comments in the CANS. When the reviews are sent to the FSW, the CANS/FAST Unit requests that the FSW work on updating the assessment and case plan based on the feedback and then share assessment and case plan with all parties. The CANS/FAST Unit is currently focusing its reviews on workers who have lower workloads to determine if these assessments are more thorough.

DCFS continues to utilize Survey Monkey for other functions. The Division has developed and completed many surveys to receive feedback from the field and various stakeholders regarding many issues. This function has allowed several programs to keep an open feedback loop in many areas, including getting input from the field on changes and decisions being made in Central Office and receiving information from foster parents regarding how DCFS is meeting their needs and how the Division can improve. During this reporting period, surveys conducted via Survey Monkey included:

- A statewide foster parent survey
- Foster parent surveys for specific DCFS geographic areas as well as foster parents in individual counties
- Staff surveys regarding their experiences in the Rapid Permanency Review process (e.g., what went well, what could be improved, etc.

Finally, DCFS also uses Survey Monkey now as a case review tool in several areas. There are case review tools for CANS/FAST, in-home services cases, and differential response cases as well as a review tool for Team Decision Making (TDM) plans. These are utilized by the CANS/FAST Clinical Specialist, In-Home Specialist, DR Specialist, and the TDM Supervisor to monitor and evaluate the quality and fidelity of the CANS/FAST in the system. The quality of work and compliance factors on current open in-home services cases and closed differential responses, and whether plans developed during TDM meetings are followed, respectively.

**DCFS STRATEGIC PLAN**

As reported in last year’s APSR, DCFS was working on developing a strategic plan during SFY 2016 to address the increased entries into foster care and permanency outcomes for children and youth currently in the state’s custody. This plan included activities, objectives, and outcomes linked to the Areas Needing Improvement identified in Arkansas’s recent Statewide Assessment pending final decisions from the Children’s Bureau based on remaining CFSR activities and the forthcoming Program Improvement Plan (PIP). This initial plan included the following areas and was presented in the report entitled, *Moving Beyond Crisis*, which was released in September 2016 (see Attachment A: Moving Beyond the Crisis):

**A. Increased Number of Children Entering Foster Care**

1) Review HZA Report studying and analyzing increase of foster care entries

2) Conduct 100% case review of entries into foster care due to parent arrest/incarceration

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37
3) Explore development of pilot program for children of incarcerated parents
4) Share information with local law enforcement regarding DCFS removal protocols

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

C. Number of Children Exiting Foster Care
   1) Conduct Rapid Permanency Case Reviews
   2) Conduct long-stayer review

D. Support for DCFS Frontline Staff
   1) Right size DCFS
   2) Strengthen hiring and training of DCFS staff
   3) Utilize technology more effectively

The details of this plan changed several times over the course of SFY 2016 for a variety of reasons including, but not limited to, the number of children in foster care remaining above 5,000 throughout SFY 2016, the implementation of and needed adjustments to a shared services model across all DHS divisions, the DCFS Interim Director being named as the official DCFS Director allowing her to set out additional, long-term goals for the Division, and, finally the completion of Arkansas’s CFSR and the development of a corresponding Program Improvement Plan.

Despite the format of the strategic plan continually shifting throughout the past reporting period, the Division and its partners made significant progress in several areas in the strategic plan outline presented above. Most notably:
- A significant increase in the number of foster family homes;
- A small but steady increase in the foster bed to child ratio;
- An increase in the percentage of children placed with relatives;
- An increase in the number of therapeutic foster homes to better serve children who need more structure than a traditional foster home, but do not need to be in a restrictive, congregate care setting;
- An increase in the percentage of children placed in a family-like setting;
- A decrease in the number of children ages 10 and younger in emergency shelters for longer than ten days;
- A decrease in the number of children ages 10 and younger residential care settings; and,
- A decrease in the number of children in acute/sub-acute facilities for longer than 30 days on contract.
- Implementation of Rapid Permanency Reviews in Areas 2 and 8, which targets children who have a permanent alternative to foster care, but the final steps to permanency have been delayed.

Charts and graphs are provided below to illustrate the Division’s progress regarding each of the bullet points above. All of the data presented in these charts are sourced from Arkansas’s CHRIS database. The data is collected based on staff entry of the information into CHRIS. As such, limitations to this data are that the data obtained are only as good as the data entered.

As shown in the graph above, the Division exceeded its goal of opening 1,749 foster family homes over the last reporting period. As of June 2016, 1,740 foster family homes had been opened. This is a significant achievement, but even in that success was a lesson to be learned: DCFS increased the number of homes but not the number of beds for the children who needed placements the most – children ages six and older, sibling groups, teens, and children with more complex behavioral needs. Today there are only 45 percent of children six and older placed in foster homes compared to the 85 percent of children birth to five years old. Moving forward, DCFS must increase the number of homes that will accept placements for these populations of children.

DCFS has set a goal to have at least 55 percent of children six and older in foster homes by August 2018 while also working to increase the total number of foster family homes to 2,000. A workgroup will be convened to help develop new ways to recruit families.
The graph above shows that the Division has made some progress in improving the ratio of children in foster care to number of foster home beds statewide. As of September 2017, there are three DCFS services areas (1, 6, and 8) that currently have a 1:1 child to bed ratio, but the Division is still striving to ensure that the statewide ratio is also 1:1.
Over the last two years, relative placements have steadily increased in Arkansas. In 2015, for example, only 14 percent of children in Arkansas foster care were placed with relatives. In August 2016 that increased to 23.4 percent statewide. As shown in the graph above, at the end of this reporting period, 27.6 percent of children were placed with relatives, just shy of DCFS’ goal of 29 percent. However, once again, some DCFS service areas surpassed that goal. During the Regular Session of the 91st General Assembly, DCFS partnered with legislators and other child welfare stakeholders on legislative changes to support increased relative placements and involvement in case activities (see p. 124-126 of this report for an overview of this legislation).
A small group of children and teens in foster care need a special foster family called therapeutic foster care (TFC) homes – specifically trained foster parents for children and youth with developmental disabilities and/or more severe mental, emotional, or behavioral health needs. DCFS did see a slight increase in the number of therapeutic foster homes in Arkansas as shown in the graph above and will continue to work meeting the goal of establishing a total of 330 TFC homes statewide.

One reason DCFS did not meet the goal above is because it took longer than expected to issue a request for proposal for TFC homes and to finalize contracts. With the help of its sister Division of Developmental Disabilities, those contracts have now been signed.

In addition, during the push to increase the number of available TFC homes, DCFS learned that a significant number of children and teens are staying in TFC placements for longer than expected. In general, stays in TFC homes are supposed to last no more than 18 months, but in many instances, data show that some children have been placed in TFC homes longer than three years. These long-term placements take up the limited bed space available in TFC homes that may be needed by other children.

Over the next year, DCFS plans to conduct a complete review of practices and trends related to TFC placement and work toward moving children to less restrictive foster placements or other appropriate permanent placements. DCFS will also complete a review of children in foster care who have been in TFC homes for at least 24 months with a goal of ensuring every child is in the appropriate placement and systemically, that children in TFC are achieving permanency.
It is clear that children do best in families. As such, the Division set a goal of 85 percent of children in foster care to reside in a family-like setting by August 2017. This goal was driven by the agency’s placement rebalancing analysis as well as best practice, with the agency recently expanding its foster family recruitment efforts. Family-Like Settings include homes (e.g., foster homes, pre-adoptive homes, therapeutic foster homes) or, in a few instances, family-like residential facilities (home-like residential settings with live-in house parents).

At the end of this reporting period, DCFS had 81.3 percent of children in care placed in a family-like setting. As noted in the chart above, family-like settings include homes as well as family-like residential facilities. These family-like residential settings feature actual homes and full-time, live-in house parents rather than shift staff.
In August 2016, 179 children were in emergency shelters, which included many children ages 10 and younger. As displayed in the graph above, by June 2017, there were only 14 children ages 10 and younger placed in an emergency shelter.

While the agency’s goal of zero children ages 10 and under in emergency shelters was not met, the chart below shows an almost 80 percent decrease in this age group’s placement in emergency shelter facilities.
As the data in the graph below shows, DCFS also achieved a substantial reduction in the number of children ages 10 and younger placed in residential care facilities. The graph below shows an over 43 percent decrease in children ages 10 and younger who are placed in residential care facilities. DCFS will continue to work to lower this number and has a goal of eliminating the use of congregate care for children twelve and under.

The Division's goal is to eliminate the utilization of residential care facilities for foster children ages 10 and younger by August 2017. This goal was driven by national research that strongly discourages this type of placement for younger children, and has in turn been incorporated into the agency's practice.
Many children in foster care require short-term, or acute, stays in behavioral or mental health treatment programs. These stays are, by definition, temporary and designed to stabilize a child’s behaviors so he or she can return to a more family-like setting. Sometimes, however, these stays turn into longer-term placements because the child’s needs are more severe than originally thought or there is simply no available home equipped to safely care for the child. It is this second group of children that get “stuck” in what should be short-term placements.

As such, DCFS established a goal to eliminate the long-term utilization of acute/sub-acute facilities for foster children whose placement there is not deemed to be medically necessary by Medicaid (and must thus be paid for via DCFS contract) by August 2017.

The graph on the following page also shows Arkansas’s work to divert children from acute care stays if at all possible while still ensuring child safety and most appropriate placement setting for these children.
Key activities involved in the strategic plan that contributed to the progress in the various areas depicted in the graphs above included:

- Providing Area Directors with the ability to approve certain exceptions to non-safety policy requirements so relative homes could be opened more quickly;
- Requiring Resource Workers to serve on-call shifts as needed in an effort to quickly open provisional foster homes;
- Strengthening communication and collaboration with various placement providers, including asking therapeutic foster care (TFC) providers to recruit more TFC foster homes;
- Developing a new license type for “family-like settings” (via the Child Welfare Agency Review Board and Placement and Residential Licensing Unit);
- Implementing protocols to restrict the use of congregate care settings (e.g., prohibition against any child age 10 or under being placed in residential treatment care or emergency shelter care without the permission of the Central Office Placement Team and limiting the amount of time at emergency shelters for children ten and under);
- Completion of “long-stayer” review for youth who had been in an institution for more than 30 days even though it was no longer medically necessary because they were not yet ready to move into a family home setting, but a lack of supportive services prevented them from transitioning to a less restrictive setting. This review included a thorough review of the CANS and case plans for these youth.
In addition to the work described above, the Division continued to work on developing a more comprehensive strategic plan during SFY 2017 that specifically linked to the “right size DCFS” objective in the previous 2016 plan. The SFY 2017 plan has three broad goals:

- Strengthening families so children can remain safely at home and families are more resilient
- Improving the foster care system so that it is stable for those who need it
- Building, supporting, and empowering a strong DCFS workforce

These goals are then broken down into strategies that focus on reducing caseloads and improving staff retention to help achieve the goals above, and, ultimately, improve outcomes with Arkansas children and families. The strategies of this plan are as follows:

- **Strategy 1:** Close cases using a hyper-focused approach based on case type or permanency goal.
- **Strategy 2:** Place new positions in geographic locations with the greatest need.
- **Strategy 3:** Hire staff to fill vacant positions.
- **Strategy 4:** Implement graduated caseload standards to support and retain new staff.

For the full DCFS Caseload Reduction and Staff Retention Plan, please see Attachment B: Caseload Reduction and Staff Retention Plan. This plan, combined with the Division’s forthcoming Program Improvement Plan (PIP) that resulted from its most recent Child and Family Services Review, will serve as the Division’s strategic plans for the next two years. There are also more in-depth updates regarding the Division’s progress and plans related to these goals and strategies in the *Renewed Hope* report published by the Division in September 2017. Please see Attachment C: *Renewed Hope* for a copy of this report.
ASSESSMENT OF CHILD AND FAMILY OUTCOMES AND PERFORMANCE ON NATIONAL STANDARDS

The Arkansas Department of Human Services, Division of Children and Family Services (DCFS) utilize the Quality Services Peer Review (QSPR) process as a central component of its Continuous Quality Improvement (CQI) system. Arkansas’s QSPR process employs the federal Child and Family Services Review’s Onsite Review Instrument (OSRI) for its reviews. DCFS adopted the Round 3 OSRI for use in the QSPR process beginning with State Fiscal Year 2016 and the Service Quality and Practice Improvement Unit has used the tool since. The unit conducted Quality Services Peer Reviews in each of the DCFS ten geographic service areas between January and May 2017. Thirty stratified, randomly selected cases were reviewed within each of the service areas, with a total of 150 cases reviewed statewide for State Fiscal Year (SFY) 2017. Since SFY 2016 and Round 3 of the CFSR, the statewide scores have been comprised of straight averages of the combined scores from the ten service areas in accordance with the approved federal sampling methodology. Arkansas uses the data from these case records to assess and compare its performance on the child and family outcomes pertaining to safety, permanency and well-being as detailed below.

In an ongoing effort to prioritize the consistency and sustainability of the QSPR process of its CQI system, Arkansas is currently in negotiations with the Children’s Bureau to revise the previously approved sampling methodology. The proposal is to return to an annual statewide review schedule (as opposed to the biannual schedule adopted in SFY16), in which twenty stratified, randomly selected cases (12 foster care and 8 in-home cases) in each of ten service areas (totaling 200 cases statewide) will be reviewed in a twelve-month period. The proposal to move to an annual schedule and reduce by 100 the total number of cases reviewed statewide was made in consultation with the state’s Children’s Bureau advisors and Measurement and Sampling Committee (MASC), and will begin with the SFY18 QSPR case review. The cases reviewed would be randomly selected using the existing approved methodology, and will continue to be reflective of Arkansas’ ratio of foster care (60 percent) to in-home cases (40 percent). Arkansas will continue to report annual performance assessment in Annual Progress and Services Reports (ASPRs), but comparisons to performance prior to SFY 18 will not be comparable.

A. SAFETY

SAFETY OUTCOMES 1 AND 2

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

- For each of the two safety outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
• Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the safety indicators.

STATE RESPONSE:

SAFETY OUTCOME 1

<table>
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<tr>
<th>Safety 1: Children are first and foremost protected from abuse and neglect</th>
<th>SFY 2017 QSPR</th>
<th>Round 3 CFSR</th>
<th>SFY 2016 QSPR</th>
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<tr>
<td>Item 1: Timeliness of investigations (N=65)</td>
<td>86%</td>
<td>69%</td>
<td>80%</td>
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Timeliness of Initiating Investigations

Reports of abuse and/or neglect were received during the twelve-month period under review in 65 of the cases reviewed for the SFY 2017 QSPR. Caseworkers initiated the investigations within the State mandated timeframes in 86 percent of these cases, a six percentage point increase from the SFY 2016 QSPR and 17 percentage point improvement since the Round 3 CFSR. Areas 3 and 4 achieved substantial conformity with the initiation measure.

SAFETY OUTCOME 2

<table>
<thead>
<tr>
<th>Safety 2: Children are safely maintained in their homes whenever possible and appropriate</th>
<th>SFY 2017 QSPR</th>
<th>Round 3 CFSR</th>
<th>SFY 2016 QSPR</th>
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<tr>
<td>Item 2: Services to Prevent Removal (N=31)</td>
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<td>55%</td>
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<td>Item 3: Risk and Safety Assessment and Management (N=150)</td>
<td>71%</td>
<td>61%</td>
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</tbody>
</table>

Services to Prevent Removal

DCFS provided the necessary services to prevent children from entering foster care in 90 percent of the reviewed cases. Arkansas’s performance around the removal prevention measure was the only item for SFY 2017 to achieve a rating of Strength. All of the service areas achieved substantial conformity with a perfect score, except Areas 8 and 10. The State’s performance for this item has significantly improved since the Round 3 CFSR with an increase of 35 percentage points.
Assessing and Addressing Risk and Safety Concerns

During SFY 2017, sufficient efforts were not made to assess and address risk and safety concerns for children receiving services in more than a quarter of the reviewed cases (29 percent), a four percentage point decrease from SFY 2016. The deficient ratings stemmed from problems with conducting ongoing assessments of risk and safety and with safety management. Regardless of whether children remain in the family home or enter foster care, DCFS is required to assess and address risk and safety concerns for children receiving services. Despite a ten percentage point improvement in performance since Round 3 of the CFSR, continued improvement is warranted. Consistent with prior years’ reviews, problems were identified with a lack of ongoing, informal assessments due to sparse caseworker visitation with families. Caseworkers were not in the homes enough and therefore could not adequately assess risk and safety concerns. Deficiencies were evidenced in both foster care and in-home cases with risk assessments and safety management occurring infrequently, regardless of placement. Visits occurred only a few times with lengthy periods between visits.

Areas 4 and 5 exhibited the strongest performance on the risk and safety assessment and management measure, with 13 of the 15 reviewed cases (87 percent) achieving a rating of Strength in each of those service areas. Area 6 showed promise in this area of practice with 80 percent of the reviewed cases being in conformity. Area 8 struggled the most with less than half of the reviewed cases (40 percent) achieving a rating of Strength, followed by Areas 1 and 10 with approximately one-third of the reviewed cases rated as being deficient.

B. PERMANENCY

PERMANENCY OUTCOMES 1 AND 2

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

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

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

STATE RESPONSE:

PERMANENCY OUTCOME 1

<table>
<thead>
<tr>
<th>SFY 2017 QSPR</th>
<th>Round 3 CFSR</th>
<th>SFY 2016 QSPR</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

51
### Placement Stability

Children are considered to experience stability if their current placement (or last placement before exiting care) is stable and any moves they have made during the twelve-month period under review have been planned and designed either to achieve case goals or better meet their needs. This is the only permanency measure that declined from the Round 3 CFSR. Although it is only a two percentage point decline, it is a ten percentage point decrease from the SFY 2016 QSPR, and reflective of the continued foster home shortage in Arkansas. Nearly one-third of the reviewed cases (32 percent) were rated as deficient on this measure during the SFY 2017 QSPR. While some of the deficient cases were deficient because the children’s current placement was not stable (e.g., the use of temporary shelters), most of the deficiencies resulted from placement changes that were not planned by the Agency. In these cases, children were placed in accommodations not equipped to meet their needs or deal with their challenging behaviors. Many requests for a placement change came from the placement providers.

Areas 4 and 6 were very close to attaining substantial conformity with both Areas achieving compliance rates of 89 percent. Area 9 had the most difficulty, with two-thirds of its cases (67 percent) deficient on this measure.

<table>
<thead>
<tr>
<th>Round 3 CFSR Data Indicator: Placement Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
</tr>
<tr>
<td>Placement stability</td>
</tr>
</tbody>
</table>

Arkansas’s issues with placement stability were also bore out in the State’s Round 3 CFSR Data Profile. The permanency indicator related to placement stability showed a rate of 8.52 placement moves as of December 15, 2016 compared to the national standard (NS) of 4.44 placement moves.

### Timely and Appropriate Permanency Goals

With a slight decline of five percentage points since SFY 2016, the permanency goals in 72 percent of the reviewed foster care cases were appropriate and established on time. Area 10 was the only service area to achieve substantial conformity during the SFY 2017 QSPR, although Areas 2 and 6 were each within one percentage point of fulfillment.
Efforts to Achieve Permanency Goals

Appropriate legal and relational permanence should be achieved as timely as possible once a child enters foster care. Insufficient efforts were made to achieve permanency goals in one-third of the reviewed cases (34 percent) during SFY 2017. The Agency struggled the most with achieving adoption in a timely manner, whether the sole or concurrent permanency goal. Many of the deficiencies involved failure to timely prepare adoption paperwork and subsidy requests. Other deficiencies were the result of a lack of concerted efforts to achieve reunification, often by not concurrently providing services to both parents.

Area 6 had the most difficulty on this item by failing to achieve timely permanency in more than half of its reviewed cases (56 percent), while Areas 1 and 10 were both very close to achieving substantial conformity with a rating of 89 percent.

<table>
<thead>
<tr>
<th>Round 3 CFSR Data Indicators: Permanency in 12 Months</th>
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</thead>
<tbody>
<tr>
<td><strong>Indicator</strong></td>
</tr>
<tr>
<td>Permanency in 12 months (entries)</td>
</tr>
<tr>
<td>Permanency in 12 months (12-23 mos)</td>
</tr>
<tr>
<td>Permanency in 12 months (24+ mos)</td>
</tr>
</tbody>
</table>

The Round 3 CFSR Data Profile underscored Arkansas’s relative success in moving children to permanency when they were in foster care for under 24 months. The state met or exceeded the national standard for discharging children in foster care to permanency within two of the twelve-month periods being examined for length of stay. However, Arkansas did not meet the national standard in regards to children in care 24 months and longer.

PERMANENCY OUTCOME 2

<table>
<thead>
<tr>
<th>SFY 2017 QSPR</th>
<th>Round 3 CFSR</th>
<th>SFY 2016 QSPR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanency 2: The continuity of family relationships and connections is preserved for children (N=88)</td>
<td>60%</td>
<td>43%</td>
</tr>
<tr>
<td>Item 7: Placement with Siblings (N=66)</td>
<td>68%</td>
<td>47%</td>
</tr>
<tr>
<td>Item 8: Visiting with Parents and Siblings in Foster Care (N=68)</td>
<td>76%</td>
<td>64%</td>
</tr>
<tr>
<td>Item 9: Preserving Connections (N=83)</td>
<td>52%</td>
<td>49%</td>
</tr>
<tr>
<td>Item 10: Relative Placement (N=86)</td>
<td>72%</td>
<td>70%</td>
</tr>
<tr>
<td>Item 11: Relationship of Child in Care with Parents (N=57)</td>
<td>58%</td>
<td>48%</td>
</tr>
</tbody>
</table>
Placement with Siblings

Sixty-six of the reviewed foster care cases included sibling groups. Sufficient efforts were not made to ensure that the siblings were placed together in roughly one-third of these cases. Caseworkers either did not attempt or were unable to locate placement resources capable of accommodating all of the siblings in the deficient cases. Due to the shortage of resource families in Arkansas, the children in many of the deficient cases were placed where beds were available as opposed to placements which were best suited to meet their individual needs. There was also not enough effort put into reuniting siblings once they were initially separated. Areas 1 and 4 performed best on the sibling placement measure with substantial conformity achieved, while Area 8 was the service area least likely to place siblings together during the 2017 round of reviews with concerted efforts being made in only a quarter of the reviewed cases (25 percent).

Visitation Between Foster Children and Their Parents and Siblings

In building on its success in placing children in foster care in settings close to their parents, Arkansas continues to improve its performance around ensuring that children are able to visit with their parents and siblings. The SFY 2017 QSPR marked the second consecutive year of gains and the State’s best showing on the parent-child visitation measure to date. Even so, sufficient efforts were not made to ensure adequate visitation between foster children and their birth families in nearly one-fourth of the applicable cases; so, continued efforts are still needed. Many of the deficient ratings stemmed from a lack of visitation between the target children and their parents, but issues were also identified with insufficient visitation between siblings who were not placed together. Arkansas believes that face-to-face visitation is indispensable in promoting the continuity of the children’s relationships with family members, so caseworkers must continue work to exploit the children’s proximity to their parents to facilitate frequent, quality visitation. This will increase the chances of family reunification and subsequently decrease the need for continued placement outside of the home. Areas 1 and 8 were the only service areas to achieve substantial conformity with the parent-child visitation measure, but Areas 4, 6, 9, and 10 were within a few percentage points of attainment. Area 2 exhibited the worst performance; half of the children in the applicable cases (50 percent) did not receive adequate visitation with their parents and/or siblings.

Preserving Important Connections

Children form important bonds outside of their immediate families. They may have significant connections to their extended family, community, neighborhood, faith, school and/or friends. Sufficient efforts were not made to maintain these important connections in nearly half of the reviewed cases (48 percent), a three percentage point increase from the Round 3 CFSR, but an eight percentage point decline from the SFY 2016 QSPR. Some of the deficiencies resulted from children not being allowed to visit and/or maintain contact with extended family members with whom they had a connection prior to entering foster care. However, most of the deficient ratings stemmed from children having to change schools because they were placed outside of their home communities. In many instances, the caseworkers did not put forth any extra effort to promote or facilitate possible connections for the children. Most Areas struggled with this
measure during SFY 2017. Areas 4 and 5 performed the worst, making concerted efforts in only one-third of the reviewed cases (33 percent).

Relative Placement

Best practice dictates that relatives are the preferred placement option for children who cannot safely remain with their parents. Placing children with family members helps to mitigate some of the trauma they experience when entering foster care, and relatives provide emotional supports for children and help promote the reunification process as well as other important connections, including their critical ethnic, cultural and community ties. DCFS effectively worked to identify, locate and evaluate potential relative placements and place foster children in those homes when appropriate in 72 percent of the applicable cases, which is similar with its performance during the 2016 QSPR and Round 3 CFSR. Area 2 was the only service area to achieve substantial conformity with the relative placement measure. Areas 7, 9 and 10 were the least successful at exploring relatives as potential placement options for children in care.

Relationship of Children in Care with Their Parents

DCFS must work to provide efforts beyond visits to promote and support positive relationships between children in foster care and their parents. While the Division has shown some improvement on this measure from the Round 3 CFSR and SFY 2016 QSPR, sufficient efforts were not made in nearly half of the reviewed cases (42 percent). The majority of the deficiencies resulted from the Agency’s lack of contact with and engagement of parents. While family visits were provided between the children and their parents in most of the deficient cases, efforts to promote additional connections were not found, let alone extra efforts made to support bonding. Only Area 4 achieved substantial conformity on this measure, working to support positive relationships in all reviewed cases. Areas 3 and 8 fared the worst, putting forth sufficient efforts in only 43 and 33 percent of the reviewed cases, respectively.

C. WELL-BEING

WELL-BEING OUTCOMES 1, 2, AND 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children’s needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state’s performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).

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

WELL-BEING OUTCOME 1

Effectively Assessing and Attending to the Service Needs of Families

In order to successfully mitigate the challenges that bring families into contact with the Division, their strengths, needs and resources must be competently assessed. That assessment must then guide the development of the case plan and inform the specific interventions that will be utilized to assist families. DCFS did not properly assess the needs of and/or provide appropriate services to children and families in one-half of the reviewed cases (51 percent) during SFY 2017. While this is a six percentage point improvement from the Round 3 CFSR, it is a ten percentage point decline from the SFY 2016 QSPR.

The primary reason for these deficiencies was the same in every service area: the lack of ongoing contact with children and their parents prevented staff from conducting proper ongoing, informal assessments of the families’ needs. There were many instances in various Areas where visits did not occur for periods of several months, if ever. Caseworker turnover was often noted as a reason for the lack of ongoing contact. As uncovered in seven service areas, deficiencies were also frequently the result of workers ignoring certain family members, most notably fathers and incarcerated parents. A final issue uncovered in six of the service areas was incomplete service provision. No service area attained substantial conformity. Areas 3, 4, 8 and 9 struggled most with assessing need and providing fitting services by failing to meet standards in 40 percent of the reviewed cases.

Engaging Children and Families in Case Planning

Children and/or their parents were excluded from the case planning process in nearly half of the reviewed cases (43 percent) during SFY 2017. While this is a six percentage point improvement in performance from the last two reviews, there is room for significantly more improvement. The prevailing problem centered on particular family members being left out of the process. As referenced above, the most often excluded parties were fathers and incarcerated parents. Additionally, inconsistent contact between caseworkers and clients prevented meaningful family engagement in many of the deficient cases. No service area achieved substantial conformity on
the engagement measure, but Area 8 involved children, youth and families in case planning the least (36 percent) and at a significantly lower rate than the other nine service areas.

**Caseworker Visitation with Children and Their Parents**

Frequent, quality caseworker visitation is the cornerstone of effective practice in child welfare from which all other practice builds. It is through such contact that caseworkers may engage families to successfully assess risk, safety, strengths, needs and resources and work with them to strengthen parental capacity. When these important interactions do not occur, the Agency cannot ensure children’s safety, permanency and well-being or work with families on the achievement of their case goals. During the SFY 2017 QSPR, children did not receive frequent, substantive caseworker visits in more than one-third of the reviewed cases (37 percent), while caseworkers failed to provide parents with sufficient visits in half of the reviewed cases (50 percent). Performance on these two measures has remained consistently low over these past three reviews. However, as had been uncovered in the SFY 2016 QSPR, there was not a great disparity between the frequency of visits in foster care versus in-home cases in this year’s review.

The problems with visitation with both children and parents in almost every service area were two-fold, infrequent contact as well as poor-quality communication. As noted in previous items, caseworker contact with clients was too inconsistent or sporadic in most of the cases rated as being deficient. And many of the contacts that did occur were not sufficiently focused on all of the pertinent issues. The reviewers found that some of the children were not spoken with privately and that the length and location of some of the visits was inappropriate, e.g., very brief conversations and visits outside of the home/placement. Caseworkers also failed to focus on issues pertinent to case planning, service delivery and goal achievement during contacts with families in some of the deficient cases. The lack of ongoing, substantive contact with families often resulted in in-home cases being left open far longer than needed (i.e., no lingering risk/safety issues or service needs) or permanency being delayed in foster care cases.

Staff in Area 8 visited children the least during SFY 2016, in only one-third of the reviewed cases (33 percent) while staff in Area 9 visited children in more than three-quarters of the reviewed cases (80 percent). Caseworker visits with parents were a significant issue in most service areas; Areas 6, 9 and 10 were the only Areas to provide more than half of the parents in the reviewed cases with adequate contact. DCFS must find a way to ensure that caseworkers maintain regular contact with both children and their parents. Such visits should occur in the family home and must involve discussions of issues pertinent to safety, permanency and well-being and the achievement of case goals. “Drive-by” visits do not lend themselves to sufficient risk, safety or needs assessments or active family engagement.
**WELL-BEING OUTCOME 2**

<table>
<thead>
<tr>
<th>Well-Being 2: Children receive appropriate services to meet their educational needs (N=93)</th>
<th>SFY 2017 QSPR</th>
<th>Round 3 CFSR</th>
<th>SFY 2016 QSPR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 16: Educational Needs of the Child (N=93)</td>
<td>88%</td>
<td>85%</td>
<td>83%</td>
</tr>
</tbody>
</table>

**Educational Needs of Children**

Staff did well in assessing and addressing the educational needs of children involved with the Division, effectively ensuring the provision of appropriate services in 88 percent of the reviewed cases. Performance has continued to improve on this measure from the SFY 2016 QSPR and the Round 3 CFSR.

**WELL-BEING OUTCOME 3**

<table>
<thead>
<tr>
<th>Well-Being 3: Children receive adequate services to meet their physical and mental health needs (N=124)</th>
<th>SFY 2017 QSPR</th>
<th>Round 3 CFSR</th>
<th>SFY 2016 QSPR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 17: Physical Health of the Child (N=108)</td>
<td>73%</td>
<td>66%</td>
<td>80%</td>
</tr>
<tr>
<td>Item 18: Mental/Behavioral Health of the Child (N=85)</td>
<td>80%</td>
<td>68%</td>
<td>81%</td>
</tr>
</tbody>
</table>

**Physical and Dental Health Needs of Children**

DCFS put forth sufficient effort to assess and address the physical and dental health needs of children involved with the Division in 81 percent of the applicable cases. Arkansas’s performance remained the same since Round 3 of the CFSR, after having dropped by seven percentage points during the SFY 2016 reviews.

**Mental and Behavioral Health Needs of Children**

DCFS put forth sufficient efforts to assess and address the mental and behavioral health needs of children involved with the Division in 80 percent of the applicable cases. Arkansas’s performance improved by twelve percentage points since Round 3 of the CFSR.
SFY 2017 QSPR PERFORMANCE SYNOPSIS

DCFS is charged with protecting victims of child maltreatment from further abuse and neglect. The Division must address initial safety concerns at the onset of the Agency’s involvement with families and then assess and address risk and safety concerns throughout the life of their case. Although the SFY 2017 QSPR highlighted efforts toward prevention of removal and provision of needed services to protect children in their homes, infrequent caseworker visitation prevented the Division from effectively assessing and addressing risk and safety concerns on an on-going basis in a number of the reviewed foster care and in-home cases. For those children who cannot safely remain with their families, DCFS must provide them with safe and stable living arrangements, while also working to sustain their important connections and help them attain permanency in the shortest amount of time possible. With regard to such permanency efforts, the State struggled to maintain children in stable placements, achieve permanency in a timely manner, preserve children’s important connections and support the relationship between the children and their parents through efforts beyond visitation alone. Further, infrequent caseworker visits continued to prevent the Agency from properly assessing and addressing the needs of children and families and from involving them in case planning, impacting overall well-being.

In addition to ensuring children’s safety and fostering permanent connections for children placed in care, DCFS must tend to their physical, mental health and educational needs as well as any others. On the subject of well-being, the Division did a relatively good job of ensuring that the educational needs of children receiving services were met. On the other hand, infrequent contact from caseworkers often prevented DCFS from properly assessing and addressing the needs of children and families and from engaging them in case planning. In fact, insufficient caseworker visitation was the source of many of the Agency’s problems with casework practice in SFY 2017 (and in previous years). Caseworkers are not in clients’ homes often enough and therefore cannot sufficiently carry out many of their assigned responsibilities. Since they are not frequently visiting with families, the caseworkers cannot properly assess strengths, needs, risk or safety, nor can they develop meaningful case plans or arrange for needed services.

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

The 2017 round of reviews underscored similar areas of challenge identified in previous reviews. Many of the problems stemmed from infrequent, inconsequential contact between caseworkers
and clients. There are not many elements of casework practice on which DCFS performs consistently well across all service areas in the state. There are pockets of best practice, and certain Areas perform well in certain areas of practice. However, the agency needs to work towards aligning casework practice throughout the state so that consistent, substantive services are provided to all families. The service areas differ in size and client population, but the way the Division serves clients needs to be consistent statewide.

The following recommendations are provided to help guide change based on the findings from the SFY 2017 QSPR.

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

During this SFY 2017 review, the Agency improved in regard to assessing and managing risk and safety. However, DCFS must continue to focus on prioritizing its workload based on risk and safety to protect children as this was not an area of strength in any of the previous three reviews.

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

▪ **Recommendation 2:** DCFS should work to increase both the frequency and quality of caseworker contact with families.

Even though caseloads must be prioritized based on safety with the most vulnerable children receiving priority, all children and caretakers involved in Arkansas’s child welfare system should receive frequent communication and engagement from their assigned caseworkers. DCFS continues to struggle with maintaining consistent contact with and providing services to children and families, as evidenced by consistently low performance in Well-Being Outcome 1.

As noted previously in the report, frequent, quality caseworker visitation is the cornerstone of effective practice in child welfare from which all other practice builds. If children and families are not seen regularly then risk, safety, strengths and needs cannot be assessed; families cannot be actively involved in case planning; safety, permanency and well-being cannot be ensured; case goals are not likely to be achieved; and cases are likely to be left open longer than needed.

Supervisors must not only ensure that caseworkers are regularly visiting children, parents and foster parents; they must also ensure such visits are substantive. During the SFY 2017 QSPR,
reviewers frequently found that monthly visits in foster care cases occurred while the entire family was at the office for a familial visit or while parents were called to the office for drug screens. Neither setting is conducive to a quality visit. Workers must visit parents in their homes with the intent of spending time discussing relevant case issues. If workers are not having quality interactions with parents in their homes, it is unlikely they can make adequate decisions about when it is safe for children to be reunified. Similarly workers need to be visiting children in their foster homes or family homes and talking to them privately in order to ensure their safety and well-being.

Supervisors must regularly monitor caseworker visits and other casework activities and should monitor the Compliance Outcome Reports (COR), the 120-day visitation reports as well as other DCFS management reports to ensure that staff are visiting clients sufficiently often and engaging them in decision-making.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Safety 1: Children are, first and foremost, protected from abuse and neglect</td>
<td>86%</td>
<td>69%</td>
<td>80%</td>
</tr>
<tr>
<td>Item 1: Timeliness of Initiating Investigations (N=65)</td>
<td>86%</td>
<td>69%</td>
<td>80%</td>
</tr>
<tr>
<td>Safety 2: Children are safely maintained in their homes whenever possible and appropriate</td>
<td>71%</td>
<td>60%</td>
<td>73%</td>
</tr>
<tr>
<td>Item 2: Services to Prevent Removal (N=31)</td>
<td>90%</td>
<td>55%</td>
<td>77%</td>
</tr>
<tr>
<td>Item 3: Risk and Safety Assessment and Management (N=150)</td>
<td>71%</td>
<td>61%</td>
<td>75%</td>
</tr>
<tr>
<td>Permanency 1: Children have permanency and stability in their living situations</td>
<td>37%</td>
<td>36%</td>
<td>44%</td>
</tr>
<tr>
<td>Item 4: Stability of Foster Care Placement (N=90)</td>
<td>68%</td>
<td>70%</td>
<td>78%</td>
</tr>
<tr>
<td>Item 5: Permanency Goal for Child (N=88)</td>
<td>72%</td>
<td>64%</td>
<td>77%</td>
</tr>
<tr>
<td>Item 6: Achieving Reunification, Guardianship, Adoption or APPLA (N=90)</td>
<td>66%</td>
<td>58%</td>
<td>69%</td>
</tr>
<tr>
<td>Permanency 2: The continuity of family relationships and connections is preserved for children</td>
<td>60%</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>Item 7: Placement with Siblings (N=66)</td>
<td>68%</td>
<td>47%</td>
<td>67%</td>
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<td>73%</td>
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<tr>
<td>Item 11: Relationship of Child in Care with Parents (N=57)</td>
<td>58%</td>
<td>48%</td>
<td>45%</td>
</tr>
<tr>
<td>Well-Being 1: Families have enhanced capacity to provide for their children’s needs</td>
<td>45%</td>
<td>39%</td>
<td>45%</td>
</tr>
<tr>
<td>Item 12: Needs and Services of Child, Parents and Foster Parents (N=150)</td>
<td>49%</td>
<td>43%</td>
<td>59%</td>
</tr>
<tr>
<td>Item 13: Child and Family Involvement in Case Planning (N=142)</td>
<td>57%</td>
<td>51%</td>
<td>51%</td>
</tr>
<tr>
<td>Item 14: Caseworker Visits with Child (N=150)</td>
<td>63%</td>
<td>64%</td>
<td>61%</td>
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</table>
### Overview

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

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

Quality assurance is an integral component of both the QSPR and CFSR processes. Quality assurance (QA) activities are interwoven throughout the case review process to ensure fidelity to

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**Item 15: Caseworker Visits with Parents (N=126)**

<table>
<thead>
<tr>
<th>Well-Being 2: Children receive appropriate services to meet their educational needs</th>
<th>50%</th>
<th>48%</th>
<th>45%</th>
</tr>
</thead>
</table>

| Item 16: Educational Needs of the Child (N=93) | 88% | 85% | 83% |

| Well-Being 3: Children receive adequate services to meet their physical and mental health needs | 73% | 66% | 80% |

| Item 17: Physical Health of the Child (N=108) | 81% | 81% | 88% |

| Item 18: Mental/Behavioral Health of the Child (N=85) | 80% | 68% | 81% |
the methodology, integrity of the instruments and information contained therein, and accuracy of
the ratings. The QSPR quality assurance process adheres to the Children’s Bureau’s
expectations and safeguards the validity and reliability of the findings. All cases reviewed must
undergo two levels of quality assurance. The initial, or first-level, QA ensures that reviewers are
accurately rating cases and properly applying the federal instructions within the OSRI. The
secondary, or second-level, QA ensures consistency among all cases reviewed across reviewers
and throughout all service areas within the state. Both levels of quality assurance use a
collaborative approach and place shared responsibility on both the reviewer and QA staff.
Reviewers gather and reconcile the information needed to answer the relevant questions using
the guidance within, and supplemental to, the instrument and the support and guidance of the
quality assurance team. QA staff assist in all phases of the review, from preparation of the case
for the review through the completion of the instrument, by answering questions, working with
reviewers on clarifying issues and assisting reviewers in evaluating/reconciling information to
arrive at appropriate case ratings. Secondary oversight is conducted on all reviewed cases once
the first-level QA and OSRI are completed. The second-level QA is conducted by a QA staff
person other than the individual assigned to the first-level QA, relying on more than one
individual to verify the case review information and ratings are accurate to ensure inter-rater
reliability and accurate determinations. The focus of secondary oversight is to ensure
consistency across the review sites and all reviewers.

In addition to using the OSRI, the QSPR sampling methodology also adheres to the federal
requirements. Since the CFSR reviews were completed within a six-month period (April-Sept.
2016), the QSPR continued to follow a six-month review schedule. The Service Quality and
Practice Improvement Unit conducted QSPRs in each of DCFS’ ten geographic service areas
between January and May 2017. Fifteen stratified, randomly selected cases were reviewed
within each of the service areas, including nine foster care and six in-home cases, totaling 150
case reviews (90 foster care cases and 60 in-home cases) conducted statewide for the SFY 2017
round of reviews. The 15 cases were pulled from three counties within the service areas (three
offices in the case of Area 6); the counties that contributed cases were chosen at random from the
sampling frame for the entire Area. The universe of cases from which the foster care samples
were selected included all children for whom the agency had placement and care responsibility
and who were considered to be in foster care on the basis of AFCARS reporting requirements for
at least 24 hours during the sampling period. The sampling frame for the in-home services cases,
which included Protective Services cases and Differential Response referrals, encompassed all
cases opened for services for at least 45 consecutive days during the sampling period and in
which no children in the family were in foster care for 24 hours or longer during any portion of
the review period.

This report combines the results of the service areas’ QSPRs, providing an overall summary of
the Division’s performance pertaining to the goals of safety, permanency and well-being for
children receiving services. Since SFY 2016 and Round 3 of the CFSR, the statewide scores
have been comprised of straight averages of the combined scores from the ten service areas in
accordance with the approved federal sampling methodology.

As previously stated, the QSPR assesses individual service area and statewide performance with
regard to substantial conformity with seven child and family outcomes. Each outcome
incorporates one or more of the 18 items included in the OSRI, and each item is rated as a Strength or Area Needing Improvement based on an evaluation of certain child welfare practices and processes in the reviewed cases. An item is assigned an overall rating of Strength if 90 percent\(^1\) or more of the applicable cases were rated as a Strength. To be in substantial conformity with a particular outcome, 95 percent or more of the cases reviewed must be rated as having substantially achieved the outcome. Substantial achievement for individual cases is based on the ratings of the individual items within each outcome. The requirements for substantial achievement vary by outcome but generally require that all applicable items be rated as Strengths.

The discussion in this report focuses on the most prominent and significant strengths and areas needing improvement identified during the SFY 2017 reviews. Statewide scores for all items covered in the reviews are presented within each of the safety, permanency and well-being sections and in the Appendix. Given the use of the OSRI which was updated for Round 3 of the CFSR after the SFY 2015 review, comparisons provided within the report are limited to the results for SFY 2016 and Arkansas’s Round 3 CFSR in 2016. They are summarized in Table 5 in the Appendix as well.

\(^1\) Because Item 1 is the only item for Safety Outcome 1 and Item 16 is the only item for Well-Being Outcome 2, the requirement of a 95 percent Strength rating applies to those items.
Ensuring the safety of children and protecting them from maltreatment is the paramount responsibility of the child welfare system. DCFS must address initial safety concerns at the onset of the Division’s involvement with families and then assess and address risk and safety concerns throughout the life of a case. The OSRI assesses safety-related practices accordingly; the tool evaluates the timeliness within which child maltreatment investigations are initiated, the provision of services to safely maintain children in the family home and the efforts to assess risk and safety and mitigate identified concerns. The SFY 2017 QSPR revealed that DCFS continues to improve its efforts around providing needed services to protect children and prevent them from entering foster care. DCFS’ greatest challenge in its safety-focused casework continues to be its efforts to assess the risk to and safety of children involved with the Division, particularly in its in-home cases.

**Strength**

- **Services to Prevent Removal** – The Division provided the necessary services to prevent children from entering foster care in 90 percent of the reviewed cases. Arkansas’s performance around the removal prevention measure was the only item for SFY 2017 to achieve a rating of Strength. All of the service areas achieved substantial conformity with a perfect score, except Areas 8 and 10. The State’s performance for this item has significantly improved since the Round 3 CFSR, as evidenced by an increase of 35 percentage points.

<table>
<thead>
<tr>
<th>Table 1: Safety Outcomes 1 and 2</th>
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</thead>
<tbody>
<tr>
<td><strong>SFY 2017 QSPR</strong></td>
</tr>
<tr>
<td>Safety 1: Children are, first and foremost, protected from abuse and neglect (N=65)</td>
</tr>
<tr>
<td>Item 1: Timeliness of Initiating Investigations (N=65)</td>
</tr>
<tr>
<td>Safety 2: Children are safely maintained in their homes whenever possible and appropriate (N=150)</td>
</tr>
<tr>
<td>Item 2: Services to Prevent Removal (N=31)</td>
</tr>
<tr>
<td>Item 3: Risk and Safety Assessment and Management (N=150)</td>
</tr>
</tbody>
</table>

**Area Needing Improvement**

- **Risk and Safety Assessment and Management** – Regardless of whether children remain in the family home or enter foster care, DCFS is required to assess and address risk and safety concerns for children receiving services. Despite a ten percentage point improvement in performance since Round 3 of the CFSR, sufficient efforts were not made to assess and address risk and safety concerns for children receiving services in over a quarter of the reviewed cases. Consistent with prior years’ reviews, problems were identified with a lack of ongoing, informal assessments due to sparse caseworker visits with families. Caseworkers
were not in the homes enough and therefore could not adequately assess risk and safety concerns. Deficiencies were evidenced in both foster care and in-home cases alike with risk assessments and safety management occurring infrequently in foster care placements as well as in the family homes. Visits occurred only a few times with lengthy periods between visits.

Areas 4 and 5 exhibited the strongest performance on the risk and safety assessment and management measure, with 13 of the 15 reviewed cases (87 percent) achieving a rating of Strength in each of those service areas. Area 6 showed promise in this area of practice with 80 percent of the reviewed cases being in conformity. Area 8 struggled the most with less than half of the reviewed cases (40 percent) achieving a rating of Strength, followed by Areas 1 and 10 with approximately one-third of the reviewed cases rated as being deficient.
PERMANENCY

Children are entitled to permanency, i.e., to legally permanent families who can meet their basic needs as well as relational permanence. When children must be removed from their families to ensure their safety, permanency planning should guide interventions designed to return children to their families of origin as soon as is safely possible or to other nurturing, legally permanent families when return home is not possible. While children are in foster care, the child welfare system must work to support and maintain their relationships with family and friends and their connections to their community, faith and culture. The Round 3 OSRI evaluates permanency-related practices against these standards, and SFY 2017 is now the third complete review (including the Round 3 CFSR) to use this instrument.

The SFY 2017 QSPR did not identify any true strength in practice on any of the permanency measures, but the Division did demonstrate a 17 percentage point increase on Permanency Outcome 2 over the Round 3 CFSR, which is also a three percentage point increase from SFY 2016. Performance on the sibling placement measure alone (Item 7) increased by 21 percentage points from the Round 3 CFSR and contributed to the improvement for Permanency Outcome 2. However, DCFS still struggled with certain performance measures related to permanency, particularly measures promoting bonding between children in care and their parents through efforts beyond visitation alone, and preserving children’s other important connections while in care. In addition, the Division had the most difficulty during the SFY 2017 QSPR with Permanency Outcome 1, of the seven outcomes measured, particularly with regard to stability of foster care placements and achieving timely permanence.

<table>
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<tr>
<th>Table 2: Permanency Outcomes 1 and 2</th>
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<tbody>
<tr>
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<tr>
<td><strong>Permanency 1: Children have permanency and stability in their living situations (N=90)</strong></td>
</tr>
<tr>
<td>Item 4: Stability of Foster Care Placement (N=90)</td>
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<tr>
<td>Item 5: Permanency Goal for Child (N=88)</td>
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<tr>
<td>Item 6: Achieving Reunification, Guardianship, Adoption or APPLA (N=90)</td>
</tr>
<tr>
<td><strong>Permanency 2: The continuity of family relationships and connections is preserved for children (N=88)</strong></td>
</tr>
<tr>
<td>Item 7: Placement with Siblings (N=66)</td>
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<tr>
<td>Item 8: Visiting with Parents and Siblings in Foster Care (N=68)</td>
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<tr>
<td>Item 9: Preserving Connections (N=83)</td>
</tr>
<tr>
<td>Item 10: Relative Placement (N=86)</td>
</tr>
<tr>
<td>Item 11: Relationship of Child in Care with Parents (N=57)</td>
</tr>
</tbody>
</table>

**Areas Needing Improvement**
▪ **Placement Stability** – Children are considered to experience stability if their current placement (or last placement before exiting care) is stable and any moves they have made during the twelve-month period under review have been planned and designed either to achieve case goals or better meet their needs. This is the only permanency measure that declined from the Round 3 CFSR. Although it is only a two percentage point decline, it is a ten percentage point decrease from the SFY 2016 QSPR, and reflective of the continued foster home shortage. Nearly one-third of the reviewed cases (32 percent) were rated as deficient on this measure during the SFY 2017 QSPR. While some of the cases found to be deficient were based on the children’s current placement not being stable (e.g., the use of temporary shelters), most of the deficiencies resulted from placement changes that were not planned by the Agency. In these cases, children were placed in accommodations not equipped to meet their needs or deal with their challenging behaviors. Many requests for a placement change came from the placement providers.

Areas 4 and 6 were very close to attaining substantial conformity with both Areas achieving 89 percent. Area 9 had the most difficulty, with two-thirds of its cases (67 percent) deficient on this measure.

▪ **Efforts to Achieve Permanency Goals** – Appropriate legal and relational permanence should be achieved as timely as possible once a child enters care. While the Division was relatively successful in establishing timely and appropriate permanency goals for children in care, insufficient efforts were made to achieve these goals in one-third of the reviewed cases (34 percent) during SFY 2017. The Agency struggled the most with achieving adoption in a timely manner, whether adoption was the sole or concurrent permanency goal. Many of the deficiencies involved failure to timely prepare adoption paperwork and subsidy requests. Other deficiencies were the result of a lack of concerted effort to achieve reunification, often by not concurrently providing services to both parents.

Area 6 had the most difficulty on this item by failing to achieve timely permanency in more than half of the Area’s reviewed cases (44 percent), while Areas 1 and 10 were both very close to substantial conformity with a rating of 89 percent.

▪ **Preserving Important Connections** – Children form important bonds outside of their immediate families. They may have significant connections to their extended family, community, neighborhood, faith, school and/or friends. Sufficient efforts were not made to maintain these important connections in nearly half of the reviewed cases (48 percent), a three percentage point increase from the Round 3 CFSR, but an eight percentage point decline from the SFY 2016 QSPR. Some of the deficiencies resulted from children not being allowed to visit and/or maintain contact with extended family members with whom they had a connection prior to entering foster care. However, most of the deficient ratings stemmed from children having to change schools because they were placed outside of their home communities. In many instances, the caseworkers did not put forth any extra effort to promote or facilitate possible connections for the children.

Most Areas struggled with this measure during SFY 2017. Areas 4 and 5 performed the worst, making concerted effort in only one-third of the reviewed cases (33 percent).
 Relationship of Children in Care with their Parents – DCFS must work to provide efforts beyond visits to promote and support positive relationships between children in foster care and their parents. While the Division has shown some improvement on this measure from the Round 3 CFSR and SFY 2016 QSPR, sufficient efforts were not made in nearly half of the reviewed cases (42 percent). The majority of the deficiencies resulted from the Agency’s lack of contact with and engagement of parents. While family visits were provided between the children and their parents in most of the deficient cases, efforts to promote additional connections were not found, let alone extra efforts made to support bonding.

Only Area 4 achieved substantial conformity on this measure, working to support positive relationships in all reviewed cases. Areas 3 and 8 fared the worst, putting forth sufficient efforts in only 43 and 33 percent of the reviewed cases, respectively. Caseworkers must work to support and strengthen the parent-child relationship in ways beyond merely providing visitation, including encouraging the parents’ participation in school activities, doctors’ appointments, and/or extracurricular activities. Other ways to help sustain these relationships may include providing or arranging transportation for parents to attend the child's special activities and doctors' appointments or encouraging and facilitating contact with incarcerated parents (where appropriate) or with parents not living in close proximity to the child.
### WELL-BEING

Within the field of child welfare, the broad goal of well-being focuses on the healthy development and functioning of children and adolescents, those conditions that allow children to flourish throughout childhood and into adulthood. Family relationships impact child well-being, including parenting and home environments, so the parents’ and family’s well-being must also be considered here. The Administration on Children, Youth and Families has identified four domains of child well-being: cognitive functioning; physical health and development; emotional/behavioral functioning and social functioning. The Round 3 OSRI emphasizes these domains in assessing child and family well-being.

Although not a true strength in practice based on the score, DCFS was largely successful at tending to the educational needs of children involved with the Division, particularly for children in care. Similar to past years, Arkansas struggled most with Well-Being Outcome 1 during the SFY 2017 QSPR. The Agency often did not properly assess and address the needs of children and families, nor did it involve children and families in case planning. Many of DCFS’ problems in these areas of practice, as well as many of those described above, stem from its failure to consistently provide its clients with sufficiently frequent contact.

<table>
<thead>
<tr>
<th>Table 3: Well-Being Outcomes 1, 2 and 3</th>
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<tbody>
<tr>
<td><strong>SFY 2017 QSPR</strong></td>
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<tr>
<td>-------------------------------</td>
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<tr>
<td><strong>Well-Being 1: Families have enhanced capacity to provide for their children’s needs (N=150)</strong></td>
</tr>
<tr>
<td>Item 12: Needs and Services of Child, Parents and Foster Parents (N=150)</td>
</tr>
<tr>
<td>Item 13: Child and Family Involvement in Case Planning (N=142)</td>
</tr>
<tr>
<td>Item 14: Caseworker Visits with Child (N=150)</td>
</tr>
<tr>
<td>Item 15: Caseworker Visits with Parents (N=126)</td>
</tr>
<tr>
<td><strong>Well-Being 2: Children receive appropriate services to meet their educational needs (N=93)</strong></td>
</tr>
<tr>
<td>Item 16: Educational Needs of the Child (N=93)</td>
</tr>
<tr>
<td><strong>Well-Being 3: Children receive adequate services to meet their physical and mental health needs (N=124)</strong></td>
</tr>
<tr>
<td>Item 17: Physical Health of the Child (N=108)</td>
</tr>
<tr>
<td>Item 18: Mental/Behavioral Health of the Child (N=85)</td>
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</table>
**NEAR STRENGTH**

- **Educational Needs of Children** – Staff did well in assessing and addressing the educational needs of children involved with the Division, effectively ensuring the provision of appropriate services in 88 percent of the reviewed cases. Performance has continued to improve on this measure from the SFY 2016 QSPR and the Round 3 CFSR.

**AREAS NEEDING IMPROVEMENT**

- **Needs and Services of Child, Parents and Foster Parents** – In order to successfully mitigate the challenges that bring families into contact with the Division, their strengths, needs and resources must be competently assessed. That assessment must then guide the development of the case plan and inform the specific interventions that will be utilized to assist families. DCFS did not properly assess the needs of and/or provide appropriate services to children and families in one-half of the reviewed cases (51 percent) during SFY 2017. While this is a six percentage point improvement from the Round 3 CFSR, it is a ten percentage point decline from the SFY 2016 QSPR. As illustrated in Table 4, the Agency continues to be far more successful at tending to the needs of children and foster parents than those of biological parents.

| Table 4: Needs Assessment and Service Provision |
|-----------------------------------------------|-----------------|-----------------|-----------------|
|                                               | SFY 2017 QSPR   | CFSR            | SFY 2016 QSPR   |
| **Item 12** Needs and Services of Child, Parents and Foster Parents | 49%             | 43%             | 59%             |
| **Item 12A** Needs Assessment and Services to Children | 75%             | 72%             | 79%             |
| **Item 12B** Needs Assessment and Services to Parents | 53%             | 44%             | 56%             |
| **Item 12C** Needs Assessment and Services to Foster Parents | 72%             | 89%             | 91%             |

The primary reason for these deficiencies was the same in every service area: the lack of ongoing contact with children and their parents prevented staff from conducting proper ongoing, informal assessments of the families’ needs. There were many instances in various Areas where visits did not occur for periods of several months, if ever. Caseworker turnover was often noted as a reason for the lack of ongoing contact. As uncovered in seven service areas, deficiencies were also frequently the result of workers ignoring certain family members, most notably fathers and incarcerated parents. A final issue uncovered in six of the service areas was incomplete service provision. Needs were often appropriately assessed but workers failed to make appropriate referrals or ensure parents completed the recommended services. In only a few cases was the lack of available services in the community provided as a reason for the deficiency.
No service area attained substantial conformity. Areas 3, 4, 8 and 9 struggled most with assessing need and providing fitting services by failing to meet standards in 40 percent of reviewed cases.

- **Child and Family Involvement in Case Planning** – Children and/or their parents were excluded from the case planning process in nearly half of the reviewed cases (43 percent) during SFY 2017. While this is a six percentage point improvement in performance from the last two reviews, there is room for significantly more improvement. The prevailing problem centered on particular family members being left out of the process. As noted above, the most often excluded parties were fathers and incarcerated parents. Additionally, inconsistent contact between caseworkers and clients prevented meaningful family engagement in many of the deficient cases.

No service area achieved substantial conformity on the engagement measure, but Area 8 involved children, youth and families in case planning the least (36 percent) and at a significantly lower rate than the other nine service areas. DCFS must work to ensure the involvement and participation of all family members in all aspects of case planning. Such family engagement will help to ensure that services are tailored to best address each family member’s strengths and needs and that the Division is only involved with the family for the shortest amount of time needed to accomplish the case goals.

- **Caseworker Visits with Children and their Parents** – Frequent, quality caseworker visitation is the cornerstone of effective practice in child welfare from which all other practice builds. It is through such contact that caseworkers may engage families to successfully assess risk, safety, strengths, needs and resources and work with them to strengthen parental capacity. When these important interactions do not occur, the Agency cannot ensure children’s safety, permanency and well-being or work with families to achieve their case goals. During the SFY 2017 QSPR, children did not receive frequent, substantive caseworker visits in more than one-third of the reviewed cases (37 percent), while caseworkers failed to provide parents with sufficient visits in half of the reviewed cases (50 percent). Performance on these two measures has remained consistently low over the past three reviews. However, as had been uncovered in the SFY 2016 QSPR, there was not a great disparity between the frequencies of visits in foster care versus in-home cases in this year’s review.

The problems with visitation with both children and parents in almost every service area were two-fold, infrequent contact as well as poor-quality communication. As noted in previous items, caseworker contact with clients was too inconsistent or sporadic in most of the cases rated as being deficient. And many of the contacts that did occur were not sufficiently focused on all of the pertinent issues. The reviewers found that some of the children were not spoken with privately and that the length and location of some of the visits was inappropriate, e.g., very brief conversations and visits outside of the home/placement. Caseworkers also failed to focus on issues pertinent to case planning, service delivery and goal achievement during contacts with families in some of the deficient cases. The lack of ongoing, substantive contact with families often resulted in in-home cases being left open far
longer than needed (i.e., no lingering risk/safety issues or service needs) or permanency being delayed in foster care cases.

Staff in Area 8 visited children the least during SFY 2016, in only one-third of the Area’s reviewed cases (33 percent) while staff in Area 9 visited children in more than three-quarters of its Area’s reviewed cases (80 percent). Caseworker visits with parents was a significant issue in most service areas; Areas 6, 9 and 10 were the only Areas to provide more than half of the parents in the reviewed cases with adequate contact. DCFS must find a way to ensure that caseworkers maintain regular contact with both children and their parents. Such visits should occur in the family home and must involve discussions of issues pertinent to safety, permanency and well-being and the achievement of case goals. “Drive-by” visits do not lend themselves to sufficient risk, safety or needs assessments or active family engagement.
SUMMARY & RECOMMENDATIONS

In accordance with federal standards, an individual item is assigned an overall rating of Strength if 90 percent or more of the applicable cases were rated as a Strength, while substantial conformity with a particular outcome requires that 95 percent or more of the reviewed cases be rated as having substantially achieved the outcome. These are lofty expectations, but such high standards are needed considering the critical nature of the work in child welfare. By these standards, a strength in practice was identified during the SFY 2017 QSPR in providing safety-related services to protect children in their homes and prevent their entry into foster care. DCFS was also largely successful at attending to the educational needs of children involved with the Division, but continued progress is needed before that performance is considered a true Strength by the federal standards.

The 2017 round of reviews underscored similar areas of challenge identified in previous reviews. Infrequent caseworker visitation continued to prevent caseworkers from effectively assessing and addressing risk and safety concerns for children involved with the Division. On the subject of permanency, DCFS struggled to maintain children in stable placements, achieve permanency in a timely manner, preserve children’s important connections and support the relationship between them and their parents through efforts beyond visitation alone. Regarding well-being, infrequent caseworker visits continued to prevent the Agency from properly assessing and addressing the needs of children and families and from involving them in case planning. As stated in last year’s report, many of the problems unearthed during this year’s and previous years’ reviews stemmed from infrequent, inconsequential contact between caseworkers and clients.

There are not many elements of casework practice on which DCFS performs consistently well across all service areas in the state. There are pockets of best practice, and certain Areas perform well in certain areas of practice. However, the agency needs to work towards aligning casework practice throughout the state so that consistent, substantive services are provided to families. The service areas differ in size and client population, but the way the Division serves clients needs to be consistent statewide.

The following recommendations are provided to help guide change based on the findings from the SFY 2017 QSPR.

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

  During this SFY 2017 review, the Agency improved in regard to assessing and managing risk and safety. However, DCFS must continue to focus on prioritizing its workload based on risk and safety to protect children, as this was not an area of strength in any of the previous three reviews.

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

- **Recommendation 2:** DCFS should work to increase both the frequency and quality of caseworker contact with families.

Even though caseloads must be prioritized based on safety with the most vulnerable children receiving priority, all children and caretakers involved in Arkansas’s child welfare system should receive frequent communication and engagement from their assigned caseworkers. DCFS continues to struggle with maintaining consistent contact with and providing services to children and families, as evidenced by its consistently low performance in Well-Being Outcome 1.

As noted previously in the report, frequent, quality caseworker visitation is the cornerstone of effective practice in child welfare from which all other practice builds. If children and families are not seen regularly then risk, safety, strengths and needs cannot be assessed; families cannot be actively involved in case planning; safety, permanency and well-being cannot be ensured; case goals are not likely to be achieved; and cases are likely to be left open longer than needed.

Supervisors must ensure that caseworkers are regularly visiting children, parents and foster parents and those visits are substantive. During the SFY 2017 QSPR, reviewers frequently found that monthly visits in foster care cases occurred while the entire family was at the office for a familial visit or while parents were called to the office for drug screens. Neither setting is conducive to a quality visit. Workers must visit parents in their homes with the intent of spending time discussing relevant case issues. If workers are not having quality interactions with parents in their homes, it is unlikely they can make adequate decisions about when it is safe for children to be reunified. Similarly, workers need to be visiting children in their foster homes or family homes and talking to them privately in order to ensure their safety and well-being.

Supervisors must regularly monitor caseworker visits and other casework activities and should monitor the Compliance Outcome Reports (COR) and the 120-day visitation reports as well as other DCFS management reports to ensure that staff are visiting clients sufficiently often and engaging them in decision-making.
<table>
<thead>
<tr>
<th>Table 5: Statewide QSPR/CFSR Comparisons (SFY 2016 – SFY 2017)</th>
<th></th>
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<tbody>
<tr>
<td>SFY 2017 QSPR</td>
<td>Round 3 CFSR</td>
<td>SFY 2016 QSPR</td>
<td></td>
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<tr>
<td>Safety 1: Children are, first and foremost, protected from abuse and neglect</td>
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<td>Safety 2: Children are safely maintained in their homes whenever possible and appropriate</td>
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<td></td>
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<tr>
<td>Item 2: Services to Prevent Removal (N=31)</td>
<td>71%</td>
<td>60%</td>
<td>73%</td>
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<td>90%</td>
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<td>Permanency 1: Children have permanency and stability in their living situations</td>
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<td></td>
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<tr>
<td>Item 4: Stability of Foster Care Placement (N=90)</td>
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<td>61%</td>
<td>75%</td>
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<td>72%</td>
<td>61%</td>
<td>75%</td>
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<td>Item 7: Placement with Siblings (N=66)</td>
<td>68%</td>
<td>47%</td>
<td>67%</td>
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<tr>
<td>Item 8: Visiting with Parents and Siblings in Foster Care (N=68)</td>
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<td>64%</td>
<td>68%</td>
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<tr>
<td>Item 9: Preserving Connections (N=83)</td>
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<td>49%</td>
<td>60%</td>
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<td>70%</td>
<td>73%</td>
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<td>Item 11: Relationship of Child in Care with Parents (N=57)</td>
<td>58%</td>
<td>48%</td>
<td>45%</td>
</tr>
<tr>
<td>Well-Being 1: Families have enhanced capacity to provide for their children’s needs</td>
<td>45%</td>
<td>39%</td>
<td>45%</td>
</tr>
<tr>
<td>Item 12: Needs and Services of Child, Parents and Foster Parents (N=150)</td>
<td>49%</td>
<td>43%</td>
<td>59%</td>
</tr>
<tr>
<td>Item 13: Child and Family Involvement in Case Planning (N=142)</td>
<td>57%</td>
<td>51%</td>
<td>51%</td>
</tr>
<tr>
<td>Item 14: Caseworker Visits with Child (N=150)</td>
<td>63%</td>
<td>64%</td>
<td>61%</td>
</tr>
<tr>
<td>Item 15: Caseworker Visits with Parents (N=126)</td>
<td>50%</td>
<td>48%</td>
<td>45%</td>
</tr>
<tr>
<td>Well-Being 2: Children receive appropriate services to meet their educational needs</td>
<td>88%</td>
<td>85%</td>
<td>83%</td>
</tr>
<tr>
<td>Item 16: Educational Needs of the Child (N=93)</td>
<td>88%</td>
<td>85%</td>
<td>83%</td>
</tr>
<tr>
<td>Well-Being 3: Children receive adequate services to meet their physical and mental health needs</td>
<td>73%</td>
<td>66%</td>
<td>80%</td>
</tr>
<tr>
<td>Item 17: Physical Health of the Child (N=108)</td>
<td>81%</td>
<td>81%</td>
<td>88%</td>
</tr>
<tr>
<td>Item 18: Mental/Behavioral Health of the Child (N=85)</td>
<td>80%</td>
<td>68%</td>
<td>81%</td>
</tr>
<tr>
<td>Area 1</td>
<td>Area 2</td>
<td>Area 3</td>
<td>Area 4</td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Safety 1: Children are, first and foremost, protected from abuse and neglect</td>
<td>91%</td>
<td>75%</td>
<td>100%</td>
</tr>
<tr>
<td>Item 1: Timeliness of Initiating Investigations</td>
<td>91%</td>
<td>75%</td>
<td>100%</td>
</tr>
<tr>
<td>Safety 2: Children are safely maintained in their homes whenever possible and appropriate</td>
<td>67%</td>
<td>73%</td>
<td>60%</td>
</tr>
<tr>
<td>Item 2: Services to Prevent Removal</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Item 3: Risk and Safety Assessment and Management</td>
<td>67%</td>
<td>73%</td>
<td>60%</td>
</tr>
<tr>
<td>Permanency 1: Children have permanency and stability in their living situations</td>
<td>44%</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>Item 4: Stability of Foster Care Placement</td>
<td>56%</td>
<td>67%</td>
<td>78%</td>
</tr>
<tr>
<td>Item 5: Permanency Goal for Child</td>
<td>78%</td>
<td>89%</td>
<td>67%</td>
</tr>
<tr>
<td>Item 6: Achieving Reunif., Guard., Adoption or APPLA</td>
<td>89%</td>
<td>67%</td>
<td>56%</td>
</tr>
<tr>
<td>Permanency 2: The continuity of family relationships and connections is preserved for children</td>
<td>67%</td>
<td>56%</td>
<td>56%</td>
</tr>
<tr>
<td>Item 7: Placement with Siblings</td>
<td>100%</td>
<td>63%</td>
<td>63%</td>
</tr>
<tr>
<td>Item 8: Visiting with Parents and Siblings in Foster Care</td>
<td>100%</td>
<td>50%</td>
<td>78%</td>
</tr>
<tr>
<td>Item 9: Preserving Connections</td>
<td>38%</td>
<td>56%</td>
<td>78%</td>
</tr>
<tr>
<td>Item 10: Relative Placement</td>
<td>67%</td>
<td>100%</td>
<td>67%</td>
</tr>
<tr>
<td>Item 11: Relationship of Child in Care with Parents</td>
<td>50%</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>Well-Being 1: Families have enhanced capacity to provide for their children’s needs</td>
<td>53%</td>
<td>47%</td>
<td>40%</td>
</tr>
<tr>
<td>Item 12: Needs/Services of Child, Parents &amp; Foster Parents</td>
<td>53%</td>
<td>53%</td>
<td>40%</td>
</tr>
<tr>
<td>Item 13: Child and Family Involvement in Case Planning</td>
<td>53%</td>
<td>62%</td>
<td>60%</td>
</tr>
<tr>
<td>Item 14: Caseworker Visits with Child</td>
<td>60%</td>
<td>60%</td>
<td>67%</td>
</tr>
</tbody>
</table>
As part of round three of the Child and Family Service Review (CFSR), the Arkansas Department of Human Services, Division of Children and Family Services (DCFS) conducted a statewide assessment, inclusive of focus groups with stakeholders and partners across the state, of performance on seven systemic factors. The statewide assessment was submitted to the Children’s Bureau on March 25, 2016, and considered eighteen items in its analysis of its performance on outcomes, and the functioning of those systemic factors in relation to title IV-B and IV-E requirements and the title IV-B Child and Family Services Plan. Some item ratings are determined by case review summaries, and some determinations are a combination of assessment and stakeholder interviews. The statewide assessment is not conducted annually, however, so there is not relevant data to update every item for all seven systemic factors. In the round three CFSR submitted in 2016, Arkansas was found to be in substantial conformity with four of the seven systemic factors based on information from the statewide assessment and stakeholder interviews.

Case Review System

Arkansas was not in substantial conformity with the systemic factor of Case Review System, as only three of the five items were rated as a Strength.

Item 21. Written Case Plan. In the round three CFSR, Arkansas presented results of a case record review showing that sufficient effort to involve parents in case planning occurs in only 50 percent of cases. Updated results from the SFY17 case record review show a seven percentage point increase, showing sufficient effort toward parental involvement in case planning in 57 percent of cases.

Item 24. Notice of Hearings and Reviews to Caregivers. In the round three CFSR, Arkansas detailed a SACWIS enhancement made in SFY 2015 that allows staff to document when notice of hearing is provided to caregivers as a distinct contact purpose. Despite messaging, at the time of the statewide assessment the contact purpose had only been used 27 times. Stakeholder input
showed the method of notification varies across DCFS county offices depending upon what is most effective for a particular community and judicial practices; there was no standardized process for providing notice to caregivers or for foster parents to exercise their right to be heard. There is not an update of relevant data for this item at this time, although DCFS continues to message to staff the importance of documenting when notice is given to caregivers of hearings and their right to be heard. This result will also be impacted by activities in the State’s proposed Program Improvement Plan (PIP) through strategies which aim to improve practice consistency across the state, including possible SACWIS enhancements recommended by a collaborative workgroup.

Staff and Provider Training

Arkansas was not in substantial conformity with the systemic factor of Staff and Provider Training, as only one of the three items in this factor was rated a Strength.

Item 26. Initial Staff Training. In the round three CFSR, Arkansas received an overall rating of Area Needing Improvement for Item 26 based on information from the statewide assessment and stakeholder interviews. At this time, there is no update of relevant data or information for this factor, as both this item and Item 27 (Ongoing Staff Training) will be addressed through strategies and activities in the PIP, specifically through a revamp of training with the State’s university partner. The impact of PIP activities will be measured and updated in future reports.

Service Array and Resource Development

Arkansas was not in substantial conformity with the systemic factor of Service Array and Resource Development, as none of the two items in this systemic factor was rated as a Strength.

Item 29. Array of Services. Information in the statewide assessment and collected during stakeholder interviews indicated the state has a basic array of services, but they are not readily accessible to children and families in all areas of the state. There is no current update of relevant data for this factor, as both this item and Item 30 (Individualizing Services) will be addressed through strategies and activities in the proposed PIP. Strategies that will impact these items include modifications to the current assessment tool, the Child and Adolescent Needs and Strengths (CANS) and Family Advocacy and Support Tool (FAST), additional family service worker and supervisor positions, and increased collaboration and regular meetings with stakeholders from the Division of Behavioral Health Services (DBHS), Division of Medical Services (DMS) and substance abuse treatment providers. The impact of PIP activities will be monitored and updated in future reports.

There is no current update of relevant information on systemic factors on which Arkansas was overall found to be in substantial conformity, even if a single item within that factor failed to receive a rating of Strength.
DIVISION OF CHILDREN AND FAMILY SERVICES CONTINUOUS QUALITY IMPROVEMENT PROCESS

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

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

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

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

Foundational Administrative Structure
DCFS is the designated State agency to administer and supervise all child welfare services (Titles IV-B and IV-E of the Social Security Act), including child abuse and neglect prevention, protective, foster care, and adoptive programs in Arkansas. The DCFS Director manages and has administrative responsibilities for the Division. The Director is also an active member of the Child Welfare Agency Review Board. An Assistant Director oversees each of the operational subdivisions within the Division, including the Office of Community Services, the Office of Placement Supports and Community Outreach, the Office Infrastructure and Specialized Programs, and the Office Mental Health and Preventative Services.
The Division is comprised of the following program areas: Prevention/Support, Child Protective Services, In-Home Services (which includes Differential Response), Behavioral Health, Specialized Placements, Specialized Services, Child and Adolescent Needs and Strengths/Family Advocacy Support Tool (CANS/FAST), Arkansas Creating Connections for Children (ARCCC), Foster Care, Adoptions, Transitional Youth Services, Education, Planning, Quality Assurance and Service Quality and Practice Improvement, Policy, and Professional Development. Together, these units are responsible for the provision of administrative and programmatic support for the State’s network of child welfare services as well as short- and long-term planning and policy development.

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

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

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

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

Public Laws:

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

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

The Children's Reporting and Information System (CHRIS), Arkansas’s State Automated Child Welfare Information System (SACWIS), is administered by the Office of Systems and
Technology (OST) within DHS. CHRIS provides Arkansas with a single, integrated system to help staff and management in providing more effective and efficient operations within the functions of the child welfare system. CHRIS is accessible (desktop and 24-hour remote access) and supports the full scope of services provided by the Division. It serves as a centralized source to store information (e.g., client, legal and service information) and manage workloads (e.g., its tickler system for reminding workers/supervisors of time sensitive tasks). The information system also meets DCFS’ needs surrounding federal reporting federal financial participation requirements, including those required for the Adoption and Foster Care Analysis and Reporting System (AFCARS). For data management, OST has moved from individual data warehouses to a consolidated warehouse with a decision support system and is working on dashboard capabilities for all Divisions.

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

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

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

DCFS utilizes several strategies to assess the effectiveness of its staff, services, and programs as well as to ensure that those lead to improved outcomes for children and families. DCFS develops a number of reports, evaluations and other mechanisms to measure the quality of its services. In particular, the Division makes concerted efforts to monitor its staff in relation to best case practice, and it identifies areas of strength in practice as well as areas needing improvement. Agency staff ensures that the development of any new reports or other methodologies is in line with CFSR benchmarks and the goals outlined in the Division’s previous Program Improvement Plan (PIP).
An increasing number of the Division’s reports are being built around the three core goals of child welfare—child safety, permanency and well-being—while also considering and accounting for other factors that might support or even impede these goals. Reports generally track performance over time, as well as compare performance to federal standards when applicable.

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

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

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

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

- **Compliance Outcome Report (COR)** – The COR represents a monthly report that assesses the performance of DCFS caseworkers in divisional and regional areas. Specifically, the COR measures 35 indicators that represent standard casework or case-related activities, many of which must comply with state regulatory requirements.
Quarterly Performance Report (QPR) – The QPR is a statistical report created for legislative committees dealing with the youth and children who are involved with DCFS. The report is completed quarterly for the state fiscal year and consists of three components: a compliance index, performance indicators, and a description of population and services.

Annual Report Card (ARC) – The ARC is a statistical report that is also created for legislative committees dealing with youth and children involved with DCFS. The ARC is reported for each state fiscal year and is structured similar to the QPR. The report deals with the demographics of the population served by DCFS and documents any observable trends over time.

Family Preservation Services Evaluation – DCFS conducts this evaluation on an annual basis, in accordance with state law. The goal of family preservation services (FPS) is to keep families intact (prevent the removal of children from home) or achieve reunification expeditiously (if children are in foster care). This evaluation describes the proportion of families and children who need services; the proportion who subsequently receive services; and then tracks their progress at specific intervals after receiving those services. The report also examines the impact that services have in terms of preventing future involvement with the agency.

Program Monitoring – Since SFY 2010, DCFS has been conducting contract monitoring reviews of many of its service providers. These reviews have been part of the Division’s comprehensive effort to improve the quality of its service delivery system as well as the outcomes it achieves for children and families. During previous years DCFS has reviewed its residential treatment facilities, therapeutic foster homes, sexual offender treatment programs, outpatient counseling agencies, intensive family service providers, and psychological evaluation providers. In SFY 2013, DCFS made a conscious effort to review (1) the performance of the state’s Child Abuse Hotline, which is operated by and housed within the Arkansas State Police, as well as (its internal operated differential response (DR) program:

Summary of Garrett’s Law Referrals – On an annual basis, DCFS completes an analysis of Garrett’s Law referrals received during the most recently completed state fiscal year. Garrett’s Law refers to a bill enacted in 2005 that intended to address situations in which a mother gives birth to a child, and either the mother or the newborn is found to have an illegal substance in his or her system. According to the law, the presence of an illegal substance in either the mother or newborn is sufficient to substantiate an allegation of neglect. The report presents information regarding the number of Garrett’s Law referrals received annually; the types of drugs cited in these referrals; how DCFS responds to Garrett’s Law referrals; and whether the parents involved in these referrals receive any type of treatment.
The DCFS Internal Child Death Review Committee is another component of the Division’s CQI processes. The Agency reviews reports on all deaths from all cases of children with whom the agency has been involved in any way during the twelve months prior to the child’s death. However, the review population is not limited to children who died from abuse or neglect. The DCFS Internal Child Death Review Committee reviews DCFS actions and prior involvement in order to make recommendations to improve child safety and investigative practices both locally and statewide. The standing committee consists of the DCFS Director, the Assistant Director and Program Administrators for Community Services, the CPS Manager and the CQI Manager, but all pertinent field staff are engaged throughout the review process. The DCFS Director reviews all recommendations from the Committee and assigns them to the appropriate staff within her administrative team for implementation. Upon approval and implementation of the recommendations, the Director reports the implementation of the recommended actions to the DCFS Executive Staff. In addition, DCFS policy and procedures are updated to reflect any needed changes identified through these reviews. As a result of the internal child death review process, additional training has been provided to investigators and supervisors to improve the quality of the investigations and to ensure timely documentation and disposition.

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

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

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

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

Case Record Review Data and Process
Arkansas currently utilizes its Quality Services Peer Reviews (QSPR) as a central component of its CQI processes. QSPRs are monitoring tools used to evaluate Arkansas’s child welfare system that mirror the onsite Child and Family Services Review (CFSR) methods. The Service Quality and Practice Improvement Unit employs an ongoing, two-pronged annual process for conducting QSPRs in each of the Division’s ten geographical service areas. The first prong involves the actual case reviews, while the second prong includes using the data to influence practice, e.g., via coaching sessions and the CQI meetings. Logistically, it used to involve two separate processes (or prongs), but the case review and coaching rounds have been combined so that staff are being coached on the actual case ratings that constitute the QSPR. A stratified, random sample of thirty cases is drawn from each Area prior to the beginning of the reviews. The cases are stratified among case type, permanency goal and county and include varying ages and demographics and are representative of the children and youth served by each respective service area. The manager then assigns a relatively equal proportion of cases to each of the reviewers. The review process begins with an evaluation of the records contained in CHRIS. The reviewers are then deployed into the county offices for an onsite review. During the onsite review, the physical case files are reviewed and individuals pertinent to the cases are interviewed, e.g., children, parents, foster parents, ad litems, providers, etc. The quality assurance reviewers score the cases and write up their findings based on the totality of information collected during the review. Both the quantitative and qualitative data collected are used to describe the effectiveness of agency interventions and services. The manager of the unit, DCFS’ CQI Manager, reviews all of the reviewers’ scoring of the cases in the same way that someone reviews all of the cases in the federal CFSR process. When scores are not sufficiently well documented, staff are required to produce additional justifications for their scores. The intent is to ensure inter-rater reliability and fidelity to the process/protocol.

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

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

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

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

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

**Analysis and Dissemination of Quality Data**

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

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

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

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

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

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

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

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

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

- Continuously assessing the status of each county’s implementation of the practice model framework
- Continuously monitoring the number of children entering foster care and working to increase the number of children being safely supported in their own homes
- Continually assessing the training partnership and repositioning to effectively support the field
- Continually analyzing policy and procedure to ensure its alignment with the practice model
- Continuing to strengthen the their relationships with the Crimes Against Children Division (CACD) and local law enforcement
- Continuously assessing the training partnership and repositioning to effectively support the field
- Continuously improving the assessment of families’ needs and access to services
- Providing timely and appropriate matches for children awaiting adoption
- Continuously assessing practices and services for youth in foster care and developing effective ways of measuring success when transitioning to adulthood
- Effectively messaging for community and stakeholders’ understanding of DCFS’ role
- Continually improving collaborations between the courts and DCFS
- Continually assessing and monitoring the effectiveness of strategies that support and will sustain the DCFS transformation process
- Implementing varied strategies for recognition and recruitment of staff and decreased turnover
- Continuously assessing and evaluating the effectiveness of retention strategies
- Developing and utilizing data reports to accurately identify resources in local communities
- Continually working to improve contracts and purchased services for children and families to achieve better outcomes
- Continually improving placement stability, decreasing sibling separation as well as decreasing the utilization of group home living for older youth
- Developing specialized foster families with experience to meet the individualized needs of children entering foster care
- Recruiting and developing adoptive homes capable of meeting the needs of all children awaiting adoptive placement and decrease in disruption of adoptions
- Continually analyzing data reports and feedback on accuracy and developing strategies as a result of this analysis and feedback to improve practice with families
- Ensuring the availability of accurate data management reports for managers and supervisors to use in improving practice

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

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

DCFS’ Recruitment Plan includes involvement of field staff, particularly the Action Plan written as part of the 2012 Regional Roundtables. In that initiative 100 children who had been on the waiting the longest for an adoptive placement were selected, case was reviewed and permanency roundtables were scheduled to include adoption staff, the county worker assigned to the case, AAL’s, CASA, OCC attorneys, and anyone else who has involvement in the case, in order to make decisions on the appropriate goal, possible placements and needed services. Arkansas is now moving toward Rapid Reviews which is another tool to expedite permanency for children.

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

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

The Pulaski County Zero to Three Safe Babies Court Team (SBCT) Project is another example of how DCFS partners with external stakeholders to improve Arkansas’s child welfare system. Zero to Three is a systems change initiative focused on improving how the courts, child welfare agencies, and child-serving organizations work together, share information and expedite services for young children. The local Community Coordinators for the Safe Babies Court Team Project works with Judge Warren in Pulaski County and Judge Elmore in Lonoke County to support local Court Team activities by facilitating coordination and collaboration among community
stakeholders, scheduling Court Team meetings, and conducting follow-up activities related to Court Team goals. The SBCT Project has worked on developing post-removal conferences and a Parent Partner Program to involve biological parents who have previously been involved in the child welfare system in supporting biological parents who are currently participating in the SBCT Project by helping them to navigate the child welfare system and serving as an additional support to them.

With the direction the agency is going in regards to prevention, strength-based approach and community involvement and increased community awareness of the needs of the families served, the Division formed an Advocacy Council to help further our message and the direction of the child welfare agency. As noted in last year’s report, in January 2014 a letter extending an invitation to become a part of the agency’s new Advocacy Council was sent to 29 potential members. The professions represented on the council are judges, juvenile justice, CASA, prosecuting attorney’s office, faith based communities including the CALL, medical, behavioral/mental health, clinical, women and children’s health, law enforcement, higher education, K-12 education, Commission on Child Abuse, Rape and Domestic Violence, Advocates for Children and Family, foster care alumni, foster parent, biological parent, current youth in care and community at large. In SFY 2016 the Advocacy Council’s work included helping with messaging regarding DCFS legislation and sharing materials developed by the Arkansas Association for Infant Mental Health and Arkansas Advocates for Children and Families to raise awareness about the child welfare system and resources needed to support vulnerable children as referenced on pp. 5-6 of this document.

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

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

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

**Title IV-E Waiver Demonstration Project**

**Overview**

Arkansas is nearing the end of 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,

Six 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;
- Permanency Roundtables;
- Nurturing Parenting Program; and
- Targeted Recruitment.

These interventions are at varying stages of implementation, but progress continues for all of the interventions, except for Permanency Roundtables. This report summarizes the project and evaluation activities and accomplishments for Arkansas’s Waiver during the period of August 1, 2016 through May 31, 2017.

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

Program Improvement Policies

Arkansas selected key program improvement policies, including the six 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 three and a half 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 Permanency Roundtables and Arkansas’s Creating Connections for Children (ARCCC) program are 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.

Differential Response

Arkansas’s Differential Response (DR) program was implemented statewide in August 2013. As reported in prior reports, the program is administered by the DR Program Unit in Central Office, which consists of the DR Program Manager and DR Program Specialist, and is implemented by DR Specialists and Supervisors in each service area. There were no significant policy or procedural changes within the DR program during the reporting period. The following data and accomplishments represent the DR program’s functioning between August 1, 2016 and May 31, 2017:

Differential Response Data:

- DR referrals worked: 4,595
- DR referrals screened out: 484
- DR referrals re-assigned to investigations: 993

The Differential Response Staff worked 4,443 referrals during SFY 16 and 1,236 were sent to investigation and 499 were screened out.
During the reporting period for SFY 17 excluding the month of June 2017 the Differential Response Staff worked 4,782 DR referrals which is a 14.1 percent increase from the previous year once June 2017 referrals are added.

The state has seen an increase in reports to the child abuse hotline over the last year. An increase in media coverage as well as the Governor’s attention to the child welfare system could possibly attribute to the rise in volume of both Investigation and Differential Response Referrals.

For SFY 17, with the exception of June 2017, 504 DR referrals were screened out and 1,060 were sent to investigation

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

Summary of Differential Response Activities:

**August 2016**
- Shadowing DR staff in Areas 4, 5, and 9
- DR Program Unit participated in Building Healthy Communities to Promote Child and Family Well-Being Webinar
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Program Unit participated in Protective Factors and Protective Capacities Webinar
- DR Program Unit participated in Innovative Prevention Planning Framework: Blending Multiple Strategies Together to Achieve Collective Impact Webinar

**September 2016**
- Shadowing DR staff in Areas 3, 6, and 7
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Program Unit participated in Prevention Program Planning Training
- DR Program Unit participated in Child Protector Application Training

**October 2016**
- Shadowing DR staff in Areas 1, 5, and 7
- DR Program Unit trained Area 7 DR Supervisors
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Program Manager attended Area Director Meeting to discuss DR and review the program’s monthly report
- DR Program Unit attended CHRIS meetings to discuss upcoming program updates
- DR Program Unit tested CHRIS to ensure no errors occurred in the enhancements made for the upcoming release

**November 2016**
- Shadowing DR staff in area 8
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Program Manager attended Area Director Meeting to discuss DR and review the program’s monthly report
- DR Program Manager attended the International Conference on Family Engagement

**December 2016**
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- Shadowing DR staff in Areas 9 and 10

**January 2017**
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Program Unit attended CHRIS meetings to discuss upcoming program updates
- Shadowing DR staff in Areas 2 and 9
- DR Program Unit met with Area 9 DR staff and supervisor to ensure best practice and policy review
- DR Program Manager attended Area Director Meeting to discuss DR and review the program’s monthly report
- DR Program Unit met with Arkansas Children’s Hospital Social Workers to discuss DR program

**February 2017**
- Met with Area 7 DR Supervisors
- DR Program Unit attended CHRIS meetings to discuss upcoming program updates
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- Conducted DR training for new staff

**March 2017**
- DR Program Unit attended CHRIS meetings to discuss upcoming program updates
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- Shadowing DR staff in Area 8

**April 2017**
- 1-day DR training held in Area 4
- DR Program Unit attended CHRIS meetings to discuss upcoming program updates
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- Met with new Waiver lead to discuss DR program
- Met with MidSouth Partnership to discuss incorporation of DR training into new worker training module
- Spoke at the Crimes Against Children Division and provided information on the DR program
- Held ½ day training for Area 6 investigators
• Attended a meeting at the Pulaski County Special School District regarding the DR Program
• Held a ½ day refresher training in Area 2 for DR supervisor

May 2017
• DR Program Unit attended CHRIS meetings to discuss upcoming program updates
• DR Program Manager attended Waiver Core Team meeting to provide DR updates

CANS & FAST Functional Assessment Tools

As reported in our previous Semi Annual Report, the Division shifted the originally planned phase-in approach for the Child and Adolescent Needs and Strengths (CANS) and Family Advocacy and Support Tool (FAST) intervention to an implementation in two counties (Pulaski and Miller) in November 2014 followed by all remaining counties on February 12, 2015.

The decision to implement the assessment tools in Pulaski and Miller counties were based on several factors. Pulaski County is the largest urban county (by population) in the state while Miller County is a more rural county in Arkansas. Pulaski has a high enough volume of cases and has a well-balanced case-to-worker ratio to effectively implement the tools. Moreover, the Miller County Supervisor participated in the national CANS training in 2013 and certified on the CANS assessment tool. Therefore, she was able to support staff and guide them on the use of the tools.

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

During a previous reporting period, the larger CANS/FAST Implementation Committee was ‘put on hold’ to allow the program manager to focus on more specific work to occur in various other workgroups/sub-committees. These other targeted efforts have included the program manager holding workshops with the identified CANS Champions across the state; serving on an In-home Workgroup to ensure focus on best practice use of FAST with in-home cases; working extensively with the MidSOUTH curriculum writers to develop appropriate training surrounding CANS/FAST for workers, supervisors and community stakeholders; and beginning to work within the CANS/FAST Annual Revision workgroup to look at necessary changes and improvements to the Arkansas tools.

The CANS/FAST Program Manager also continues to attend several meetings across the state with various stakeholder groups to introduce CANS/FAST and answer questions, including Court Improvement Team Meetings in several counties and the Statewide Court Appointed
Special Advocates Meeting. 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 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. The program manager attends these sessions to offer support and answer any DCFS-specific questions. Local area Champions also attend whenever possible to provide stakeholders a contact at the local level and answer any area specific questions that might come up. Announcements of these trainings were 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 six rounds of these trainings conducted to far, holding a training at each of the five MidSOUTH sites across the state, for a total of 30 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. A fifth round is scheduled and will take place in the coming months. 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.

Dr. John Lyons continues to serve in a consultative and technical assistance capacity for Arkansas. As previously reported, he assisted in the development of the State’s CANS/FAST implementation plan and served as the primary trainer for the two initial counties and the Academic Partnership for Public Child Welfare (i.e., IV-E University Partnership) in October 2014 and for the remainder of the statewide staff in January 2015. After the initial trainings, Dr. Lyons (or one of his coaches) also facilitated multiple coaching calls that were arranged for the field supervisors across the state to discuss best practice use of CANS and FAST and also complete additional vignettes to strengthen fidelity of use.

The supervisors are encouraged to use the practice scenarios completed on the call to then do inter-office trainings with their staff to improve fidelity and reinforce workers understanding of the tools. There were no coaching calls that took place during this reporting period, however, with turnover and hiring new supervisors, many supervisors had not received the previous coaching call materials. The program manager attended the quarterly statewide supervisors meeting in each area of the state and presented some of the material previously covered in coaching calls including best practice in supervision of CANS/FAST, how to determine quality CANS/FAST and steps in the review/approval process, and coaching to best practice and supporting fidelity of the model including providing structured coaching materials/activities for
supervisors to take back and facilitate with their staff. Previous coaching call topics have included ‘Meaningful Use of the CANS,’ ‘CANS as a Communication Tool,’ an in depth review of the six key characteristics of the CANS and how to determine appropriate ratings, and case reviews from a supervisor’s perspective on a real (but de-identified) DCFS FAST and case.

Dr. Lyons has also been available for consultation as Arkansas looks at potential changes to the current tools and future development of new tools. During a previous reporting period, Dr. Lyons approved changes to the rating scale for the trauma section of the CANS (which was implemented in August 2016) and expressed support of Arkansas beginning the process of converting to a hybrid CANS/FAST modeled after Utah’s UFACE for both in-home and out-of-home cases (any modules specific to foster care/out-of-home case would just be triggered). A condensed version of this hybrid tool will then be employed for use in investigations/differential response. Arkansas’s research suggests that most states that utilize multiple different tools use CANS for a level of care recommendation for children in foster care (which 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 surround 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 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 Division has offered ongoing support for this IV-E Waiver initiative by continuing to add frontline field staff to counties where the caseload-to-worker ratio is still high (above 25 cases) and, as referenced above, hiring a program manager dedicated solely to CANS/FAST in central office to ensure fidelity is monitored as well as to provide ongoing support to the field throughout implementation. The program manager 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, an extra-help position has been added 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 this 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 is currently working with Casey Family Programs to do a larger data review of all the CANS for this identified population. During this review period, the CANS unit began a new project of 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 or below) 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 and 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.

The aforementioned coaching calls also provide a forum in which practice issues and proper use of CANS/FAST may be discussed, and again, though calls were not held this review period, the program manager focused on ensuring that the supervisors were bringing the tools back and using the information and tools provided to coach their workers and provide best practice examples of CANS/FAST. In addition, it was because of some of these practice issues referenced
above that DCFS decided to conduct full refresher trainings prior to recertification last year instead of just allowing staff to use the CANS training website to recertify. The refresher trainings focused on best practice and highlighted some of the issues identified to date. These trainings were mandatory for all staff that directly work with CANS and FAST and all supervisors. These trainings reviewed all aspects of CANS and FAST and focused on what it means to use CANS as a communication tool (and what that should look like in real practice), what makes up a ‘quality’ CANS/FAST, the importance of proper engagement with families and how the CANS/FAST should be guiding case decisions and driving the case plan. 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 who 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) liaison 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 this 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 a previous review period, the program manager also worked with MidSOUTH and the Partnership who developed the federally mandated Human Trafficking Trainings to incorporate a CANS/FAST component to these trainings to ensure workers are making the connection of where to document various case details in the assessment and how to utilize those identified needs to determine appropriate services for this population. In the activity developed, the workers practice with case scenarios that involve human trafficking and identify where various details would be reflected and documented in the CANS or FAST assessment for the child/family, and then go on to discuss service options based on these identified needs. These trainings began around December and continued through February 2017 statewide.

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 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).

CANS/FAST Champions have been identified in each service area. These individuals are field supervisors who oversee Protective Service and/or Foster Care cases who were identified as a leader in the area by the Area Director. Their role is to be a peer in the field who staff can go to if they have questions or need help and to help achieve buy-in at the county and service area level. The program manager has worked with the champions to build their skills and knowledge around CANS/FAST so they can truly be leaders of CANS/FAST in their respective areas. The program manager has provided additional trainings and support, and the Champions have taken on assignments in their areas to do presentations/small group trainings with staff or engage stakeholders regarding CANS/FAST. So far, seven champions have also had the opportunity to participate in a site visit to another state using CANS or go to the Annual CANS Conference and bring that knowledge learned back to the field. The CANS Champions have also been working with the program manager to identify coaching tools that can be shared among supervisors for CANS. At this time, many of the supervisors originally identified as CANS Champions have moved into new roles. The CANS manager is currently utilizing the case review process to identify supervisors who seem to be promoting best practice with CANS/FAST and looking for fidelity of the model to identify some additional/new Champions across the state.

CANS/FAST has been implemented statewide for almost two years now (since February 2015). As of June 14, 2017, there were 11,505 children in 6,267 cases assessed in a CANS, and 26,317 children in 11,996 cases assessed in a FAST.

As of 06/14/2017:
- Approved CANS: 11505 Clients in 6267 Cases
- Approved CANS in Pending Case Plan: 386 Clients in 178 Cases
- Approved CANS in Approved Case Plan: 11210 Clients in 6057 Cases
- Approved FAST: 26317 Clients in 11996 Cases
- Approved FAST in Pending Case Plan: 415 Clients in 170 Cases
- Approved FAST in Approved Case Plan: 21735 Clients in 9694 Cases

Summary of CANS/FAST Activities:

February 2017
- Program Manager attended CHRIS/Exec Mtg to discuss ITN prioritization and March CHRIS release
- Ongoing CHRIS Meeting on CANS specific ITN’s including automating due dates for CANS/FAST/Case Plan to comply with policy and promote compliance
- CANS/FAST Annual Revision Workgroup Meeting
- Refresher CANS Trainings took place in Jonesboro, Little Rock, Arkadelphia, Fayetteville, and Monticello
- CANS Stakeholder Orientations took place in Little Rock and Monticello
- Ongoing Waiver Core Team Meetings
- Program Manager presented at Statewide Supervisors Meetings in Stuttgart, Fort Smith, and Arkadelphia
- Program Manager provided CANS and case plans to SBCT liaison in preparation for upcoming SBCT Family Team Meetings

**March 2017**

- Continued work on finalizing PIP strategies that will involve CANS (these include implementation of the hybrid tool, development of new reports to monitor fidelity verses just compliance, development of a new hands-on training to focus on continued practice issues for both workers and supervisors, and case review strategies)
- Stakeholder Orientations took place in Jonesboro, Arkadelphia, and Fayetteville
- Continued CHRIS Meetings on CANS ITN re: automated due dates
- CHRIS Mtg-Human/Sex Trafficking enhancement-CANS/FAST involvement
- CHRIS Testing with developers for release
- Cost Allocation Meeting re: CANS employee job duty/functions
- Submitted proposal to Praed Foundation to present at the Annual CANS Conference again in October
- Ongoing Waiver Core Team Meetings
- Present at Little Rock Supervisors Meeting
- E-mail went out to AD’s regarding upcoming CANS enhancement explaining in detail the new tickler/alerts and automation of due dates. Asked to share with field.
- Ongoing SBCT meetings including working with facilitator and SBCT liaison to further incorporate CANS and develop new agenda/forms that align with CANS information/items
- Conference call with Midsouth CHRIS trainers re: CANS/CP due date enhancements
- Meet with HZA on COR changes to coincide with CHRIS enhancement re: automating case plan due dates
- CHRIS release with ITN on case plan due date automation live

**April 2017**

- Finalized dates with Midsouth for next round of Stakeholder Orientations:
- Confirmed/finalized upcoming Refresher Trainings:
- Sent email to area directors announcing upcoming training dates for CANS Refreshers, Stakeholder Orientations, and letting them know we are going to be doing some weekend foster parent trainings per request. Asked them to share this info with staff.
- Ongoing CHRIS meetings to discuss release defects from automated due date ITN
- Request to CHRIS to add ITN to update the 90-day compliance report on CHRIS Net to align with new due date logic
- Monthly Exec/CHRIS meeting
- Present at Jonesboro Supervisors Meeting
- Meet with ABC Homes staff (private license foster homes) about ‘pilot’ project with collaborating/coordinating with the case manager from ABC on the CANS for children placed in ABC private licensed foster homes. Sent documents and info toon CANS (engagement guides, tip sheets, etc). Got her in contact with Praed to get certified in CANS
- Attend Family Team Meetings for SBCT cases in Pulaski
- Ongoing Waiver Core Team Meetings
- Phone Conference with Casey Family Programs on Stuck Kids Review Project Data Dump/Export
- DCFS all went out re: upcoming Refresher Trainings and Stakeholder Orientation dates; reiterated messaging on CANS as a communication tool and the importance of transparency and sharing in this model
- Finalized parameters for report request for CANS unit to use for upcoming Initial Review Project (based on recently approved initial case plans)
- Finalized survey monkey review tool for Initial Assessment/Case Plan Review Project
- CANS unit (manager and extra-help reviewer) completed first case review on the new tool together and staffed case/tool. Discussed review process for this project and identified support tools to send with reviews based on the needs of the worker (case plan examples, CANS/FAST examples, flyer on strengths scoring, flyer on communication, engagement guides, etc.). Support tools can be sent with review as reference/training for the worker to utilize in doing the update.
- First review went out from CANS Initial Review project.
- Email went out to AD’s introducing the Initial Review Project explaining what we will be reviewing, providing a sample of the review tool, and other details of the project.
- Manager attended quarterly Training and Staff Development Team Meeting
- Manager requested time on Area 2’s upcoming supervisor or staff meeting to introduce the ABC Homes manager and our plan to pilot coordinating with the ABC case manager on the CANS for children placed in these homes.
- Help SBCT coordinate with workers on getting updates CANS/CP emailed out to parties for upcoming staffings
- CANS Refresher Trainings held at Little Rock and Jonesboro
- Attend and speak at Greene County/Paragould Court Improvement Meeting. Gave info and training on case plan regarding quality and policy compliance. Provided examples of quality case planning and reiterated importance of developing case plan with all parties input. Provided examples of how the CANS/FAST should develop the case plan with collaboration of all parties. Also discussed court reports and other issues.
- Manager attended as speaker at Jonesboro Foster Parent Conference re: CANS and a foster parents role

May 2017
- Compile (and provide to extra-help reviewer) list of resources to share with CANS/FAST reviews as they go out. These include examples of quality FAST and CP, example of quality CANS and partial case plan, handouts from Dr. Lyons/Praed on making difficult rating decisions, understanding strengths scoring, and family engagement, communication flyer, flyer to use to introduce CANS/FAST at staffings/to families, engagement tools, etc. These will be sent out along with reviews based on the areas identified that the worker need some extra coaching
- Sent out flyer with upcoming CANS Stakeholder trainings out to AOC, OCC, and CASA email groups, and also sent to providers.
• CANS unit will begin focusing ‘Initial Review Project’ on area 2 intake unit workers to determine quality, per request from Community Services assistant director.

• Attended Procurement Training

• Began discussions with Chapin Hall re: this year’s contract/budget and sent proposed budget based on needs for this year.

• Monthly CHRIS/Exec Mtg

• Meet with CHRIS (Evangeline/Alicia) on outstanding CANS ITN’s and issues related to recent ITN release

• Sent out monthly reports to AD’s with all CHRIS Net reports and other general updates such as upcoming Refresher Trainings and Stakeholder Orientations

• Sent flyer with Stakeholder Orientations to foster care manager to send out to foster parent emails

• Waiver Core Team Meetings; reviewed sponsor form and draft of form for hybrid CANS/FAST tool with group. Per request, will also identify case workers with lower workloads from CANS unit report to select reviews from to see if lower case loads are doing better quality work.

• Program Manager sent out CANS for all upcoming SBCT FTM’s to liaison and facilitator to use to develop agendas. Emailed Area 6 Director with concern that despite multiple requests for the CANS and updated Case Plans on these cases Pulaski staff did not provide these to the team. SBCT liaison is specifically requesting CANS by a certain date prior to the staffings and staff are not complying.

• CANS Refresher Training-Fayetteville; Area 2 intake unit in attendance per request as well as 2 PS workers from Sebastian in attendance per request-this is due to issues identified in case reviews

• Foster Parent Saturday Training in Springdale

• Attend SBCT FTM’s

• Attend and do session at New Supervisor Training at Midsouth (reviewed supervision of CANS/FAST, coaching, provided coaching activities and tools)

• Sent request to HAZ to add a column showing the primary workers workload # on weekly CANS report we are reviewing from to identify lower workloads for review.
Team Decision Making

Arkansas previously launched the Annie E. Casey Foundation’s Team Decision Making (TDM) model in Saline, Conway, Faulkner, Craighead, Lawrence, Randolph, Pulaski, Pope and Sebastian, Crawford, Garland, Hot Spring, Perry, Miller, Lafayette, Union, Columbia, and Greene Counties. Van Buren County implemented TDM on May 2, 2016, followed by Clay, Sharp, Hempstead, Nevada, and Ouachita Counties on June 13, 2016. DCFS used removal data, staff capacity data and information, and geographic considerations when determining in which counties to implement TDM. With an implementation date still to be determined, the next implementation phase will include Washington and Madison Counties in Area 1; Lonoke and Prairie Counties in Area 7; Crittenden, Cross, Poinsett, and Woodruff Counties in Area 9; and St. Francis, Lee, Monroe, Phillips, and Arkansas Counties in Area 10. Statewide implementation is tentatively scheduled for July 1, 2018.

On March 14, 2016, the Area 6 TDM Facilitator was promoted to TDM Supervisor leaving the Area 6 position vacant. Since the Area 6 Facilitator was promoted in March 2016, a hire freeze request was submitted and approved for the Area 6 vacancy. An applicant was selected from the register, and this new Area 6 TDM Facilitator started on June 13, 2016.

In October 2016, the Area 6 and Area 8 Facilitators turned in their letters of resignation, both effective in November 2016, to accept different positions. At that time, hire freeze approval requests were submitted to fill the upcoming vacant positions. Bowen Law School mediators and the TDM Supervisor have acted as back-ups for Area 8. The Facilitators from Areas 3 and 4 and the TDM Supervisor have acted as back-ups for Area 6. In December 2016, the freeze approval requests were approved to fill the vacant positions. A selection was made on the first hire registers. The Area 6 Facilitator started on January 30, 2017. The Area 8 Facilitator has been selected and will start on February 6, 2017.

Even after expanding the number of counties in each area covered by the TDM facilitators, referrals for TDM meetings have still remained low due to the number of protection plans being implemented. The Waiver Core Team previously made the decision to include all investigations accepted by the Child Abuse Hotline for Substance Exposed Infants, also referred to as Garrett’s Law, as a new TDM trigger. This allegation is accepted if there is the presence of an illegal substance in a child or its mother at the time of birth resulting from the mother knowingly using the substance. The number of Garrett’s Law referrals accepted for investigation has consistently increased in recent years. There were 1,143 Garrett’s Law referrals for SFY 2016. This represents an 18 percent increase from SFY 2015. DCFS policy mandates that a protective services case be opened to establish a plan of safe care for the infant and the family which aligns with the Child Abuse Prevention and Treatment Act (CAPTA) requirement. The TDM meeting will serve as an opportunity to begin developing the Plan of Safe Care and initiating services on the front end during the investigation prior to the protective services case opening. Substance abuse was present in 61 percent of the families who experienced a child death in SFY 2015, a decrease from 74 percent from SFY 2014. In SFY 2015, marijuana and methamphetamines were the most commonly used drugs by families who experienced a child death. This data from the Summary of Garrett’s Law Referrals and Child Fatality Reviews was used for the decision to include Garrett’s Law as a TDM trigger. The Waiver Core Team also discussed adoption
disruptions as a potential trigger for a TDM. The Annie E. Casey Foundation (AECF) was consulted about this potential trigger and advised that a TDM meeting at the point of disruption would likely not be successful. It was suggested by AECF that TDM meetings would better serve the family at the time when the children are being placed in the adoptive home. The decision was made to have an interdivisional staffing rather than a TDM meeting for adoption disruptions. Waiver Core Team continues to look at triggers for TDM.

The TDM Implementation Workgroup made recommendations to the Waiver Core Team about necessary policy changes to add Garrett’s Law as a trigger. The new TDM policy was promulgated in 2015. The TDM Sponsor and TDM Lead met with CHRIS staff to discuss all changes required to the SACWIS to include Garrett’s Law in the TDM screens. All SACWIS changes were completed in a CHRIS release on August 2, 2015. In August of 2016, another meeting type was requested to be added to the trigger box. The changes to the SACWIS system were made in October 11, 2016 to include “Other Meeting”. The meeting type box now allows users to identify if the meeting was triggered by a protection plan, substance exposed infant, or “Other” meeting. In order for “Other” meeting type to be utilized the meeting must be requested by a supervisor. The meeting would be held if the family may need more support or services from the agency or when the family may not be compliant with their case or there may be concerns for the family but no actual safety factors. This allows for each trigger type to be identified in the outcome analysis for the evaluation.

In November 2016, changes were made to the text boxes in the CHRIS TDM screen to lengthen the number of characters that may be included in the test box. In December 2016, an enhancement was made to Document Tracking to add TDM-specific forms, including the CFS-354, CFS-355, and Pub-35. Automatic emails continue to be sent to the Area Director 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, except for Pulaski County, a requirement which went into effect on July 27, 2015.

Pulaski County receives 20 percent of all the Garrett’s Law reports received by the Hotline statewide. Due to the high volume of Garrett’s Law reports in Area 6 and the staffing issues created by the TDM Facilitator covering both Areas 5 and 6 at that time, it was decided by Waiver Core Team not to implement Garrett’s Law in Pulaski County. In December 2015 and January 2016, all supervisors, caseworkers, and investigators in Pulaski County went through the Garrett’s Law TDM policy training. Garrett’s Law was implemented in Pulaski County on February 1, 2016. On May 25, 2016, Garrett’s Law was temporarily suspended in Pulaski County due to high number of staff resignations, investigators carrying 60 or more investigations, the TDM Facilitator vacancy and training requirements, as well as the number of Garrett’s Law referrals assigned to Pulaski County. Area 6 has requested a few Garrett’s Law TDM meetings since the temporary suspension. On December 1, 2016, TDM was suspended in Crawford County due to staff resignations and high caseloads.

Waiver Core Team has approved policy changes for Garrett’s Law TDM meetings. Garrett’s Law TDM is required to occur within 72 hours of the hotline receiving the referral. It has been difficult to maintain the 72-hour timeframe due to infants being born in other states, length of
hospital stays when an infant is born in another state, infants being transferred to other hospitals, secondary investigators not able to relay information in a timely manner due to caseloads, and supervisors not being available for meetings. The new timeframes approved by Waiver Core Team will require that the meetings be held within three business days of receipt of the referral. New policy is being promulgated to incorporate the new timeframes.

As of May 17, 2017, there have been 1,293 TDM meetings in the 28 implementation counties and these meetings have involved 2,857 children. Of these 1,293 meetings:

- 43% were triggered by a protection plan and 55% were triggered by a Garrett’s Law referral.
- 60% of the TDM recommendations were to Maintain Children in Own Home/No Court Involvement
- 33% of the TDM recommendations were to File for Court Intervention Not Involving Removal
- 7% 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 Sponsor and TDM Lead on the second Wednesday of each month. The Case Consultations provide peer-to-peer learning, live case consultation, and guest speakers from the Community/Service Providers. In November 2016, the TDM Supervisor and Area 3 TDM Facilitator attended the International Conference on Innovations in Family Engagement in Fort Worth, Texas. At the conference, several new techniques and skills were shared that would benefit TDM meetings and practice in Arkansas. The TDM Supervisor and Area 3 TDM Facilitator will co-facilitate TDM meetings with each of the other TDM facilitators in order to model the new techniques and skills to expand learning across the state.

As reported previously, A Training of Trainers (TOT) was held in April 2015 with the TDM facilitators, Supervisor, Manager, MidSOUTH trainer, and one back up facilitator. The sustainability plan is to partner a TDM facilitator with a MidSOUTH trainer for future training needs as TDM is implemented. The TDM Facilitators have been leading all TDM policy and procedure trainings for DCFS staff. The MidSOUTH trainer, TDM Sponsor, TDM Supervisor, and a TDM facilitator have combined the One-Day Staff orientation and the TDM policy training into one training for field staff. One-Day Orientations were scheduled and any new staff in the existing implementation counties and newly expanded counties were required to attend. Joint trainings with the MidSOUTH trainer and the TDM Supervisor and the area facilitator are hosting mock TDMs with staff to help them gain a better understanding of the TDM process. Mock TDMs will take place in each of the implemented counties. Area 8 mock TDMs were held in August 2016 and Area 3’s was held in September 2016. Area 5’s mock TDM training was initially scheduled but had to be cancelled. The mock TDM trainings for Areas 2, 4, 5, and 6 have not been scheduled now.
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 meetings for Crawford, Sebastian, Franklin, Logan, Saline, Garland, Perry, Hot Springs, Clay and Sharp Counties had to be rescheduled for 2017 due to facilitator and staff shortages. This three-hour curriculum is designed to introduce and familiarize key community stakeholders/partners with the goals of Team Decision Meetings (TDM) and the important role that stakeholders play in the TDM process.

Previously data for TDM could only be gathered manually and there was no automated mechanism for tracking and monitoring TDM implementation. TDM Facilitators were responsible for creating and maintaining spreadsheets of all their TDM meetings and submitting them weekly to the TDM Sponsor. Annie E. Casey Foundation, CHRIS staff, and Wildfire Associates held multiple meetings to discuss the TDM quarterly report. The Quarterly Report is designed to help guide a data-informed implementation for TDM. Due to priority enhancements needed for each waiver intervention; CHRIS staff were not able to start development of the TDM quarterly report and the CHRIS Net report for monitoring until May 2015. Both reports were developed and tested for errors in August 2015 and were moved to production on CHRIS Net reports in September 2015.

The previous semi-annual report identified concerns with the impact of Act 1017, which requires that 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. The Division will continue to monitor the protection planning process statewide and work with staff to ensure that they're used appropriately.

**Summary of TDM Activities:**

**August 2016**
- CHRIS enhancement was requested to add “Other” meeting type to the trigger box
- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Met with CHIRIS Staff concerning CHRIS enhancements for TDM
- Conducted Individual and Group Supervision
- Conducted conference call with Facilitators
- TDM Supervisor conducted Mock TDM role play with Facilitators
- Area 3 Facilitator presented TDM to Saline County Workforce, Arkansas Career Education Center, and Saline Memorial Hospice
- Area 4 Facilitator presented TDM to Hope Community College and City Hall at Prescott
- Conducted Mock TDM Training with Area 8 field staff and supervisors
September 2016
- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Conducted Individual and Group Supervision
- Conducted Mock TDM Training with Area 8 field staff and supervisors
- TDM Facilitator conference call with AECF to discuss possible triggers
- TDM Supervisor met with Area 2 supervisors and facilitator to discuss TDM plans
- TDM Supervisor attended Leadership training
- Area 2 Facilitator presented TDM to Mercy Hospital and Crawford County Parent’s As Teachers
- Area 2 Facilitator was able to confirm meetings rooms at Mercy Hospital
- Area 3 Facilitator presented TDM to Birch Tree Communities Inc.
- Area 4 Facilitator presented TDM and discussed the possibility of host TDM meetings with Salvation Army, Kiddie College of Arkansas, Developmental Center of South Arkansas, HUB, and the Healing Place

October 2016
- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Enhancements were made to the SACWIS system to include “Other” meeting type
- Conducted observation and coaching of Area 8 Facilitator (TDM Supervisor)
- Conducted Stakeholder meeting in Clay and Sharp Counties in Area 8
- TDM Supervisor conducted individual and group supervision
- Held TDM CHRIS enhancement meeting
- Presented TDM to ASU Social Work Students and Professors
- Conducted Individual and Group Supervision
- Area 3 Facilitator presented at Saline County DCFS unit meeting

November 2016
- TDM Supervisor and Area 3 Facilitator attended the International Conference on Family Engagement
- Enhancements were made to the SACWIS system to lengthen the number of characters in the test boxes
- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Met with MidSOUTH trainer to discuss future training needs for TDM
- Met with CHRIS staff to discuss needed TDM data reports
- Conducted Individual and Group Supervision
- Tested CHRIS enhancements
- Area 2 Facilitator presented TDM to the Victim Witness Coordinator with Sebastian County, Sebastian County Literacy Counsel, Fort Smith School District Homeless Liaison, and Fort Smith Juvenile Probation

December 2016
- Scheduled Area 6 interviews for facilitator
- Scheduled Area 8 interviews for facilitator
- Enhancements were made to the SACWIS system in Doc Tracking to include the CFS-354, CFS-355, and Puc-35
Area 4 TDM Facilitator presented to Prescott Manor Facility, Eldorado Youth Services, Hope Community Library, and Miller County Library
Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
Mock TDM Training scheduled in Ouachita County in Area 4 for January 24th, 2017
Area 6 Facilitator started 6/19/16
CFS-355 updated and entered in CHRIS NET
TDM Supervisor conducted TDM observations and coaching.
TDM Supervisor and Area 2 Facilitator attended training on Motivational Interviewing

January 2017
- Area 8 interviews for facilitator were held on January 9th, 2016
- Area 6 interviews for facilitator were held on January 10th, and 13th.
- Area 6 and Area 8 Facilitators were selected and hire packets were turned in
- TDM Supervisor attended Drug Endangered Children Meeting
- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Mock TDM and Policy Training was held in Ouachita County in Area 4 on January 24th, 2017
- Area 6 Facilitator started 1/30/17
- TDM Supervisor conducted TDM observations and coaching.

February 2017
- Area 8 Facilitator Training was held February 1st-3rd
- Area 8 Facilitator started on February 6th, 2017
- TDM Supervisor attended CFSR meeting on February 6th, 2017
- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Conducted Individual and Group Supervision
- TDM Supervisor attended DR Training
- TDM Supervisor attended Intermediate Motivational Interview Training February 23rd and 24th, 2017

March 2017
- Conference call was held with Area Directors in Area 2, 3, 4, 5, 6 and 8 to discuss barriers and strengths in TDM on March 3rd.
- TDM case consultation was held March 8th, the meeting will include TDM Facilitators, Back-up Facilitators, and will be led by TDM Sponsor and TDM Lead
- TDM Supervisor will conducted Individual and Group Supervision
- A conference call will be held with the TDM Supervisor and TDM Facilitators to discuss barriers and strengths within TDM
- TDM Supervisor attended Program Management Meeting
- Area 3 facilitator completed community engagement in Saline County with Juvenile Justice Center, Counseling Clinic, and Saline Probation and Parole to gather resources for families.
- Area 3 Facilitator completed community engagement in Hot Springs County with New Beginnings Baptist Church and Malvern Outreach Ministries-Libby’s R.O.S.E to gather resources for families.
- TDM Facilitators will complete community engagement to learn of resources and possible meeting locations.
- TDM policy refresher training and Mock TDM training was held for Area 5 on March 27th and 29th.
- TDM policy refresher training and Mock TDM training was held for Area 2 on March 30th and 31st.

**April 2017**

- TDM Supervisor attended Subsidizes Guardianship Training
- TDM case consultation was canceled for April 12th, 2017
- TDM Supervisor met with Joylyn Humphries about upcoming TDM trainings at MidSOUTH
- TDM Supervisor attended Program Management Meeting
- TDM Supervisor attend Child Abuse Rally
- TDM Supervisor attend a Judge’s meeting in Ash Flat and conducted coaching and supervision with Area 8 Facilitator
- A conference call was held with the TDM Facilitators, Back-up Facilitators, and was led by TDM Sponsor and TDM Lead to discuss barriers and strengths within TDM
- TDM Supervisor conducted Individual in Area 2
- TDM Facilitators completed community engagement to learn of resources and possible meeting locations.
- Policy refresher training and Mock TDM training was held in Area 4
- New Area 6 Facilitator will be trained in Team Decision Making

**May 2017**

- TDM Supervisor attended Procurement Training on May 2nd, 2017
- Policy refresher training was held in Area 6 on May 8th, 10th, and 12th, 2017
- TDM Supervisor attended Court in Sebastian County with Area 2 Facilitator on May 11th, 2017
- TDM case consultation was held May 9th, the meeting will include TDM Facilitators, Back-up Facilitators, and will be led by TDM Sponsor and TDM Lead
- TDM Supervisor conducted Individual and Group Supervision
- TDM Supervisor met with Joylyn Humphries about upcoming One-Day TDM Training for new staff in Areas 3, 5, and 6
- TDM Facilitators will complete community engagement to learn of resources and possible meeting locations.
- Facilitator Training is scheduled for May 23rd-25th, 2017
- One-Day TDM Training for new staff in Areas 3, 5, and 6 is scheduled for May 30th and 31st, 2017

**Permanency Roundtables**

DCFS placed Permanency Roundtables (PRT) on hold temporarily in June 2016 to strengthen the program and increase its effectiveness. The Permanency Specialist position was vacated that month and has not been filled since. In order to enrich the PRT process, DCFS sought technical assistance from Casey Family Programs. The first consultation with Casey was scheduled for...
August 2016 but subsequent support has been suspended as the Division assesses the viability of the intervention. DCFS has piloted Rapid Permanency Reviews in Sebastian and Craighead counties to help bring children in care to permanency and is assessing the possibility of using that intervention as a supplement to or replacement for PRT. The Division has not yet set a date to reinstitute PRT and will keep the Children’s Bureau informed of any such progress on this front.

Rapid Permanency Reviews (RPR) is one of many tools Casey Family Programs (Casey) uses in partnership with child welfare agencies to expedite permanency for children. While there are several types of case record reviews used in jurisdictions, RPRs are designed to simultaneously identify and mitigate case level and system level bottlenecks and barriers.

There are seven key elements for successful RPRs:

- **Target Populations** – children closest to permanency;
- **Legal/Judicial Involvement** – drawing on expertise to identify court bottlenecks;
- **Permanency Values** – children in stable family settings can achieve permanency with whom they are placed;
- **Staffing** – RPRs require review team members with child welfare and legal/judicial expertise;
- **Chain of Command** – caseworkers up through members of leadership are crucial to ensuring accountability for moving children to permanency;
- **Cadence of Accountability** - this term from the 4 Disciplines of Execution describes a process whereby monitoring progress and tracking outcomes is overseen by leadership and occurs at regular intervals;
- **Protocols, Tracking, and Monitoring Tools** – different protocols and tools are tailored to meet the jurisdiction’s needs.

The target populations are children close to permanency as identified in the data. The RPR design is based on the fact that there has been a considerable amount of good work done in moving children to the point of being close to permanency. Thus, a forward-looking approach is most valuable. However, there may be some children who are deemed close to permanency in the data but are not actually close due to a variety of factors. Cases that are not close to permanency and are not able to be resolved by this process can be identified for more intensive practice-related efforts or other interventions.

Close to permanency includes three groups:

- Children with goals of adoption, guardianship, or live with relatives who have been in their current family-based placement for 1 year of longer;
- Children with a goal of adoption in family-based placement and have had parental rights terminated, regardless of length of time in current placement;
- Children with a goal of reunification who are currently on a trial home visit

Arkansas has conducted reviews for Area 2-Sebastian Co. (77 children reviewed), Area 8-Fulton Co. (4 kids), Area 8-Sharp Co. (11 kids), Area 8-Lawrence Co. (9 kids), Area 8-Randolph Co. (4 kids), Area 9-Jackson Co. (12 kids), but not all those cases met all 3 exact criteria. In Sebastian
Co, only 45 cases met all 3 of those criteria. Arkansas decided to review the other cases because we thought it would be good to see what was going on with them. For example, they might have been in foster care for 680 days instead of the exact 730 days (2 years), or we had TPR on one parent, or they had been in a relative placement for only 5 months instead of the 6 months. We did the same thing for Area’s 8 and 9, reviewed more cases than met the criteria. There were only 12 cases from Area’s 8 and 9 that met all 3 criteria initially but the day of the review we had a placement that disrupted and one that we found out didn’t have TPR on both so that left on 10 actual cases that met all 3 criteria.

From the 45 actual RPR cases in Sebastian, as of July 2017 we’ve had 22 children adopted. In the remainder of the 32 cases, we’ve had 19 children adopted and 2 achieve permanent custody.

Arkansas will continue doing the regular Cadence of Accountability meetings with Areas 2, 8, & 9 until those cases get permanency. We will look at data and agency capacity to determine where the reviews will be done in the near future.
From February 1, 2017 through May 31, 2017 the Nurturing Parenting Program (NPP), also known as Nurturing the Families of Arkansas (NFA), continued offering parenting education to families within the target population statewide. As of December 31, 2016, 247 families (which include 621 children) have graduated from NFA. Due to the results of their final Comprehensive Parenting Inventory (CPI), twenty-seven of these families received individual tutorials before they graduated from the program to ensure they successfully comprehended all parenting constructs and related competencies. As of this same date, MidSOUTH has also completed 395 initial CPIs and 283 mid-point CPIs. The results of the midpoint and final CPI scores continue to show improvement as the families progress through the program.

State-level and local MidSOUTH NFA staff members continued to travel the state to meet with DCFS in a variety of forums in an effort to ensure regular and consistent communication. This includes MidSOUTH NFA administrative staff attending monthly DCFS Area Directors’ meetings. At these monthly meetings, MidSOUTH NFA administrative staff members provide the Area Directors with updated CPI averages as well as the monthly numbers by service area of families referred, families not currently active, and families that have graduated from NFA.

MidSOUTH NFA administrative staff members have continually used their autonomy wisely in determining on a case-by-case basis which referrals meet NFA programmatic criteria for those cases that initially come to the attention of DCFS due to a Family In Need of Services (FINS) case but are then opened as a DCFS protective services case. They have only requested assistance in a few extenuating circumstances from the DCFS NFA Program Lead and/or Sponsor.

While referrals for families that are not within the identified target population continued, the acceptance rate for these cases has decreased as the number of referrals that do fall within the referral criteria have increased and MidSOUTH’s ability to serve referrals has reached capacity in most areas. For those that are not accepted, MidSOUTH documents in their database when cases do not meet the standard referral criteria. If any of these cases are pulled as part of the Hornby Zeller Associates (HZA) evaluation, they will be removed from the evaluation sample since they do not meet the referral criteria set out in Arkansas’s IV-E Waiver Demonstration Project Initial Design and Implementation Report (IDIR).

During the reporting period, NFA staff continued to increase the number of group sessions versus individual family sessions if at all possible in order to better manage staff resources. All NFA sessions and home visits are scheduled with each family's needs in mind (e.g., after school and scheduled around the parents' work schedules).

MidSOUTH continues to see some turnover in its NFA staff with the reason for resignation often tied to the amount of travel and/or non-traditional work hours required of program staff. However, in all cases MidSOUTH NFA administrative staff has been able to fill these vacancies in a timely manner. 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 of whom also have at least two
years’ experience facilitating groups. Many of the NFA staff members have previously worked for DCFS. All MidSOUTH staff members receive annual performance evaluations to assess their performance regarding the provision of the NFA curriculum to clients and related activities.

During this reporting period, DCFS continued to work to fully integrate NFA into staff practice. NFA administrative staff reports a rise in the number of referrals.

*Summary of NFA Activities:*

**August 2016**
- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in their counties.
- MidSOUTH NFA hired a Child Program Specialist in Fayetteville.

**September 2016**
- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in their counties.
- Newly hired Child Program Specialist in Fayetteville completed NFA training.

**October 2016**
- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with DCFS Area Directors at the monthly Area Director meeting to discuss successes and barriers to NFA in their areas.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in their counties.
- MidSOUTH NFA is completed hiring activities for the Child Program Specialist for Jonesboro as well as a second bilingual Child Program Specialist to serve statewide.
November 2016
- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in their counties.

December 2016
- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in their counties.

January 2017
- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in their counties.
- Two newly hired NFA Educators from Fayetteville and one from Arkadelphia were trained.

February 2017
- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in their counties.
- MidSOUTH NFA hired an Educator for Arkadelphia.

March 2017
- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in their counties.
- Newly hired Educator for Arkadelphia completed NFA training.

April 2017
- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with DCFS Area Directors at the monthly Area Director meeting to discuss successes and barriers to NFA in their areas.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in their counties.
- Dr. Stephen Bavolek, NPP Developer provided two-day training for all NFA staff. He presented information on NPP research, recent curriculum development, and professional development on the topics of effective facilitation, cultural sensitivity, and ACEs.
May 2017

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in their counties.
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.

ARCCC experienced challenges with staffing in Areas 5, 7, and 9 during this reporting period. The Community Engagement Specialist (CES) in Area 5 was not immediately filled after the resignation in November 2016, but a hire was selected in January 2017. The previous CES in Area 5 was promoted to assist with coaching and training CES in the Diligent Recruitment Grant Areas. The Area 7 CES accepted a position as a Resource Worker in Area 7. The Area 7 CES vacancy had to be re-advertised because a suitable candidate was not found to fill the position. A new list of applicants was established in January and interviews are pending. A hire was selected for Area 9 in September 2016. However, the CES was also tasked with maintaining a full workload of child protective service cases in Poinsett County in addition to focusing on targeted recruitment in the communities of Area 9. The CES still continued to carry out recruitment activities despite additional duties. While ARCCC experienced turnover, recruitment activities continued in the communities through partners that are actively recruiting and/or the Community Recruitment Teams that are active in the communities.

Resource Development and Support

CES continued the work of strengthening current community recruitment teams to assist with resource family recruitment and retention. Other DCFS staff continue to participate on the community recruitment teams to provide local stakeholders and prospective resource families additional information about DCFS in the community. Community recruitment teams have been implemented in Areas 3, 4, 5, 7, and 10. Due to the CES carrying a workload of protective services cases, the teams have not been fully developed. However, the CES has maintained recruitment activities in the Area to identify appropriate individuals to become a part of the team. There was one new community recruitment team added in Van Buren County during this period. The counties that specifically have an active recruitment team include:

- **Area 3**
  - Garland County, 4 members
  - Howard and Pike Counties, 4 members
  - Perry County, 3 members
  - Montgomery and Polk Counties, 3 members
  - Hot Springs County, 2 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 was previously established to forge lasting partnerships to recruit and support resource families. The ARCCC workgroup consists of ten members that share an interest in DCFS’ goals to help children and families. During this period, the workgroup continued meetings to accomplish the following:

- Identified strategies and action plans to recruit and retain new and existing foster families to meet the needs of youth 10 and older, sibling groups, children with special behavior and medical needs, youth in congregate care, and children of color
- Identified strategies to recruit and retain volunteers to support current and new foster families
- Identified strategies to promote partnerships between DCFS and community groups to promote foster home recruitment

The workgroup focused on retention of resource families and training. Due to the needs of the workgroup members’ organizations, initial activities were only addressed during this reporting period, such as training of trainers for newly recruited families, processing applicants timely, and the need to recruit for sibling groups and older youth. The workgroup held one meeting during this reporting period due to the holidays, but ARCCC did maintain frequent communication by telephone and email with workgroup members. At this time, we have invited all of the providers who are recruiting for us to the ARCCC workgroup meeting. We have ensured that the meeting has a consistent schedule for providers and the foster parents on the group. We are definitely overcoming tussles in regards to all providers operating as a team for what is best for Arkansas children. Currently, we have added two foster parents to the ARCCC workgroup; however we do not currently have a biological parent added to the workgroup. We have not identified any specific plans to address biological parent support. I think this will become a focus as we move forward and the workgroup will continue to focus on the six and up and bio parent support.

ARCCC continues to partner with the following organizations for foster home recruitment and retention:

- 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 is actively recruiting in in Area 4 and 10 by recruiting resource families and volunteers from local churches in Miller and Mississippi Counties.
- Christians for Kids (C4K) is a non-profit organization that has expanded recruitment and retention activities from Craighead County in Area 8 to Poinsett, Cross, and Crittenden Counties in Area 9 to help Christian families and singles become resource parents by helping them through the application process to approval. C4K initiated a pilot to provide volunteers that work with DCFS badges to make transports and other activities with children easier.
- Bikers Against Child Abuse (BACA) finalized a Memorandum of Understanding (MOU) with DCFS during this period to provide services for the empowerment of children involved with DCFS in Areas 4, 5, and 9 as well as other parts of the state.
- Southern Christian Home Morrilton is a newly developed partnership in Area 5 to recruit, train, and support resource families in Conway County. The organization finalized as a licensed private placement agency to begin recruitment and retention activities in their community.
- COMPACT is a Christ-centered ministry that is continuing its planning to launch a resource family recruitment program to recruit, train, and support families in Arkansas as a licensed private placement agency.
- Children of Arkansas Loved for a Lifetime (The CALL) is a faith-based organization that actively recruits foster and adoptive families in multiple counties across the state.

**Geographic Information System**

Arkansas continued to utilize the Geographic Information System (GIS) website during this reporting period. The GIS website added some enhancements to allow CES to navigate through communities with the Google Maps features. During the next reporting period, changes will be implemented so that staff may identify resources such as churches and daycares within the GIS website. Arkansas currently utilizes the GIS system updated by University of Arkansas at Little Rock Geospatial Mapping Department to track staffs usage of the system. The system is able to break down number of sessions, users, and even shows returning users vs. new users. Below is a screenshot of the data.
ARCCC continued to receive technical assistance for targeted recruitment from the National Resource Center for Diligent Recruitment (NRCDR) during this reporting period. The ARCCC Program Manager continues to participate in telephone conference calls with NRCDR at least monthly. The NRCDR is providing ARCCC technical assistance with the following outcomes:

- Advancing ARCCC’s increasing focus on the commitment to relative placements
- Strengthening ARCCC’s local area recruitment planning efforts
- Addressing customer service as part of the strategies to achieve ARCCC’s goals
- Strengthening ARCCC leadership staff’s capacity for successfully implementing ARCCC and understanding change management, implementation stages and drivers

### Targeted Recruitment Tools

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 CES continue to use the ARCCC Community Recruitment Team Charter for the ongoing work and implementation of the 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

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 Central 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 Central 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 Central 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 Central Inquiry Unit for swift follow up with pending applicants. This also allows CES to monitor the status of resources families.
Progress

As previously described, ARCCC has been successful in establishing new partnerships for DCFS. The Targeted and Diligent Recruitment interventions have also increased the number of resource families available to care for children in foster care, even with the significant increase in the foster care population. The following tables delineate key data around resource families and their willingness to care for children in the target population, as well as the number of children in care. The “Pre-ARCCC” table lists the totals for the year prior to implementation, while the “ARCCC Today” table provides the present totals.

As is demonstrated in the tables below, between August 10, 2012 and February 10, 2017 Arkansas saw a:

- 47% increase in the total number of foster homes
- 25% increase in the number of homes willing to accept a child between the ages of 11 and 17
- 43% increase in the number of homes willing to accept a sibling group
- 51% increase in the number of homes willing to accept a child with a disability

Perhaps even more notably, the Division, in collaboration with a variety of community partners, accomplished these increases in foster homes and the types of children foster homes are willing to accept despite a 33% increase the in the total number of children in foster care during this same time period.

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of Foster Homes</th>
<th>Number of Homes Willing to Accept a Child Between the Ages of 11 and 17</th>
<th>Number of Homes Willing to Accept a Sibling Group</th>
<th>Number of Homes Willing to Accept Child with Disability</th>
<th>Number of Children in Foster Care</th>
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### ARCC Today - As of February 10, 2017

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<th>Area</th>
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**Summary of Targeted Recruitment Activities:**

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

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

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

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

Effective July 27, 2011 there were statutes established to allow for development and implementation of:

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

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

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

Activities supported by CAPTA and prevention funding are as follows:

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

- Family Treatment Program contracts provide parents and caregivers of sexually abused children with treatment. Participants receive an assessment, diagnostic interview, psychiatric review, and individual or group psychotherapy. Services are offered statewide. There are no planned changes to this program.
- Intensive Family Services (IFS) contracts also continue. Providers and caseworkers continue to assist families in identifying their own needs. Updates are provided below.
- Three Citizen Review Panels, which review investigations and work to improve child welfare related practices and systems.
- Statewide Language Interpreter Services contracts for county staff with families who are not proficient in English. Interpretation and telephone services are provided 24 hours a day, seven days a week. This service assists staff in the translation of documents and provides an avenue by which family service workers are able to communicate with non-
English speaking families. DHS Office of Chief Counsel uses the language interpreter contract for appeals hearings in maltreatment cases. Translation of documents continue to be used by the policy and legal department. There are no planned changes to this service.

**Developing, strengthening, and facilitating training topics including:**

- Research-based strategies and Differential Response (DR) to promote collaboration with the families. Please see the “Child Welfare IV-E Waiver Demonstration Activities” section regarding DR for Differential Response program updates.
- Legal duties/activities of DCFS staff.

**Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life threatening conditions including:**

- Social and health services;
- Financial assistance;
- Services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption through an agreement with the Arkansas Chapter of Pediatrics for the availability of a physician to assist in responding to “Baby Doe” reports.

**Developing and delivering information to improve public education relating to the role and responsibility of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect through:**

- Child abuse prevention materials and promotional items distribution;
- Prevention website updates.

DCFS is currently collaborating with its Children’s Bureau Regional Office to determine if there were any substantive changes in state law that impacted the State’s eligibility for the CAPTA State grant, specifically Act 713 of the 91st General Assembly.

Act 713 establishes the Child Maltreatment Investigations Oversight Committee as a mechanism to promote transparency and efficiency concerning procedures of child maltreatment investigations in Arkansas. The Child Maltreatment Investigations Oversight Committee is designed to review and evaluate child maltreatment investigations completed by DCFS or CACD and service delivery to children and families involved in an investigation of child maltreatment, but only for completed investigations of child maltreatment and those that are not associated with a pending dependency-neglect case.

Meetings of the committee are closed and exempt from public observance under the Freedom of Information Act (FOIA). Likewise, correspondence between committee members and information considered by the committee are exempt from public inspection and copying under the FOIA. A legislative member of the Child Maltreatment Investigations Oversight Committee, acting in his or her official capacity, may disclose confidential information from the committee to the Governor and the Governor’s authorized staff members and to members of the General Assembly as long as disclosure is not made to any public committee or legislative body.

The following is a summary list of other laws passed during the 2017 Legislative Session:
ACT 701:
• Establishes legal presumption that all non-custodial parents are fit (DCFS can present evidence to whether the noncustodial parent contributed to the dependency/neglect).
• Establishes that foster parents, adoptive parents, and relative caregiver shall not be made parties to the proceeding when reunification is the goal.
• States that at any time the court determines that the health and safety of the child can be adequately protected and it is in the best interest of the child, the court shall return the child to a parent or parents from whom custody was removed.
• Incompletion of the case plan is an insufficient reason by itself to deny the juvenile’s return to the family home.

Act 1116:
• Clarifies that upon removal, DCFS will conduct an assessment to locate noncustodial parent, grandparents, recommended relatives, siblings, and fictive kin.
• Clarifies that relatives are given preferential consideration for placement throughout the life of a case and that c.
• Court must document in writing the reasons for any denials of placement with relatives/fictive kin and shall not base decision based solely on the consideration of the relationship formed between the juvenile and a foster parent.
• Clarifies that at every stage of the case, the court shall consider the least restrictive placement for the juvenile and assess safety concerns that prevent either a trial home placement or return home, and, if return is not acceptable, then the Court must document in the order what safety concerns exist.
• Establishes that failure to complete a case plan is not a sufficient reason in and of itself to deny the placement of the juvenile in the home of a parent.

ACT 209:
• Adds human trafficking to the definition of abuse, definition of dependent juvenile, definition of sexual abuse, Juvenile Code definition section, and to the child maltreatment act.
• Allows for the child abuse hotline to accept calls of maltreatment for human trafficking.

ACT 1111:
• Establishes legal presumption that unsupervised visits will occur absent evidence that unsupervised should not occur, so petitioner has the burden of proving that unsupervised visitation is not in the best interest of the child, as applicable.
• Establishes that a positive drug screen is insufficient on its own to deny visitation.
• Allows for relatives or fictive kin to transport for visits if they pass all background checks and are deemed appropriate to do so.

ACT 700:
• Provides that infants can have fictive kin if potential fictive kin played a positive role in the parent’s life and if DCFS Director approves.
ACT 329:
- Allows foster parents access to records of a child placed in their care even if those records also contain information about the child’s biological parents and/or siblings not placed in the foster home.
- Clarifies that foster parents are not to re-disclose the information to anyone and that information obtained through those records are to assist the foster parents in caring for the child/explaining case progression to the child in an age-appropriate way.

ACT 803:
- Allows home studies for potential adoptive families selected by the Department to adopt the juvenile to be released to the attorney ad litem and court-appointed special advocate.
- Information pertaining to a pending child maltreatment investigation, completed child maltreatment investigation, and concerning the confirmation of an investigative determination may be released to the attorney ad litem and CASA of a juvenile who has an open D/N case, if the alleged offender or the minor victim resides in the home or in the proposed placement location for the juvenile that is not a licensed foster home, adoptive home, shelter, or facility.

ACT 994:
- Allows DCFS or ad litem to petition the court for resumption of services for a parent whose parental rights are terminated if:
  - There is not a current adoptive placement, pre-adoptive placement, or under some other permanent placement
  - Some evidence that the juvenile is not likely to achieve permanency within a reasonable period of time as viewed from the child’s perspective or
  - TPR order entered at least 3 years ago
  - No evidence that the parent who is the subject of the motion engaged in conduct that interfered with the child’s ability to achieve permanency.
- Must identify:
  - Parent
  - If the parent and child wish for resumption of services
  - Current status of the parent who is the subject of the motion, including the extent to which the parent has remedied any conditions that led to the tpr
- Intended to identify parents that have remedied the situations in their lives that caused the original TPR and that have appropriate means to care adequately for the child at the time of filing.
- Requires review hearing every 90 days and a six month mandatory monitoring of placement before rights are re-established.

ACT 963:
- Removes requirement for DCFS to file every protection plan with the Court.
  - If a protection plan is implemented, DCFS shall reassess the health and safety of the child within thirty days of the date on which the plan was implemented. If there continues to be a substantial risk of harm to the health and safety of the child after a reassessment then a petition for D/N shall be filed.
ACT 993:

- Requires DCFS to demonstrate reasonable efforts to include incarcerated parents in case planning, monitor services provided to the parent by Department of Corrections, and to schedule visitation with the child as appropriate.

During the last fiscal year (SFY 2017), the activities for CAPTA include:

*The Fetal Alcohol Spectrum Disorder Task Force*

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

Several speaking opportunities this year for the program staff include: Zero to Three Safe Babies Court Team Project, Opportunities, Inc. monthly meeting for therapeutic foster children, Children of Arkansas Love for a Lifetime (The CALL) support group meetings, FASD statewide support group, Statewide FASD trainings for Agency Staff to include: FSWs, FSWSs, County Supervisors, Investigators, and Resource Specialists.

*McKinney-Vento Homeless Act*

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

During the upcoming state fiscal year, the Division of Children and Family Services (DCFS) will be revising the goal above given the impact of Title I of the “Every Student Succeeds Act (ESSA)” highlighting the need to provide educational stability for children in foster care. During the 2015 legislative session, DCFS changed the code to provide a definition of “awaiting foster care” as that term is used in the definition of “homeless children and youths” in the McKinney-Vento Homeless Act, 42 U.S.C. 11434(a)(2) to essentially include all children who are in foster care in the state of Arkansas. However, ESSA has struck the term “awaiting foster care” from McKinney-Vento, so that those children are no longer included in the definition of “homeless children and youths.” As such, children in foster care are no longer considered homeless youth under McKinney-Vento. Given that the Title I provisions for children in foster care highlight the need to promote greater educational stability, DCFS will be placing an increased emphasis on collaboration with the LEAs to ensure that students in foster care have the opportunity to achieve at the same high levels as their peers. During this collaboration DCFS will emphasize the importance of limiting educational disruptions by keeping children in their schools of origin. If it is not in the child’s best interest to remain in their school of origin then DCFS and the LEA must work together to ensure they are enrolled in their new school without delay. While in collaboration, DCFS and the LEAs will also be taking into consideration key factors in determining of the appropriateness of the current educational setting and proximity of placement.

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

Additionally, the MOU may need to address how the determination of whether it is in the best interest of a child to remain in the school of origin will be made. ESSA provides little guidance in terms of how to determine when remaining in the school of origin is in the “best interest” of a child in foster care. However, in regard to homeless children, ESSA presumes that remaining in the school of origin is in a child’s best interest unless the parent or guardian requests the school change and there are several student centered factors that must be considered (e.g., the impact a school change would have on the achievement, health, and safety of a homeless child). Under that code section, the local educational agency takes into consideration all factors relating to a child’s “best interest” determination. DHS has recently started conversations again related to the MOU and notified the Department of Education that DHS will reach out to them soon with a new draft and hope to finalize the MOU by December 10, 2017.

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

In an effort to assist DCFS staff and foster parents in building their knowledge base of how to help children in foster care overcome education barriers, the DCFS Educational Specialist continues to work with staff, foster parents, and other placement providers on case-specific issues related to children in foster care and education.

In addition, work is still under way in developing an educational practice guide for serving homeless youth. This practice guide will include the following information:
  o Caseworker and Caregiver General Information on Education Decisions
  o Pre-Kindergarten Programs In Public Schools
  o Decision Making Responsibilities
  o Fostering Connections
  o Promoting Effective Transfers
  o School Provisions & Procedures
  o Implementing Academic Interventions and Supports
  o Special Education Services
  o Promoting High School Completion
  o Transition Into Post High School Programs and Colleges
**Intensive Family Services Program**

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

Below are updates with the DCFS IFS program for the period of July 1, 2016 – June 30, 2017:

**Service Coverage**

- **SFY 2016** – IFS was provided in 35 counties (47% of the state covered).
- **SFY 2017** – IFS was provided in 50 counties (67% of the state covered) as of June 2017
  - IFS contractors provide services in 50 counties across 10 DCFS Service Areas beginning July 1, 2016.
  - In the fall of 2015, the DCFS Mental Health Specialist coordinated with the community mental health provider in Garland County for IFS to begin in that county with the intent of expanding to 4 additional counties within DCFS Area 3 by June 30, 2016. The provider was not able to hire the required licensed staff to provide these services. We currently have 5 counties covered in the DCFS Area 3.
  - Currently the DCFS has 50 counties covered for IFS Services from our latest procurement, 67% of the state offering this service (An annual report including the number of families served and an analysis of program effectiveness is conducted after the fiscal year ends on June 30, 2017.) DCFS continues to receive a pre and post North Carolina Family Assessment Scale (NCFAS) for every client from each IFS provider. In the 3rd quarter of State Fiscal Year 2016, the DCFS staff member resigned who had the skills and expertise to aggregate the data and provide a statewide annual analysis. The NCFAS continues to be a valuable tool for IFS, especially for contracted provider to measure outcomes and to use with individual clients to help them understand the value of the changes the family has made in various domains of functioning. DCFS continues to monitor the NCFAS data as well as other data submitted in monthly reports. Other means of measuring outcomes for IFS as well as other contracted services are being explored. Long term outcomes are specifically being explored to determine the number of families who received IFS had children that entered care following IFS services at 6 and 9 month intervals.

**Monitoring of Services**

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

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

**General Domains**

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

The NCFAS has been used by AR DCFS since 2010 and data consistently support that families have experienced improved family functioning as a result of participating in IFS.

**Services for Families of Disabled Infants with Life Threatening Conditions (“Baby Doe”)**

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

**Citizen Review Panels**

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

Arkansas is working to establish an additional panel in order to restore the Carroll County Panel that has disband.

The panels are active and work diligently to evaluate child protective services. The panels play a very important role in the success of this initiative. It is the expectation of the agency that the information and input provided by the panels will be used to improve practice and improve outcomes for the children and families served. Some of the responsibilities of the panels include:

- Ensuring agreements of confidentiality are signed by members;
- Reviewing information on pending child maltreatment investigations;
- Making recommendations for services on each investigation reviewed at the CRP meeting and submitting to DCFS.
- Identify and carry out specific short and long term goals. The goals are designed to assist DCFS to better serve children and families.
Outline of Activities for SFY 2017 supported by CAPTA

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

Update on Services to Substance-Exposed Newborns

Garrett’s Law
DCFS policy regarding Garrett’s Law referrals and subsequent plans of safe care for substantiated Garrett’s Laws referrals are located in the DCFS Policy Manual, which can be found at the following link:

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

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

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

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

Currently the definition of an “illegal substance” in Arkansas law as related to substance-exposed infants within the definition of “neglect” includes, “a drug that is prohibited to be used or possessed without a prescription under the Arkansas Criminal Code.” After further discussion with the Division Director and the DHS Office of Chief Counsel, it was determined that legislation will be required to meet the requirements of the Comprehensive Addiction and Recovery Act (CARA) of 2016 and CAPTA pertaining to accepting reports involving infants born or affected by legal substances for which the mother has a prescription. The Division has submitted a Program Improvement Plan with this APSR outlining steps it will take to meet this requirement. Please see Attachment D: Program Improvement Plan for CARA Requirements.

At this time the Division does not anticipate requesting technical assistance to improve practice and implementation in this area. Additional work related to Garrett’s Law referrals that has taken place during this reporting period includes the development of the Arkansas Foundation for Medical Care Pilot Program. In May 2017, the new Arkansas Foundation for Medical Care (AFMC) Pilot Program was implemented in Pulaski County in an effort to help improve services and supports to families involved in Garrett’s Law referrals (as well as failure to thrive, medical neglect, and Munchausen by Proxy allegations). The AFMC Pilot Program offers a call center that phones the family immediately upon receiving the referral to engage the family about their case plan or other services implemented during the course of the investigation and then make regular phone contact with the family thereafter to:

- Help ensure the families follow through with referrals to services
- Verify the last contact between the family and DCFS
- Discuss upcoming appointments and any additional service needs such as transportation to appointments
- Review safe sleep information
- Listen for verbal indicators that could be signs of child maltreatment and report any of such signs to the hotline and DCFS caseworker immediately
- Ask if their address has changed and, if so, whether their DCFS caseworker has been notified of the change

During SFY 2017, DCFS also contracted with Arkansas Children’s Hospital/Arkansas Home Visiting Network to implement the evidence-based SafeCare Home Visiting Program in Arkansas. In July 2017 the SafeCare Home Visiting Program will be implemented in Pulaski County and provide another possible service for any Garrett’s Law report (as well as PS cases opened as a result of a true finding for medical neglect, failure to thrive, and/or Munchausen by Proxy) in an effort to provide additional support to mothers and their infants who suffered from
withdrawal symptoms due to prenatal drug exposure from either illegal substances or from legal substances for which the mother did not have a prescription.

**Infants Affected by Fetal Alcohol Spectrum Disorder**

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

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

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

When the Child Abuse Hotlines sends an FASD R and A, to DCFS, it is initially sent to the FASD FSW in Central Office. The FASD FSW then works with the involved local county to conduct FASD assessments (to include but not limited to, home visit, review of birth records, facial screening, etc.) on referred infants within 14 calendar days of receipt of referral and then determine whether a plan of safe care is necessary. If a plan of safe care is deemed necessary, the FASD FSW from Central Office will work in collaboration with the locally assigned FSW to develop a plan of safe care for the family within 30 calendar days of receipt of the referral. The plan of safe care is used to inform the case plan of the supportive services case that will be opened. Once the plan of safe care has been developed and the supportive services case has been opened, the local FSW becomes primary on the case and the FASD FSW is assigned as secondary.

For more information regarding referrals of infants born and affected by FASD, please see pp. 33 and 36 of the DCFS Policy Manual: http://humanservices.arkansas.gov/dcfs/dcfsDocs/Master%20DCFS%20Policy.pdf

DCFS Policy II-C and Procedure II-C6: Referrals on Children Born with Fetal Alcohol Spectrum Disorder providing guidance regarding FASD specific reports which are different than Garrett’s
Law. This policy will be revised and related CHRIS enhancements will be made over the course of SFY 2017 to ensure that Arkansas comes into compliance with the CAPTA requirement that health care providers involved in the delivery and care of infants notify child welfare in any instance in which an infant demonstrates withdrawal symptoms due to prenatal drug exposure, even if suffering from withdrawal symptoms from a legal drug for which the mother had a prescription. For infants who have withdrawal symptoms from prenatal exposure to a legal drug for which the mother possessed a prescription, those calls from health care providers will be handled in the same manner as the reports of infants affected by FASD – through a Referral and Assessment managed by the FASD FSW from Central Office.

As referenced earlier in this APSR, during this reporting period, legislation was passed that will move the Arkansas Children’s Trust Fund within the Division of Children and Family Services. The Children’s Trust Fund Director already has good working relationships with hospitals across the state, so the Division anticipates that she may assist in re-messaging to health care providers involved in the delivery and care of infants about the Child Abuse Prevent and Treatment Act (CAPTA) requirement for those health care providers to report infants born with and identified as being affected by withdrawal symptoms resulting from Fetal Alcohol Spectrum Disorder. Given the Arkansas Children’s Trust Fund Program Director’s past collaboration with hospitals, DCFS looks forward to ensuring that more health care providers are not only aware of this requirement, but also understand that the Division’s goal in identifying these infants and their families is to offer services and supports to strengthen the family rather than use a punitive approach.

Amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015
Currently Arkansas law allows the Division of Children and Family Services to file a dependency petition for youth who have been victims of human trafficking as a result of threats, coercion, or fraud without the knowledge of the parent. During the 2017 legislative session, the Arkansas General Assembly passed Act 209. This act removes the requirement to have “threats, coercion, or fraud” in order to have a finding of dependency related to human trafficking. In addition, Act 209 adds the definitions of human trafficking under the definition of abuse and sex trafficking under the definition of sexual abuse in the Child Maltreatment Act and Juvenile Code, which will allow the Arkansas Child Abuse Hotline to accept these as child maltreatment reports once the law goes into effect on July 30, 2017. Arkansas has not elected to apply the sex trafficking portion of the definition of “child abuse and neglect” and “sexual abuse” to persons who are over age 18 but have not yet attained age 24.

The following is a more complete description of other ways in which Arkansas has complied with and/or is complying with the provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims (as submitted on May 29, 2017 with its CAPTA assurances):

- Implemented Division policies and procedures regarding identification and reporting of any child or youth over whom the State agency has responsibility for placement, care, or supervision and who the State has reasonable cause to believe is, or is at risk of being, a sex trafficking victim. These procedures will be updated within the year to incorporate the March 2017 Children’s Reporting Information System (CHRIS) enhancements that allow DCFS field staff to document when any
child or youth (over whom the State agency has responsibility) is or may be a victim of sex trafficking. These enhancements also allow DCFS field staff to document when they report the victim of sex trafficking (or potential victim of sex trafficking) to local law enforcement.

- Collaborated with various stakeholders (e.g., Arkansas State Police, Crimes Against Children Division; DHS Office of Chief Counsel; Arkansas Administrative Office of the Courts; Arkansas Catholic Charities; Arkansas Advocates for Children and Families; Arkansas Commission for Rape, Child Abuse, and Domestic Violence) to develop and run Act 209 of the 91st General Assembly, Regular Session. This piece of legislation defines human trafficking and sex trafficking and adds these definitions to the Juvenile Code and the Arkansas Child Maltreatment Act, thereby allowing the Arkansas Child Abuse Hotline to accept reports of human trafficking and sex trafficking. This Act will become effective on August 1, 2017.

Arkansas DCFS has also complied and/or is complying with the provisions and procedures for training CPS workers about identifying, assessing, and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters as follows:

- Conducted a one-day (6 hour) child sex trafficking training for Family Service Workers and Family Service Worker Supervisors. A total of 659 field staff completed this training to date. The Arkansas Academic Partnership in Public Child Welfare adapted the content for this curriculum for Arkansas DCFS field staff from the Capacity Building Center for States’ Child Welfare Response to Child & Youth Sex Trafficking: Caseworker’s Curriculum. Washington, DC. (2015). Training objectives and related competencies covered in this training include:
  - Gain awareness and knowledge of children and youth who are victims of, or at risk of, sex trafficking
  - Gain awareness and knowledge of the characteristics of traffickers and children and youth who are victims of sex trafficking
  - Gain awareness of the impact of sex trafficking on victims
  - Build understanding for skills in identification and assessment with children and youth who are victims of, or at risk or, sex trafficking utilizing the Arkansas Family Advocacy Support Tool (FAST) and Child and Adolescent Needs and Strengths (CANS) assessment tools
  - Build knowledge for skills to address the tangible and intangible needs of children and youth who are victims of, or at risk or, sex trafficking
  - Review Division policy regarding identification and assessment of all reports involving known or suspected child sex trafficking victims and collaboration with law enforcement, juvenile justice (e.g., Interstate Compact for Juveniles operated by the Arkansas DHS Division of Youth Services), and social service agencies (e.g., Centers for Youth and Families Sex Trafficking Program, Arkansas Catholic Charities, etc.)
Instructed the University of Arkansas at Little Rock (UALR) MidSOUTH Training Academy to incorporate elements of the Capacity Building Center for States’ Child Welfare Response to Child & Youth Sex Trafficking: Caseworker’s Curriculum into the revised New Worker Training curriculum. This revised New Worker Training curriculum is currently set to roll out in July 2017.

One of the most challenging aspects associated with human trafficking victims is the provision of appropriate placements and services for this population. Currently one of the agency’s contracted placement providers, Centers for Youth and Families, offers a placement option for victims of human trafficking.

When youth in Arkansas foster care runaway or go missing, the FSW caseworker is required to complete the Child and Adolescent Needs and Strengths (CANS) Runaway Module to help assess, among other issues, if there are any “red flags” that may indicate that the youth experienced human trafficking during that runaway or missing episode. In June 2016, the CANS/FAST Program Manager compiled a list of additional CANS items that could indicate a youth was the victim of human trafficking or at risk of being trafficked for Arkansas to consider as it moves forward with implementing the new CAPTA assurances related to sex trafficking. These additional CANS items are: Sexual Development, Adjustment to Trauma, Sexually Reactive Behavior, Exploited, Sexual Abuse, Witness/Victim to Criminal Activity. Additional discussion around this topic of tools and associated protocols to better identify and assess all reports of known or suspected child sex trafficking victims is one of the planned activities for SFY 2018 as the CANS/FAST Program Manager continues to work on developing a hybrid CANS/FAST tool.

The Division recognizes child sex trafficking cannot be addressed by DCFS alone. It must be a collaborative effort that includes the FBI, Arkansas State Police, local law enforcement, Child Advocacy Centers, juvenile justice, and other social service agencies. As human trafficking cases have come forward, DCFS continues to work closely with the FBI, Arkansas State Police, local law enforcement, and placement providers, as appropriate. DCFS collaborates with the FBI, State Police, local law enforcement, and service providers on a case by case basis that involve sex trafficking allegations. Any time the Child Abuse Hotline receives a report that may involve human trafficking, the Child Abuse Hotline Director sends a notice to the DCFS Director, the DCFS Assistant Director for Community Services, and Arkansas State Police leadership to alert them of the issue and determine what additional actions may need to be taken aside from initiating the investigation.

All stakeholders worked together to draft and review what became Act 209 of the 91st General Assembly, Regular Session that added human trafficking and sex trafficking definitions to the Child Maltreatment Act, thereby allowing the Child Abuse Hotline to accept reports of human trafficking and sex trafficking.

During the reporting period DCFS and the Arkansas State Police Crimes Against Children Division also supported the Crimes Against Children (CAC) Patrol Operation. The CAC Patrol Operation is designed to increase officer awareness to proactively protect children through routine traffic stops, uniformed officer investigations, and consensual contacts. It also focuses on
identifying missing, exploited, and at-risk children; identifying individuals who may be a high risk threat to children; and identifying registered sex offenders who may be out of compliance with requirements. The Child Abuse Hotline was instructed to ensure that if a trooper calls in a report of a child at risk, then hotline staff were to respond normally and take the report, but also contact the CACD area manager that will assess the situation the trooper is in with the child and see what actions need to be taken. DCFS agreed to do safety assessments as needed and help schedule forensic interviews at Child Safety Centers or other services as needed. During the Crimes Against Children Patrol Operation that ran from April 13-15, 2017, there were 2,759 traffic stops and 197 non-traffic stops conducted that resulted in 23 children under the age of 16 checked through NCIC and 54 children ages 16 and 17 checked through NCIC and 1 report of abuse/neglect made to the Child Abuse Hotline/1 vehicle check related to crimes against children.

DCFS implemented CHRIS enhancements on March 30, 2017 related to sex trafficking. A new tab on the Client General Information Screen, “Sex Trafficking,” was added to capture any child who the State has reasonable cause to believe is, or is at risk of becoming, a sex trafficking victim. As of 06/30/17, only one child had been reported using this new mechanism.

The state does not currently require technical assistance identified relating to the implementation of the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015.

**Amendments to CAPTA made by the Comprehensive Addiction and Recovery Act of 2016 (CARA)**

The Division is not currently in compliance with the amendments to CAPTA made by the Comprehensive Addiction and Recovery Act of 2016 (CARA). Please see Attachment D: Program Improvement Plan for CARA Requirements which is designed to bring Arkansas into compliance with these requirements over the course of the next reporting period, contingent upon the 2018 Arkansas Legislative Session considering non-fiscal related legislation.

**FOSTER CARE SERVICES**

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

- Foster Care Unit, which is overseen by the Foster Care Manager, is responsible for a variety of functions including board payments, opening and monitoring private licensed providers, responding to foster parent requests and complaints, foster parent and volunteer travel, and sharing information about continuing education opportunities for foster parents.
- Arkansas Creating Connections for Children (ARCCC), which includes Arkansas’s Diligent Recruitment Grant activities, focuses on targeted recruitment of resource homes as well as resource home retention efforts (see below for a more comprehensive description). This program, including all federal reporting requirements, is coordinated at the state level by the ARCCC Program Manager. The local, area Community Engagement Specialists (CESs) are now supervised by the area Resource Supervisors. The CESs perform a variety of duties related to the targeted recruitment and retention of resource homes.
• Centralized Inquiry Unit, managed by the ARCCC Program Manager, responds to all traditional foster and adoptive home inquiries that come through the online inquiry website from across the state and processes all initial background checks for applicants.

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

• Specialized Placement Unit coordinates Interdivisional Staffings and locates and assures specialized placement for youth with special needs as well as the keying and monitoring of contract TFC placements and DDS placement.

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

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

All of these units are critical to the success of the foster care program in DCFS.

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

Recruiting and retaining quality foster homes continues to be a top priority for DCFS. The agency continues to seek input from foster parents and other foster care providers as to how we can improve in meeting their needs. DCFS has fully implemented Arkansas Creating Connections for Children (ARCCC) statewide. ARCCC is a comprehensive program for resource families with four major components, including:

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

4. Retention & Support of Resource Families

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

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

- Develop a network of foster families that are more neighborhood-based, culturally sensitive, and located in the communities of where children entering foster care live and will work to support reunification efforts.
- Reduce the need for institutional or congregate care by meeting the needs of youth in foster family homes.
- Increase the number and quality of foster family homes to meet health, safety, stability, educational, social, emotional, and physical needs of children within their communities and schools.

**FOSTER CARE DATA**

This data shows children who entered during 07/01/2016 until 06/5/2017

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

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Count</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 1</td>
<td>1079</td>
<td>28.43</td>
</tr>
<tr>
<td>2 to 5</td>
<td>919</td>
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</tr>
<tr>
<td>6 to 9</td>
<td>704</td>
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</tr>
<tr>
<td>10 to 13</td>
<td>569</td>
<td>14.99</td>
</tr>
<tr>
<td>14+</td>
<td>524</td>
<td>13.81</td>
</tr>
<tr>
<td></td>
<td>3795</td>
<td>100.00</td>
</tr>
</tbody>
</table>
### Race/Ethnicity of All Children who Entered Foster Care During SFY 2017

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
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<td>66.67</td>
</tr>
<tr>
<td>Black</td>
<td>645</td>
<td>17.00</td>
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<tr>
<td>Multiple</td>
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<td>10.46</td>
</tr>
<tr>
<td>Hispanic</td>
<td>177</td>
<td>4.66</td>
</tr>
<tr>
<td>UTD</td>
<td>25</td>
<td>0.66</td>
</tr>
<tr>
<td>NAPI</td>
<td>12</td>
<td>0.32</td>
</tr>
<tr>
<td>AIAN</td>
<td>5</td>
<td>0.13</td>
</tr>
<tr>
<td>Asian</td>
<td>4</td>
<td>0.11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3795</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

### Removal Reason(s)

<table>
<thead>
<tr>
<th>Removal Reason(s)</th>
<th>Count</th>
<th>Percentage(%) of Removals in which Reason was cited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect (Alleged)</td>
<td>1941</td>
<td>51.15</td>
</tr>
<tr>
<td>Drug Abuse (Parent)</td>
<td>1772</td>
<td>46.69</td>
</tr>
<tr>
<td>Incarceration of Parent(s)</td>
<td>854</td>
<td>22.50</td>
</tr>
<tr>
<td>Physical Abuse (Alleged)</td>
<td>489</td>
<td>12.89</td>
</tr>
<tr>
<td>Inadequate Housing</td>
<td>353</td>
<td>9.30</td>
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<tr>
<td>Alcohol Abuse (Parent)</td>
<td>187</td>
<td>4.93</td>
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<tr>
<td>Sexual Abuse (Alleged)</td>
<td>181</td>
<td>4.77</td>
</tr>
<tr>
<td>Caretaker ILL/ Unable to Cope</td>
<td>152</td>
<td>4.01</td>
</tr>
<tr>
<td>Child's Behavior Problem</td>
<td>120</td>
<td>3.16</td>
</tr>
<tr>
<td>Abandonment</td>
<td>78</td>
<td>2.06</td>
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<tr>
<td>Truancy</td>
<td>53</td>
<td>1.40</td>
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<tr>
<td>Drug Abuse (Child)</td>
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<td>1.24</td>
</tr>
<tr>
<td>Court Ordered Foster Care in FINS Case</td>
<td>39</td>
<td>1.03</td>
</tr>
<tr>
<td>Child's Disability</td>
<td>16</td>
<td>0.42</td>
</tr>
<tr>
<td>Death of Parent(s)</td>
<td>13</td>
<td>0.34</td>
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<tr>
<td>Alcohol Abuse (Child)</td>
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<tr>
<td>Relinquishment</td>
<td>9</td>
<td>0.24</td>
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<tr>
<td>Child of Teen Parent in Foster Care</td>
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<td>0.21</td>
</tr>
<tr>
<td>Sexual Offender</td>
<td>7</td>
<td>0.18</td>
</tr>
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### Total Reasons and Entries into Care

<table>
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</thead>
<tbody>
<tr>
<td>Total Entries into Care</td>
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</tr>
</tbody>
</table>

### Gender of All Children who Entered Foster Care During SFY 2017

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1864</td>
<td>49.12</td>
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<tr>
<td>Male</td>
<td>1931</td>
<td>50.88</td>
</tr>
<tr>
<td></td>
<td>3795</td>
<td>100.00</td>
</tr>
</tbody>
</table>

### Foster Parent Recruitment and Retention Activity Update

The Division of Children and Family Services (DCFS) focused on placements, foster home recruitment and retention system wide during this reporting period. DCFS 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 1, 2, 6 and 8 are covered by the Division’s Diligent Recruitment grant, and 3, 4, 5, 7, 9, and 10 are under the Division’s Demonstration Waiver.

During the previous reporting period ARCCC experienced challenges with staffing in both the Diligent Recruitment Grant and Demonstration Waiver Areas.

In the Diligent Recruitment grant areas 1, 2 and 6. However during this reporting period all positions were filled and Area 6 hired an extra help Community Engagement Specialist to assist with recruitment activities. The Grant Lead Position was filled in October, 2016 and became vacant again by the end of February, 2017. While the Grant Lead focused heavily on coaching and training CES in the grant areas, the Program Manager continued to assist and remained heavily involved in overseeing the CES recruitment activities during this reporting period.

In regards to the Demonstration Waiver Areas 5, 7, and 9 during this reporting period. The Community Engagement Specialist (CES) in Area 5 was not immediately filled after the resignation in November 2016, but a hire was selected in January 2017. The previous CES in Area 5 was promoted to assist with coaching and training CES in the Diligent Recruitment Grant Areas. The Area 7 CES accepted a position as a Resource Worker in Area 7. The Area 7 CES vacancy had to be re-advertised because a suitable candidate was not found to fill the position. A new list of applicants was established in January and interviews are pending. A hire was selected for Area 9 in September 2016. However, the CES was also tasked with maintaining a full workload of child protective service cases in Poinsett County in addition to focusing on targeted recruitment in the communities of Area 9. The CES still continued to carry out recruitment activities despite additional duties. While ARCCC experienced turnover, recruitment activities continued in the communities through partners that are actively recruiting and/or the Community Recruitment Teams that are active in the communities.

The CES continue to receive supervision from the local Resource Supervisors in their individual areas. This has resulted in more staff involvement of Resource Workers regarding recruitment.
and retention of resource families. This has also expanded ownership of recruitment in the grant areas among the Resource Supervisors and Workers.

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 recruitment team in Area 6 was expanded due to the additional assistance of an extra help CES to form a team on the North Side of Pulaski. Area 1 CES has recruited additional team members as the CES has become more aware and heavily involved in recruitment during this reporting period.

The counties that specifically have an active recruitment team include:

Diligent Recruitment Grant Areas

- Area 1
  - Benton County, 5 members
  - Washington County, 12 members
- Area 2
  - Sebastian County, 7 members
  - Crawford County, 5 members
- Area 6
  - Pulaski County, 19 members
- Area 8
  - Craighead County, 5 members
  - Greene County, 8 members

Waiver Areas

- Area 3
  - Garland County, 4 members
  - Howard and Pike Counties, 4 members
  - Perry County, 3 members
  - Montgomery and Polk Counties, 3 members
  - Hot Springs County, 2 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
Community Partnerships

ARCCC continued the statewide workgroup meetings during this reporting period. The workgroup decided to meet quarterly and each time identify goals that would be achieved prior to the upcoming meetings. The ARCCC workgroup met twice during this reporting period. The workgroup identified barriers with recruiting resource families for children with behavior needs such as training, and also timeliness of Resource Workers opening of new homes. 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. For example, the data showed that resource families are not finding their training realistic of their experiences after the first placement. It was discussed during the workgroup to have consistency with the scenarios provided to resource families during trainings and discussion such as a need for families to accept older youth and children that have some behavior needs. The workgroup was also able to view an online demonstration of DCFS foster parent training which provides a realistic picture of a DCFS workers duties as well as how a child may react in a foster family home.

The ARCCC workgroup lost a member due to their scope of recruitment focus changing. The workgroup consists of 8 members that share an interest in DCFS’ goals to help children and families. 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
- 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 strong 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
- Christians for Kids (C4K) is a non-profit organization located in Craighead County to help Christian families and singles become resource parents by helping them through the process to approval. C4K is also used as a support for families or singles once they are approved and accepting children in foster care.
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.

Below is a breakdown of recruitment sources for all foster homes that were approved between 11/18/2016 through the end of the SFY (June 30, 2017).

<table>
<thead>
<tr>
<th>Recruitment Source</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARCCC/DCFS</td>
<td>358</td>
</tr>
<tr>
<td>The CALL</td>
<td>245</td>
</tr>
<tr>
<td>Christians 4 Kids (C4K)</td>
<td>43</td>
</tr>
<tr>
<td>Private Agency Foster Family Home</td>
<td>9</td>
</tr>
<tr>
<td>ABCH/Get Connected</td>
<td>4</td>
</tr>
<tr>
<td>Greene County Baptist Association</td>
<td>3</td>
</tr>
<tr>
<td>Out Of State</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>664</strong></td>
</tr>
</tbody>
</table>

**Central Inquiry Unit**

The Central Inquiry Unit (CIU) remains a part of ARCCC. The CIU continues to strengthen its process by communicating with applicants with a sense of urgency, and maintaining engagement until the family has been assigned to the Resource Field Worker. The CIU is made up of 6 staff who each have unique roles to assist families through the process. CIU roles and responsibilities include:

- **Family Service Worker (FSW)** who ensures a timely response and assessment to all new inquirers and applicant providers (e.g. the FSW conducts a phone screening to opt families in and/ or out on the front end by asking questions regarding the families interest and household situation).
- **Administrative Assistant (AA)** processes packets received daily and engage with families that have missing forms, or in the process more than 30 days with no response.
- **Program Eligibility Specialist** processes packets received daily from resource families and coordinators recruited by DCFS partners and engage with families that have missing forms, or in the process more than 30 days with no response.
- **Family Service Worker** ensures background check results are assessed and appropriately assigned to the counties for in-home consultation referrals and appointed to gather facts for background check results with negative records (hits) and presents information to the Resource Family Review Committee. This staff is also responsible for sending notices to families that are ineligible or did not return Packet 1 within 30 days.
- **Administrative Assistant** processes all Department of Motor Vehicle Record checks.
- **Administrative Assistant** processes all Foster Family Support requests for resource families and new volunteers recruited by DCFS/ ARCCC and/ or recruitment and retention partners.
The Centralized Inquiry Unit has effectively reduced the time it takes to process applicant background checks and initial application forms needed to assess the family prior to field assignment. For example, prior to Centralized Inquiry Unit full implementation during state fiscal year 2016, the average number of days it took to process an applicant prior to field assignment to a Resource Worker was 74.6 days. That number includes applicants that initiated the process prior to CIU and during the time of implementation. During the dates of July 1, 2016- March 31, 2017 the number of days has reduced to 52.4 days. While ARCCC continues to monitor the customer service and timeliness of new applications, a significant reduction in the number of days has been found when only reviewing families that initially applied and were approved during the transition of CIU to ARCCC for the dates of July 1, 2016 – March 31, 2017. The average time to process those families was 24.4 days. CIU goal is to have applicants processed under 30 days. CIU has found that while foster families play a role in the amount of time it takes to process applications, by the timeliness of completing requested information, out of state maltreatment request also delay CIU from processing applicants in a timely response due to the turnaround time from the requested state. CIU focused this period on engaging with families, recruitment and retention partners, such as the CALL and states of requested maltreatment requests to insure follow up and a sense of urgency was given to everyone involved in the process of applications.

The shortened time in becoming a foster parent has encouraged new applicants to begin the process when the CES are able to share data and information about the progress and changes DCFS has work towards to improve customer service and placement gaps regarding the way CIU assess families on the front end and also information sharing with Resource Workers after the first field assignment to schedule in home consultations with foster family applicants.

Below is the length of time until approval by area for foster family homes:
<table>
<thead>
<tr>
<th>Area</th>
<th>New Foster Family Homes (No Prior Service)</th>
<th>Number of Foster Homes that were First Assigned to Central Office</th>
<th>Number of Foster Homes that received Final Approval at Central Office Prior to Field Assignment</th>
<th>Average Days from Central Office Assignment to First Field Assignment</th>
<th>Average Days from First Field Assignment to Final Approval</th>
<th>Average Days from Earliest Assignment to Final Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>76</td>
<td>67</td>
<td>0</td>
<td>81.9</td>
<td>236.0</td>
<td>308.2</td>
</tr>
<tr>
<td>2</td>
<td>33</td>
<td>28</td>
<td>0</td>
<td>76.3</td>
<td>178.4</td>
<td>212.2</td>
</tr>
<tr>
<td>3</td>
<td>34</td>
<td>24</td>
<td>7</td>
<td>90.2</td>
<td>312.8</td>
<td>320.4</td>
</tr>
<tr>
<td>4</td>
<td>20</td>
<td>19</td>
<td>0</td>
<td>83.5</td>
<td>132.9</td>
<td>147.1</td>
</tr>
<tr>
<td>5</td>
<td>39</td>
<td>33</td>
<td>1</td>
<td>84.8</td>
<td>245.7</td>
<td>253.4</td>
</tr>
<tr>
<td>6</td>
<td>70</td>
<td>66</td>
<td>0</td>
<td>62.9</td>
<td>147.1</td>
<td>176.5</td>
</tr>
<tr>
<td>7</td>
<td>14</td>
<td>9</td>
<td>0</td>
<td>51.4</td>
<td>283.4</td>
<td>286.5</td>
</tr>
<tr>
<td>8</td>
<td>49</td>
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<td>0</td>
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<td>188.5</td>
<td>212.5</td>
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<tr>
<td>9</td>
<td>21</td>
<td>18</td>
<td>1</td>
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<td>194.1</td>
<td>212.5</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>7</td>
<td>0</td>
<td>84.3</td>
<td>402.4</td>
<td>456.0</td>
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<tr>
<td><strong>DRG Total</strong></td>
<td><strong>228</strong></td>
<td><strong>209</strong></td>
<td><strong>0</strong></td>
<td><strong>72.5</strong></td>
<td><strong>194.2</strong></td>
<td><strong>253.4</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>367</strong></td>
<td><strong>319</strong></td>
<td><strong>9</strong></td>
<td><strong>74.6</strong></td>
<td><strong>212.5</strong></td>
<td><strong>253.4</strong></td>
</tr>
</tbody>
</table>
### Geographic Information System

Arkansas continues to utilize the Geographic Information System (GIS) website during this reporting period. The GIS website went ‘live’ and became available to DCFS staff beginning on December 4, 2015. Since the last reporting period date October 1, 2016 through March 31, 2017 the GIS website has been logged in 82 times by 41 different users and performed 112 searches from those log-ins. While the GIS is a useful tool, staff are utilizing the tool less as they become more familiar with their areas and implementation of the recruitment teams.

During this period the Program Manager worked with the University of Arkansas at Little Rock (UALR), Geo Spatial Department to identify new information to be layered on the map. UALR continues to enhance the website. Churches, child care centers, and Google mapping capability were added as layers to the GIS map website. UALR also added enhancements to the website to make it compatible to access from a cellular phone. There were other enhancements such as adding strikes through icons that display as open removals on the site to note accuracy of the address. Icons that do not have a strikethrough have some level of inaccuracy with the address such as incorrect zip code. During the next period UALR will work to identify information that

---

<table>
<thead>
<tr>
<th>Area</th>
<th>New Foster Family Homes (No Prior Service)</th>
<th>Number of Foster Homes that were First Assigned to Central Office</th>
<th>Number of Foster Homes that received Final Approval at Central Office Prior to Field Assignment</th>
<th>Average Days from Central Office Assignment to First Field Assignment</th>
<th>Average Days from First Field Assignment to Final Approval</th>
<th>Average Days from Earliest Assignment to Final Approval</th>
</tr>
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<td>40</td>
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<td>201.6</td>
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<td>3</td>
<td>34</td>
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<td>226.3</td>
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<tr>
<td>5</td>
<td>32</td>
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<td>0</td>
<td>80.1</td>
<td>218.2</td>
<td>218.2</td>
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<tr>
<td>6</td>
<td>50</td>
<td>49</td>
<td>0</td>
<td>47.2</td>
<td>170.6</td>
<td>170.6</td>
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<td>23</td>
<td>22</td>
<td>0</td>
<td>26.0</td>
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<td>214.9</td>
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<td>48</td>
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<td>53.3</td>
<td>174.7</td>
<td>174.7</td>
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<td>35</td>
<td>34</td>
<td>0</td>
<td>57.9</td>
<td>171.9</td>
<td>171.9</td>
</tr>
<tr>
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<td>11</td>
<td>8</td>
<td>0</td>
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<td><strong>52.4</strong></td>
<td><strong>203.8</strong></td>
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*This data also includes resource applicants that began the process during SFY 2015 and SFY 2016.*
will be useful to continue analyzing the GIS to guide recruitment strategies. For example, UALR will provide a demonstration of the GIS website for the ARCCC workgroup to allow members to help identify searches needed for their individual organizations. While Community Engagement Specialists and other DCFS staff have access to the website, it will also be imperative if the CES can allot time during the next period to schedule work sessions at UALR GIS lab to identify new communities to target for recruitment. UALR will analyze the searches to provide reports. During the next period ARCCC will continue to work with CHRIS staff to add a removal address to the removal screen in SACWIS to eliminate inaccurate addresses being pulled from data in SACWIS.

**Staff Trainings**

During this reporting period ARCCC scheduled trainings at each university site across the state. Feedback from the evaluation during the last reporting period showed resource families need better communication and support with caseworkers. Staff in areas 1, 2, 6, and 8 were offered training on Customer Service Recruitment Is Everyone’s Business (RIEB), Subsidized Guardianship, and Volunteer Services. The customer service, RIEB was initially offered in Year 2 of the grant project. The RIEB component training was revised and rolled out to Resource Workers and Supervisors statewide. For example, staff were provided scenarios in training sessions to practice customer service and best practice while working with resource families and biological parents or family members to children in foster care. The trainings for Resource Workers and Supervisors concluded in September 2016. In March Subsidized Guardianship, Customer Service RIEB and Volunteer Services training was provided to all Family Service Workers that are caseworkers, and all DCFS supervisors and Area Directors. The training presentation was provided as a collaborative effort of which the Assistant Director of Community Engagement and Placements, ARCCC Program Manager, and Foster Care Manager presented the information to staff. The staff were re-introduced to subsidized guardianships as a concurrent plan, DCFS behavior change in regards to customer service, and the access and utilization of volunteers that can now be accessed in CHRIS. The participants all received the Provisional Foster Care 101 handout and appropriate forms to guide initiating a subsidized guardianship for a child in foster care of which reunification or adoption are not an appropriate goal.

Due to the feedback and staff interest in initiating more subsidized guardianships for children as a permanency goal this will increase the volume of subsidized guardianship cases. A new Subsidized Guardianship Coordinator was hired in May 2017. This position will maintain subsidized guardianships and focus on increasing relative placements as outlined in the work plan year 4, child specific recruitment to continue to follow up with identified family members and monitor the implementation of the family search and engagement processes. Prior to the reporting period statewide there were 24.7% of children in foster care placed with relatives and at the end of this period there were 27.8% of children with relatives. DCFS anticipates these placements may result in guardianship as a permanency goal supported by a subsidy if reunification and adoption have been ruled out for the child (and assuming all other subsidized guardianship referral criteria have been met).
The Divisions goal is for 29 percent of children in foster care to be placed with relatives by August 2017. This goal represents the national average for this measure.

**National Resource Center for Diligent Recruitment**

ARCCC continued to receive technical assistance for targeted recruitment from the National Resource Center for Diligent Recruitment (NRCDR) during the reporting period. NRCDR and ARCCC reviewed the previous work plan and identified items that were ongoing or did no longer needed assistance from the NRCDR. For example, ARCCC developed an Infographic for staff and the community to better understand the process to open relative and/or fictive kin families in a timely manner. This tool was modified with the collaboration of leadership staff and the office of communications. The NRCDR reviewed the tool and also provided feedback. This tool has received good response from stakeholders and staff which has also resulted in staff opening more relative foster homes and/or provisional placements. ARCCC developed training for Resource Workers, all Family Service Worker, caseworker staff, and Supervisors. The training agenda consisted of Subsidized Guardianship, Customer Service, Recruitment Is Everyone’s Business, and Volunteer Services. The NRCDR also reviewed this training tool and provided feedback for ARCCC use during the reporting period. The ARCCC Program Manager continues to participate in telephone conference calls with NRCDR at least monthly.

**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

Summary of ARCCC Program Activities and Targeted Recruitment:

August 2016
- Fully transitioned the Central Inquiry Unit to ARCCC
- Continued peer-to-peer learning conference calls for the ARCCC team
- Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
- Continued meetings with UALR for GIS data and SACWIS management
- Continued CES weekly peer-to-peer learning calls
- Continued Evaluation Calls with HZA
- Continued Technical Assistance from NRCDR
- Initiated planning for statewide Resource Trainings
- Continued weekly placement team meetings
- Area 3 promoted foster home recruitment at Amplify Concert in Saline County
- Area 3 held recruitment team meetings in Pike, Howard, Clark, Hot Springs, Garland, Montgomery, Polk, Perry, and Saline Counties.
- Area 3 held a meeting with DCFS supervisors in Area 3 to discuss recruitment ideas and possible team members
- Area 4 held community outreach meeting in Sevier Co. organized by resource worker
- Area 4 promoted foster home recruitment at SAYS Back to School Bash in Columbia Co. in collaboration with a resource worker
- Area 4 promoted foster home recruitment at Back to School Health Fair in Miller Co. in collaboration with a resource worker
- Area 4 promoted foster home recruitment at Literacy Council Meeting
- Area 5 attended Stuff the Bus project in Pope County for the recruitment team to collect donations of backpacks and supplies for children in foster care.
- Area 5 held Van Buren County Foster Care Coalition Team Meeting
▪ Area 5 held Pope County Community Recruitment Team Meeting
▪ Area 5 held Conway County Community Recruitment Team Meeting
▪ Area 7 CES Vacancy
▪ Area 9 CES Vacancy
▪ Area 10 CES held Community Outreach Meetings in Ashley, St. Francis, Monroe, and Desha Counties
▪ Area 10 Foster Parent Association meeting held; CES supported foster children and foster parents as needed.
▪ Area 10 CES attended local Home Town Health meeting in Desha County, discussed target population of children and developed connections in the community
▪ Area 10 CES Held St. Francis Community Recruitment Team Meeting
▪ Area 10 CES presented targeted population of children to St. Francis County, Williams’ Temple COGIC Church.
▪ Area 10 CES worked on researching and scheduling meetings, speaking engagements and events.
▪ Area 10 CES promoted foster care needs to local church members at Oak Hill Church in St. Francis County
▪ Area 10 CES held Community Recruitment Team Meeting in St. Francis County
▪ Area 10 CES held Community Outreach meetings in Monroe and St. Francis Counties
▪ Area 10 CES presented targeted and general information to Wheatley Baptist Church in St. Francis County
▪ Area 10 CES presented targeted and general information to Phillips County Medical Center staff
▪ Area 10 CES met with staff at Phillips County Crest Park CNA’s to present targeted information on medically fragile foster children

October 2016
▪ Held ARCC Workgroup Meeting
▪ Continued peer-to-peer learning conference calls for the ARCC team
▪ Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
▪ Continued meetings with UALR for GIS data and SACWIS management
▪ Continued CES Weekly Peer to Peer Learning Calls
▪ Statewide Resource Trainings held
▪ Continued Evaluation Call with HZA
▪ Continued Technical Assistance from NRCDR
▪ Finalized MOU with BACA
▪ Initiated Technical Assistance with Casey Family Programs
▪ Continued meeting with COMPACT for foster home recruitment expansion
▪ Continued calls with Area 2 and 8 for targeted recruitment of newly opened resource family homes
▪ Continue Waiver Core Team Meetings
▪ ARCCC Grant Lead hired
▪ Volunteer Recruitment Meeting at Arkansas Baptist College
▪ Continued Central Office Placement Team Meetings
- Continued CHRIS meetings to implement how families are recruited in the SACWIS system
- Area 1 Attended Three Kiwanis group meetings in Fayetteville, Springdale, and Bella Vista
- Area 1 presented general information and held booth at Arvest Ball park Trunk or Treat
- Area 1 obtained bowling ball and spa day for teen in foster care
- Area 1 met with CES with Ozark Guidance to discuss partnership activities
- Area 1 CES interviewed by KNWA television station about foster care needs
- Area 1 placed brochures in several local medical offices in Fayetteville
- Area 1 Recruitment Team meeting held in Fayetteville office
- Area 2 CES hired
- Area 6 Attended Call Teen Scene meeting to recruit current and prospective foster parents for recruitment team and to provide support to teen foster parents
- Area 6 Presented ARCCC recruitment and foster children needs at Foster parent meeting. Provided information on join my recruitment team and community resources.
- Area 6 Attended Performance Food Health, & hosted informational table at the companies’ health fair, where I passed out foster and adoptive parent recruitment information, and provided additional information or way to help and support foster children.
- Area 6 Attended CALL and Resource Unit Monthly, the resource unit meets monthly to maintain a positive relationship with the community partners
- Area 6 Hosted informational table at UP Family Day at Union Pacific and passed out ARCCC recruitment material and education this population on foster care needs
- Area 6 Continued peer-to-peer learning conference calls for the ARCCC team
- Area 8 Craighead County Recruitment meeting. The team is making a push for our next meeting November 10th to invite some folks who might be interested in serving with us. With the starting of Greene County’s team a couple of our members have switched. We also have a couple who have not been active. We will be looking to replace them.
- Area 8 Craighead County Resource Team Meeting was held at Midsouth.
- Area 8 Staff Education Day (5 hours) was held on Arkansas State University Campus.
- Area 8 Assisted the Resource Supervisor in interviewing for the part time CES Position that is open. We only had one person to interview. It was decided to re-post this position to see if we could get more interest.
- Area 8 Today we had a CES phone conference.
- Area 8 Attended an event called Field of Faith it was held on the campus of Greene County Tech. Hundred’s attended this event; Several Churches were on hand to feed the folks who were there. I had the opportunity to visit with several people on the great need for Foster Parents in Greene County.
- Area 8 Attended in Little Rock at the 4-H Center the Adoption Conference hosted by DCFS, Governor’s Oversight Committee, Adoption Subcommittee and Project Zero.
- Area 8 Had the Annual Foster/Adopt Family Conference in Jonesboro from 9am-4pm this day. The event was well attended.
- Area 8 Had the Greene County Recruitment team meeting. This was the second meeting held in Paragould.
ARCCC Workgroup Meeting
- Continued peer-to-peer learning conference calls for the ARCCC team
- Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
- Continued meetings with UALR for GIS data and SACWIS management
- Continued CES Weekly Peer to Peer Learning Calls
- Statewide Resource Trainings held
- Continued Evaluation Call with HZA
- Continued Technical Assistance from NRCDR
- Finalized MOU with BACA
- Continued weekly placement team meetings
- Area 3 hosted a booth at the Battle Of Badges for Polk County to promote targeted population foster child needs
- Area 3 CES held Community Recruitment Team Meetings in Pike, Howard, Clark, Hot Springs, Garland, Montgomery, Polk, Perry, and Saline Counties.
- Area 4 promoted foster child needs at support group meetings in Hempstead, Ouachita, and Union Counties.
- Area 4 held community outreach meeting in Miller County in collaboration with resource worker
- Area 4 promoted foster child needs at the Battle of Badges in Sevier County organized by CASA.
- Area 4 promoted foster child needs during foster parent support group meeting in Union Co.
- Area 4 met with Hempstead County supervisor to discuss foster home recruitment
- Area 4 attended Bridging the Gaps Partnership for Success Coalition Meeting in Miller County to promote foster child needs
- Area 5 held Conway County Community Recruitment Team Meeting
- Area 5 held Pope County Community Recruitment Team Meeting
- Area 5 held Van Buren Community Recruitment Team Meeting
- Area 5 held Conway County Community Outreach Meeting
- Area 5 Foster Parent Conference held in Pope County – many of the Pope County Recruitment Team Members assisted with the conference activities
- Area 9 held a staff meeting with DCFS staff from Poinsett County to educate them on CES role and how staff plays a part in recruitment
- Area 9 met with the Director of Economic Development in Poinsett County to promote foster child needs
- Area 9 presented at the Assembly of God church in Jackson County about the need for foster homes
- Area 9 presented at the Ministerial Alliance in Independence County.
- Area 9 presented at the monthly Poinsett County DHS meeting to promote foster child placement needs
- Area 9 met with the Mayor of Trumann in Poinsett County to promote foster home recruitment
- Area 9 presented at the Independence County Foster Parent Association Meeting to promote foster parents as recruiters
- Area 9 presented at the Brownsville Baptist Church in Cleburne County to promote foster child placement needs
- Area 10 collected donations for Phillips County foster children from Seventh Day Adventist Church
- Area 10 met with Foster Care School Liaisons in Monroe, Desha, and Chicot Counties
- Area 10 CES met with local church members at Oak Hill Church in St. Francis County to promote foster home recruitment
- Area 10 held a Community Recruitment Team Meeting in St. Francis County
- Area 10 held Community Outreach meetings in Monroe and St. Francis Counties
- Area 10 CES presented target and general information to Wheatley Baptist Church in St. Francis County
- Area 10 CES presented targeted and general information at Medical Center in Phillips County

November 2016
- Continued weekly placement team meetings
- Continued peer-to-peer learning conference calls for the ARCCC team
- Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
- Continued meetings with UALR for GIS data and SACWIS management
- Continued CES Weekly Peer to Peer Learning Calls
- Continued Evaluation Call with HZA
- Continued Technical Assistance from NRCDR
- Continued GIS meeting with DCFS staff
- Area 2 Placement Unit and Resource Team Shadowing Week
- Continued Resource Review Committee Meetings
- ARCCC Quarterly Call with Federal Project Officer
- ARCCC/ ABCH Get Connected Meeting
- Central Inquiry Unit Staff Meeting to assess engagement and follow up roles of staff
- Reviewed Focus Group data with Foster Care Manager and DHS Human Capital Manager for focus of retention
- Continued Area 2 Targeted Recruitment Resource Meeting in Sebastian County
- Continued Central Office Placement Team Meetings
- Area 1 presented targeted and general information to Lincoln Kiwanis group
- Area 1 presented targeted and general information to School Bus Driver Association
- Area 1 attended Light of Hope Event for CASA
- Area 1 attended Springdale Chamber Event for Community Networking
- Area 1 placed flyers and brochures in local public libraries
- Area 1 held Community Outreach meeting in Springdale
- Area 1 obtained donations from local community member to donate to foster children
- Area 1 met with local college student about joining recruitment team
- Area 2 Community Outreach Meeting in Sebastian County
- Area 2 CES began shadowing ARCCC Grant Lead
- Area 2 CES followed up and met with all Recruitment Team Members to finalize a time to meet for recruitment strategies
- Area 2 CES conducted a Sebastian County Community Outreach Meeting
- Area 2 CES met with STEPS Director to discuss collaborative recruitment activities
- Area 6 Attended and Spoke at Pastor Association Meeting about ways the Faith based organization can help with foster parent recruitment and help to support current foster parents and children in foster care
- Area 6 attended and Spoke at Garden Memorial United Methodist Church about recruitment needs and ways to help DCFS for example to allow DCFS to use available space for visitation or meetings.
- Area 6 Meet with Lorrie and Lester about recruitment goals, concerns, and tips on recruitment etc.
- Area 6 Meet with East Pulaski Office for information on planning for Hard to Place children
- Area 6 Handout ARCCC material and business cards at Central Arkansas Asian Fest
- Area 6 Meeting with Southwest Pulaski Office on planning for Hard to Place children
- Area 6 Attended Carver PTO/PTA Meeting to meet with school staff and education on providing support to those who are foster parents and to educate about provisional and fictive kin
- Area 6 Attended Watson PTA/PTO Meeting to meet with school staff and education on providing support to those who are foster parents and to educate about provisional and fictive kin
- Area 6 Attend Immerse “Repurpose and Restore for the Good event, to meet Pulaski County Stakeholders and government officials. Also to provide support to Immerse who is a community partner for transitional youth services
- Area 6 Attended and presented Youth Sunday/Orphan at Pulaski Heights United Methodist Church. Held a table in the church foyer to provide information on becoming a foster parent, mentor or volunteer
- Area 6 Attended and presented Pulaski County Quarterly Education day at Parkway Church. Mandatory educational day with Pulaski county Area Director. An update was provided to the area on recruitment efforts and supports
- Area 6 Attended and presented Statewide Quarterly meeting with Division of Child Care and Early Childhood Education
- Area 6 Attended and presented Adoption Meet and Greet at MLK office. An Opportunity to meet with adoptive parents and waiting adoption to address any concerns and provide support.
- Area 6 Attended, Presented NLR Dixie New Addition Neighborhood Meeting to recruitment foster parent, mentor and volunteers and answers any questions
- Area 6 attended and Meet Little Rock regional (Pulaski) Chamber of Commerce Meeting to seek help with recruitment and again community involvement.
- Area 6 Attended Jacksonville Staff Meeting and presented on needs for recruitment team members
- Area 6 Continued peer-to-peer learning conference calls for the ARCCC team
- Area 8 Craighead County Resource Team Meeting was held at Midsouth. We reviewed Current Classes Status/Concerns. Pending SAFE’S. Waiting list.
- Area 8 was a part of an event held on ASU Campus by the HPESS Students. The event was held for Foster Parents and Foster Children. The event was a Fall Festival with food and games provided by the student’s. We will assist again next year with this event. In helping provide notification to Foster Parents and Foster Children in the area of the event.
▪ Area 8 Met with Craighead Recruitment Team the meeting was well attended. We had two quests that also attend.
▪ Area 8 GCFPA Greene County Foster Parent Association had at meeting at Harmon Park in Greene County. The topic for the meeting was Activity Opportunities. The speaker was an individual who runs a Closet for Sports Supplies. The class offered was worth 2 CEUs for participants.
▪ Area 8 Met with a member of CASA a Recruiter for Greene County, he agreed to Join the Greene County Recruitment Team in Greene.
▪ Area 8 Interviewed with (Hornby Zeller Associates, Inc.) is the contracted third-party evaluator for Arkansas’ Title IV-E Waiver program, ARCCC. The interview was conducted by phone, interviews took about an hour.
▪ Continued weekly placement team meetings
▪ Continued peer-to-peer learning conference calls for the ARCCC team
▪ Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
▪ Continued meetings with UALR for GIS data and SACWIS management
▪ Continued CES Weekly Peer to Peer Learning Calls
▪ Continued Evaluation Call with HZA
▪ Continued Technical Assistance from NRCDR
▪ Continued GIS meeting with DCFS staff
▪ Area 3 CES held Community Recruitment Team Meetings in Pike, Howard, Clark, Hot Spring, Garland, Montgomery, Polk, Perry, and Saline Counties
▪ Area 3 initiated work to begin a Heart Gallery for children waiting to be adopted
▪ Area 4 held Community Recruitment Team meetings in Sevier and Lafayette Counties
▪ Area 4 attended Bridging the Gaps Partnerships for Success Coalition meeting in Miller County to promote foster child placement needs
▪ Area 4 attended Unified Community Resource Coalition Meeting in Miller County
▪ Area 5 held Pope, Van Buren, and Conway Counties Community Recruitment Team Meetings
▪ Area 5 held Van Buren County Community Recruitment Team Meeting
▪ Area 5 Community Recruitment Team held a Chili Cook-Off to recruit for new resource families
▪ Area 10 met with foster care liaison in Lee County for foster home recruitment
▪ Area 10 met Temple Pentecostal Church in St. Francis County to promote foster children placement needs
▪ Area 10 held St. Francis County Community Recruitment Team Meeting

December 2016
▪ Program Manager trained TDM Facilitators on ARCCC
▪ Continued weekly placement team meetings
▪ Continued peer-to-peer learning conference calls for the ARCCC team
▪ Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
▪ Continued meetings with UALR for GIS data and SACWIS management
▪ Continued CES Weekly Peer to Peer Learning Calls
▪ Continued Evaluation Call with HZA
Continued Technical Assistance from NRCDR
Central Inquiry Unit Program Edibility Specialist position filled to provide direct service to families recruited by DCFS partners such as the CALL and C4K
Continued Central Office Placement Team Meetings
Volunteer Orientation Training for Volunteer Designees
Initiated Meetings of Resource Families that require International background checks
Area 2 began New Worker Training for Family Service Workers
Area 2 CES initiated a new contact with Grace Church in Sebastian County to assist with recruiting resource families
Area 2 CES attended Sutton Elementary School faculty meeting to recruit for resource families
Area 2 met with Junior League, Sparks Medical Center Representative, and Euper Lane School Representatives brainstorm future recruitment and retention activities for children in foster care and upcoming activities
Area 2 CES met with Rhodes Chevrolet regarding a Christmas Toy Drive to benefit children and youth in foster care
Area 2 CES spoke at Area 2 foster parent Christmas party to encourage current resource families to participate in recruitment and retention of newly opened families
Area 2 conducted Recruitment Team Meeting at the Learning Center in Crawford County
Area 2 CES initiated a meeting place for the upcoming Community Outreach Meeting in Sebastian County at the Fort Smith Public Library
Area 1 CES attended Springdale Chamber meeting for Networking
Area 1 CES set up informational booth at Candy Cane Hunt in Rogers
Area 1 CES placed brochures in Springdale Area businesses
Area 1 CES obtained some Christmas gifts for children new into care
Area 1 held Community Engagement Meeting at Springdale Library
Area 6 Attended North Little Rock Staff meeting (DCFS Staff) to provide support and to invite staff to join recruitment teams or to provide education on community resources.
Area 6 Attended and meet with the League of Women Voters to educate this community of members to help with recruitment and outreach.
Area 6 Attended and presented NLR PTA Council Meeting to build community support.
Area 6 Attended and monitored ARCCC Focus Group at City Connections.
Area 6 Attended and presented Central High Neighborhood Association Meeting, educated the association about joining my recruitment teams and
Area 6 Attended and Presented Radio Interview with 102.5 Hallelujah FM about recruitment team, data of children in foster care, and the type of homes needed in Pulaski County.
Area 6 Attended and presented with PowerPoint at the Rotary Meeting at American Pizza for 30mins about ARCCC, DCFS and foster care recruitment.
Area 6 Attended Call and DCFS Christmas meeting, community partnership meeting and celebration.
Area 6 Attended Little Rock Police Academy Christmas party to accept Christmas donation and speak about recruitment needs.
Area 6 Attended volunteer orientation training to increase knowledge on assisting and training mentor and volunteer.
Area 6 Attended Little Rock Alumni Christmas party meet Pulaski county police staff and members and educate on foster care needs.
Area 6 Continued peer-to-peer learning conference calls for the ARCCC team
Area 6 Christmas is in December, I spent a lot of time gathering and delivering Christmas donations/gifts, attending organization Christmas parties and meetings.
Area 8 Craighead County Resource Team Meeting was held at Midsouth. We reviewed Current Classes Status/Concerns. Pending SAFE’S. Waiting list.
Area 8 Met with Craighead County Recruitment meeting.
Area 8 I worked on putting together a Christmas Party for Greene County DHS Workers. This included contacting donors to host the event.
Area assisted the group Paragould pay-it-forward in Greene County, Shop with a Cop for Foster Kids in Greene. This began at 8 am at Arkansas Methodist Medical Center with a breakfast for officers and foster children. We had over 80 kids that were included. They were taken to Wal-Mart and allowed to spend up to $100. This is a very successful program. This is the second year for it to be held.
Area 8 Met with Greene County Baptist Association for an informational meeting, for folks interested in being Foster Parents.
Area 8 Participated in a phone conference for Volunteer Orientation. This phone conference discussed the volunteer module, updates/changes in the Volunteer process
Program Manager trained TDM Facilitators on ARCCC
Continued weekly placement team meetings
Continued peer-to-peer learning conference calls for the ARCCC team
Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
Continued meetings with UALR for GIS data and SACWIS management
Continued CES Weekly Peer to Peer Learning Calls
Continued Evaluation Call with HZA
Continued Technical Assistance from NRCDR
Area 3 CES held recruitment team meetings in Pike, Howard, Clark, Hot Spring, Garland, Montgomery, Polk, Perry, and Saline Counties.
Area 3 held a Community Outreach Meeting in Perry County at the Perryville High School
Area 4 held recruitment event at St. Michaels Hospital in Miller County
Area 4 attended Lions Club meeting in Lafayette County to promote foster home recruitment
Area 4 attended Literacy Council Meeting to promote foster home recruitment
Area 4 attended Bridging the Gaps Partnership for Success Coalition Meeting to promote foster home recruitment
Area 5 held Community Recruitment Team Meetings in Conway and Pope Counties
Pope County Recruitment Team members assisted with Christmas sponsorships for children in foster care through a toy drive
Area 9 presented about foster home recruitment at the Harrisburg Rotary Club in Poinsett County.
Area 10 held St. Francis County Community Recruitment Team Meeting
Area 10 CES held Community Outreach Meetings in Monroe and St. Francis Counties
Area 10 CES met with community members at Episcopal Church of the Good Shepherd to promote foster children placement needs
Area 10 CES met with Foster Care Liaisons in Phillips County school district

January 2017

- Continued peer-to-peer learning conference calls for the ARCCC team
- Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
- Continued meetings with UALR for GIS data and SACWIS management
- Continued CES Weekly Peer to Peer Learning Calls
- Continued Evaluation Call with HZA
- Continued Technical Assistance from NRCDR
- Continued Central Office placement team meetings
- CES Refresher Training
- Initiated meetings with Office of Communications to recruit mentors for youth in foster care
- Continued Resource Review Committee Meeting
- Conducted Subsidized Guardianship, Customer Service, and Volunteer Services Training planning meeting
- Area 1 CES presented at a CALL training event to current and new foster parents
- Area 1 CES attended Springdale and Bentonville Chamber Meetings
- Area 1 held Community Engagement Meeting at Rogers Public Library
- Area 1 CES visited Carroll County to get brochures and information out to businesses and Middle/High School
- Area 1 CES attended meeting at Ozark Guidance about upcoming event to display information
- Area 1 CES met with Director of Public Works to obtain meeting space in Prairie Grove for meetings
- Area 2 presented at Fairview and Cavanaugh School Faculty meetings to recruit for children with special behavior and medical needs
- Area 2 attended a volunteer meeting at Central Presbyterian Church to discuss the volunteer process and recruit volunteers for retention
- Area 2 distributed flyers with target population information to all recruitment team members
- Area 2 participated in Spirit Radio Interview for Area 2 to discuss resource family needs and targeted populations in need of resource families
- Area 6 Attended and presented Glenview Neighborhood Association
- Area 6 Attended and presented at Christ Church bible study (Maumelle), meet with church members on ways faith based organization can assist.
- Area 6 Visit/ meeting with Project Lead , about recruitment tips and goals
- Area 6 Attended and presented Hillcrest neighborhood Association at US Pizza
- Area 6 Attended and presented Monthly meeting about foster care needs and building community connections.
- Area 6 Volunteer Orientation- received education on the how to train mentors and volunteers.
- **Area 6** Presented with Meadow Cliff Neighborhood Association Meeting spoke about the need for more foster homes and support in the area and ways to help.
- **Area 6** Attended St. Mark/MLK Rights to wrong which was an outreach event and I handout recruitment and contact information.
- **Area 6** Presented Full Faith Missionary Baptist Church educational presentation at foster care.
- **Area 6** Presented/handed out ARCCC material MLK Commission Day of Service at Central High School
- **Area 6** Presented Rose City Neighborhood Association spoke about need for more foster homes and community support to those who are current foster homes.
- **Area 6** Attended and Presented Stone Link Neighborhood Association Meeting spoke about need for more foster homes and community support to those who are current foster homes.
- **Area 6** Attended and Presented NLR Leadership Development Meeting and spoke about the need for more foster homes and community support to those who are current foster homes.
- **Area 6** Hosted NLR Recruitment Team Meeting, meet with members about planning, upcoming events and ways to reach out to the communities we serve.
- **Area 6** Hosted LR Recruitment Team Meeting, meeting held to focus on planning, and outreach/recruitment events.
- **Area 6** Attended and presented Jacksonville Landlord Association spoke about need for more foster homes and community support to those who are current foster homes and ways the association can help with recruitment etc.
- **Area 6** Continued peer-to-peer learning conference calls for the ARCCC team
- **Area 8** Craighead County Resource Team Meeting was held at Midsouth. We reviewed Current Classes Status/Concerns. Pending SAFE’S. Waiting list.
- **Area 8** Met with Craighead County Recruitment Team. We discussed the desire to have a CASA representative on the team. Also what media person we could have to replace Ryan Vaughn, who has moved to the Greene County Team. The main discussion was possibly having a one day Informational/Recruitment day Event in Craighead County. The ARCCC Program Manager gave these suggestions and each one was discussed. Questions to consider, what goals are you trying to accomplish with this event? Who will you be targeting to attend? Also who will be funding this event? I believe in the past the recruitment team funded the event. Have you discussed this with your team? This will need to be a community event in which the community can take some ownership and hope to accomplish the same goals as you are. It sounds like a good idea, but you need to weigh whether this is something your team is willing to take ownership of and will it lead to increasing the number of families for children in Area 8
- **Area 8** Met with Project Lead and discussed the Informational/Recruitment day.
- **Area 8** Met in Greene County for after-hours Business gathering held by Paragould Chamber of Commerce
- **Area 8** Met with Childers Homes, Inc. in Paragould who has had to resign off Greene County Recruitment team due to work load.
- **Continued peer-to-peer learning conference calls for the ARCCC team**
- **Received Monthly Foster Child and Resource Family Demographic Data by county from HZA**
Continued meetings with UALR for GIS data and SACWIS management
Continued CES Weekly Peer to Peer Learning Calls
Continued Evaluation Call with HZA
Continued Technical Assistance from NRCDR
Continued weekly placement team meetings
Area 3 held Community Recruitment Team meetings in Pike, Howard, Clark, Hot Spring, Garland, Montgomery, Polk, Perry, and Saline Counties
Area 3 met with the Secretary of the Polk County Chamber of Commerce to discuss the need for foster homes in the area and recruitment.
Area 3 attended the United Way of the Ouachitas in Garland County to discuss the need for homes and recruitment
Area 3 attended The CALL panel to answer questions, discuss the need for homes, and meet pending families in the application process
Area 4 presented to CALL Coordinators in Union, Hempstead and Ouachita Counties to discuss target populations of children in foster care
Area 4 held Miller County Community Recruitment Team Meeting
Area 5 CES hired
Area 10 held St. Francis County Community Recruitment Team Meeting
Area 10 CES attended Phillips County School District, Children, foster Care Committee and presented information on targeted population of children in foster care
Area 10 CES attend council meetings at Mid-South Health Systems in St. Francis County to promote foster home recruitment

February 2017
ARCCC Media Training, Little Rock AR
Held Lean Six Sigma Meetings to review the resource family applicant to final approval process and planning
Continued peer-to-peer learning conference calls for the ARCCC team
Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
Continued meetings with UALR for GIS data and SACWIS management
Continued CES Weekly Peer to Peer Learning Calls
Continued Evaluation Call with HZA
Continued Technical Assistance from NRCDR
Continued Central Office placement team meetings
Initiated Conference Call with Federal Project Officer for Enhancement of the ARCCC toolkit
Area 1 CES held Community Engagement Meeting in Prairie Grove
Area 1 held Recruitment Team Meeting at Fayetteville DHS office
Area 1 CES attended Springdale Chamber Meetings
Area 1 CES met with Pea Ridge Social Work Intern about partnering on some recruitment events and Foster Parent Associations
Area 1 CES met with Ozark Guidance about information to be placed in Runner’s bags for upcoming April 5K
Area 1 CES spoke with five inquiries about fostering/adoption/volunteering
Area 1 CES sent packets out to several local churches with information
Area 1 CES met with resource team to talk about Foster Parent Association
Area 2 reassessed recruitment plans and tools and updated the PowerPoint data
Area 2 promoted ARCCC and the upcoming Community Outreach Meeting in the communities of Area 2
Area 2 participated in planning for National Child Abuse Prevention Month
Area 2 participated in an interview with Spirit radio to promote the foster child needs and need for families to care for special behaviors
Area 2 Sebastian and Crawford County Community Outreach meeting held
Area 6 Presented Arkansas Department of Workforce Service (roundtable)
Area 6 Presented North Heights Community Center Meeting spoke about need for more foster homes and community support to those who are current foster homes, and attending the career/job fair in April.
Area 6 Attended Media Training with Central office Communication division.
Area 6 Attended Billboard Content Meeting with communication division
Area 6 Attended Human Trafficking Training with Philander Smith
Area 6 Attended Foster Parent Association Meeting to support foster parents and focus on retention of current foster parents.
Area 6 Presented Neighborhood United for Levy (NUFL) spoke about need for more foster homes and community support to those who are current foster homes.
Area 6 Presented Neighborhood Landlord Association meeting spoke about need for more foster homes and community support to those who are current foster homes.
Area 6 Meet with Sha Stephens- about starting provisional support group
Area 6 Published article in Jacksonville Leader Newspaper about “What is ARCCC?” and CES provided contact information
Area 6 Attended Walk Thru with resource worker and gave ARCCC Material and contact information for support etc.
Area 6 Attended and presented at HOLT Neighborhood Association Meeting spoke about need for more foster homes and community support to those who are current foster homes.
Area 6 Attended and presented at Amboy neighborhoods Association meeting spoke about need for more foster homes and community support to those who are current foster homes.
Area 6 Presented at Sherwood Rotary Club Meeting spoke about need for more foster homes and community support to those who are current foster homes.
Area 6 Attended ADWS North Little Rock meeting (roundtable) Committee member spoke about need for more foster homes and community support to those who are current foster homes.
Area 6 Outreach Meeting
Area 6 Attended Mid-south Black Summit Expo and hosted information table to recruit for African American families and older youth foster homes
Area 6 Attended Meeting with Lamar Advertising, meet about 2017-2018 foster care recruitment billboard.
Area 6 Continued peer-to-peer learning conference calls for the ARCCC team
Area 8 Craighead County Resource Team Meeting was held at Midsouth. We reviewed Current Classes Status/Concerns. Pending SAFE’S. Waiting list.
Area 8 Traveled to Little Rock for Media Training
Area 8 Met with Craighead County Recruitment Team. We discussed the desire to have a CASA representative on the team. Have a CASA name that has been invited to the next meeting March 9th. The team sought a media representative to replace a member who has moved to the Greene County Team. Area 8 Pat & Joann Graham of Craighead were sent to the ARCCC Web Site.

Area 8 Met in Craighead County for after-hours Business gathering held by Craighead Chamber of Commerce.

Area 8 worked with our newest team member in (Greene) who is also a member of Pay It Forward Paragould. She headed up along with Farm Bureau Insurance Company for the purchase of 12 new Child Car Seats, and 6 gently used (in date) seats that were donated to DCFS. These will be given to offices in need in Area 8.

Need Waiver areas

March 2017

- Continued meetings with UALR for GIS data and SACWIS management
- Continued CES Weekly Peer to Peer Learning Calls
- Continued Evaluation Call with HZA
- Continued Technical Assistance from NRCDR
- Continued Central Office placement team meetings
- Area 1 CES attended Springdale Chamber meetings
- Area 1 CES attend Creative Referral Networking group on Friday mornings
- Area 1 CES held Team Meeting in Fayetteville
- Area 1 CES held Community Engagement Meeting at Springdale Library
- Area 1 CES met with Resource staff about Foster Parent Conference
- Area 1 CES attended recruitment event at Pea Ridge Middle School
- Area 1 CES assisted Area 2 with Lawn and Garden Recruitment Booth in Fort Smith
- Area 1 CES met with Grace Pointe church about Foster Parent Conference
- Area 1 CES dropped brochures and literature at area doctors’ offices and libraries
- Area 1 CES spoke at Area Supervisor meeting
- Area 1 CES met with Ozark Guidance to work on upcoming event
- Area 1 CES met with Pastor from Christian Church, and they are going to offer their space for local visitations
- Area 1 CES sent packets to several local churches not affiliated with The CALL
- Area 1 CES recruited two new families
- Area 1 CES followed up with leads from referrals from staff
- Area 2 CES maternity leave until May 2017
- Area 8 Craighead County Resource Team Meeting was held at Midsouth. We reviewed Current Classes Status/Concerns. Pending SAFE’S. Waiting list.
- Area 8 Met with Craighead County Recruitment Team. Contacted the Program Manager of CASA in the 2nd Judicial District Located in Craighead, she has agreed to serve on the Recruitment team
- Area 8 Met with ARCCC Program Manager and the resource team in Craighead County for an Area 8 Targeted Recruitment Meeting. At this meeting we looked at potential foster parents, ones who have inquired but haven’t completed the process. CES took the lead on contacting several of those that it has been several months, possibly a year since they first inquired but haven’t completed the process.
▪ Area 8 Met with Greene County Recruitment Team. The main discussion was the one day Informational/Recruitment day Event for Greene County. We have a date set for July 15th 2017. We also have a location at the Paragould Community Center.
▪ Area 8 (Greene) met with a member of Pay It Forward Paragould. She headed up along with Farm Bureau Insurance Company for the purchase of 12 new Child Car Seats, and 6 gently used (in date) seats that were donated to DCFS. These were distributed in area 8 to DCFS Offices.
▪ Area 8 was asked by Mid-South to come and speak to new workers about recruitment
▪ Area 8 attended first meeting in Craighead with the Community Care Coalition. This is a very active group in which will be a great asset to me in my Recruitment Efforts
▪ Area 8 Attended DCFS Statewide Staff Meeting on Subsidized Guardianship and Volunteer Training.

The previous ARCCC Manager left during this reporting period and the current manager will assess and identify upcoming strategies for the program. One strategy that is currently in process is the re-branding of ARCCC which will help aide with the recruitment of homes for children ages 6 and older as this Arkansas’ current greatest need. The Centralized Inquiry Unit is also going through the Lean Six Sigma process to identify specific barriers or stop gaps in getting homes open more quickly.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE
Early Intervention/Well-Being
Arkansas has developed and/or accesses an array of services to ensure the well-being needs of the children under the age of five years population is served. The Division has been working diligently on strengthening the relationship with our Division of Child Care and Early Childhood Education (DCCECE) as well as local community providers who focus on early intervention services for high risk populations. DCFS utilizes data reports as well as a trending report at the executive level and a lower level for identification of needs, services, and monitoring the effectiveness of services provided.

DCFS has been working on various strategies over the past five years to impact the well-being needs of populations served. Some of the strategies used are:

- Specialized foster families with experience to meet the individualized needs of children entering foster care and families mentoring new foster families
- Services developed to meet the individualized service needs based on accurate data reports for families within the local community
- Dashboard accessible for data management
- Quality assurance strategies are aligned with state and federal regulations and Arkansas Practice Model
- Trauma Informed Training

A link to the DCFS Annual Report Card is provided to illustrate the agency’s evaluation of the effectiveness of these efforts:

http://humanservices.arkansas.gov/dcfs/dcfsDocs/ARC%20SFY%202016%20FINAL.pdf

The following is a breakdown of children in foster care four and younger and their average length of stay for SFYs 2015, 2016, and 2017. As these data show, there has been an increase in
the average length of time in foster care this age group experiences, but this cannot necessarily be tied directly and/or solely to the availability and/or quality of services for children under the age of five.

- As of **06/30/2015**, there were 1,614 children in foster care ages four or younger. The average length of stay for those children as of 06/30/2015 was 281.3 days. As of **06/30/2016**, there were 1,856 children in foster care ages four or younger. The average length of stay for those children as of 06/30/2016 was 290.4 days.
- As of **5/31/2017**, there were 1,924 in foster care ages four or younger. The average length of stay for those children as of 5/31/2017 was 304.4 days.

Arkansas has an increase for the length of stay in foster care. Arkansas took some time to explore the removal reasons among the children (ages 4 and younger) who were in care as of those dates, also comparing the years to one another. Generally speaking, substance abuse has been increasingly cited as a removal reason among these children over the past 5-6 years. For example, substance abuse was cited as a removal reason for 45 percent of the children in care (ages 4 and younger) as of 6/30/2012, but this figure climbed to nearly 62 percent for children in care (ages 4 and younger) as of 5/31/2017.

The table below displays the percentages for six dates, and you can see the steady increase.

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of Children in Care, Ages 4 and Younger</th>
<th>Number of Children, Ages 4 and Younger, for which Substance Abuse was Cited as a Removal Reason</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/30/2012</td>
<td>1,362</td>
<td>617</td>
<td>45.3</td>
</tr>
<tr>
<td>6/30/2013</td>
<td>1,393</td>
<td>711</td>
<td>51.0</td>
</tr>
<tr>
<td>6/30/2014</td>
<td>1,530</td>
<td>817</td>
<td>53.4</td>
</tr>
<tr>
<td>6/30/2015</td>
<td>1,615</td>
<td>910</td>
<td>56.3</td>
</tr>
<tr>
<td>6/30/2016</td>
<td>1,848</td>
<td>1,114</td>
<td>60.3</td>
</tr>
<tr>
<td>5/31/2017</td>
<td>1,920</td>
<td>1,182</td>
<td>61.6</td>
</tr>
</tbody>
</table>

On the surface, one possible explanation is that it simply takes longer for parents with substance abuse problems to receive the services necessary that would allow them to receive their children back in their homes. It would likely take a multi-faceted study to pinpoint more influential or precise factors. The Arkansas Foundation for Medical Care Program and the SafeCare Home Visiting Program developed during the course of SFY 2017 and described earlier in this document above should also help to improve services and supports for children under the age of five.

Below are additional Early Intervention /Well Being strategies and initiatives reported in the 2017 APSR that continue to operate in an effort to improve the lives of Infants and Toddlers in Arkansas Child Welfare System:
Zero to Three, Safe Babies Court Team Project

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

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

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

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

Currently the SBCT is implemented in the 10th Division of Pulaski County. Successes during the past year include establishing the first Parent Partner for parents with new dependency neglect cases. This position is supported by a SAMHSA System of Care Expansion Grant through the DHS Division of Behavioral Services and the University of Arkansas at MidSOUTH Center for Prevention and Training. In addition, the DCFS CANS/FAST Program Manager began attending SBCT staffings during this reporting period to help ensure that the CANS assessment tools and corresponding case plans are developed as part of a team effort and that the CANS assessments have the most accurate ratings possible.

Fetal Alcohol Spectrum Disorder Program

Initially the Fetal Alcohol Spectrum Disorder Project was funded by SAMHSA and included a contract between DCFS and Northrop Grumman for a period of 4 years 10 months, beginning February, 2008 ending in May, 2012. The FASD Program funding was extended one month to allow for final data to be collected and sent to Northrop Grumman, and after June of 2012 funded was ended.

DCFS saw the value in continuing efforts to screen children in foster care for FASD and needed to provide services to children who would be reported through the new CAPTA law amendment which now includes reports to the hotline on children born with and affected by alcohol exposure.

Currently the program provides early and timely FASD screening, refers positive cases for evaluation/diagnosis and interventions for children of all ages who are in the state’s custody or otherwise receiving services from DCFS when a referral is made by DCFS staff to the FASD Program. Referrals are accepted on children who are symptomatic of FASD and have documented history of alcohol exposure during pregnancy.

The FASD program staff also handles the CAPTA law referrals from the hotline and offer supportive services to those families via a plan of safe care. This is as a result of the Child Abuse Prevention and Treatment Act (CAPTA) amendment in the 2011 Arkansas legislative session (A.C.A. 12-18-310), which:
• Mandates that all health care providers involved in the delivery or care of infants shall:
  1) Contact the Department of Human Services regarding an infant born or affected with a Fetal Alcohol Spectrum Disorder;
  2) Share all pertinent information including health information, with the department regarding an infant born and affected with a fetal alcohol spectrum disorder.
• The department shall accept referrals, calls, and other communications from health care providers involved in the delivery or care of infants born and affected with a fetal alcohol spectrum disorder.

Policy regarding health care providers reporting infants born or affected with a Fetal Alcohol Spectrum Disorder and the Department’s handling of those referrals, including implementing a plan of safe care, as applicable can be found in DCFS Policy II-C: Child Abuse Hotline for Child Maltreatment Reports and Procedure II-C6: Referrals on Children Born with Fetal Alcohol Spectrum Disorder:


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

The goal to serving children between the ages of 0 to 5 with FASD characteristics are:
• Identify children as early as possible to begin the necessary interventions
• Stabilize the home environment as much as possible
• Facilitate permanency planning with their biological family whenever possible or with an adoptive family when reunification is not possible.

Since the implementation of Arkansas Law ACA 12-18-310:
• **# of referrals** – 7 CAPTA law referrals to date (0 if these occurred for the time period of APSR).
• **Ages of children assessed** - newborns
• **# of care of safe plan developed** – 5 plans of safe care have been developed – 1 the Division was unable to locate one family – 1 child came into care at the time of the report – the hospital made 3 reports two CAPTA reports and one Garrett’s law report
• **# of open cases as result of assessment of need** -2 supportive services cases opened
• **# in foster care** – 2 foster care cases – one of the cases that was opened up as a supportive case became a foster care case due to the mother’s alcohol abuse which was endangering the children in the home and the plan of safe care could no longer protect the children. Mother needed in-patient treatment.

During this reporting period, legislation was passed that will move the Arkansas Children’s Trust Fund within the Division of Children and Family Services. The Children’s Trust Fund Director already has good working relationships with hospitals across the state, so the Division anticipates that she may assist in re-messaging to health care providers involved in the delivery and care of infants about the Child Abuse Prevent and Treatment Act (CAPTA) requirement for those health care providers to report infants born with and identified as being affected by withdrawal symptoms resulting from Fetal Alcohol Spectrum Disorder. Given the Arkansas Children’s Trust
Fund Program Director’s past collaboration with hospitals, DCFS looks forward to ensuring that more health care providers are not only aware of this requirement, but also understand that the Division’s goal in identifying these infants and their families is to offer services and supports to strengthen the family rather than use a punitive approach.

Since transitioning to the statewide program Arkansas staff is currently providing secondary case work services on 21 foster care cases that have been referred for screening by various sources including courts, DCFS staff and other caregivers. These cases have received either a positive diagnosis, a positive monitor status or they are in the screening/evaluation process. Many other cases have been closed.

In March 2017 a new FASD Program Coordinator was hired to assist the Family Service Worker field staff with identifying and getting children evaluated for FASD. The responsibilities of this position include obtaining documentation and information to process all FASD Screening Referrals, assisting in obtaining evaluations and other services for all positive screened cases, providing parenting and supportive services and referral recommendations to any family, caregivers, or foster parents who are caring for children positively affected by FAS/FASD, providing training to staff and other organizations about FASD, the process of FASD screening referral, and the state laws requiring mandated reporting.

Project PLAY (Positive Learning for Arkansas’ Youngest)
Within DHS, the Division of Child Care and Early Childhood Education partnered with the Division of Children and Family Services along with University of Arkansas for Medical Sciences to facilitate collaboration between early childcare programs and specially trained mental health professionals.

The goals of Project PLAY are to:

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

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

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

**Child Care & Child Welfare Partnership Toolkit**

This toolkit is designed to enhance the important partnership between child care providers and family service workers in the child welfare system, with the goal of ensuring that foster children get the best care possible. The toolkit includes:

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

**Natural Wonders/Home Visiting Services**

This project is made possible through the Department of Health’s $1.2 million Maternal, Infant, and Early Childhood Grant. Projects include:

- Infant Mortality/Support for infant death review and investigation
- Injury Prevention/Safety Baby Showers

**Arkansas Strengthening Families Initiative**

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

This team meets periodically throughout the year to discuss action steps to continue to promote healthy outcomes for families within the state of Arkansas. DCFS Program Staff has collaborated with Mosaic Network regarding the community based partnerships with strengthening families in
order to assist with the newly developed strengthening families evaluation portal. This portal will allow agencies to evaluate their implementation process of the strengthening families framework as well as other functions.

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

**DCFS has the following initiatives in place to educate and shift practice:**
- Trauma Informed Care Training
- Values Training – Judges and staff
- Diversion Program for Inpatient Placements
- Structured Decision Making
- SAFE Home Studies
- Subsidized Guardianship
- Differential Response

**CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (TRANSITIONAL YOUTH SERVICES)**
The Division of Children and Family Services (DCFS) is the state agency with the responsibility and authority to administer, supervise, and directly deliver or arrange for the delivery of the programs identified as the Chafee Foster Care Independence Program (CFCIP) and the Educational and Training Vouchers (ETV). DCFS provides transitional services to youth 14 and older with the guidance of policy and procedures. These services are provided by internal and external staff determined by the assessment of transitional needs of the youth in foster care as well as other case plan requirements.

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

DCFS policy provides a summary of the Transitional Services as well as the staff responsible for these services. Broad TYS program requirements include:
A. Provide the youth with the opportunity to be actively engaged in all case/client plans impacting his or her future, including, but not limited to a Transitional Plan and a Life Plan.

B. Empower the youth with information regarding all available services and options and provide the youth with the opportunity to participate in services tailored to his or her individual needs and designed to enhance his or her ability to acquire the skills necessary to successfully enter adulthood.

C. Assist the youth in developing and maintaining healthy relationships and life connections with nurturing adults who can be a resource and positive guiding influence in his or her life after leaving foster care.

D. Provide the youth with basic information and documentation regarding his or her biological family and personal history.

E. Provide the youth with information that relates to the health care needs of youth aging out of foster care, including options for health insurance after exiting care and the importance of designating another individual to make health care treatment decisions on behalf of the youth, if he or she becomes unable to participate in such decisions and does not have, or does not want, a relative who would otherwise be authorized to make such decisions; provide the youth with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under State law.

F. Inform the youth of his or her right to stay in care until age 21.

Within 30 days of entering care, or within 30 days of turning 14 years of age, whichever comes first, youth receive PUB-49: “Be Your Own Advocate: The Short List,” which is a document that describes their rights while in foster care:
Staff are encouraged to review PUB-49 with youth during the initial staffing so that the youth’s attorney ad litem (AAL) will also be present and both DCFS staff as well as the youth’s AAL can be present to respond to questions the youth may have about his or her rights while in foster care.

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

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

Each youth is given the opportunity to create a Transitional Plan which encompasses all the life skills, resources, and future-planning for the youth’s successful transition into adult life. The
Transitional Plan is created with the support of the youth’s Transitional Team which consists of adults who the youth identifies as significant. In fact, the youth can choose up to two members of the case planning team who are not the youth’s FSW or foster parent.

The youth’s primary Family Service Worker is responsible for the coordination of the youth’s Transitional Team and is responsible for the Transitional Plan and case plan as reflected in the court report. The Transitional Services Coordinator is a support for some of the youth’s Transitional Plan actions and/or goals and may serve on the Transitional Team if appropriate.

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

Because “Another Planned Permanent Living Arrangement” (APPLA) is the least permanent goal for a youth, the case plan and Transitional Plan address life connections. APPLA may only be the case plan goal for youth who is 16 years of age or older and only when APPLA is the most appropriate case plan goal. All youth 16 and older must be asked about his or her desired permanency goal at the permanency planning hearing or have the youth’s attorney ad litem enter evidence concerning the youth’s wishes if the youth does not feel comfortable speaking in court. The youth and his or her attorney have the right to attend all staffings and to fully participate in the development of the Transitional Plan, to the extent that the youth is able to participate medically and developmentally.

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

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

A. Youth in foster care, beginning at age 14 and continuing until the youth completes high school or other secondary educational program, may receive services such as life skills assessment, basic life skills training, and other services such as tutoring that can be approved on a case-by-case basis.

B. Youth may choose to remain in care until the age of 21 and are eligible for Chafee services if they meet any of the following conditions:

1) Youth is completing secondary education or a program leading to an equivalent credential; or,

2) Youth is enrolled in an institution which provides post-secondary or vocational education; or,

3) Youth is participating in a program or activity designed to promote, or remove barriers to, employment; or,

4) Youth is employed for at least 80 hours per month; or,
5) Youths incapable of doing any of the above described activities due to a medical condition, which inability is supported by regularly updated information in the case plan.

C. If a youth was in foster care on his or her 18th birthday, and the foster care case is closed, he or she will be eligible for After Care services and support until age 21.

Chafee also provides support for youth whose adoption or guardianship is finalized at age 16 or after. Such youth are eligible for ETV (Educational and Training Voucher) and may attend youth development activities and life skills classes as well as remain eligible for other services until their 21st birthday.

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

DCFS provides, either directly or through contract, those services identified in the life skills assessment that are indicated to help the youth achieve independence. (Life skill classes are held by each Transitional Youth Service Coordinator throughout the State of Arkansas each month in each Area). The case plan and/or Transitional Plan must identify and address the specific skill needs of each youth. Each youth age 14-17 receiving Transitional Services is assessed annually using an appropriate life skills assessment tool; however, an individualized assessment is conducted every six months to determine the youth’s progress in acquiring basic life skills and the skills necessary for a successful transition to adulthood. Basic life skills are assessed at each staffing held for a youth age 14 and older. When the youth turns 18, assessments should be highly individualized.

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

- Social security card;
- Certified birth certificate or verification of birth record, if available or should have been available to the department;
- Family photos in the possession of the department;
- Health Records
- Educational Records
- Credit Report
- Driver’s License or a state-issued official identification card

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

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

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

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

The Division policy regarding Transitional Youth Services, including Extended Foster Care and After Care, (i.e., DCFS Policy VIII-A, VIII-B, and VIII-C) is currently undergoing review and significant revisions to provide more detailed guidance regarding these programs to staff, youth, and stakeholders. The draft version of this policy includes language that supports the sexual orientation and gender identities of youth served by the program and that they should be treated without bias in all placement settings and service delivery. This draft policy goes on to state that special consideration should be given to the placement of LGBTQ youth as well as to the services and supports put in place to help meet their individualized needs.

Once the policy is finalized, the TYS Unit plans to explore providing training in support of the goals and objectives of the Chafee Foster Care Independence Program to help DCFS better understand not only the basic policy framework, but the intent behind those policies. The TYS Program Specialist has already had initial conversations with UALR MidSOUTH regarding earlier training curricula UALR MidSOUTH developed related to serving the transitional youth services population. Both the TYS Unit, Transitional Youth Service Coordinators, and MidSOUTH have expressed a great deal of enthusiasm about potentially reviving and revising this curriculum as additional training regarding serving youth 14 and older is very much needed.

The draft version of the revised TYS policy also encourages DCFS staff, foster parents, and adoptive parents to seek out training regarding how best to work with and support the LGBTQ population (both youth and providers) to meet their individualized needs. During this reporting the University of Arkansas at Monticello provided a training to Area 10 DCFS staff to provide information and strategies on supporting LGBTQ teens who receive DCFS services. In addition, another continuing education training entitled, “The Unique Needs of LGBTQ Youth” was offered at three MidSOUTH Training Academies during SFY 2017. This training provided information and materials related to identifying and reinforcing resilience and protective factors to support LGBTQ youth’s well-being as well as how to recognize and address oppression and the many challenges these youth face. The training included information on unique concerns of LGBTQ youth (and LGBTQ youth of color), sexual behaviors within a developmental context, supporting youth while coming out, barriers to care and resources, survival strategies employed by disenfranchised youth, resources in the state and online.

In addition, the Division recently met with Lucie’s Place, which is an organization that provides homeless LGBTQ young adults in Central Arkansas with safe living environments, job training, and counseling services. Lucie’s Place staff is currently coordinating with Area 6 leadership to speak at their upcoming staff meetings in order to share information about its services and encourage referrals when appropriate. Lucie’s Place staff will also set up an information booth at the upcoming DCFS Youth Leadership Conferences at the end of summer 2017.

In May 2016 a workgroup comprised of DCFS representatives, the DHS Office of Community and Faith-based Partnerships staff, and various service providers who work with the transitional youth population (e.g., Immerse, Salvation Army Pathway to Hope, Compact, etc.) began meeting to discuss how these groups can better partner to support teenagers in foster care as well
as young adults who have aged out of foster care. Activities will include developing a list of the various mentor and transitional services programs throughout the state for the teenage population. In addition, the DHS Office of Community and Faith-based Partnerships has worked closely with Immerse over the last reporting period to develop a mentoring program for older youth who are either in extended foster care or who have aged out of foster care. The DHS Office of Community and Faith-based Partnerships will assist Immerse in recruiting volunteer mentors for this program.

**Extended Foster Care**

Even after reaching the legal age of majority (i.e., 18 years of age), all youth need additional support and access to an array of resources as they continue their transition into adulthood. As such, youth ages 18 through 21 may choose to participate in extended foster care for education, treatment, work, or other programs and services as determined appropriate by their Transitional Team in order to help them achieve a successful transition into adulthood. As of June 22, 2017, 220 youth were participating in the Extended Foster Care Program throughout the state.

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

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

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

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

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

In Arkansas, a TYS Sponsor must be in place for youth who are 18 and older and do not reside with a foster family or with a licensed placement provider. The purpose of the TYS Sponsor is to provide additional support to the youth and help the youth with budgeting his or her monthly board payment. As such, the youth’s board payment is paid via the TYS Sponsor. TYS Sponsor criteria are as follows:

- The biological parent of the youth cannot serve as the youth’s sponsor.
- A State Police Criminal Background Check and a Child Maltreatment Central Registry Check must be run on all Transitional Youth Sponsors.
After receiving clear background checks, all Transitional Youth Sponsors must, at a minimum, attend a staffing/Transitional Team Meeting with the youth and all parties to the case prior to being entered as the sponsor in CHRIS (referred to as the ‘ILP Sponsor’ in CHRIS). The goal of this staffing is to ensure the prospective sponsor understands his/her role to include, but not limited to:

- Serving as a member of the youth’s Transitional Team
- Providing support and guidance to the youth as they transition to adulthood (e.g., assisting with decision-making regarding education, employment, housing, etc.)
- Assisting the youth with budgeting the youth’s board payment
- Helping to ensure the youth meets at least one of the following extended foster care requirements or has a viable plan in place to meet one of the following requirements:
  - Youth is enrolled in school; or,
  - Youth is working at least 80 hours/month; or,
  - Youth is enrolled in a program designed to remove barriers to employment (e.g., JobCorps); or,
  - Youth has a medical condition that prevents him/her from participating in any of the above activities.

Transitional Youth Sponsors will be on either the Resource Worker Supervisor’s workload or the Transitional Youth Services Supervisor’s workload to ensure the State Police and Child Maltreatment Central Registry checks remain current (i.e., every two years).

For youth participating in extended foster care (i.e., 18 years of age and older), those youth may live with the Transitional Youth Sponsor provided that:

- The State Police Background and Child Maltreatment Central Registry checks are clear and up to date (i.e., within the past two years); and,
- A visual inspection of the sponsor’s home is conducted by the child’s primary FSW caseworker (or secondary FSW caseworker, as appropriate) and TYS Coordinator prior to the youth living there; and,
- The Area Director approves the living arrangement with the sponsor; and,
- A staffing/Transitional Team Meeting is held to ensure the sponsor understands his/her role (see above) and that individualized guidelines and expectations are established for any youth who will reside with his/her sponsor (e.g., curfews, any responsibility for assisting with costs of living, if applicable, via the youth’s board payment, etc.); and,
- The FSW caseworker (primary or secondary, as appropriate) must continue to make monthly visits to any youth living with a Transitional Youth Sponsor just as they would for a youth in any other placement, and the TYS Coordinator is also encouraged to visit the youth in this type of placement on at least a quarterly basis.
- DCFS may deny any Transitional Youth Sponsor based on background check results or other concerns. The youth’s ad litem must always be consulted regarding the selection of a Transitional Youth Sponsor (see staffing requirement above) and any plans for a youth over the age of 18 to live with a sponsor.

Over the course of SFY 2017 there were 147 youth who had TYS Sponsors.
After Care Services and Supports
Chafee funds can be used to provide assistance and services to youth who have left foster care because they have attained 18 years of age and who have not attained 21 years of age. These services are called after care. The youth must have been in foster care on his or her 18th birthday and not currently in DHS custody to be eligible for after care services and support.

In order to be eligible for after care, youth must meet one of the following criteria:
A. Youth must have been in foster care at or before age 17, OR
B. Youth must have entered care at age 17 or after due to dependency-neglect, OR
C. Youth must have entered foster care at age 17 or after with a prior dependency-neglect status.

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

Annual Youth Leadership Conference
The 2016 Youth Leadership Conference was held at the Arkansas 4-H Center in (Ferndale) Little Rock, Arkansas. A total of 170 youth attended and participated along with a host of chaperones, and DCFS staff in attendance both days of the conference. The conference is designed not only to provide information to youth through workshops, but also to serve as a fun experience for them as they learn and meet other youth in foster care. The following workshops were provided:

1. Coping Skills
This workshop will allow participants to discuss “coping skills” and will provide tips and strategies that work for youth served by DHS and partner systems.

2. Make a Million: Will you be on a “New Level” in one, three or five years from now? Are you going to “Work” like Rihanna; be a “Controlla” like Drake? Do you have a plan to be a car owner, hip hop star, college student, lawyer, or just get as far from where you are right now? Join the 100 club to create your positive vision, set your goals, and develop your action plan that could get you that million dollars, a car, diploma/degree or a career of your choice. Let’s review where you are now and develop an action plan to get you what you “really” want and where you want to go. Plan your life and don’t let others plan it all for you.

3. Walking in Someone Else’s Shoes
This workshop will put participants “in the shoes” of bullied youth, including LGBTQ youth, and explain gender and orientation and the issues these youth face. Participants will leave with concrete tools and resources for carrying out their ethical responsibilities as we improve outcomes for ALL youth in the foster care system.
4. What’s Your Style
Come learn about different personalities and communication styles. One key to successful relationships and teams is appreciating the unique gifts and differences in others. Come and explore your own style and leave with some insight on others.

5. Foster Youth Museum
This workshop is modeled after the California Foster Youth Museum. Participants will hear from YAB members who recently participated in the California Foster Youth Museum and will also have the opportunity to create an object, piece of art, writing, or other medium that represents or describes their experience in foster care.

This workshop will take a look at the “Things I Wish I Knew” handout and discuss what other youth wish they knew prior to aging out of the foster care system. TYS Coordinators and state YAB members will engage workshop participants and discuss benefits of remaining in care until 21.

The Youth Advisory Board hosted a “Dance and Movie night” for Monday night’s entertainment and the youth had a blast! Military, business, and college recruiters were also present at the conference.

Transitional Youth Services Unit Staff and Activities
The TYS Program Manager position has been vacant since July 2014. Therefore at this time minimum work has been done around specific training for CFCIP. However, the TYS Program Specialist, Kandis Romes, has ensured that all Chafee and ETV requests are processed timely. The TYS Program Specialist also continues to lead, coordinate, and support the Youth Advisory Board in their activities and leadership development. Duties include scheduling and facilitating the monthly Youth Advisory Board meetings along with providing technical and logistical support to Youth Advisory Board officers and members.

The TYS Program Specialist also reviews and approves TYS requests from across the state, works with field staff on requests, oversees the DCFS Driving/Reimbursement Program, and addresses any issues/concerns as they arise. The TYS Program Specialist worked with the youth to develop the Senior Recognition/Educational Achievement event and annual Youth Leadership Conference (see description above) as well. Finally the TYS Program Specialist worked/communicated with local communities regarding the needs of the youth in the system, submitted required federal annual report information, and submitted monthly report information to DCFS Director, and, as of May 2016, the DCFS Assistant Director over Transitional Youth Services.

Each of the ten DCFS geographic service areas has one to two TYS Coordinator s who provide support to FSWs with youth ages 14 and older on their caseloads. The TYS Coordinators are directly supervised by Family Service Workers Supervisors in the field.

The TYS Unit receives and reviews a monthly report provided by each Transitional Youth Services Coordinator throughout the state. These monthly reports allow the unit to determine
whether appropriate services are provided to transition aged youth with consistency throughout the state. Additionally, this report provides information on the number of transition-aged youth participating in “Life Skills” trainings. This information is then compiled to provide the number of youth participating in Life Skills classes across the state. In SFY 2016 (July 1, 2016 through June 30, 2017) 2,853. This was a duplicated count of youth for the year.

Life Skills Classes held SFY July 31 2016- June 30 2017-
Presented by Arkansas Transitional Youth Services Coordinators

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

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The Youth Advisory Board President, former YAB member, and present YAB member had an opportunity to speak in El Dorado Arkansas at the El Dorado’s Faith Based Summit in November of 2015. The youth were able to speak to the people who attended this conference to let them know the services needed in the TYS population. The TYS Program Specialist also spoke to this group to inform them more about the Transitional Youth Services Program for the State of Arkansas.

**Accomplishments**

- The annual Youth Leadership Conference was held at the Arkansas 4-H Center in Little Rock, AR (Ferndale) August 1-2, 2016.

- The Senior Recognition/Educational Achievement event was held at Fellowship Bible Church May 17, 2017 to recognize our DCFS Graduating Seniors and those who had earned their GED over the year. 89 youth either earned their high school diploma or GED.

- In November 2016, the Youth Advisory Board had the opportunity to tour the University of Arkansas at Little Rock.
In April 2017, the Youth Advisory Board attended The Junior League of Fort Smith’s “Independent City” where youth ages 14-18 got a chance to experience life including its curve-balls, setbacks, and positive outcomes.

A few Youth advisory Board members recently spoke at a local conference to share their experience in foster care and shared how Providers, Foster Parents, Staff members, etc. can help make the system better.

The TYS Program Specialist attended the Chafee Foster Care Independence Program and Education and Training Voucher Program Coordinators Meeting June 19-20, 2017 in Washington, DC.

The TYS Program Specialist and YAB members represented the Youth Advisory Board at the 7th Annual Arkansas Youth & Family Empowerment Conference: Presented by Youth Move Arkansas in June 2017

Activities planned for FY 2017
- Youth Leadership Conference -- July 31 – August 1, 2017 for youth ages 14-16 & August 8-9, 2017 for youth ages 17-21 at the Arkansas 4-H Center in Little Rock, Arkansas.
- College Tour
- Promulgation of additional TYS policy

National Youth in Transition Database
In July of 2015, the Division created a support position to oversee the National Youth and Transition Database (NYTD) survey process, but this position has been vacant since June 30, 2016. There are plans for the TYS Program Specialist to absorb these duties in SFY 2018. In preparation for this new role, the TYS Program Specialist attended the Chafee Foster Care Independence Program and Education and Training Voucher Program Coordinators Meeting June 19-20, 2017 in Washington, D.C. to learn more about the NTYD Program.

The Division continues to provide a $25 gift card to the teens after completing their surveys as an incentive. This has proved to have an impact in participation. A spreadsheet was maintained and provided to make sure each teen, in fact, did receive their card, as DCFS wanted to lay the groundwork for connecting back with the youth when they turn 21 and are surveyed again.

In the 2017A (October 1, 2016 through March 31, 2017) reporting period, 1,085 total Clients in the Served Population were submitted (1,064 in 2016B last submission).
There were 100 in the Baseline Population (age 17 in foster care and have 45 days to submit).
The Follow-up Population was not included in the submission for this period as per the fed guidelines.

With the 2017A Submission, there was a System-Generated Potential Penalty of 1.25% for the following reason:
- 35-Date of outcome data collection: 75.00% of records are error-free but at least 90% of records must be error-free
This is due to too many of the Baseline surveys being submitted late, after the 45 day deadline; therefore Arkansas did not meet its compliance rate for this NYTD rating period.

In preparation for the March 2018 NYTD State review, CHRIS staff will review and update the Guide to NYTD Review. During the review of the guide and checklist, CHRIS/DCFS staff will look for areas that need improvement prior to the NYTD State review. An example would be Element 11-Race-Unknown. As per the Checklist on the guide, it states ‘The state reports “yes” for element 11 in combination with another race category when at least one race of a multiracial youth is unknown.’ Currently, if ‘Unable to Determine’ (aka Unknown) is selected, then an additional race cannot be selected. We will correct the logic to allow another race to be selected when ‘Unable to Determine’ is selected. We will work on a known Client Merge issue we have found that can cause the Cohorts not to show the correct Client list. We will also review the automatic NYTD email logic, language in email as well as frequency and who receives the email. We will review the NYTD web Survey and look for ways to improve, such as adding a ‘Date of Outcome Collection’ field when a Staff person submits the survey so the accurate date of when the Youth provided the answers shows for Element 35.

**NYTD Clients Information Screen**
The NYTD Clients Information Screen is a display only screen for the users to view the NYTD Client Population, Population Statistics, and NYTD Information per Client. There is also a **Take NYTD Web Survey** link for staff to use to assist the applicable Baseline and Follow-Up Population that are required to take the Survey but have not as of yet.

This screen will help users determine what NYTD Information needs to updated/corrected in CHRIS for the NYTD Client or if the Baseline or Follow-Up Client still need to submit the Survey. This information should help the user to ensure the data that is submitted to the Feds is accurate.

The upper portion of the screen contains a **Reporting Period** dropdown that allows the user to designate the NYTD Reporting Period. It will default to the current Reporting Period based on the date the screen is opened on. The Reporting Periods will be in ascending order. If a change is made to affect information on the screen for the current Reporting Period, then the update will show when the user comes back to the screen (when the screen is refreshed).

When the screen opens, the default shows All NYTD Clients for the Reporting Period (View All Clients checkbox is checked). This checkbox is locked initially. The View All Clients checkbox will be accessible for the user to select when there is Filter Criteria selected.

At the bottom left of the NYTD Clients grouping, the user can use the split screen feature by placing the cursor on the thicker line, left click hold and move the line to the desired place. This can help the user show the Client Name while reviewing other columns.

**NYTD Clients**
The NYTD Clients that meet the NYTD Populations for the selected Reporting Period will be displayed on this screen. There are **Three Reporting Populations**:
- **Served Population** - any foster youth or ex-foster youth who received at least one independent living service paid for or provided by the State Agency (delivered by Staff, Foster Parent, Group Home Staff, Child Care Institution Staff, or Contracted). The 'independent living services' are identified as a 'Transitional Service Category' and are documented on the CHRIS Client Contact Information Screen (Case/Services/Contacts). All **Completed** documented transitional services for the youth will be displayed on the foster or ex-foster youth’s IL Services Screen (Case/Services/IL/IL Services). Those youth with a **Life Skills Assessment Date** on the Independent Living Checklist screen (Case/Services/IL/IL Checklist) and those with an ILP Sponsor or ILP Residential Placement (Case/Placement/Place) during the Reporting Period will also appear.

- **Baseline Population** - includes all youth who are in foster care and reach their 17th birthday during Federal Fiscal Year 2011 (or in every third fiscal year following FFY 2011 e.g., 2014, 2017, etc.). These foster youth must complete an **Outcomes Survey within forty-five days after their 17th birthday while in foster care.**

- **Follow-up Population** - includes all youth (foster and ex-foster) who reach their 19th or 21st birthday in a Federal Fiscal Year and who participated in data collections in the Baseline Population at age 17 years. The youth must have provided at least one valid answer to a question in the outcomes survey in the Baseline Population to be included in this Follow-up Population. A youth who participated in the Baseline Population (age 17), but not at age 19 for a reason other than death remains a part of the Follow-Up Population at age 21.

The **Take NYTD Web Survey** Link command button will take the user to the web site to answer and **Submit the Survey for that selected youth, based on what the youth answers:**

- This will be enabled if there is an **Initial Survey Email Sent Date** and there is a NO in the Survey Submitted? Column
- If there is a **YES** in the Survey Submitted Taken? Column, then this link will **not** be accessible as there is no need to take the Survey again
- **Note:** The preferred method for the Baseline and Follow-Up Clients is to submit the Survey through the NYTD Survey Email link the Client will be sent. The **Take NYTD Web Survey** Link in CHRIS should only be used when the Baseline or Follow-Up Client is not able to submit with the NYTD Survey Email link.

**NYTD Elements Information Screen**

The **Show NYTD Info** button on the NYTD Clients Information screen opens up the NYTD Elements Information Screen for the Client that is highlighted in the NYTD Clients grouping on the initial NYTD Clients Information screen. The Client Name and Client ID will be displayed on the top of the screen (NYTD Information of...).

There are 4 tabs that capture the NYTD Elements and 1 tab that captures Contact Information from Survey (for Baseline and Follow-Up Youth that have Submitted the Survey). The information on the tabs is display only and will help users determine what NYTD Information needs to updated/corrected for the NYTD Client. This information should help the user to ensure the data that is submitted to the Feds is accurate.
The following Tabs are displayed:

- **Demographics - All Youth #4-13**
  - This tab pertains to all Youth (Served, Baseline and Follow-Up Population). It displays Demographic information for NYTD Elements #4-13 pertaining to the Client.

- **Youth Characteristics - Served Youth #14-20**
  - This tab pertains to youth in the Served Population. It displays information for NYTD Elements #14-20 pertaining to the Client.

- **Services Provided-Served Youth #21-33**
  - This tab pertains to youth in the Served Population. It displays information for NYTD Elements #21-33 pertaining to the Client.

- **Youth Outcomes #34-36**
  - This tab pertains to youth in the Baseline Population. It displays information for NYTD Elements #34-36 pertaining to the Client.
  - There is a dropdown on this tab for **Element #34-Outcomes Reporting Status** that will allow the user to indicate why a Baseline Client did not submit the NYTD Survey by the Survey Due Date. The following values will be available for selection after the Survey Due Date if the Survey has not been Submitted:
    - **Youth Declined** - Comments text box is mandatory if this value is selected.
    - **Parent Declined** - Comments text box is mandatory if this value is selected.
    - **Youth Incapacitated** - Comments text box is mandatory if this value is selected.
    - **Incarcerated** - This value can be selected if Client shows a Placement at 'Incarceration' OR 'Youth Services/Serious Offender Programs' during the required timeframe to submit the NYTD Survey. Comments text box is available but not mandatory if this value is selected.
    - **Runaway/Missing** - This value can be selected if Client shows a Runaway episode during the required timeframe to submit the NYTD Survey. Comments text box is available but not mandatory if this value is selected.
    - **Death** - This value can be selected if Client has a Date of Death value on the Client Information screen during the required timeframe to submit the NYTD Survey. Comments text box is available but not mandatory if this value is selected.
    - **Unable to Invite/Locate** - This value can be selected if Client has a Date Child Left Care value on the Child’s Removal from PRFC screen during the required timeframe to submit the NYTD Survey. Comments text box is available but not mandatory if this value is selected. Definition: The State agency could not locate a youth who is not in foster care or otherwise invite such a youth’s participation.
  - When Comments are entered, the **Entered By** field captures the name/Position of the person that enters value for 34-Outcomes Reporting Status. The **Entered Date** field captures the date the value is entered.
  - If a Survey is Submitted after the value is entered for 34-Outcomes Reporting Status, then the Entered Date and Comments will no longer show and the Entered Date will be updated with the Date the NYTD Survey was Submitted.

- **Contact Information from Survey**
  - This tab will display what contact information was entered on Page 3 of the NYTD Survey the **Baseline** or Follow-Up Youth Submitted.
If a Tab is selected for a Youth that is not in the appropriate Population, then a message appears on the screen to notify the user the information is Not Applicable to the Client. For example, if a Client selected is only in the Served Population, then the Not Applicable message will appear on the Youth Outcomes #34-36 and Contact Information from Survey tabs. If a Client selected is only in the Baseline Population, then the Not Applicable message will appear on the Youth Characteristics-Served Youth #14-20 and Services Provided-Served Youth #21-33 tabs.

Email Logic:
- The initial request email will be sent to Baseline Population youth on their 17th birthday.
- If a youth age 17 and 45 days comes into care, then the initial request email will be sent to that youth a day after the ‘Date Child Removed from PRFC’ is entered on the Removal screen (Transaction Date) to show the youth is in Care.
- A follow-up email will be sent every 5 calendar days from the Initial Survey Email Sent Date.
- The emails will stop being sent if one of the following things happen:
  - the Survey has been Submitted
  - the youth has left care (Date Child Left Care shows on Client’s Removal screen)
  - it’s after the Survey Due Date (45th day)
- The Youth could still go to the link on the email and Submit the Survey afterward but they won’t be sent reminder emails to do so since it will be outside the required timeframe.
- The initial request email and follow-up emails will be sent to the Email Address text field on the Baseline youth’s Client Information screen. CC the Primary Assigned Staff Person, their Supervisor and NYTD Support Center.
- If there is not an email address for the youth, then the email will be sent To the Primary Assigned Staff Person and CC their Supervisor and NYTD Support Center.
- If there is No Primary Assigned Staff Person when it is time to send the initial request email and follow-up emails:
  - If just Unit Assigned-It will be sent To the Supervisor of the Unit Assigned and CC NYTD Support Center
  - If no Unit assigned but only County Assigned- it will be sent just To NYTD Support Center since there is no identified Supervisor or Family Service Worker (this should be a rare occurrence)
- If the Baseline youth did not have an email address at the initial request email but there is one when the follow-up email is to be sent, then it will send the follow-up email to the youth. This would be checked for each follow-up email. For example, for the initial and first follow-up, there may not be an email address for the youth but for the 2nd follow-up, there is, then it would be sent to the youth at that time.
  - Note: The Youth’s Email Address could even change between follow-up emails.
- A ‘Thank You’ email will be sent a day after the Survey has been Submitted for a Youth.
  - It will be sent to the Youth’s Email Address and CC Primary Assigned Worker and their Supervisor and NYTD Support Center.
If there is no email address for the youth, the Thank You email will be sent to the Primary Assigned Staff Person and CC their Supervisor and NYTD Support Center so they are ‘in the know’ that the survey was completed.

- The Subject line will include what type of NYTD email it is:
  - Initial email Subject line: NYTD Survey Participation-Initial Request
  - Follow-Up email (Still not submitted) Subject line: NYTD Survey Participation-Follow-Up Request
  - Thank you email Subject line: NYTD Survey Participation-Thank You

NYTD Follow-Up Email Logic:
The ‘NYTD Follow-Up Survey Participation-Initial Request’ email will be sent to all applicable follow-up youth on the first day of the Reporting Period and they have until the end of the reporting period to submit for it to be in compliance.

A ‘NYTD Follow-Up Survey Participation-Reminder Request’ email to the follow-up population will be sent every 2 weeks (instead of every 5 days like it is for Baseline) until submitted or end of period.

Instead of just the last Primary Assigned Worker and last Primary Assigned Supervisor (case may be closed and those staff may not be there), the following will be added as CC. These people will be cc’d on the initial, reminder request and thank you emails:
  - last Transitional Services Coordinator assigned Secondary (if there is one)
  - Area Director based off last assigned County
  - Kandis Romes
  - Leslie Sebren

These will also go to the NYTD Support Center email address as they do now (which CHRIS staff monitors).
The TO: will be sent to the email address showing for the client in CHRIS on the Client Information screen. If there is not one, it will go TO the last assigned primary worker and last assigned Primary Supervisor. All others listed above will be cc’d.

Beki Dunagan will be cc’d only one month prior to due date.

Unlike Baseline Population clients, the Reminder Request email will be sent regardless if the client is in or out of foster care as follow-up clients can take the survey while out of foster care as many may already be out.

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

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

The following table provides the number of youth placed with these two RHYA-funded contract providers (either residential treatment or emergency shelter) during the past reporting period:
<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Number of Unique Children who Entered Agency's RTC or Emergency Shelter Programs Between 7/1/2016-05/31/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Bridge</td>
<td>32</td>
</tr>
<tr>
<td>Consolidated Youth Services (CYS)</td>
<td>51</td>
</tr>
</tbody>
</table>

- 48 of the 51 children who had entered CYS were ages 14 and older at the time of admission
- 27 of the 32 children who had entered Youth Bridge were ages 14 and older at the time of admission

Information regarding various national resources for runaway youth are also provided in PUB-50: “Be Your Own Advocate!” These resources include the National Runaway Switch Board, Boys Town/Girls Town National Hotline, National Youth Crisis Hotline, and the National Human Trafficking Resource Center. In addition, as described above, the Division recently met with Lucie’s Place, an organization that provides homeless LGBTQ young adults in Central Arkansas with safe living environments, job training, and counseling services. Lucie’s Place staff is currently coordinating with Area 6 leadership to speak at their upcoming staff meetings in order to share information about its services and encourage referrals when appropriate. Lucie’s Place staff will also set up an information booth at the upcoming DCFS Youth Leadership Conferences at the end of summer 2017.

**Pregnancy Prevention**

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

During SFY 2018, the TYS Unit will reach out to other FYSB grantees to learn more about their services. These grantees include:

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

**Educational and Training Vouchers**

Youth in care, emancipated youth, or youth who have entered adoption or guardianship (16 & up) may apply for assistance through the Educational Training Voucher (ETV) grant program. Arkansas currently manages this grant program. Youth, who apply and are deemed eligible for participation in the program, receive— up to $5000 annually. These funds are treated much like a “scholarship” and dispersed in $2,500 increments typically each Fall & Spring semester. Any remaining balance is returned to the youth. ETV can be utilized to pay for summer school as long as the $5,000 limit is not exceeded in any calendar year. ETV can be used to pay undergraduate
tuition/books/ supplies/laptops/graphic calculator/fees/additional living expenses associated with post – secondary education for foster teens participating in Transitional Services.

The ETV approval process takes place within the TYS Unit including tracking of ETV amounts awarded. During this reporting period, the TYS Unit worked with the CHRIS team to implement CHRIS enhancements that allow ETV awards to be tracked in CHRIS (ETV was previously tracked in an Excel spreadsheet).

During the summer of 2016, the TYS Unit worked to provide additional communication and education regarding ETV to DCFS staff and stakeholders. The Assistant Director of Infrastructure and Specialized Programs presented to DCFS Area Directors, TYS Coordinators, and the Youth Advisory Board to explain ETV and other post-secondary funding options to these groups and sent an email to all DCFS staff on these topics as well.

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

**JUSTICE TRANSFERS**

For SFY 2017 (July 1, 2016 to May 31, 2017) there were 16 distinct foster children placed in Division of Youth Services (DYS)

This data was obtained from the CHRIS system and DYS RiteTrack system. DCFS has children that are in Foster Care that at times are adjudicated and enter the Juvenile Justice System which we reference as Division of Youth Services (DYS). Although they are considered in the custody of DYS at the time of this transfer, DCFS continues involvement in lieu of a parent. DCFS has a Memorandum of Understanding and is in the process of updating this agreement with DYS so that we can ensure smooth transfer of custody upon entering and discharging from the DYS system. The discharge process could mean a transfer back to DCFS custody and authority, reunification with parent/relative, or the youth ages out on their own. Our goal would be in the aging out circumstance that they would have a support system established upon discharge. DCFS has an identified liaison that works closely with DYS on youth and the custody.

The number of commitments overall has been trending downward since 2014, other than a sharp spike in 2015 that corrected the following year to below 2014 levels. Between 2016 and 2017, the number of commitments dropped by 16. No one at DHS has any direct control over whether a youth is committed to DYS.

A large percentage of youth are committed to DYS because of a lack of treatment or placement options in the community, and because of caregivers and schools’ difficulty coping with their symptoms of trauma, mental health, and learning issues. DCFS has stepped up its efforts to provide treatment or placement for behaviorally challenged or older youth in general, then that would definitely affect DYS commitments, even if you weren’t specifically trying to reduce those numbers. The interdivisional staffings in which DCFS, DYS, and others participate may have also helped somewhat.
Overall DYS commitment numbers by year:
FY 2014: 486
FY 2015: 526
FY 2016: 467
FY 2017: 451

ADOPTIONS

Recruitment
For a child, there is nothing more important than having a parent to protect, love, and care for them. There are over 500 hundred children in Arkansas who have no permanent family to give them the stability, safety, and commitment they deserve. That is why Arkansas created the Arkansas Heart Gallery, parented with Project Zero, our local CBS affiliate, thv11, Cumulus Radio, Conway Rotary, Wendy’s Wonderful Kids, and other community partners to recruit homes for specific waiting children. We truly agree with Wendy’s Wonderful Kids that “Unadoptable is Unacceptable” and make sure our waiting children are featured, promoted, and recruited for. The Wendy’s Wonderful Recruiter works with between 18 to 21 children per month. The WWK workload consists primarily of children from the central Arkansas area; however, it does include children statewide. The recruiter works closely with the child’s permanency team and uses child focused recruitment, targeted on mining the case file for possible extended family members or significant people in that child’s life who may be interested in adopting that particular child. Our emphasis is on placing children in foster care in the most appropriate and loving adoptive homes that best meet the needs of the child/children.

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

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

Although DCFS Adoptions partners with faith based partners such as The CALL for recruitment of foster and adoptive parents for our waiting children and Project Zero for raising awareness about adoption, there are protocols in place to refer individual to DCFS to learn about the Division’s recruitment, application, and approval process for foster and/or adoptive homes when the family does not meet the requirements of the faith based partners.

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

Post-Adoption Services
Adoption is a major "life event" for families and affects them in many ways. Most adoptions are successful and endure. The Arkansas Department of Human Services Division of Children and Family Services (DCFS) is aware that adoptive families may experience challenges after an adoption is final and may need support.

Support is key to achieving the goal of finding permanent, safe, stable, committed, and loving families for children. Parents need information that will strengthen their families and enable them to handle the challenges of adoptive parenting. DCFS provides assistance for adoptive families facing challenges, including:
- Adoption Subsidies & Medicaid if eligible
- Information & Referrals
- Adoption Education & Training
- Respite care
- Therapeutic Counseling
- Mental Health Services, both in-home and residential.
- Crisis Intervention services
- Resource Library
- Case Management
- Arkansas Mutual Consent Voluntary Adoption Registry (MCVAR)

In addition, the Adoption Manager participates in Interdivisional Staffings involving families at risk of having a disrupted or dissolved adoption.

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

Adoption Incentive Money:
Arkansas has received Adoption Incentive Money and listed below is the information:
**CFDA#93.603** – Adoption and Legal Guardianship Incentive Payments Program
**Grant Award#** - 1501ARAIPP – Amount - $609,847.00 (9/18/15) + $972,153.00 (6/7/16) = $1,582,000.00
**Grant Period** – 10/01/2015 – 09/30/2018
These funds must be obligated by 09/30/2018 and liquidated no later than 12/31/2018. As of May 31, 2017 the 1501ARAIPP Adoption Incentive Award has unobligated funds in the amount of $219,300.98, the unobligated balance will be fully expensed prior to 09/30/2018. Arkansas does not anticipate having any troubles expending these funds.

**CFDA#94.603** – Adoption and Legal Guardianship Incentive Payments Program
Grant Award # - AIPP16 – Amount - $38,844.00

Grant Period: - 10/01/2016 – 09/30/2019

These funds must be obligated by 09/30/2019 and liquidated no later than 12/31/2019

As of May 31, 2017 the AIPP16 Adoption Incentive Award has unobligated funds in the amount of $22,600.01, the unobligated balance will be fully expensed prior to 09/30/2019.

The Adoption Incentive money was spent on a variety of services that include post-adoption services, home studies, adoptive and foster parent recruitment activities, and other services permitted under Titles IV-E and IV-B.

During SFY 2017, 875 adoptions were finalized for children.

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

- Partner with THV 11 for their “A Place to Call Home”, featuring children available for adoption. The cost includes thirteen weekly segments that will run from September through November and a monthly feature for one year. This is a valuable recruitment tool for adoptive families. Information on fostering, mentoring teens transitioning out of care, and other areas of need is also included. They also refer viewers to our Heart Gallery Website with banners for viewing the Foster Care and Preventive Services Website. Three 30 minute specials per year are also done, which includes a special Christmas party in December where the children are presented gifts from Santa. One feature for this year was all about fostering and featured two foster families who have fostered several children over the years and have worked with birth parents.

- Partner with Cumulus radio specifically for the recruitment of African American families.

- Provide promotional items and updating adoption informational material, specifically the brochure about Post Adoption Services, to be used at Heart Gallery presentations, recruitment activities, and other adoption events and distributed to DCFS staff and resource applicants.

- Provide respite for post adoption services.

- Assist with other services either not covered by Medicaid or for children who do not receive Medicaid and are permitted under Titles IV-E and IV-B.

- Recruitment includes annual adoption picnics where prospective adoptive families and children waiting adoption are invited to participate.

Adoption Recruitment and Retention Plan:

The goals and objectives of our recruitment and retention plan are to identify process and maintain permanent homes for children placed in foster care. These families will be able to meet all standards required for approval as an adoptive resource in Arkansas. Adoption and Foster care work together to recruit homes for children in foster care since more than half of adoptions are foster parent adoptions.

Demographics of All Children Available for Adoption as of May 31, 2017*
*These children's most recent permanency goal is Adoption and parental rights have been terminated (TPR) on both parents

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percentage (%)</th>
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<tr>
<td>Female</td>
<td>322</td>
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<td><strong>Total</strong></td>
<td><strong>693</strong></td>
<td><strong>100.00%</strong></td>
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<table>
<thead>
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<tr>
<td>2 to 5 Years</td>
<td>141</td>
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<tr>
<td>6 to 9 Years</td>
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<td>155</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>693</strong></td>
<td><strong>100.00%</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number</th>
<th>Percentage (%)</th>
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<tbody>
<tr>
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<td>63.06%</td>
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<tr>
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<tr>
<td>AIAN</td>
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<tr>
<td>Asian</td>
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<td>0.14%</td>
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<td>13.13%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>693</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

**WORKFORCE DEMOGRAPHICS**

*Information on Child Protective Service Workforce as of June 2017*

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

<table>
<thead>
<tr>
<th>DCFS averages:</th>
<th>CACD averages:</th>
<th>Hotline Operator averages:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Female</strong></td>
<td><strong>Male</strong></td>
<td><strong>Female</strong></td>
</tr>
<tr>
<td>90%</td>
<td>-10%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Race:</strong></td>
<td><strong>Race:</strong></td>
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<tr>
<td>Caucasian</td>
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<td>Caucasian</td>
</tr>
<tr>
<td>-57%</td>
<td>-42%</td>
<td>71%</td>
</tr>
<tr>
<td>African American</td>
<td>African American</td>
<td>29%</td>
</tr>
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</table>

193
<table>
<thead>
<tr>
<th>Hispanic</th>
<th>1%</th>
<th>Hispanic</th>
<th>2%</th>
<th>Other</th>
<th>0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Less than 1%</td>
<td></td>
<td></td>
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</table>

**Ages:**

<table>
<thead>
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<tbody>
<tr>
<td>20’s</td>
<td>27%</td>
</tr>
<tr>
<td>30’s</td>
<td>29%</td>
</tr>
<tr>
<td>40’s</td>
<td>26%</td>
</tr>
<tr>
<td>50’s</td>
<td>16%</td>
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<tr>
<td>60+</td>
<td>3%</td>
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**Educational Level:**

<table>
<thead>
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<tbody>
<tr>
<td>BSW</td>
<td>13.49%</td>
</tr>
<tr>
<td>Related Degree</td>
<td>61.13%</td>
</tr>
<tr>
<td>MSW</td>
<td>1.70%</td>
</tr>
<tr>
<td>Associate</td>
<td>4.65%</td>
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<tr>
<td>No Degree</td>
<td>18.86%</td>
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<table>
<thead>
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</thead>
<tbody>
<tr>
<td>BSW</td>
<td>12%</td>
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<tr>
<td>Related Degree</td>
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<tr>
<td>MSW</td>
<td>0%</td>
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<tr>
<td>Associate</td>
<td>2%</td>
</tr>
<tr>
<td>No Degree</td>
<td>2%</td>
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</tbody>
</table>

**Related degree** 8%

**BS/Master's Degree related field** 92%

**DCFS Family Service Worker Minimum Qualifications:**

The formal education equivalent of a bachelor's degree in social work, sociology, psychology, or a related field; plus successful completion of a six month training class within agency core training period. Additional requirements determined by the agency for recruiting purposes require review and approval by the Office of Personnel Management. OTHER JOB RELATED EDUCATION AND/OR EXPERIENCE MAY BE SUBSTITUTED FOR ALL OR PART OF THESE BASIC REQUIREMENTS, EXCEPT FOR CERTIFICATION OR LICENSURE REQUIREMENTS, UPON APPROVAL OF THE QUALIFICATIONS REVIEW COMMITTEE.

**Training Required:**
5 modules (5 days) 10 weeks, new worker competency based training model including Structured OJT activities

**The pay scale is as follows:**

*Family Service Workers* - $30,713 to $52,167 for those with 15 years or less
  - For FSWs with 16 years or more the max pay rate is $56,340

*Family Service Worker Supervisor* - $37,332 to $62,616 for those with 15 years or less
  - For FSW Supervisors with 16 years or more the max pay rate is $67,626

*Area Directors* - $57,914 to $86,072 for those with 15 years or less
  - For Area Directors with 16 years or more the max pay rate is $92,958

**Explanation of Pay Scale:**

The Arkansas State employee pay plan does not allow entry into the system at higher than the entry-level pay rate unless the agency makes a special request to bring them on at the exceptionally well qualified level.

The approval for this does not rest with the individual state agencies, and must be presented and approved to the state Office of Personnel Management.

In the case of the higher grade state employees, a request to hire at the exceptionally well qualified level may have to be presented to the legislative committee on personnel and budget.

**Workload/Caseload averages:**

Below please find a brief summary of how workloads are calculated. The workload report is broken down into multiple categories.

<table>
<thead>
<tr>
<th>Investigation – Primary</th>
<th>DCFS receives 1 credit for every investigation that is open as of the end of the reporting month and for which it serves as primary. The DCFS primary worker and his/her Area and County also receive 1 credit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigation - Secondary</td>
<td>DCFS receives 0.5 credit when it serves as secondary for a CACD investigation open as of the end of the reporting month. If multiple DCFS workers serve as secondary workers for the same CACD investigation, 0.5 is divided among the DCFS secondary workers, but the state as a whole receives a maximum of 0.5 credit. The DCFS secondary worker and his/her Area and County also receive 0.5 credit (or less depending on the number of secondary workers).</td>
</tr>
<tr>
<td>Foster Care Cases</td>
<td>DCFS receives 1 credit for every child in foster care as of the end of the reporting month. Foster children whose cases are assigned to an adoption specialist or those in ICPC placements are excluded from this measure. If a foster child is placed in a county which is different from the county...</td>
</tr>
</tbody>
</table>
of its primary worker, the 1 credit is divided between the primary county/worker and the county of placement.

| In-home Protective Services Cases | DCFS receives 1 credit for every Child Protective Services case that is open as of the end of the reporting month in which no child is in foster care (children reside at home). The case as a whole receives 1 credit regardless of the number of children in the home. The DCFS primary worker and his/her Area and County also receive 1 credit. |
| Supportive Services Cases | DCFS receives 1 credit for every Supportive Services case that is open as of the end of the reporting month. The case as a whole receives 1 credit regardless of the number of children in the home. The DCFS primary worker and his/her Area and County also receive 1 credit. |
| ICPC | DCFS receives 0.25 credit for every child involved in an ICPC case open as of the end of the reporting month. This pertains to children who are placed in Arkansas from out of state as well as children placed out of state from Arkansas. The DCFS primary worker and his/her Area and County also receive 0.25 credit for every child. |
| Differential Response (DR) | DCFS worker receives 1 credit for every DR referral that is open as of the end of the reporting month. The DCFS primary worker and his/her Area and County also receive 1 credit. |
| Calculation: | All of the credits listed above are added and the sum is divided by the number of workers responsible for these cases. |

The above workload definitions do not give any credit if an investigation has been open for more than 60 days or if an in-home protective services case or a foster child has not had a face-to-face visit from a caseworker in the past three months.

The highest average workload for the month of June was 42.92 cases (Hot Springs County). High caseloads fluctuate and can be in urban and rural counties.
Below is a map that represents the averages by county:

![Map of Arkansas with county averages]

**TECHNICAL ASSISTANCE PLAN**

<table>
<thead>
<tr>
<th>DATE REQUESTED</th>
<th>TA DESCRIPTION</th>
<th>NRC/Provider</th>
<th>APPROVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2016-6/30/17</td>
<td>CFSR and PIP Planning</td>
<td>Region 6</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cedeline Samson/Janis Brown</td>
<td></td>
</tr>
<tr>
<td>7/1/13-6/30/16</td>
<td>Organizational, Strategic</td>
<td>Casey Family</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Evaluation and Technical Assistance Narrative

DCFS utilizes several strategies to monitor and assess the effectiveness of its staff, services, and programs as well as to ensure that they lead to improved outcomes for children and families. DCFS develops a number of reports and evaluations to measure the quality of its workforce and services and also utilizes a variety of technical assistance when possible. In particular, the Division makes concerted efforts to monitor its staff in relation to best case practice, and it identifies areas of strength in practice as well as areas needing improvement. The development of any new reports, other quality assurance projects, or requests for technical assistance are in line with CFSR benchmarks, the Areas Needing Improvement identified in the Statewide Assessment, and/or the goals outlined in the Division’s Program Improvement Plan (PIP), as applicable.

The Technical Assistance Plan outlined in the table above provides a summary of technical assistance the Division has received during the last reporting period. These capacity building services from partnering organizations and consultants are invaluable to the Division in terms of achieving its goals and objectives, particularly the implementation of its IV-E Waiver initiatives and Program Improvement Plan.

Arkansas underwent an assessment with the Capacity Building Center for States in May 2017 after completing an online survey. From questions Arkansas answered within the survey, key items were identified and discussed during the onsite assessment conducted. The key items included the following three areas: 1) Further development of the DCFS In Home Program; 2) Enhancement of Arkansas’s current supervisory practice model; and, 3) Further development of and other technical assistance with Arkansas Citizen Review Panels. The Capacity Building staff assigned to Arkansas will write up the assessment, provide feedback and identify key strategies and send to Arkansas to review and next steps will be addressed at that time.

As noted in the attached DCFS SFY 2016 Training Plan, the Arkansas Academic Partnership in Public Child Welfare adapted content from the Capacity Building Center for States’ Child Welfare Response to Child & Youth Sex Trafficking: Caseworker’s Curriculum. Washington, DC. (2015). This training was mandatory for Family Service Workers (FSWs) and FSW Supervisors, but also open to Program Assistants as space allowed. Training objectives and related competencies covered in this training include:

<table>
<thead>
<tr>
<th></th>
<th>Programmatic Consultation</th>
<th>Programs-Ann Stanley, Consultant</th>
<th>Yes</th>
</tr>
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<tbody>
<tr>
<td>Spring 2017</td>
<td>Nurturing Families of Arkansas</td>
<td>Dr. Stephen Bavelok</td>
<td></td>
</tr>
<tr>
<td>05/01/16-04/30/17</td>
<td>DR3 Grant/Targeted Recruitment</td>
<td>NRC Diligent Recruitment-Linda McNall</td>
<td>Yes</td>
</tr>
</tbody>
</table>
o Gain awareness and knowledge of children and youth who are victims of, or at risk of, sex trafficking
o Gain awareness and knowledge of the characteristics of traffickers and children and youth who are victims of sex trafficking
o Gain awareness of the impact of sex trafficking on victims
o Build understanding for skills in identification and assessment with children and youth who are victims of, or at risk or, sex trafficking utilizing the Arkansas Family Advocacy Support Tool (FAST) and Child and Adolescent Needs and Strengths (CANS) assessment tools
o Build knowledge for skills to address the tangible and intangible needs of children and youth who are victims of, or at risk or, sex trafficking
o Review Division policy regarding identification and assessment of all reports involving known or suspected child sex trafficking victims and collaboration with law enforcement, juvenile justice (e.g., Interstate Compact for Juveniles operated by the Arkansas DHS Division of Youth Services), and social service agencies (e.g., Centers for Youth and Families Sex Trafficking Program, Arkansas Catholic Charities, etc.)

A total of 659 field staff (FSWs, FSW Supervisors, and Program Assistants) completed this training in SFY 2017. Participants were asked to complete evaluations at the conclusion of each training. They were asked to rate the usefulness of the training on a scale of 1 (poor) to 5 (excellent). The statewide average for usefulness of the training was 4.34.
The Division’s reports are largely built around the three core goals of child welfare—child safety, permanency, and well-being—while also considering and accounting for other factors that might support or even impede these goals. Reports generally track performance over time, as well as compare performance to federal standards when applicable.
DCFS expects to continue utilizing data in its efforts to connect its evaluations to performance and best case practice. The following list of reports and projects (and accompanying descriptions) accounts for the major quality assurance activities undertaken in Arkansas during SFY 2017:

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

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

- **Annual Report Card (ARC)** – The ARC is a statistical report that is also created for legislative committees dealing with youth and children involved with DCFS. The ARC is reported for each a state fiscal year and is structured similar to the QPR. The report deals with the demographics of the population served by DCFS and documents any observable trends over time.
• **Workload Reports** – DCFS tracks the responsibilities of its workforce on a monthly basis. The workload reports allow the agency to not only know how many total cases each worker, county, or Area is working, but also the types of each case being worked (e.g., foster care, in-home protective services, supportive services, adoption, investigation).

• **Differential Response Reports** – On a monthly basis, DCFS closely examines data regarding its differential response (DR) program. The agency relies on these reports both on a micro level (i.e., ensuring quality practice and decision-making within individual cases) as well as on a macro level (i.e., steering programmatic decisions).

• **Adoption Reports** – On a monthly basis, DCFS closely examines the children whose adoptions have been finalized. This report offered detailed information on all finalized adoptions for the reporting month, which the agency utilizes to help improve its processes regarding this permanency option.

• **Juvenile Offender Reports** – On a monthly basis, DCFS closely examines any true report of child maltreatment that identifies an offender between 14 and 17 years of age. These reports displays detailed information on these underage offenders, and the agency utilizes this information to examine whether there are ways that these investigations can be improved or better managed.

• **Foster Home Approval Report** – On a monthly basis, DCFS closely examines the foster family homes who were approved during the month. Aside from identifying those foster family homes, the report details additional information, including which homes were initially assigned to or approved by central office, average days from central office assignment to first field assignment, average days from first field assignment to final approval, and average days from earliest assignment to approval. The agency utilizes this information to improve its processes so that it can expedite the approval of and improve service to new foster homes.

• **Child Welfare Data Report** – Three times per week, DCFS emails an updated data report which displays (1) the number of children currently in foster care, (2) the placement settings of those children, (3) whether the children are placed in or outside of their home county, and (4) the number of foster homes that are currently approved. This report was developed to improve transparency and access to continuously updated data for DHS Administration (DHS Director and Deputy Director), key Central Office staff (DCFS Director, Assistant Directors, and Managers) and field staff (Area Directors).

• **CANS/FAST Unit Reviews** – During SFY 2017 the DCFS Quality Assurance Unit worked closely with the CANS/FAST Unit to develop a process that assists the CANS/FAST Unit in its efforts to conduct qualitative reviews of recently completed CANS/FAST functional assessments. This process includes producing a weekly report which helps the CANS/FAST Unit in identifying a sample of appropriate cases for potential review. Enhancements to this process are made on an as needed basis.
• **Family Preservation Services Evaluation** – DCFS conducts this evaluation on an annual basis, in accordance with state law. The goal of family preservation services (FPS) is to keep families intact (prevent the removal of children from home) or achieve reunification expeditiously (if children are in foster care). This evaluation describes the proportion of families and children who need services; the proportion who subsequently receive services; tracks their progress at specific intervals after receiving those services; and summarizes the characteristics of services that may lead to a higher or lower probability of positive treatment outcomes such as achieving permanency. The report also examines the impact that services have in terms of preventing future involvement with the agency.

• **Meta-Analysis** – As part of an effort to measure performance and outcomes on a localized basis, DCFS conducts an annual analysis of each of its ten Service Areas. As such, DCFS compiles, analyzes and reviews data regarding the children and families it serves within each Service Area, as well as measures the outcomes it achieves for the corresponding service population. Much like the federal Child and Family Services Review (CFSR), the primary issues on which this analysis focuses are safety, permanency and well-being; but it also places an emphasis on the personnel, contractual and foster care resources available to achieve these outcomes. The intent of these reports is to identify those practices and outcomes where each Service Area is producing well as well as those where each Area most needs to improve. At the conclusion of the ten Area-specific meta-analysis reports, DCFS completes a statewide meta-analysis that measures DCFS’ progress and overall transition over the three most recently completed calendar years. The Meta-Analysis reports place a strong emphasis on performance at the county level for many of its compliance and performance measures, which allows DCFS Executive Staff and Managers to better identify and localize where performance is strong and where it is lacking.

• **Special Studies / Contract & Program Monitoring** – The Division conducts special studies and/or program reviews on various topics of interest. Since SFY 2010 DCFS has been conducting studies on and reviews of many of its programs and service providers, which have been part of the Division’s comprehensive effort to improve the quality of its service delivery system as well as the outcomes it achieves for children and families. During previous years DCFS has reviewed its therapeutic foster homes, sexual offender treatment programs, outpatient counseling agencies, psychological evaluation providers, intensive family service (IFS) providers, foster family homes, and its internally operated differential response (DR) program. The agency has also monitored and reviewed the performance of the state’s Child Abuse Hotline as well as the quality of investigations conducted by the Crimes Against Children Division (CACD) of the Arkansas State Police. For SFY 2017, DCFS is reviewing the outcomes of children whose first placement upon entering foster care was an emergency shelter, comparing them to those children whose first placement was a family-like setting. DCFS is still conducting this review at the time of this update.

• **Summary of Garrett’s Law Referrals** – On an annual basis, DCFS completes an analysis of Garrett’s Law referrals received during the most recently completed state
fiscal year. Garrett’s Law refers to a bill enacted in 2005 that is intended to address situations in which a mother gives birth to a child, and either the mother or the newborn is found to have an illegal substance in his or her system. According to the law, the presence of an illegal substance in either the mother or newborn is sufficient to substantiate an allegation of neglect. The most recently completed Garrett’s Law Summary presented information on the Garrett’s Law referrals received from SFY 2013 through SFY 2016. This report displays information regarding the number of Garrett’s Law referrals received annually; the types of drugs cited in these referrals; how DCFS responds to Garrett’s Law referrals; and whether the parents involved in these referrals receive any type of treatment.

- **Ad Hoc Reports** – On an ad hoc basis, DCFS examines data related to its various programs and policies to assess its own performance and understand the population of children and families served by its programs and policies. The Division also shares information to external stakeholders in an effort to improve communication and transparency. Between 300 and 500 ad hoc reports are completed in a given year.

**Tribal Coordination/Consultation:**
DCFS provides services and supports to all child populations in Arkansas—including Native American. Children’s ethnicity is captured in the CHRI S system when a case is opened. A family’s ethnicity is also discussed at the probable cause and adjudication hearing to determine if the family is a member of a Native American tribe. The attorneys for the Department take the lead on notifying any Tribal Nation and assisting with coordination of steps to verify the membership of the child with a specific Tribe including verifying maternity and paternity of the child. During this verification process, as well as after Tribal membership has been confirmed, DCFS staff ensure that Tribal Liaisons’ are included in all aspects of the case management. Arkansas continues to only have a few very child welfare cases that have Native American children identified. The Division’s policy and procedures are applicable to all child populations. The Tribal Liaison is included for children identified as Native American. Some examples of case management activities that DCFS provides would be:

- Providing updates and/or notification on placement moves
- Conduct home studies on potential relative/fictive kin placements
- Work with ICPC on any cross-jurisdictional placement requests
- Ensuring all educational needs are met
- Notifications of court hearings, case plan staffings, mediations
- Providing a schedule of the parent/child visits

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

- Attending & participating in court hearings
- Ensuring that the legal language is in the court orders
- Recommending services/placements specifically for Native American children
- Transporting parents
- Providing parents various contacting information
- Advocating the child and/or parent
Currently, the majority of the ICWA cases in Arkansas are predominately in a 6 county region (Northwest Arkansas—Benton, Carroll, Washington, Boone, Crawford, & Sebastian counties). However, there are a few other cases scattered throughout the state. In this area, almost all of the foster children involved with ICWA are part of the Cherokee Nation. The FSW’s communicate one-on-one with the 2 Tribal Liaisons’ from the Cherokee Nation on cases. Generally, it appears to be a good working relationship between the DCFS staff and the 2 Cherokee Nation Liaisons’. On the few other Native American cases, typically the OCC attorney regularly consults with the Tribal representatives. These same OCC attorneys provide notice as required by ICWA and have ongoing communication with the Tribal representatives to discuss participation in the court hearings and case plan staffings. The OCC attorneys also help assist in identifying potential placements, although the placement options are not always utilized.

For SFY 2017 CHRIS reflects for foster children American Indian and Alaskan Native Data:

- 112 current foster children who are identified as American Indian and Alaskan Native (AIAN).
- 55 children who are identified as American Indian and Alaskan Native (AIAN) entered care between July 1, 2016-May 31, 2017.

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

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

During this reporting period there were no cases moved to tribal court.

*All children ages 14 in older in Arkansas are referred to the Transitional Youth Services (Independent Living) program. The program allows youth to actively participate in life skill classes, the development of their Life Plan, and to actively participate in the planning of their future. Additionally, in accordance to the new case review provisions that limit APPLA as a permanency plan to youth age 16 and older, Arkansas revised our policy in 2015 to reflect this change. Please see POLICY VI-G: CASE REVIEW JUDICIAL HEARINGS FOR CHILDREN IN OUT-OF-HOME PLACEMENT and POLICY VIII-A: TRANSITIONAL YOUTH SERVICES. All ICWA children age 14 and older are eligible to participate in the TYS program. At this time, there are 0 children in Arkansas custody identified whose cases meet this criterion. If a current ICWA child reaches the age of 14 during this year, they will be referred to the TYS Coordinator in their area and we will begin offering independent livings services to them.

**Tribal Communication/Collaboration**

DCFS continues our good working relationship with the Cherokee Nation, the tribe where the majority of the Arkansas foster children have heritage. During this last year, DCFS has continued the routine meetings with the Cherokee staff. These meetings have been held in order to discuss specific case issues, staff issues, policy discussion, and most recently how the tribal foster homes would be monitored. There has also still been ongoing discussion about getting a
MOU and/or a Tribal State Agreement in place between Arkansas DCFS and the Cherokee Nation. As of this date, the MOU is still being worked on by the OCC attorneys. The two Cherokee Nation field staff caseworkers have provided ongoing training to DCFS field staff in the Northwest region of Arkansas. They are regularly invited to staff meetings and continuing education seminars where they provide information on what ICWA is (for new staff) and the importance of what active efforts means to each case. The DCFS Director also continues the annual contact with the tribal leaders, via email, to promote an avenue to express any issues/concerns/ideas on an ongoing basis. The establishment of the two Central Office liaisons has continued to help strengthen our collaboration/partnership with Tribal agencies.

In February 2017, the Central Office Liaisons, as well as the Assistant Director and Foster Care Manager meet with representatives in Fort Smith to talk in detail about how triable foster home compliance will be monitored. The opening of the triable homes was moved into the foster care unit house within the Central Office. There was dialogue on how those homes will be monitored for licensing requirements and placements will be made. DCFS is also looking at making some changes to the CHRIS system which will help more easily identify tribal foster homes.

Currently, the homes are a sub-provider under the master Cherokee Tribe and are labeled simply as “Foster Family Homes”. Preliminary discussions with the CHRIS team are to move each home to their own (out from under the master provider) and change the label to better, more easily identify them. The changes should be expected by the end of 2017.

While Arkansas has made some progress, communication and collaboration with the tribal partners could still be improved. Staff continue to struggle with entering the correct demographic information into the CHRIS system to correctly identify the client’s race/ethnicity. Arkansas added a feature in Edoctus (which is linked to the CHRIS system) last year where the Native American tribal card can be scanned in and kept electronically. To date, no cards have been entered so DCFS recognizes this is an area that continues to need attention training staff to utilize. Training continues to be a challenge as well for Arkansas. Field staff and practicing attorneys need to continue to receive training on all ICWA requirements. It has been very helpful to have the Cherokee case managers going into the local offices offering training and we would like to see this expand in scope throughout this next year. We plan to invite the Cherokee case managers to present at a statewide supervisor meeting where all 75 counties are represented. We hope this will help put a name and a face with someone the local offices can reach out to with specific questions (as well as the Central Office liaisons). There is also a continued need to engage other tribes in meaningful case consultation and to ensure we are collaborating for the best interest of each child.

In May 2017, the Division Director made contact via email with the leaders of all the tribes with which Arkansas has the potential to have affiliation regarding placements of children. The email provided the Directors contact information, the two Central Office liaisons contact information, the approved FFY 2017 APSR, a link to the DCFS master policy manual, an excerpt of the ICWA policy, and an update on round three CFSR focus group. The tribal leads were:

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

There were no negative responses and or suggestions to the policy by a member who received the various policies. We did however receive an open invitation to attend a monthly Child Protection Team (CPT) Meeting in the near future. Our central office liaisons will be reaching out to possibly attend the meeting and building this collaboration.

The Division Director will continue to make contact with the tribal leaders on an annual basis to promote an avenue to express any issues/concerns/ideas on an ongoing basis. The Division believes that establishing the two Central Office liaisons will continue to help strengthen its collaboration/partnership with Tribal agenesis.

**Child Maltreatment Fatalities and Reviews**

**Arkansas Infant and Child Death Review Program**

In 2011, the Arkansas Infant and Child Death Review Program was created within the Arkansas Department of Health. The Health Department currently funds a Program Director and Coordinator. The Arkansas Child Death Panel has standard operating procedures and a Standard Operating Procedure (SOP) manual. To date, there are ten active local level review teams that review infant and child deaths covering all 75 counties in Arkansas. All child fatalities meeting the local child death review team’s criteria are entered into the Arkansas Child Death Review data system. The results and recommendations from the local child death review teams are submitted to the Arkansas Child Death Review Program for follow up and implementation. The DCFS Director and CPS manager serve are members of this committee; the committee meets quarterly to discuss the implementation of the local team’s recommendations. The DCFS Area Directors serve as core team members of the review teams in their areas.

Arkansas receives information on child maltreatment fatalities through the referral of the child abuse hotline. Most of these referrals are from mandated reporters such as law enforcement, medical examiners, members of child death review teams, and physicians. Referrals involving fatalities are documented in the National Child Abuse and Neglect Data System (NCANDS).

A statewide Arkansas Infant Mortality Team was formed in 2014. The team was tasked with reviewing the infant deaths that fall outside of child death review teams. The purpose of this team is to ensure that all infant deaths within Arkansas are reviewed.

The State Review Panel and the local child death review teams consist of the representatives listed below:

• The Arkansas Medical Examiner’s Office.
• A coroner who is registered with the National Board of Medico legal Death investigators.
• The Center for Health Statistics of the Department of Arkansas State Police.
• The Division of Children and Family Services of the Department of Human Services.
• The Crimes against Children Division of the Department of Arkansas State Police.
• The Arkansas Child Abuse/Rape/Domestic Violence Commission.
• A physician who specializes in child abuse.
• The College of Public Health at the University of Arkansas for Medical Services.
• The Office of the Prosecutor Coordinator.

The State Review Panel reviewed 95 fatalities and 1 near fatality for SFY 2017.

**DCFS Internal Child Death Review Committee**
The Arkansas Division of Children and Family Services (DCFS) reviews reports on all death from all causes of children with whom the agency has been involved in any way during the twenty four months prior to the child’s death. The review population is not limited to children who died from abuse or neglect. However, the majority of the deaths received are called in to the hotline by professionals who are mandated by law to make a report if they suspect a child has been abused or neglected or has died as a result of child maltreatment.

The DCFS Internal Child Death Review Committee reviews DCFS actions and prior involvement in order to make recommendations to improve child safety and investigative practices both locally and statewide. The standing committee consists of the DCFS Director, the Assistant Director and Program Administrators for Community Services, the CPS Manager and the CQI Manager, but all pertinent field staff are engaged throughout the review process. The Director reviews all recommendations from the Internal Child Death Review Committee and assigns them to the appropriate staff within her administrative team for implementation. Upon approval and implementation of the recommendations, the Director, or her designee, reports the implementation of the recommended actions to the DCFS Executive Staff. In addition, DCFS policy and procedures are updated to reflect the changes.

As a result of the internal child death review process, additional training has been provided to investigators and supervisors to improve the quality of the investigations and to ensure timely documentation and disposition.

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

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

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

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

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

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

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

This external reviews provide the Division and other stakeholders involved with child serving systems with an additional opportunity to collaboratively review the facts surrounding the fatality and accurately assess child deaths, work to improve systemic issues, address public health concerns, and determine recommendations to improve practice and work together as a system to prevent future child fatalities and near fatalities.

However, the sunset clause for this committee goes into effect as of July 30, 2017. As such, this committee will no longer be required by law. However, the DCFS Director intends to ensure that
this committee will continue to meet in SFY 2018, but will work with the existing committee to determine what changes may be needed regarding fatalities and near fatalities reviewed.

**Child Fatality Data**
Below are the fatalities for SFY2017. These are not fatalities in which children necessarily had prior involvement with DCFS, but all fatalities that were investigated within a context of a child maltreatment report.

**True Fatality Reports for SFY 2017**
#Fatalities: 30

**Unsubstantiated Fatality Reports for SFY 2017**
#Fatalities: 13

**Pending Fatality Reports for SFY 2017**
#Fatalities: 12

**Fatalities of Children in Foster Care Who Did Not Receive a Maltreatment Investigation for SFY 2017**
#Fatalities: 5

Information regarding child fatalities and near-fatalities is compiled by HZA for the Division in its Annual Report Card.

**GREATEST RISK POPULATIONS**
The 2005 Regular Session of the 85th General Assembly of the Arkansas Legislature expanded the legal definition of child neglect in the State of Arkansas. Under the provisions of Act 1176, the term neglect was expanded to include “the causing of a newborn child to be born with: 1) an illegal substance present in the newborn’s bodily fluids or bodily substances as a result of the pregnant mother knowingly using an illegal substance before the birth of the newborn, or 2) a health problem as a result of the pregnant mother’s use before birth of an illegal substance.”

Garrett’s Law, which was named after a newborn child who was born under such circumstances, was modified by Act 284 of the 2007 Legislative Session. The “health problem” criterion was eliminated but was replaced by the criterion of “the presence of an illegal substance in the mother's bodily fluids or bodily substances.” As a result of this change (which went into effect on July 1, 2007), the presence of an illegal substance, which includes prescription drugs, in either the newborn or the mother is now sufficient cause to substantiate an allegation of neglect under Garrett’s Law. Act 284 also stipulated that mothers cited in Garrett’s Law reports would not be listed in the state’s Child Maltreatment Registry, even if the report was substantiated. This change was made in response to concerns that being listed in the maltreatment registry might have negative consequences on employment prospects of mothers involved in such reports.
This report presents information on Garrett’s Law reports received during State Fiscal Year (SFY) 2016. As in previous years’ reports, many of the data for 2016 are shown in comparison to data from the preceding three fiscal years.

The number of Garrett’s Law (GL) reports accepted for investigation has consistently increased since the law’s inception 11 years ago. During SFY 2016, there were 1,143 GL reports received, 1 an increase of 18 percent since the previous year and nearly three times the number received in SFY 2006 (416).

As displayed in Figure 1, GL reports increased slightly each year from SFY 2006 through SFY 2011; however, over the past five years the increase has become more pronounced. On average, the number of GL reports increased by seven percent per year from 2006 through 2011 and 16 percent per year from 2012 onward.

Regarding the increase in Garrett’s Law referrals, the increase in those referrals seems to be indicative of a larger scale pattern in which substance abuse has become more common and pronounced issue in all aspects of the child welfare system. For instance, the increase in GL referrals largely corresponds to the increased number of removals (i.e., entries into care) in which substance abuse has played a role. Just over a quarter of all removals during SFY 2006 (eleven years ago, which is the first year we began tracking Garrett’s Law) cited substance abuse as a contributing factor. However, this figure has steadily climbed since then (see table below). For SFY 2017, over half of all removals cited substance abuse as a contributing factor.

There have likely been some other issues that have contributed to the increase in Garrett’s Law referrals. During the 2013 Arkansas legislative session, employees and volunteers of reproductive healthcare facilities were added to the Arkansas mandated reporter list, so that is one possible explanation that may have contributed to the increase. It may also be that existing mandated reporters became more aware of the law, they may have been more likely to report Garrett’s Law than was the case in the past.
<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage (%) of All Removals During the Year in which Substance Abuse was cited as a Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 2006</td>
<td>26.1</td>
</tr>
<tr>
<td>SFY 2007</td>
<td>31.1</td>
</tr>
<tr>
<td>SFY 2008</td>
<td>28.8</td>
</tr>
<tr>
<td>SFY 2009</td>
<td>31.1</td>
</tr>
<tr>
<td>SFY 2010</td>
<td>40.4</td>
</tr>
<tr>
<td>SFY 2011</td>
<td>41.3</td>
</tr>
<tr>
<td>SFY 2012</td>
<td>38.5</td>
</tr>
<tr>
<td>SFY 2013</td>
<td>47.7</td>
</tr>
<tr>
<td>SFY 2014</td>
<td>47.4</td>
</tr>
<tr>
<td>SFY 2015</td>
<td>49.4</td>
</tr>
<tr>
<td>SFY 2016</td>
<td>49.6</td>
</tr>
<tr>
<td>SFY 2017</td>
<td>51.6</td>
</tr>
</tbody>
</table>

**CHARACTERISTICS OF GARRETT’S LAW REPORTS**

Act 1176 requires that an annual report be delivered to the Legislature that includes the following characteristics of GL reports:
1) the ages of mothers involved in the reports,
2) the types of illegal substances to which the newborns were exposed,
3) the estimated gestational ages of the newborns, and
4) any health problems observed in the newborns.

Although there are some year-to-year fluctuations in the age distribution of mothers involved in GL reports, mothers are generally younger than 30 years old at the time of the child’s birth (see Table 1). The median age of all GL mothers was 26 years old for SFY 2016. The age distribution of the mothers cited in GL reports was similar to previous years.
Table 2 shows the types of drugs involved in GL reports during the past four fiscal years. By far, marijuana (including THC and cannabis) represents the most commonly mentioned drug. Marijuana was cited in nearly two-thirds (65 percent) of the GL reports for SFY 2016. The second most commonly cited drug was amphetamines/methamphetamines (26 percent).

<table>
<thead>
<tr>
<th>Mother’s Age</th>
<th>SFY 2013</th>
<th>SFY 2014</th>
<th>SFY 2015</th>
<th>SFY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 20 years</td>
<td>7.5</td>
<td>6.5</td>
<td>7.1</td>
<td>7.2</td>
</tr>
<tr>
<td>20 to 24 years</td>
<td>37.5</td>
<td>36.9</td>
<td>35.6</td>
<td>32.0</td>
</tr>
<tr>
<td>25 to 29 years</td>
<td>32.4</td>
<td>30.9</td>
<td>31.3</td>
<td>33.7</td>
</tr>
<tr>
<td>30 to 34 years</td>
<td>14.4</td>
<td>19.4</td>
<td>18.5</td>
<td>19.2</td>
</tr>
<tr>
<td>35 to 39 years</td>
<td>5.6</td>
<td>5.2</td>
<td>6.2</td>
<td>6.5</td>
</tr>
<tr>
<td>40 years or older</td>
<td>1.3</td>
<td>1.0</td>
<td>1.3</td>
<td>1.5</td>
</tr>
<tr>
<td>Unknown</td>
<td>1.2</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Number of Reports</strong></td>
<td>749</td>
<td>867</td>
<td>970</td>
<td>1,143</td>
</tr>
</tbody>
</table>

Table 2 shows the types of drugs involved in GL reports during the past four fiscal years. By far, marijuana (including THC and cannabis) represents the most commonly mentioned drug. Marijuana was cited in nearly two-thirds (65 percent) of the GL reports for SFY 2016. The second most commonly cited drug was amphetamines/methamphetamines (26 percent).

Opiates (e.g., heroin, morphine, codeine, and oxycodone) were the third most commonly cited drug (18 percent) during the year, followed by benzodiazepines (e.g., prescription drugs such as
Xanax and Valium) at ten percent and cocaine at six percent. Barbiturates, hallucinogens, and non-categorized prescription drugs (e.g., tricyclics), 3 are rarely reported in GL reports. Table 3 shows the gestational age distribution of newborns in GL reports over the past four years. Nearly 23 percent of the newborns were born prematurely this past year, down slightly from the percentage reported in previous years.

**Table 3: Gestational Age Distribution (%) of Newborns in Garrett’s Law Reports, State Fiscal Years 2013-2016**

<table>
<thead>
<tr>
<th>Gestational Age</th>
<th>SFY 2013</th>
<th>SFY 2014</th>
<th>SFY 2015</th>
<th>SFY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Term</td>
<td>66.8</td>
<td>69.4</td>
<td>68.6</td>
<td>70.5</td>
</tr>
<tr>
<td>Premature</td>
<td>27.1</td>
<td>23.6</td>
<td>27.3</td>
<td>22.6</td>
</tr>
<tr>
<td>Unknown</td>
<td>6.1</td>
<td>7.0</td>
<td>4.1</td>
<td>6.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Number of Reports</strong></td>
<td>749</td>
<td>867</td>
<td>970</td>
<td>1,143</td>
</tr>
</tbody>
</table>

The health problems reported for newborns in GL reports for SFY 2016 are shown in Table 4.6

**Table 4: Percentage (%) of Garrett’s Law Reports in which Health Problem was Cited, State Fiscal Years 2015-2016**

<table>
<thead>
<tr>
<th>Health Problem Reported</th>
<th>SFY 2015</th>
<th>SFY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Health Problems</td>
<td>60.3</td>
<td>65.5</td>
</tr>
<tr>
<td>Neonatal Intensive Care Required</td>
<td>20.5</td>
<td>16.6</td>
</tr>
<tr>
<td>Respiratory Distress</td>
<td>13.2</td>
<td>10.0</td>
</tr>
<tr>
<td>Drug-Related Withdrawal Symptoms</td>
<td>8.5</td>
<td>6.1</td>
</tr>
<tr>
<td>Child Died</td>
<td>1.0</td>
<td>0.3</td>
</tr>
<tr>
<td>All Other Problems</td>
<td>16.8</td>
<td>17.3</td>
</tr>
<tr>
<td><strong>Number of Health Problems Cited</strong></td>
<td>1,252</td>
<td>1,325</td>
</tr>
<tr>
<td><strong>Number of Reports</strong></td>
<td>970</td>
<td>1,143</td>
</tr>
</tbody>
</table>

Sixty-six percent of the newborns did not have any reported health problems. The documentation indicated that 17 percent of the newborns required treatment in a neonatal intensive care unit (NICU). Ten percent suffered from respiratory distress or other respiratory problems, and six percent exhibited drug-related withdrawal symptoms. Less than one percent passed away.

Among the mothers cited in GL reports, those who allegedly abused opiates were the most likely to give birth to children with a documented health problem (46 percent), followed closely by
mothers who abused cocaine and benzodiazepines (45 percent each). Mothers who allegedly used marijuana were the least likely (31 percent) to give birth to children with a health problem. Newborns whose mothers allegedly abused cocaine were more likely to spend time in the NICU (33 percent) than those whose mothers abused any other drug.

**DCFS RESPONSES TO GARRETT’S LAW REPORTS**
This section presents information regarding DCFS’ response to GL reports, including:
1) the percentage of reports that are substantiated after an investigation,
2) the percentage of true reports that result in opening a child protective services case,10 and
3) the percentage of true reports that result in removing the newborn from the mother’s custody.

Table 5 presents the substantiation rate of GL reports for the past four fiscal years by Area.

<table>
<thead>
<tr>
<th>Area</th>
<th>SFY 2013</th>
<th>SFY 2014</th>
<th>SFY 2015</th>
<th>SFY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>90.2</td>
<td>90.1</td>
<td>88.6</td>
<td>82.9</td>
</tr>
<tr>
<td>2</td>
<td>92.5</td>
<td>93.2</td>
<td>92.9</td>
<td>91.3</td>
</tr>
<tr>
<td>3</td>
<td>94.7</td>
<td>95.4</td>
<td>96.4</td>
<td>95.9</td>
</tr>
<tr>
<td>4</td>
<td>85.2</td>
<td>91.3</td>
<td>95.0</td>
<td>92.7</td>
</tr>
<tr>
<td>5</td>
<td>88.2</td>
<td>91.5</td>
<td>94.5</td>
<td>93.7</td>
</tr>
<tr>
<td>6</td>
<td>95.4</td>
<td>97.0</td>
<td>95.8</td>
<td>96.6</td>
</tr>
<tr>
<td>7</td>
<td>95.1</td>
<td>92.7</td>
<td>95.3</td>
<td>85.0</td>
</tr>
<tr>
<td>8</td>
<td>90.8</td>
<td>87.4</td>
<td>85.8</td>
<td>91.7</td>
</tr>
<tr>
<td>9</td>
<td>93.2</td>
<td>94.9</td>
<td>96.4</td>
<td>97.8</td>
</tr>
<tr>
<td>10</td>
<td>87.2</td>
<td>94.3</td>
<td>94.3</td>
<td>82.9</td>
</tr>
<tr>
<td>State</td>
<td>91.6</td>
<td>93.1</td>
<td>92.9</td>
<td>91.9</td>
</tr>
</tbody>
</table>

As displayed above, 92 percent of the GL reports received statewide were substantiated during SFY 2016, similar to previous years. The substantiation rate among the individual Service Areas ranged from 83 percent (Areas 1 and 10) to 98 percent (Area 9).

Table 6 shows the percentage of substantiated GL reports that resulted in opening a child protective services case 11 by SFY and Area.
Statewide, the rate at which DCFS caseworkers opened a child protective services case in response to a true finding of a GL report stood at 96 percent for SFY 2016, similar to the rates observed for each of the past three years.

Whether or not caseworkers responded to a substantiated GL report by opening a child protective services case was largely consistent among most DCFS Service Areas during SFY 2016, ranging from 88 percent (Areas 4 and 7) to 100 percent (Area 9).

Table 7 shows the percentage of substantiated GL reports that resulted in removing the newborn from the mother’s custody, by SFY and Area.
Nearly 22 percent of the newborns, statewide, were removed from their mothers during SFY 2016, although the rate varied considerably among the DCFS Service Areas. Area 3 was least likely to remove children from their homes as a result of a true GL report (11 percent) during SFY 2016, while Area 9 was mostly likely to do so (30 percent), a trend that has been observed during the past three fiscal years. Area 7 removed a relatively low percentage of children from their homes in response to a true report for SFY 2016 (16 percent), which contrasted with the much higher removal rate observed for the Area in previous years.

The rate at which children were removed in response to a true GL report also fluctuated at the county level. Much of the higher removal rates observed in Area 9 can be localized to Independence, White, and Cleburne counties (each county removed over 40 percent of the children). Within Area 3, only Saline County removed children at a higher rate (28 percent) than the statewide average; meanwhile, Garland County received the third-highest number of true GL reports within the state,12 yet just six percent of those children were removed. Within Area 7, Jefferson County did not remove any children in response to a true GL report during the year, which contrasted with previous years when the county was among those most likely within the state to remove the affected newborns.

An analysis of the true GL reports received during SFY 2015 revealed that 47 percent of the victim children who had been removed from their home returned home within 12 months. Among the victim children involved in true GL reports who were not removed from the home immediately in response to the report, seven percent were removed within 12 months and four

### Table 7:
**Child Removal Rate (%) for True Garrett’s Law Reports by Area, State Fiscal Years 2013-2016**

<table>
<thead>
<tr>
<th>Area</th>
<th>SFY 2013</th>
<th>SFY 2014</th>
<th>SFY 2015</th>
<th>SFY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20.0</td>
<td>22.0</td>
<td>22.6</td>
<td>25.5</td>
</tr>
<tr>
<td>2</td>
<td>26.7</td>
<td>17.7</td>
<td>13.6</td>
<td>22.8</td>
</tr>
<tr>
<td>3</td>
<td>24.4</td>
<td>10.8</td>
<td>11.1</td>
<td>11.4</td>
</tr>
<tr>
<td>4</td>
<td>30.4</td>
<td>28.6</td>
<td>21.1</td>
<td>23.5</td>
</tr>
<tr>
<td>5</td>
<td>19.5</td>
<td>24.0</td>
<td>14.0</td>
<td>25.8</td>
</tr>
<tr>
<td>6</td>
<td>28.8</td>
<td>14.5</td>
<td>16.5</td>
<td>21.3</td>
</tr>
<tr>
<td>7</td>
<td>46.2</td>
<td>39.5</td>
<td>31.7</td>
<td>15.7</td>
</tr>
<tr>
<td>8</td>
<td>16.9</td>
<td>21.7</td>
<td>22.8</td>
<td>20.9</td>
</tr>
<tr>
<td>9</td>
<td>36.4</td>
<td>36.5</td>
<td>38.3</td>
<td>30.3</td>
</tr>
<tr>
<td>10</td>
<td>11.8</td>
<td>18.0</td>
<td>10.0</td>
<td>20.6</td>
</tr>
<tr>
<td>State</td>
<td>25.4</td>
<td>21.2</td>
<td>19.5</td>
<td>21.5</td>
</tr>
</tbody>
</table>

An analysis of the true GL reports received during SFY 2015 revealed that 47 percent of the victim children who had been removed from their home returned home within 12 months.
percent were cited as victim children in a subsequent true maltreatment report over the same period. These percentages were similar to those reported for the previous year.

**SUMMARY**
This report reviewed select characteristics of Garrett’s Law reports and DCFS’ response to those reports over the past four fiscal years. The highlights of this review are presented below.

- The number of GL reports accepted for investigation has steadily increased since the law’s inception 11 years ago. During SFY 2016, 1,143 GL reports were accepted for investigation, 18 percent more reports than those received during the previous year. It was also nearly three times the number of reports received for SFY 2006.

- Across the last four SFYs, marijuana was the most commonly mentioned illegal substance in the GL reports. For SFY 2016, 65 percent cited marijuana usage, either separately or in combination with other drugs, followed by amphetamines/methamphetamines (26 percent) and then opiates (18 percent). Benzodiazepines were cited in ten percent of reports, while cocaine was cited in six percent.

- During SFY 2016, 92 percent of the GL reports received statewide were substantiated.

- The rate at which DCFS caseworkers opened a child protective services case in response to a substantiated GL report stood at 96 percent for SFY 2016, similar to the rates observed for the previous three years.

- Nearly 22 percent of SFY 2016’s substantiated GL reports led to removing the newborn from the mother’s custody. Among DCFS’ ten Service Areas, Areas 3 and 7 exhibited the lowest removal rates; Area 9 exhibited the highest. Much of the higher rates in Area 9 can be localized to Independence, White, and Cleburne counties.

- Of the children removed during SFY 2015, 47 percent returned home within 12 months. Among those not removed initially, seven percent were removed within 12 months and four percent were cited as victim children in a subsequent true maltreatment report over the same period.

**Children Under Age Five:**
In SFY 2016, nearly 80% of child deaths involved a child under the age of five. Preliminary causes of death included inadequate supervision, physical abuse, neglect, and medical neglect.

Of the 10,117 victim children involved in true child maltreatment reports in SFY 2016, children five years of age and younger represented nearly half of the victim children. In comparison, there were 9,543 victim children involved in the maltreatment investigations that were found true in SFY 2015. In SFY 2015, children age five and under also represented the largest group involved in true maltreatment investigations (47%). Additionally, children ages two to five made up the largest group of children involved in in-home cases in SFY 2016 (25%) just as they did at the end of SFY 2015 (27%). Furthermore, children two to five years of age represented the largest group of children in foster care at the end of SFY 2016 and SFY 2015 (25% for both years).
The data conclusion is clear - very young children are at much greater risk of death as well as abuse, neglect, and health issues. This argues strongly for more stringent investigation and casework protocols, and a higher level of caseworker involvement for cases involving infants and toddlers.

The In Home Services Program Manager and In Home Services Specialist have continued to focus on the development of the In Home Services Program for the Division. These staff review in home cases and provide technical assistance to in home services caseworkers based on those case reviews as well as shadowing in home services caseworkers.

To date, the In Home Services Manager has been supervised by the DCFS Director. However, beginning in SFY 2018, the In Home Services Manager and In Home Services Specialist will be housed within the DCFS Prevention and Reunification Unit and be overseen by the DCFS Assistant Director for Prevention and Reunification. In addition, the Arkansas Children’s Trust Fund will also fall within the DCFS Prevention and Reunification Unit. Finally, the CPS Manager position has been vacant for much of SFY 2017, but the Assistant Director for Prevention and Reunification plans to hire a new CPS Manager by August 31, 2017. With more focused attention on prevention and the additional staff referenced above, the Division will continue to work toward establishing more stringent investigation and casework protocols for cases involving infants and toddlers, particularly those involved in in home services cases.

In addition, the previously described AFMC Pilot Program and SafeCare Home Visiting Program are designed to provide additional services and supports to this greatest risk population.

**Youth in Foster Care 36 Months or Longer**

Another greatest risk population is our youth who have been in the system for 36 months or longer. SFY 2016 data indicates that 12% of the children in foster care had been in the system for 36 months or more, and, as of May 31, 2016, 221 youth have been in foster care for 5-10 years, 49 youth have been in care between 10-15 years, and 4 youth have been in foster care for over 15 years.

These youth are at a greater risk due to instability in placements as data indicates the longer in care the more moves a youth encounters. During SFY 2016 data indicates that for children in care for less than 12 months, 75% experienced 2 or fewer placements compared to the national standard of 86%. Children in foster care between 12 and 24 months, 51% had two or fewer placements compared to the national standard of 65.4%. Of those children in care over 2 years, only 20% experienced 2 or fewer moves compared to the national standard of 41.8%. Also in SFY 2016, children ages 6 – 11 represent the largest group of children who experienced three or more placements during their stay in foster care. This placement instability not only affects their educational stability but also impacts the overall well-being. In addition, these children’s behavior begins to escalate with age and with placement instability.

While Permanency Roundtables have been suspended in Arkansas, recruitment strategies through both the IV-E Waiver and the Diligent Recruitment grant are designed to recruit
adoptive families for older youth. In addition, Arkansas hopes to continue the use of the recently implemented Rapid Permanency Reviews to help older youth who are close to achieving permanency finalize their permanency plans. Finally, the Division has strengthened its partnership with Project Zero, a non-profit focused on finding forever families for children and youth in foster care, over the past reporting period, including formalizing a Memorandum of Understanding (MOU) with this organization. The MOU outlines roles and responsibilities of DCFS and Project Zero and also allows Project Zero to manage the Arkansas Heart Gallery. Project Zero implements a number of strategies including hosting various events where prospective adoptive parents can meet children and youth available for adoption and producing short videos about children who are available for adoption. Many of the children for whom Project Zero strives to find adoptive homes have been in care for 36 months or longer.

Children and Youth Who Have Experienced Disrupted/Dissolved Adoptions
Another greatest risk population are those children and youth who have experienced disrupted or dissolved adoptions. As reported in the 2015 APSR, the Division of Children and Family Services requested Hornby Zeller Associates, Inc. to examine the extent to which adopted children remain intact with their adoptive families and to identify factors that may contribute to adopted children re-entering the foster care system. The report showed that of the adoptions finalized between SFY 2007 and SFY 2013, less than 1.7% subsequently returned to foster care and of that 0.7% legally dissolved and 0.2% were informally dissolved.

However, even with the overall success rate with adoptions, there are adjustments that can be made to its current policies and processes to better serve adopted children and their adopted families. These include:
- Providing information about post adoption services more widely, including the Post Adoption Services Brochure
- Referring families on the verge of a disruption or dissolution to an Interdivisional Staffing
- Having the Adoptions Manager participate in all Interdivisional Staffings related to potential disrupted or dissolved adoptions
- Holding a conference for adoption staff, hosted by Project Zero, in October 2016, which provided a learning forum for the adoptions staff to ensure adoption and post-adoption protocols are more standardized throughout the state in an effort to safely decrease the that may help prevent adoption disruptions and dissolutions.

The agency is committed to providing staff and parents with the supports, guidance, services needed to meet the needs of the families served. DCFS is also committed to quality communication. A new Adoptions Manager was also hired in April 2017, and one of her goals for SFY 2018 is to strengthen post-adoption services and supports.

The groups referenced above are some of the greatest risk populations served in Arkansas’s child welfare system. These do not cover the entire populations that could be discussed, but they represent the largest majority. If DCFS can impact these groups through case practice, shifts in service capacity, resource development and availability, then the outcomes for these populations will improve and, as a result, the positive impacts will have a ripple effect throughout the child welfare system in Arkansas.
CRIMINAL BACKGROUND CHECKS
DCFS has implemented the Adam Walsh Child Protection and Safety Act that outlines procedures for conducting criminal background checks of prospective foster care and adoptive parents. DCFS policy outlines procedures for child abuse neglect registry for prospective foster and adoptive parents as well as adult members of their household.

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

MONTHLY CASEWORKER VISITS
Percentage of visits made on a monthly basis by caseworkers to children in foster care:

- FFY 2016: 79.41%
  - Number of monthly visits made to children in the reporting population (Numerator) – 40,612
  - Number of such visits that would occur during the FFY if each such child were visited once per month while in care (Denominator) – 51,141

Percentage of visits that occurred in the residence of the child:

- FFY 2016: 91.30%
  - Number of monthly visits made to children in the reporting population that occurred in the residence of the child (Numerator) – 37,077
  - Number of monthly visits made to the children in the reporting population (Denominator) – 40,612

The aggregate # of children in the data reporting population is: 7,124

Caseworker Visits With Foster Care Children-Details By Month
This report gives an overview of the Caseworker Visits with Foster Care Children information by selected month. The report provides totals and percentages by Area, County and Primary Staff Name. This report can be used as a good monitoring tool for Staff to determine what foster care clients should receive a visit and have/have not been visited as per the Case Contact documentation. The report is refreshed daily.

The report includes all children under age 18 who are considered to be in foster care for the full calendar month (Calendar month = last day of previous + all days during current month + first day of subsequent month). The Area(s) and Month should be selected and then the ‘View Report’ button for the results to appear. To be considered as a Completed ‘Regular Visit’, the following criteria must be met in a Case Contact:

- Contact Date should be in the actual Calendar Month (1st-end) to determine if Visit was made
- Type/Location: must be Any ‘Face to Face’ type
• Status: ‘Completed’ must be selected
• Participants pick list: The foster care child must be selected
• Only pull the following Staff Positions (Contact Attempted/Completed By field) are considered as a Caseworker Visit:
  o DHS Area Manager
  o DHS Assistant Director
  o DHS Deputy Director - DCFS
  o DHS Program Coordinator
  o DHS Program Manager
  o DHS Program Specialist
  o DHS Staff Supervisor
  o Family Service Worker
  o Family Service Worker Clinical Spec
  o Family Service Worker County Supervisor
  o Family Service Worker Specialist
  o Family Service Worker Specialist-Adoption Specialist
  o Family Service Worker Supervisor
  o Family Service Worker-Adoption Specialist
  o Family Services Program Coordinator

The above criteria is considered as a Completed ‘Home Visit’ with the exception that only the following Type/Location are applicable:
• Face to Face (Placement Provider ICPC)
• Face to Face (Placement Provider)
• Face to Face (Home)

The report is sorted by Area/County of Current Primary Assigned Worker (Staff Name). Report also includes the following:
• Primary Staff County
• Client Count: The number of Clients that are considered to be ‘In Foster Care’ for the month and should have a visit
• Case ID
• Client ID
• Client Name
• Age
• Birth Date
• Reg. Visits Count (Regular Visits): The number of ‘Face to Face’ Visits that were completed as there is a Case Contact that meets the report criteria; Y will appear if met, N will appear if not met
• Home Visits Count: The number of Visits that were completed in the home as there is a Case Contact that meets the report criteria; Y will appear if met, N will appear if not met. If Home Visits is a Y, then Reg. Visits should be a Y
• Percentage of Completed Reg. Visits: The Percentage of Regular ‘Face to Face’ Visits that were completed. Percentages that are under 95% show in red because 95% is the
performance standard for regular visits that is required by the feds or there could be a reduction in Federal Financial Participation.

**Caseworker Visits with Foster Care Children-Details for FFY**

This report gives an overview of the Caseworker Visits with Foster Care Children information for the FFY. The counts and percentages are submitted to the Feds by December 15 each year for the previous FFY (October-September). It provides an overview for each month for the FFY. This report can be used as a good monitoring tool for staff to determine what foster care clients should receive a visit and have/have not been visited as per the Case Contact documentation per Month. The report is refreshed daily.

This report includes all children under age 18 who have been in foster care for at least one full calendar month during the FFY. (Calendar month = last day of previous + all days during current month + first day of subsequent month).

The report is sorted by Area/County of Current Primary Assigned Worker (Staff Name). Report also includes Primary Staff County, Case ID, Client ID, Client Name, Age, DOB, and the monthly information:

- A column appears for each month October-September:
  - In Care: Y will appear if the client is considered in care for that entire month (Visit required) or N will appear if the client is not considered in care (Visit not required)
  - Regular visit (Reg. Visit): For the month, Y will appear if at least one Case Contact meets the conditions (in Requirements) or N will appear if the conditions are not met.
  - Home Visit: For the month, Y will appear if at least one Case Contact meets the conditions (in Requirements) or N will appear if the conditions are not met. If Home Visits is a Y, then Reg. Visits should be a Y

There is a Total Months in Care column that gives the total count of months the foster care child is considered to be in care and should have had a visit.

There is a Total Reg. Visits that gives the total count of visits that meet the regular visits criteria.

There is a Total Home Visits column that gives the total count of visits that meet the home visits criteria.

The total per Staff, per County, and per Area appear in rows after each condition.

At the end of the report, the overall totals and percentages show what will be sent to the feds when it is time to submit, by December 15 for the previous FFY.

The state missed previous performance standards due to high caseloads and limited resources given staff turnover and the high number of children in foster care, many of whom were placed outside the county of removal.

Arkansas continues to monitor and assess the frequency and quality of worker visits. During monthly Area Director meetings the Assistant Director over Community Services and Program Administrator for Community Services will track each Area Director’s monthly numbers. As needed, each Area Director will identify barriers specific to their county and develop a plan to increase number monthly caseworker visits and improve performance. These local improvement
plans will also be monitored by the Program Administrator and this will be a standing topic in each monthly meeting. The Program Administrator will also track and report data from the Division’s 120 day report which tracks visits that are past 120 days. Through this planning, monitoring, and tracking the Division believes there will be more focus around monthly caseworker visits, so numbers should improve.

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

It is the Division’s intent to continue with the implementation of its practice model framework which has an emphasis on family engagement, involvement, and visits with parents and children. In addition, the Assistant Director of Community Services has included this item as a priority area needing improvement for field. As she meets with the Area Directors and their staff she includes data specific to their area and county and ensures it is a part of the agenda and consultations.

ATTACHMENTS
- APSR Cover Letter
- APSR Checklist
- Annual Progress and Service Report (APSR)
  - APSR Attachment A: Moving Beyond the Crisis
  - APSR Attachment B: Caseload Reduction and Staff Retention Plan
  - APSR Attachment C: Renewed Hope Report
  - APSR Attachment D: Arkansas Program Improvement Plan for CARA Requirements
- Education and Training Voucher (ETV) Form
- Training Plan and Matrix
  - Training Plan Attachment A: Revised New Staff Training Outline
  - Training Plan Attachment B: Revised New Staff Training Implementation
  - Training Plan Attachment C: Yearly Schedule for Concentrations
  - Training Plan Attachment D: 2017 Satisfaction Survey for New Staff Training
- Disaster Plan
- BCCP
- Health Care Oversight Plan
- Foster and Adoptive Parent Diligent Recruitment Plan
- Organizational chart
- Citizen Review Annual Report and Responses
Financial Attachments:

- CFS-101 Part I Annual Budget Request for Title IV-B, Subpart 1&2 Funds, CAPTA, CFCIP, and ETV Fiscal Year 2018, October 1, 2017 through September 30, 2018. (Excel and PDF)
- CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services FFY 2018 October 1, 2017 through September 30, 2018 (Excel and PDF)
- CFS-101, Part III: Annual Expenditures for Title IV-B, Subparts 1 & 2, Chafee Foster Care Independence (CFCIP) and Education and Training Voucher (ETV): Fiscal Year 2015: October 1, 2014 through September 30, 2016 (Excel and PDF)
- AR Subpart 2 Program against the 1992 base year amount September 2017
- AR State Expenditure form September 2017