

**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:

Arkansas Department of Human Services
Division of Children and Family Services

P.O. Box 1437, Slot S568
Little Rock, Arkansas 72203

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ARKANSAS AT A GLANCE

The overall population in Arkansas was estimated at 3,004,279 at the time of the U.S. Census in 2017 an increase of 3.0 percentage points from 2010. Children under five years of age comprised 6.4 percent of the population as of 2016, whereas 23.6 percent of the population was under the age of 18. 79.4 percent of the population is white, while another 15.7 percent of the population is black. More than 7 percent of the population identify themselves as being of Hispanic or Latino origin. In 2016 the median household income was \$ 42,336 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 34,459 reports of child maltreatment. DCFS provided In-home services (Protective and supportive) to 2,753 families which involves 6,403 children a decrease by four percent compared to a year ago. As of June 29, 2018, there were 4,517 children in foster care. This is more than an 11% decrease from the end of SFY 2017. 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. During SFY 2018, the Division Director continued to directly supervise the Eligibility and Criminal Background Checks and Notifications Units.

The DCFS Deputy Director reports to the DCFS Director and oversees each Assistant Director who is responsible for oversight of each of these operational subdivisions within the Division:

- **Community Services**

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.

- **Behavioral Health Services**

Behavioral Health includes Fetal Alcohol Spectrum Disorder (FASD) and Early Intervention Supportive Services and Behavioral Health, which in addition to technical assistance to field staff in this area and facilitation of Interdivisional Staffings, also oversees contracts for services such as counseling, intensive family services, substance abuse, drug screens, and home studies. Behavioral Health Services has also played an integral role in the larger behavioral transformation efforts in the state and the progression toward the Provider-led Arkansas Shared Savings Entity (PASSE) Program.

- **Infrastructure and Specialized Programs**

Infrastructure and Specialized Programs oversees and provides support to the following units:

- Policy

- Professional Development
- Planning and Federal Compliance
- Child and Adolescent Needs and Strengths (CANS)/Family Advocacy and Support Tool (FAST) Assessments
- Transitional Youth Services
- Education
- **Placement Supports and Community Outreach**
Placement Supports and Outreach Programs oversees:
 - Adoptions/Guardianship
 - Arkansas Creating Connections for Children (ARCCC)
 - Foster Care
 - Interstate Compact for the Placement of Children
 - Specialized Placements
 - Specialized Services
- **Prevention and Reunification**
Prevention and Reunification focuses on support to families in their homes in an effort to prevent initial entry into foster care as well as to re-entry through focus on reunification services and supports. It provides reviews, coaching, and technical assistance to field staff in the following areas.
 - Children's Trust Fund (Prevention/Support)
 - Differential Response
 - Child Protective Services (Investigations)
 - Team Decision Making
 - In-Home Services
 - Reunification

Please see APSR Attachment A: Organizational Chart for more information.

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.

The Placement Residential and Placement Licensing Unit (PRLU) 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. For a summary of enhancements made to CHRIS during this reporting period, please see APSR Attachment B: Links to Arkansas CHRIS Enhancement Release Notes for SFY 2018.

Throughout most of this reporting period, Hornby Zeller Associates, Inc. (HZA) administered the DCFS Quality Assurance Unit and the Service Quality and Practice Improvement Unit as it has done for twenty years. However, HZA did sell to the Public Consulting Group (PCG) during this reporting period but all HZA staff remained during this transition. 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.

In SFY 2019, the National Council and Crime and Delinquency (NCCD) will begin management of the Division's Quality Assurance Unit. As such, NCCD will serve as the new vendor for the Division's data management and analysis needs, to include the management of dashboards and production of a wide array of data reports.

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

THE MAJOR FEDERAL LAWS GOVERNING SERVICE DELIVERY, AS AMENDED, ARE:

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

PUBLIC LAWS:

- 111-320 CAPTA Reauthorization Act of 2010
 - Abandoned Infants Assistance Act
- 94-142 Handicapped Children Act
- 96-272 Adoption Assistance and Child Welfare Act of 1980
 - Adoption Opportunities program
- 96-273 105-89 Adoption and Safe Families Act of 1997
- 110-351 Fostering Connections Act of 2008
- 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014
- 115-123 Family First Prevention Services Act of 2017

COLLABORATION

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. During this past reporting period, this has included involving partners in as well as keeping many other stakeholders apprised of the ongoing development of the Division's Program Improvement Plan (PIP) related to its Child and Family Services Review. Likewise, during the upcoming state fiscal year, the Division will engage stakeholders in the development of its 2020-2024 Child and Family Services Plan (CFSP) and PIP related to its onsite Federal National Youth in Transition Database (NYTD) Review.

The Division establishes key committees with varied stakeholders involved to assess and assist with the development and implementation of goals and objectives of the CFSP and other initiatives. These committees often break out in subcommittees to focus on particular areas. 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.

One of the most exciting new developments during this reporting period in regards to collaboration was the establishment of the Parent Advisory Council. Seven parents with previous involvement in the child welfare system have been selected to participate on the council. The council will advise the Prevention and Reunification Unit. A two-day orientation meeting was

conducted on June 27-28. The council plans to meet 6 times throughout the year (3 in-person and 3 by conference call). The National Alliance of Children's Trust and Prevention Funds is helping us to develop the council.

Some other key collaborative partnerships 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 Specialized Services 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. For youth who do not have a discharge plan, the Specialized Services Unit schedules conference calls to discuss options for placement for these youth. 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 Specialized Services 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.

- **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 has continued to serve on the DCFS Program Improvement Plan (PIP) Development Team. The DCFS Director and two DCFS Assistant Directors also serve on the CIP Child Welfare Taskforce. The taskforce is comprised of people from the medical and education community, all sides of the judicial/legal system, service providers, and members from DCFS sister agencies. The taskforce part of the CIP's Strategic Plan. The group meets once a quarter.

CIP also invited several different DCFS representatives to offer sessions at its annual Children in the Courts Conference in May. The DCFS Executive Staff Team served on a panel session entitled, "The Direction of the Division of Children and Family Services"

This panel discussion covered a wide variety of topics related to the Division's goals and the values behind them such as a description of the Division's commitment to and plan for ensuring child safety throughout the continuum of a child's experience with the child welfare system, an exploration of the Division's goal to increase relative placements, and a description of other foster care placements.

In addition, the DCFS CANS/FAST Program Manager presented a session called, "DCFS CANS as an Assessment, Planning, and Engagement Model; How Can the Court Team Use the CANS?". The Assistant Director of Placement Supports and Community Outreach served on a panel regarding Therapeutic Foster Care (TFC). This session opened with a description of how TFC is different from "regular" foster care, an overview of TFC provider coverage across the state, and requirements for TFC placement. TFC providers who also served on the panel spoke directly about their programs while TFC foster parent described their experiences with TFC.

Finally, the DCFS Director held a "judges only" session at the Children in the Courts Conference to review some of her goals and priorities for the agency as well as take questions from the judges.

The DCFS Program Administrator with Community Services also traveled with the CIP Director to the May 2018 Tri-Regional Convening supported by the Substance Abuse and Mental Health Administration to advance the capacity of the state to improve the safety, permanency, and well-being of infants with prenatal substance exposure and their families. The purpose of the convening was 1) to provide participating states with a knowledge base on infants with prenatal substance exposure, family-centered substance use disorder treatment, and collaborative approaches to treating pregnant and parenting women with substance abuse use disorders, their infants and families and 2) to strengthen collaboration among child welfare, substance use disorder treatment, and other stakeholders such as the courts, medical communities, early care and education systems, and home visiting.

DCFS Program Administrator brought information back from the SAMHSA conference to child welfare leaders. Information was discussed in a weekly meeting with direct supervisor, Assistant Director of Community Services, as well as DCFS Deputy Director. The Program Administrator shared how other states have started to implement Substance Abuse Coordinators for their field staff to collaborate with on cases where substance abuse issues are identified. At this time, Arkansas does not have any available positions for this idea to be implemented into the statewide system. DCFS Program Administrator also shared the information that there is free training on the SAMHSA website with DCFS Federal Compliance Program Manager. Since DCFS is currently looking at developing a substance abuse training for the PIP, it was discussed how this would be a good opportunity to include the SAMHSA information in that training curriculum. The free training material will be discussed at the next quarterly CIP Task Force meeting in order for other stakeholders to become aware of the training availability. At this time, no further action steps have been taken.

Several representatives from the Administrative Office of the Courts will also travel with DCFS leadership to the upcoming State Team Planning Meeting in Washington, D.C. in July 2018.

- **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.
- **Arkansas Baptist Children's Homes and Family Ministries (ABC Homes):** ABC Homes is a non-profit agency of the Arkansas Baptist State Convention. ABCH has recently converted all their residential settings to family like settings except for the Boys Ranch. ABCH is currently at Private Licensed Placement Agency and is focusing on Sebastian County. As of April 2018 currently they have 17 homes. ABCH has come along side DCFS in values of children and youth being a family home – ABCH resource parents are taking children and youth of all ages. In a year ABCH has only had one placement disruption.
- **Arkansas Behavioral Health Planning Advisory Councils (ABHPAC):** 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. This council allows a mechanism for service recipients and family to be involved with the decision-making process for planning of services that the block grant funding supports.
- **Arkansas Department of Health:** The mission of our state Health Department is to protect and improve the health and well-being of all Arkansans. DCFS has been working closely with the Director of Child and Adolescent Health from the Health Department to develop a parenting education program in 9 individual WIC (Women, Infants and Children) clinics across the state. This collaborative effort, called Baby and Me, will provide parenting education, resources and support to parents of newborns 0 – 6 months of age who are receiving benefits at the WIC clinics. The program is slated to begin providing services in August of 2018.
- **Arkansas Foundation for Medical Care & Arkansas Dept. of Health Statewide ACEs/Resilience Work-Group:** The group was created to achieve synergies across child health, community-based agencies and state-based agencies to address the root causes of toxic stress and childhood adversity and build community resilience. Membership represents almost 50 organizations and state agencies. DCFS is represented on the steering committee for the Work-Group.

- **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:
 - o Diagnosis and evaluation of capacities and limitations
 - o Guidance and counseling
 - o Career and technical education
 - o Job placement
 - o Physical and cognitive restorative services
 - o Assistive technology
 - o Residential career training facility and hospital
 - o Transition services for high school students (youth 14 and older) with disabilities who are moving from high school to further education or work
 - o Scholarships and leadership programs for students with disabilities
 - o Financial assistance to kidney transplant recipients
 - o Community rehabilitation programs
 - o Supported employment services
 - o 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 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 2017, 13,608 individuals completed this self-paced online curriculum. This was an increase compared to last year's reporting period number at 12, 384. In addition, the Commission conducted 16 in-person trainings on the topic of mandated reporting with a total of 493 participants in those trainings.

The commission has continued a partnership with the Arkansas Educational Network (AETN) to revise and update a web-based mandated reporter training video for the on

line professional development portal utilized by licensed educators. 9,851 Licensed Educators logged in to view the training during State Fiscal Year 2017 (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.

- **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 eleven 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:** 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. 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 CPS Manager position was vacant during this time, but in November 2018, the position was filled and the CPS Manager will now begin taking an active role in the team meetings.

- **The Arkansas Safe Babies Court Team (SBCT) Project:** The Safe Babies Court Team (SBCT) 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. During this reporting period a new SBCT launched in Benton County through community support and funding, but naturally local DCFS staff will play a vital role in this SBCT as well.
- **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 2018.
- **CarePortal:** Arkansas Family Alliance partnered with DCFS to bring the CarePortal to Sebastian Co. CarePortal is an interdenominational network of churches that through technology, is able to wrap around children and families in crisis. The DCFS County Supervisor serves as the main liaison between DCFS and CarePortal. DCFS workers in Sebastian County identify needs of local children and families, and then submit the request for help online through the CarePortal. Local churches receive the request and meet the needs as able. By providing an outlet for the Church community to wrap around families, CarePortal will result in stronger partnerships accelerated through the use of technology and ultimately, better outcomes for children and families. The launch date for this was on May 3, 2018. In May 2018, 6 families and 17 children were served and during June 2018, 3 families and 7 children were served.
- **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. Funding for wraparound services has been reduced, therefore is not available to provide as many services as in the past. But, the process of developing wraparound teams at the local level is still available for children and youth who are SED.
- **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. Counties on the horizon include, Miller, Jackson, Woodruff, and Poinsett.

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 website is <http://www.thecallinarkansas.org/>

- **Christians for Kids (C4K):** C4K is a non-profit organization located in Craighead, Poinsett, Greene, Cross, and Crittenden Counties to help Christian families 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. C4K in this reporting period is expanding to Jackson County.

DCFS meets with C4K quarterly.

- **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.
- **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 in a contract with DCFS as a Private License Agency to launch a foster care recruitment program to recruit, train, and support families in Arkansas. As of April 2018, COMPACT has three (3) resource homes.

DCFS meets with COMPACT Quarterly.

- **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. The DCFS Advocacy Council helps carry forward the work started by recommendations made by the Governor's Oversight Committee. A mental health/placement provider currently services as the chair. The Council met twice during the year, with the DCFS Director leading each meeting and sharing the agency's vision and updates. The DCFS Director shared the Renewed Hope report, Workforce Retention One Year Plan, and the updated Federal Terms and Conditions with the Council. The Council members then used the information to advocate in the community and within their profession. During the next year, the Council members whose term limits expire will be replaced with new members to continue the work of the Advocacy Council.

- **Division of Aging, Adult, and Behavioral Health Services (DAABHS):**

DCFS collaborates with DAABHS to advocate for children involved in the behavioral health and welfare systems. The Medicaid Mental Health Transformation initiative continues to be the primary focus of collaboration as major systems changes began in January 2018. DCFS also collaborates with DAABHS regarding substance abuse services and funding for those services. Regular meetings and communication regarding substance abuse services are held to insure consistency among state agencies funding substance abuse services. DAABHS attends the annual meeting with substance abuse providers to ensure consistency in planning and direction of 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.

The Division continues to partner with DDS to procure for providers who recruit and train specialized DDS foster homes. The foster homes recruited are trained on how to parent children with developmental disabilities. DDS provides the DDS waiver services in the community. The goal is to serve more children with disabilities in the community in the least restrictive setting as possible.

- **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):** The division's partnership with DYS continues to be strong. The Interagency Agency Agreement was amended 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.
- **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 2017, 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 central office for review. Also, if a FSW wants to place a child age 12 and under in an emergency shelter, he or she must request approval from the Assistant Director over Community Services. The new protocol has resulted in the decrease of monthly emergency shelter placements overall. Especially for children ten (10) and under. It has also resulted in the decrease of the number of days children spend in emergency shelter placements. Please note the average number of days in emergency shelter, statewide chart and Children in emergency shelter for longer than 10 days statewide chart under the Statistical and Supporting Information heading in the APSR. Please also refer to page 8 of Attachment E: DCFS Progress Charts may demonstrate the impact this protocol has had on the number of children 12 and under placed in congregate care settings in addition to other efforts around limiting congregate care.

- **External Child Near Fatality and Fatality Review Team (formerly Child Death and Near Fatality Multidisciplinary Review Committee):** The sunset clause for this the Child Death and Near Fatality Multidisciplinary Review Committee went into effect as of July 30, 2017 and as such, this committee was no longer be required by law. However, this committee, now renamed the External Child Near Fatality and Fatality Review Team, will continue to meet and will work with the existing committee to review near fatalities

and fatalities associated with child maltreatment and determine what changes may be needed to prevent future child near fatalities and fatalities.

- **Fetal Alcohol Spectrum Disorder (FASD) Taskforce:** 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 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.
- **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. 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.
- **Immerse Arkansas/Families:** Immerse Arkansas is transitional living program that takes DCFS youth at 18 years old. This program is designed to assist youth in learning necessary skills for adulthood. Immerse Families is part of Immerse Arkansas this program is designed to support resource parents. Immerse Families completes different events and is actively engages the families through “Belong Mom’s Gathering” “Campyouwanngo” “Father Son Campout.”
- **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:

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

These staffings occur at least three times a month and include representatives from other DHS divisions, including the Division of Youth Services (DYS), the Division of Medical Services (DMS/Medicaid), the Division of Behavioral Health Services (DBHS), the Division of Developmental Disabilities Services (DDS), and other stakeholders specific to the child such as CASA workers, attorneys ad litem, and etc. 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. 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, AALs, and Parent Counsel. 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 CMHCs throughout the state to strengthen communication and ensure mental health services are provided to the children in foster care. The DCFS Assistant Director for Behavioral Health 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 Assistant Director for Behavioral Health 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 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. DCFS worked with DBHS (now the Division of Aging, Adult, and Behavioral Health Services) to write contract performance indicators for CMHCs, funded by DBHS. A performance indicator was added that requires a mobile, crisis team by each CMHC and specifies that if the person needing crisis services is a foster youth, then services should be provided in the home or community where the youth is placed. The Performance indicator also requires that crisis services must focus on stabilization of the client within their community, must include a safety plan, and face-to-face follow-up within twenty-four (24) to forty-eight (48) hours of the initial crisis.

- **MidSOUTH-Center for Prevention and Training:** DCFS is working with MidSOUTH to implement the Stewards of Children program, a child sexual abuse prevention program for adults. The project includes training facilitators to deliver the Stewards of Children program and then helping those facilitators set up trainings in their local community.
- **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 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 is a private licensed placement agency. As of April 2018 New Beginnings has opened 11 resource homes. New Beginnings and DCFS meet Quarterly.
- **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. As of April 2018 currently CHI has 40 resource homes.

DCFS meets with Children's Home Inc. at least quarterly.

- **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 Taskforce. 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. At the end of 2017 – at least 127 children/youth found their forever families due to Project Zero efforts (events or inquiries from videos/photos).

As of July 2017, Project Zero assumed responsibility for the Arkansas Heart Gallery. Project Zero maintains all Heart Gallery photographs which are taken by professional volunteer photographers. Project Zero also does short video features of the children waiting to be adopted. This gives the children a voice in what they wish for in an adoptive family and a chance to show their personality. DCFS has implemented 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. The behavioral health unit and PRI implemented a process for a Complex Trauma Assessment in 2016. 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 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. The Interdivisional Staffing for complex cases utilizes referral for the Complex Trauma Assessment for children who have had multiple diagnoses over the years with little improvement through the services that have been provided. Sixteen (16) children received a Complex Trauma Assessment in State Fiscal Year 2018. Results were primarily related to diagnostic clarification. All children with a diagnosis of Reactive Attachment Disorder were found not to meet the criteria for that diagnosis. Those youth with findings of a trauma diagnosis were referred to a therapist certified in Trauma Focused – Cognitive Behavioral Therapy (TF-CBT). Other recommendations from the Complex Trauma assessment included educational and caregiver information that would be more effective.

- **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. There were 5 DCFS applications submitted in 2016, 3 submitted in 2017, and 0 in 2018 thus far.
- **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. DCFS implemented a 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.
- **Resource Parent Advisory Council:** DCFS in January 2018 launched the Resource Parent Advisory Council; this council is made up of resource parents from across the state. A charter was developed and DCFS Foster Care Manager and resource parents met monthly to discuss the charter and then discuss the next steps. The resource parents from across the state came together with hot topics that they feel need the agency's attention work groups were formed. One recommendation in regards to medically fragile children is being worked through currently with DCFS executive staff. The resource parents are

going to also work on a practice model or partnership guide that defines each individual's roles and responsibilities.

- **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. Restore Hope is planning on expansion to Garland County hopefully May 2018.
- **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. As of April 2018 SCH has 26 resource homes.

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. Currently, SCCH only has one resource home, however at a recent board meeting the board voted to proceed forward with more Private License Placement Agency (PLPA) home vs. expanding the family like setting.
- **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 Services Unit (SSU), 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.

A collaborative Health Services Initiative was 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. Currently there are twenty – one (21) youth in this program. This is an increase from last year's reporting period. Last year there were 9 youth in 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 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.
- **University of Arkansas for Medical Sciences, Family and Preventive Medicine:** DCFS is working with the Department of Family and Preventive Medicine on two projects. The first project involves the development of lesson plans for parents 0-6 months that are participating in the Baby and Me project in select WIC clinics across the state. In addition, the Family and Preventive Medicine team is helping us to establish an evaluation protocol for the programs. Members of the team also serve on the Baby and Me Advisory board. The second joint project is the development of a scripted presentation describing the Adverse Childhood Experiences study and the implications of the study for Arkansas. Once completed, the presentation will be available to members of the Arkansas ACEs and Resilience workgroup for use with multiple audiences.

- **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. 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. The YAB President and Vice-President took an active role in the federal onsite National Youth in Transition Database (NYTD) Review that took place during this reporting period.

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.

UPDATE TO THE PLAN FOR IMPROVEMENT

During this reporting period, DCFS has continued to implement its strategic plan that is comprised of three primary goals outlined the DCFS Renewed Hope Report and essentially mirrored in and/or complemented by the four primary goals of the current version of Arkansas's Program Improvement Plan (PIP) (not yet approved by the Children's Bureau; DCFS is currently collaborating with the Capacity Building Center for States to conduct root cause analysis and revise its PIP accordingly as a result of said analysis). Those goals in their different presentations (i.e., Renewed Hope Report and PIP) and formats (i.e., specific wording of the goals in each presentation) are presented in the following table.

Division of Children and Family Services Strategic Plan Goals	
Renewed Hope Goal 1	Mirrored in/Complemented by Program Improvement Plan Goals 1 and 2
Strengthening families so children can remain safely at home and families are more	1: Improve risk and safety assessments and management and increase services to protect

resilient.	children in their homes and prevent entry into foster care. 2: Increase family engagement in decision-making and needs-based case planning.
Renewed Hope Goal 2	Mirrored in/Complemented by Program Improvement Plan Goals 2 and 3
Improving the foster care system for those who need it.	2: Increase family engagement in decision-making and needs-based case planning. 3: Increase permanency and stability for children in foster care.
Renewed Hope Goal 3	Mirrored in/Complemented by Program Improvement Goal 4
Building a strong workforce.	4: Improve staff training, development, and retention.

Implementation Supports

In order to promote the successful implementation of the strategic plan, implementation supports needed include staffing, training and coaching, new as well as enhanced data management reports, and updated policies and publications. Many of these implementation supports are discussed in the Key Activities sections of the PIP as well as the details of the Renewed Hope Report. For the full Renewed Hope Report, please see Attachment C: Renewed Hope Report. For the full, current version of Arkansas's Child and Family Services Review PIP (not yet approved by the Children's Bureau) please see Attachment D: DCFS CFSR Program Improvement Plan.

UPDATE ON DCFS PROGRESS

During this reporting period, the Division and its partners made significant progress in several areas as a result of the strategic plan goals presented above. Most notably:

Renewed Hope Goal(s)	Specific Progress
<ul style="list-style-type: none"> Strengthening families so children can remain safely at home and families are more resilient. Building a strong workforce. 	Significant decrease in the number of overdue investigations and maintenance of a low number of overdue investigations (less than 100) for almost the entire SFY 2018
Strengthening families so children can remain safely at home and families are more resilient.	Significant decrease in the number of children in foster care

Strengthening families so children can remain safely at home and families are more resilient.	Increase in the number of In-home Case monthly visits
Improving the foster care system for those who need it.	Increase in the number of Foster Care Case monthly visits
Improving the foster care system for those who need it.	Increase in the percentage of children placed in a family-like setting
Improving the foster care system for those who need it.	Overall continued decrease in the number of children ages 12 and younger in congregate care
<ul style="list-style-type: none"> Improving the foster care system for those who need it. Building a strong workforce. 	Decrease in the average Family Service Worker caseload size
Improving the foster care system for those who need it.	Decrease in the number of children in acute/sub-acute facilities for longer than 30 days on contract from 89 in July 2016 to 15 as of May 2018

Charts and graphs are provided in Attachment E: Division of Children and Family Services' Progress Charts for the Annual Progress and Services Report to illustrate the Division's progress regarding the majority of the bullet points above. All of the data presented in these charts are ultimately 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.

Key strategies and activities involved in the strategic plan that contributed to the progress in the various areas listed above (and illustrated in Attachment E) include:

- 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;
- 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 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 Central Office for review; Approval to place a child age 12 and under in an emergency shelter must be granted from the Assistant Director over Community Services);
- Maintaining a commitment to appropriately assessing and planning the discharge of youth who have been in an institution for more than 30 days even though it was no longer medically necessary;

- Implementing Safety Permanency Consultations;
- Implementing Removal Consultations;
- Implementing and maintaining area-specific, hyper-focus plans in the areas of overdue investigations, trial home visits/reunification, adoptions, and in-home services cases;
- Placing new positions in geographic locations with the greatest need;
- Implementing graduated caseload standards to support and retain new staff.

For more details regarding the last three bullet points, please see Attachment F: Caseload Reduction and Staff Retention Plan that has been in place over the course of the last reporting period.

Feedback Loops

In an effort to effectively implement the strategic plan described above and generally improve and support the various DCFS programs and services described in the following section, the Division continually assesses how it can better monitor these programs and receive feedback from the staff directly implementing them. For example, during this reporting period the CANS/FAST Program manager worked closely with the Office of Systems and Technology to develop a new management report for field staff. This new report identifies CANS assessments that have no actionable items. CANS assessments with no actionable items are a red flag that either circumstances in a case have progressed to a point that the case is most likely ready to close, or the ratings are simply not accurate (i.e., if there are truly no items upon which the agency needs to “take action” or link to a corresponding service, then there should most likely not be a reason for the case to be open). This report was just finalized in June 2018, but the CANS/FAST Program Manager plans to begin implementing its use with Area Directors and supervisors during SFY 2019, to include coaching about ratings and using the CANS/FAST as a communication tool.

In addition, the CANS/FAST Program Manager continues to conduct 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.

Similarly, the Differential Response, Team Decision Making, and In Home Services programs have all developed and implemented case review tools through Survey Monkey. This allows program management staff to conduct a qualitative review of randomly selected cases and provide feedback and suggestions to the frontline and supervisory level staff regarding case work practice. Program management staff also shadow FSWs as well to remain abreast of current issues in the field as well as utilizing the shadow days as an opportunity for coaching as needed. In addition, if certain trends are noted in these case reviews and/or shadow days, the program managers will, in consultation with DCFS Executive Staff, determine if additional training may be needed in that area. DCFS continues to maintain its Survey Monkey license for any needed surveys to receive feedback from the field and various stakeholders.

TECHNICAL ASSISTANCE (TA) PLAN

<u>DATE REQUESTED</u>	<u>TA DESCRIPTION</u>	<u>NRC/Provider</u>	<u>APPROVED</u>
7/1/2017-6/30/18	CFSR and PIP Planning	Region 6 Cedeline Samson/Janis Brown	N/A
3/28/18-6/30/18	Root Cause Analysis and PIP Development	Capacity Building- Sherri Levesque	Yes
7/1/13-6/30/18	Organizational, Strategic, Programmatic Consultation	Casey Family Programs-Ann Stanley, Consultant	Yes
Spring 2018	Nurturing Families of Arkansas	Dr. Stephen Bavelok	Yes

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 new quality assurance reports and 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. However, because of technical assistance the Division is receiving from Casey, DCFS decided not to work with the Capacity Building Center in these areas, but, rather on conducting root cause analysis for CFSR items in an effort to finalize Arkansas's CFSR Program Improvement Plan (as indicated in the table above).

Casey Family Programs have several initiatives in works with AR in providing TA. Please see below for an update:

Casey Family Programs provides TA through the Deckinga group in Sebastian County. TA included providing a leader to elicit changes from within DCFS and dedicated training for staff (Sue Badeau's Permanency Values training and the Cost of Poverty Experience). TA also includes funding for the Change Coalition which works with DCFS employees and stakeholders to create a culture of change. During SFY2018, there were 42% fewer removals, 29% more discharges due to reunification, 33% more children adopted, and 21% fewer children in care in Sebastian County than in SFY2017.

Casey Family Programs set up and coordinated TA from the Annie E. Casey Foundation and Wildfire Associates for Team Decision Making in Arkansas. Annie E. Casey Foundation and Wildfire associates reviewed Arkansas data, assessed Arkansas's capacity, and gave recommendations for TDM expansion. Project lasted from April-June 2018 and outcome was the expansion recommendations for TDM with confidence it can be implemented based on available resources.

Casey Family Program set up and coordinated TA from the Children's Research Center ("CRC") to develop safety assessments and Structured Decision Making ("SDM"). During the relevant time frame, one planning call occurred, and DCFS sent relevant Arkansas-specific safety documents to the CRC for review. More detailed technical assistance will occur in the next fiscal year.

Dr. Bavolek came to Arkansas in May 2018. He visited all five MidSouth sites and visited with the NFA providers to coach and review program fidelity. He attended our meeting to in May to discuss strategies for getting more groups as opposed to single family sessions and the effects the Family First Prevention Act will have.

Evaluation and Technical Assistances Reports and Projects

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 and/or national averages 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 2018:

- **Monthly Progress Charts** – Each month DCFS reviews various performance data indicators over a rolling 12-month period on a statewide, Area-wide, and—within the near future—county-specific basis. These indicators range from children placed in relative placements to children placed in congregate care. These charts are disseminated to all agency staff.
- **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 display detailed information on these underage offenders, and the agency utilizes this information to examine whether there are ways that these investigations can be improved or better managed.
- **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** – DCFS’ Quality Assurance Unit works 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. 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.

- **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 2014 through SFY 2017. 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.

SERVICE DESCRIPTIONS: STATUS for SFY 2018

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.

At this time Arkansas does not plan to have any changes or additions in services or program design nor any changes in the use of funds and service array as a result of the revised statutory definitions of family support and family reunification.

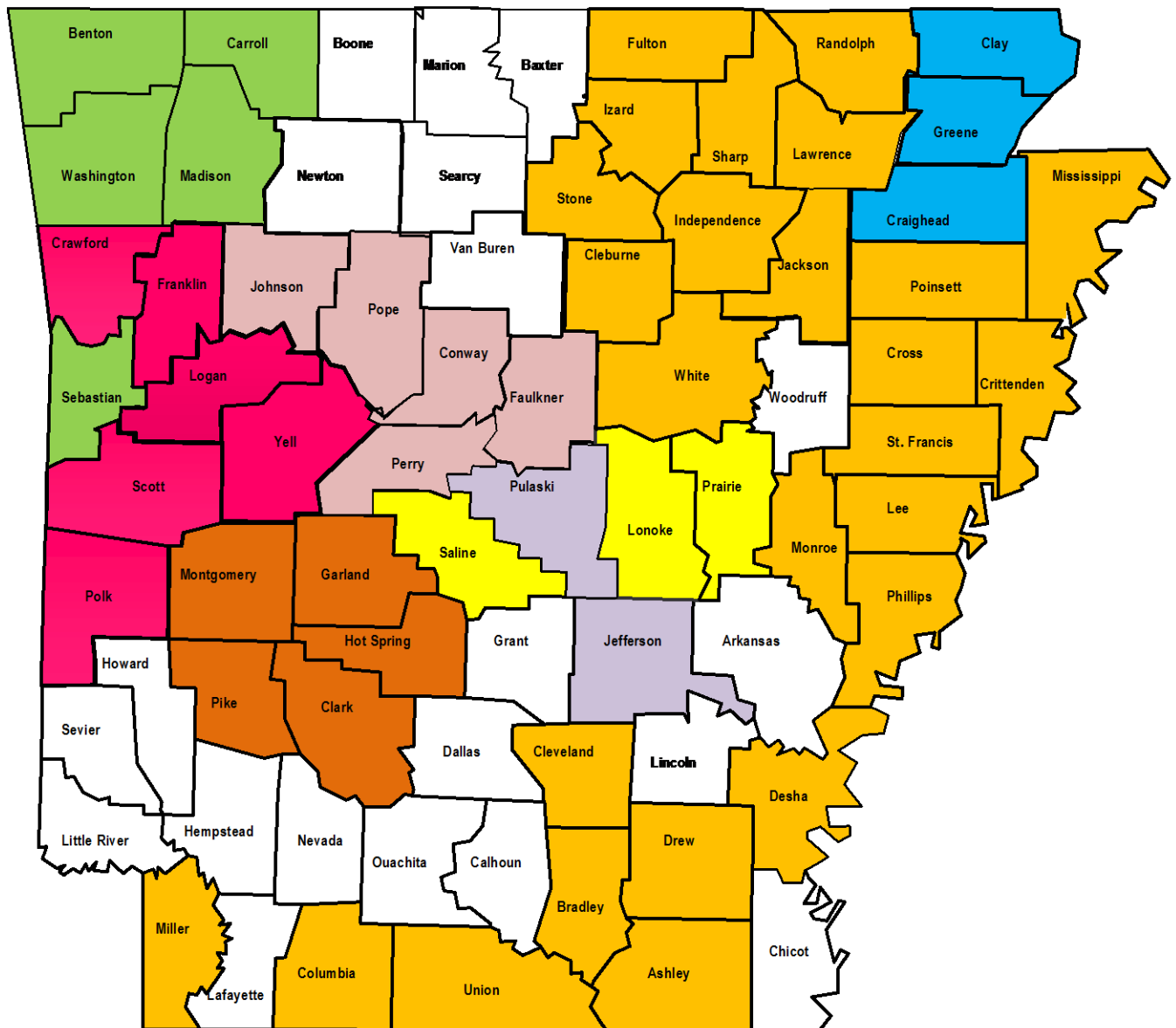
The Division offers several intervention and treatment services to children and families, including but not limited to: Intensive Family Services, Anger Management, Parenting Education, Interpreter Services, Psychological Evaluations, Respite Care, and Counseling to safely maintain children in their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

SFY 2018 INTENSIVE FAMILY SERVICES PROVIDERS

- Housley Counseling – Area 1 (Benton, Carroll, Madison, & Washington) and Area 2 (Sebastian)
- Counseling Associates, INC. – Areas 2(Johnson),Area 3(Perry), Area 5 (Conway, Faulkner, & Pope)
- HLH consultants, LLC – Area 6 (Pulaski) Area 7 (Jefferson)
- Life Strategies Counseling, INC. – Area 8 (Clay, Craighead, & Greene)
- Southern Counseling Services – Area 7 (Bradley & Cleveland); Area 4 (Columbia, Miller,& Union), Area 8 (Fulton, Izard, Lawrence, Mississippi, Randolph, & Sharp), Area 9 (Cleburne, Crittenden, Cross, Independence, Jackson, Poinsett, Stone, & White), Area 10 (Ashley, Desha, Drew, Monroe, St. Francis, Lee & Phillips)
- Community Counseling Services – Area 3 (Clark, Garland, Hot Spring, Montgomery, & Pike)
- Martin Counseling Services – Area 3 (Saline) Area 7 (Lonoke & Prairie)
- Western AR Counseling & Guidance – Area 2 (Crawford, Franklin, Logan, Scott, Sebastian) Area 3 (Polk)

SERVICE AND IFS PROVIDER MAPS FOR SFY 2018

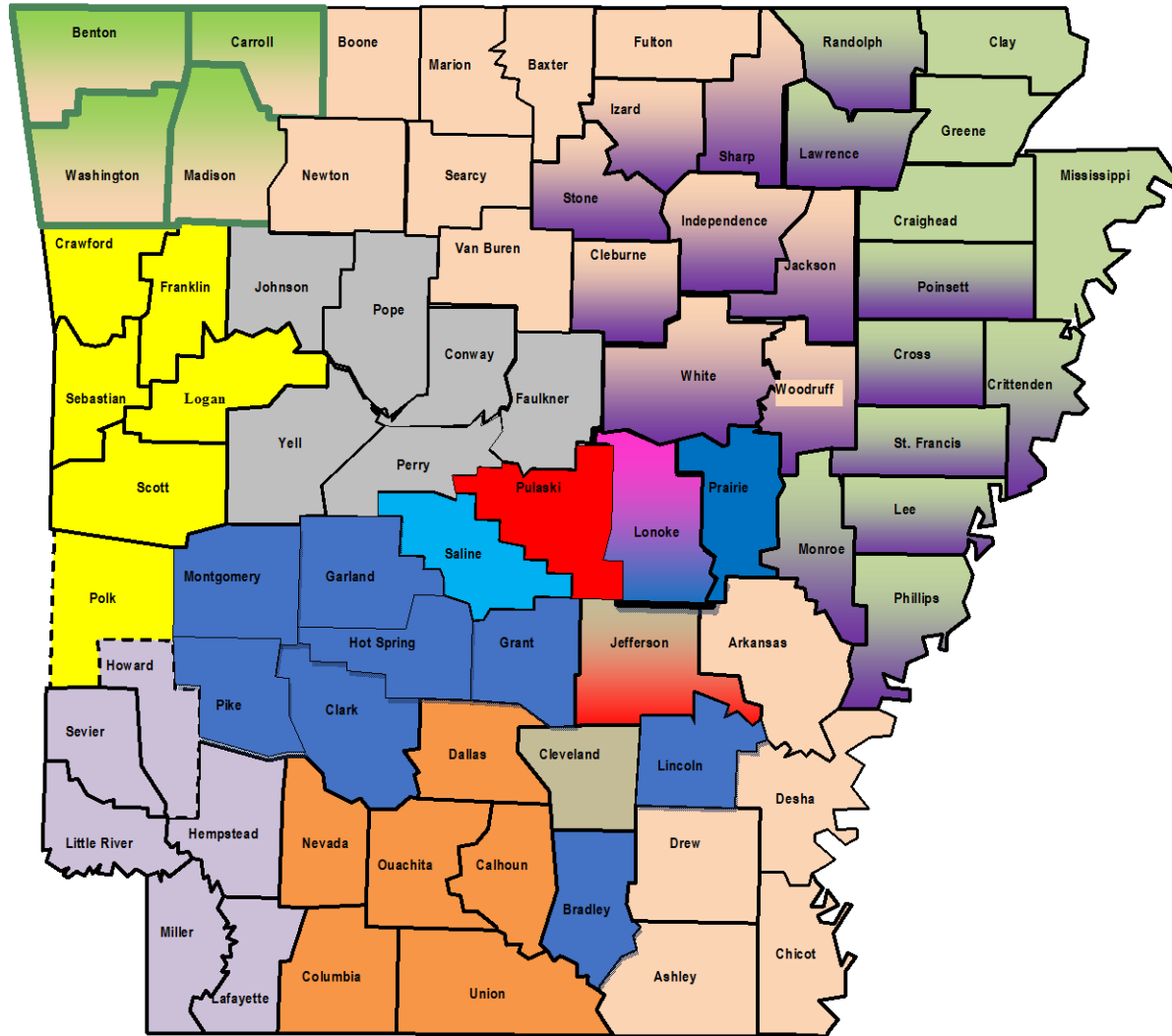
**ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN
AND FAMILY SERVICES
Intensive Family Services
by County
State Fiscal Year 2018**



KEY

Provider			DCFS Areas/Counties
1		Housley Counseling	Area 1 (Benton, Carroll, Madison, and Washington) Area 2 (Sebastian)
2		Counseling Associates	Area 2 (Johnson)
			Area 3 (Perry)
			Area 5 (Conway, Faulkner, and Pope)
3		HLH Consultants	Area 6 (Pulaski)
			Area 7 (Jefferson)
4		Life Strategies	Area 8 (Clay, Craighead, and Greene)
5		Southern Counseling Services	Area 7 (Bradley and Cleveland); Area 4 (Columbia, Miller, and Union)
			Area 8 (Fulton, Izard, Lawrence, Mississippi, Randolph, and Sharp); Area 9 (Cleburen, Crittenden, Cross, Independence, Jackson, Poinsett, Stone, and White)
			Area 10 (Ashley, Desha, Drew, Monroe, St. Francis, Lee and Phillips)
6		Community Counseling Services	Area 3 (Clark, Garland, Hot Spring, Montgomery, and Pike)
7		Martin Counseling Services	Area 3 (Saline) Area 7 (Lonoke and Prairie)
8		Western AR Counseling & Guidance Center	Area 2 (Crawford, Franklin, Logan, Scott, & Sebastian)

**ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN
AND FAMILY SERVICES**
Counseling Services
By County - State Fiscal Year 2018



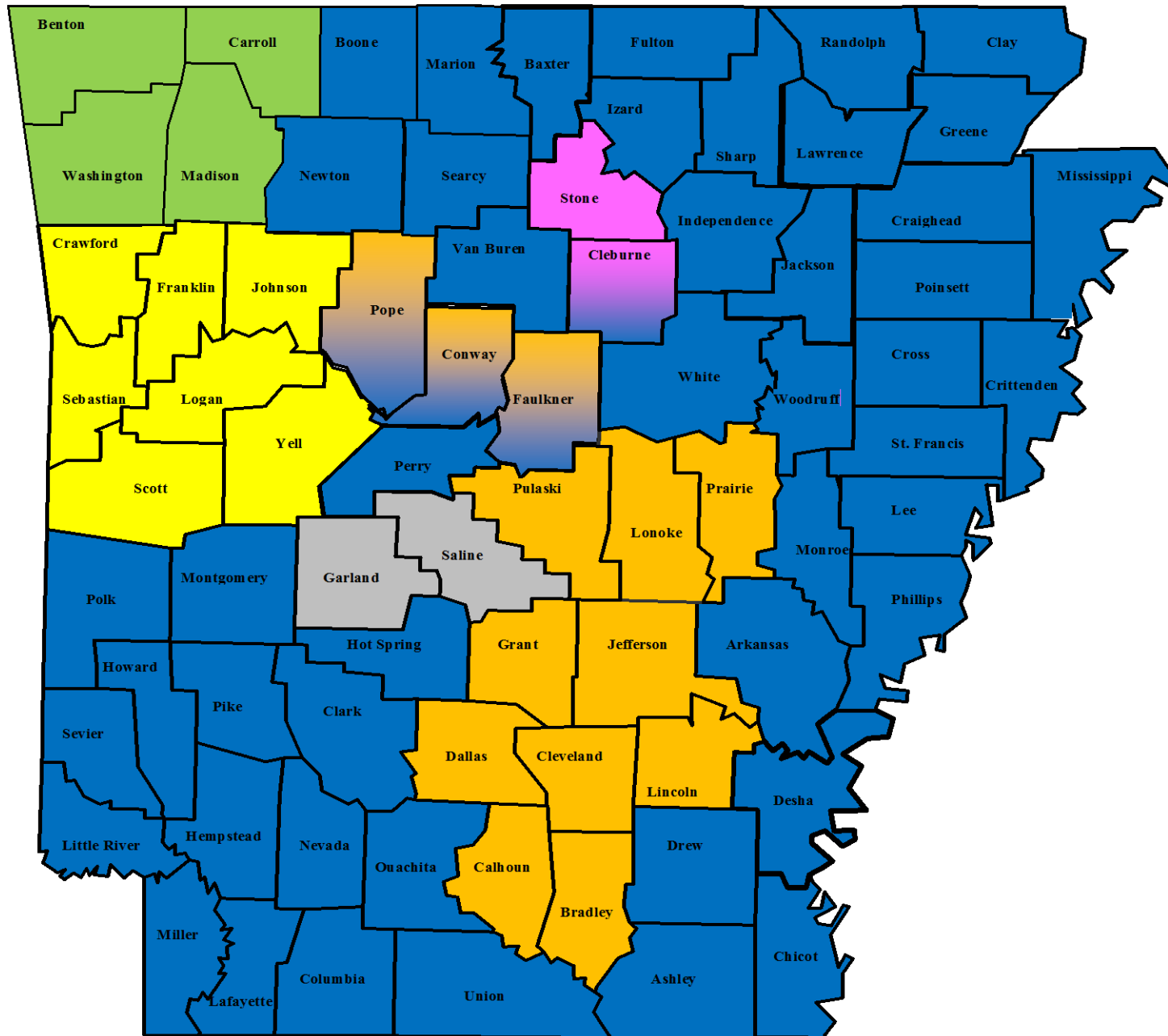
KEY

Provider		DCFS Areas/Counties
1	Anita Martin	Area 3 (Clark, Garland, Hot Spring, Montgomery, and Pike); Area 7 (Prairie, Lincoln, Grant and Bradley, Lonoke)
2	Counseling Associates	Area 2 (Johnson and Yell); Area 3 (Perry); Area 5 (Conway, Faulkner, and Pope)
3	Counseling Clinic	Area 3 (Saline County)
4	HLH Consultants	Area 6 (Pulaski); Area 7 (Jefferson)
5	Housley Counseling	Area 1 (Benton, Carroll, Madison, and Washington)
6	Life Strategies, Inc.	Area 7 (Lonoke)
7	New Beginnings Behavioral Health	Area 7 (Cleveland, & Jefferson)
8	North East CMHC	Area 8 (Clay, Craighead, Greene, Lawrence, Mississippi, and Randolph) Area 9 (Crittenden, Cross, & Poinset) Area 10 (Monroe, Phillips, Lee, and St. Francis)
9	Ozark Guidance Center	Area 1 (Benton, Carroll, Madison, and Washington)
10	Preferred Family Healthcare/Health Resources of AR	Area 5 (Baxter, Boone, Marion, Newton, Searcy, Van Buren); Area 8 (Fulton, Izard, and Sharp); Area 9 (Cleburne, Independence, Jackson, Stone, White, Woodruff) Area 10 (Arkansas, Ashley, Chicot, Desha, & Drew) Area 1 (Benton, Carroll, Madison, and Washington)
11	South Arkansas Regional Health Center	Area 4 (Columbia, Nevada, Ouachita, and Union); Area 7 (Calhoun, and Dallas)
12	Southern Counseling Services	Area 8 (Randolph, Lawrence, Izard, Sharp); Area 9 (Cleburne, Crittenden, Cross, Independence, Jackson, Poinset, Stone, White, Woodruff) Area 10 (Lee, Monroe, Phillips, and St. Francis)
13	Southwest AR Counseling and Mental Health Center	Area 3 (Howard) Area 4 (Hempstead, Lafayette, Little River, Miller and Sevier)
14	Western AR Counseling and Guidance Center	Area 2 (Crawford, Franklin, Logan, Scott and Sebastian); Area 3 (Polk)

NOTE: DCFS Counseling services may be provided in-home, office based, or in a natural environment for the client/family

**ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN
AND FAMILY SERVICES**

**Home Study Services
by County
State Fiscal Year 2018**



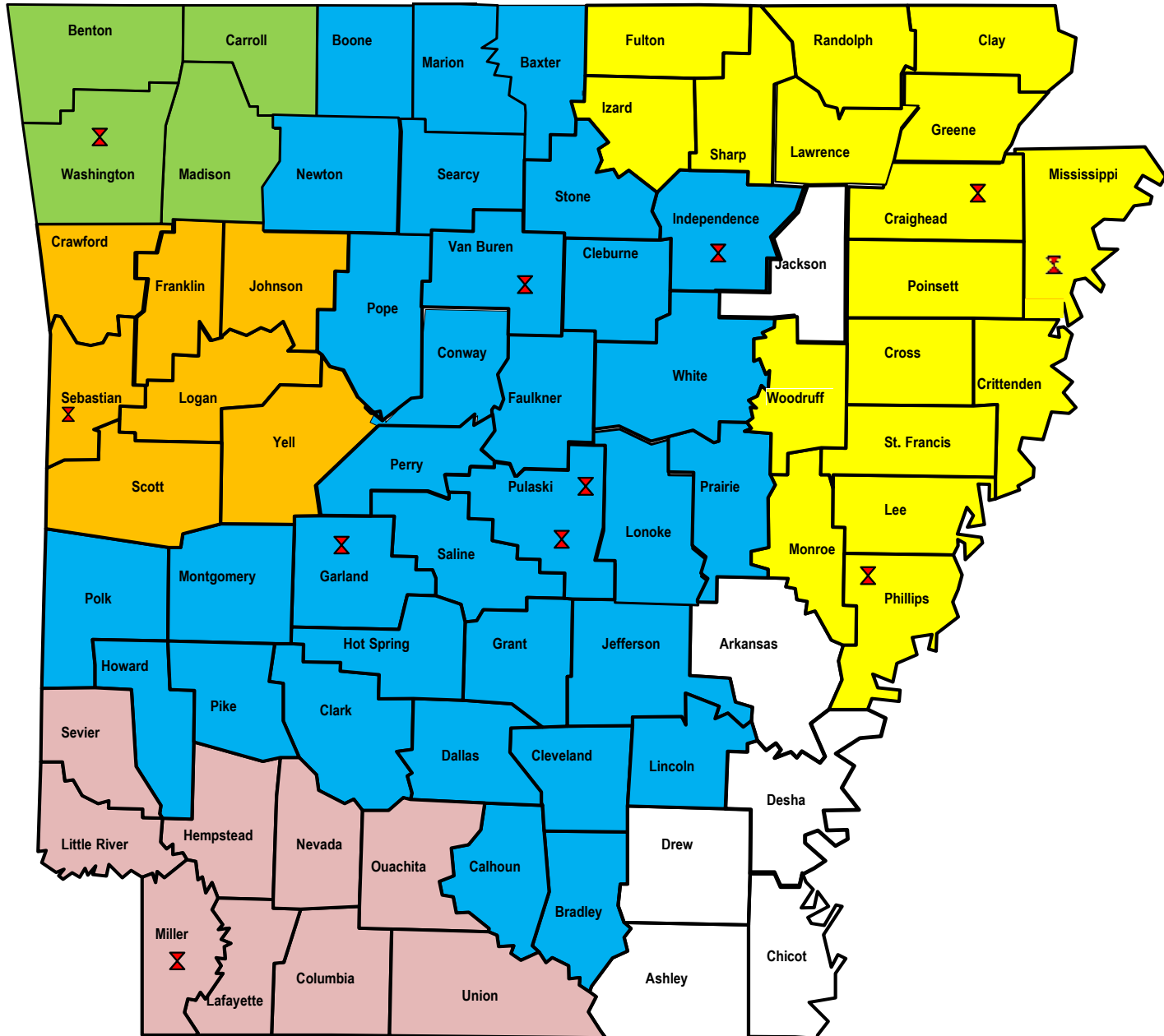
KEY

Provider			DCFS Areas/Counties
1		Winn Counseling	Area 1 (Benton, Carroll, Madison, and Washington)
2		Serenity Counseling	Area 2 (Crawford, Franklin, Logan, Scott and Sebastian)
3		Southern Counseling Services	Area 3 (Clark, Hot Spring, Montgomery, Perry, Pike, Polk)
			Area 4 (Columbia, Hempstead, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier, and Union)
			Area 5 (Baxter, Boone, Marion, Newton, Searcy, and Van Buren)
			Area 8 (Clay, Craighead, Fulton, Greene, Izard, Lawrence, Mississippi, Randolph, and Sharp)
			Area 9 (Cleburne, Crittenden, Cross, Independence, Jackson, Poinsett, White, and Wodruff)
			Area 10 (Arkansas, Ashley, Chicot, Desha, Drew, Lee, Monroe, Phillips, and St. Francis)
5		Libby Slatton, LCSW PA	Area 3 (Garland and Saline)
6		HLH Consultants	Area 5 (Conway, Faulkner, and Pope) Area 6 (Pulaski) Area 7 (Bradley, Calhoun, Cleveland, Dallas, Grant, Jefferson, Lincoln, Lonoke, and Prairie)
7		Social Work Services of AR	Area 9 (Cleburne and Stone)

**ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN
AND FAMILY SERVICES**

Psychological Evaluation Services

**by County
State Fiscal Year 2018**



X - Indicates locations where psychological evaluations are conducted.
KEY

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

NOTE: Arrangements can be made for Psychological Evaluations to be conducted at provider offices and within DHS county offices.

08/17/2016

SFY 2018 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

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 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.
- **Child Protective Services:** 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.

On February 1, 2018, the CPS Unit implemented Removal Consultations, meaning all decisions in which a child has been removed from the home are reviewed by the Area Program Administrator within twenty-four (24) hours of the removal. These reviews are conducted using a review tool to help ensure consistency in the reviews and ultimately consistency in decision making that prioritizes safety when engaging with families. In addition, the review process is designed to help the worker to write the affidavit and to prepare for testimony in court regarding the immediate danger and reason for removal. These reviews are based upon the value that removal decisions are never driven by anything except answering “yes” to the following question, “Is this action necessary to protect the health or physical well-being of the child from immediate danger?”

- **In-Home Services:** 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 child(ren) from entering foster care. The In-Home Services Unit, currently consists of two staff members, an In-Home Manager and a Family Service Worker Specialist. The FSW Specialist is responsible for reviewing in-home cases as well as shadowing and coaching 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.
- **Reunification:** The Reunification Program is a program established for the first time during this reporting period. It is housed within the Prevention and Reunification Unit and staffed by a Reunification Specialist. The goal of this unit is to focus on creating a sense of urgency around safely reunifying families and, when families do achieve reunification, ensuring that adequate supports are in place to help the family with the initial transition and prevent maltreatment from reoccurring.

The implementation of Permanency Safety Consultations (PSCs) has been a key task of the Reunification Unit. PSCs are staffings held between the worker and supervisor to review the progress of a foster care case. Other parties may attend, such as the Program Administrator or Area Director. The goal of the staffing is timely reunification. During the staffing the worker is asked to recap:

- The reason the child entered care and why a protection plan was not implemented
- What the parents have done to correct their situation
- The services of which the parents taken advantage
- What behavior changes have occurred in the parents
- What the Department is doing to assist the family
- What services are being provided to the family
- What the barriers are for the family accomplishing their goals
- Whether a safety factor still exists and, if so, what the safety factor is
- What the next steps are to move the case forward.

Permanency Safety Consultations were initiated in May 2017 with cases where the child had been out of the home for 10 months and the goal was still reunification. Beginning October 1, 2017, Permanency Safety Consultations were implemented statewide to be conducted at three, six, and nine months of a child’s placement in foster care provided reunification remains the case plan goal. The DCFS Reunification Specialist monitors the Permanency Safety Consultations as well as provide technical assistance to field staff regarding this effort as needed. In addition, several other Central Office staff have been

identified as PSC coaches and regularly attend PSCs in the local county offices to help provide a fresh perspective on cases as well as serve as “barrier busters.”

The Division recognizes that effective October 1, 2018, the Family First Prevention Services Act revised and renamed the definition of “family reunification services” (formerly “time-limited family reunification services”) to remove the previous time limit for providing reunification services to the family of a child in foster care, and to allow reunification services to be provided for a period of up to 15 months once the child is returned home. Arkansas does not yet know whether its use of funds and service array may change as a result of the revised statutory definition of family reunification.

- **Criminal Background Checks and Notifications Units**

The Criminal Background Checks and Notifications Units process all Child Maltreatment Central Registry Checks for the State of Arkansas and serve as the point of contact to run all Arkansas Crime Information Center (state background checks) and National Crime Information Center (non-state/FBI background checks) for Division staff and provider applicants/renewals. In addition, this unit ensures all appropriate notices are provided to clients regarding investigative findings and appeal decisions.

DCFS has implemented the Adam Walsh Child Protection and Safety Act that outlines procedures for conducting criminal background checks of prospective foster care and adoptive parents. DCFS policy outlines procedures for child abuse neglect registry for prospective foster and adoptive parents as well as adult members of their household.

DCFS continues to comply with FBI standards as it relates to securing, storing, and disseminating FBI checks. This includes a required online training for anyone who handles background checks before that staff member completes any job duties associated with background check processing.

- **Behavioral Health:** This office provides technical assistance to the local field staff in ensuring quality behavioral health and substance abuse treatment services to clients, diverting acute psychiatric placements when appropriate, facilitating Interdivisional Staffings for youth with challenging behaviors who may also be served by multiple systems, and collaborating with other community partners to prevent inappropriate diagnoses for children served by the Division of Children and Family Services. This office also oversees many of the community-based contracts for services to families.
- **ARCCC Arkansas’s Creating Connections for Children (ARCCC):** Arkansas Creating Connections for Children (ARCCC) includes Arkansas’s Diligent Recruitment Grant activities as well as the Targeted Recruitment intervention of Arkansas’s IV-E Waiver Demonstration Project, which has allowed the state to implement targeted recruitment strategies statewide. The goal of the ARCCC is to recruit, support, and retain a pool of available resources for families in the highest need communities to serve the population most in need (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.

ARCCC also includes the Centralized Inquiry Unit 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.

The four major components of ARCCC are:

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 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. The CESs 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.

The Division recognizes that the Family First Prevention Services Act revised the definition of “family support services” to include community-based services “to support and retain foster families so they can provide quality family-based settings for children in foster care.” The state does not yet know what, if any, changes it will make to changes in its use of funds and service array as a result of the revised statutory definition of family support.

- **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 Program for Successful Transition to Adulthood provides services 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. Chafee also serves those youth adopted after age 16 and youth who are eligible for the Subsidized Guardianship. Chafee also provides services to youth leaving care after age 18.

Please see the Chafee Foster Care Program for Successful Transition to Adulthood for section more specific information and updates regarding Transitional Youth Services in Arkansas.

- **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 or other federal review, such as the Onsite Federal National Youth in Transition Database (NYTD) 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

- **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.

During this reporting period, the Policy Unit focused on the development and promulgation of several rules resulting from the 2017 legislative session. The Policy Unit also undertook significant revisions to two long-standing Division Publications: the Child Maltreatment Assessment Protocol and the Foster Parent Handbook.

The scope of the Child Maltreatment Assessment Protocol will be narrowed in an effort to provide more specific guidance to DCFS investigative staff. In addition, this publication has been revised to more accurately reflect the Arkansas Child Maltreatment Act.

The Foster and Adoptive Parent Handbook has been revised to reflect general programmatic updates related to foster care as well as to incorporate information from the current DCFS publication "Standards of Approval for Foster and Adoptive Homes" that is not already currently in the Foster Parent Handbook. Once this is completed, the Standards of Approval for Foster and Adoptive Homes will be rescinded as most of the information in this publication is already located in the Foster and Adoptive Parent Handbook. The goal is to streamline the amount of material foster and adoptive applicants and providers must read and avoid duplication of information. Both the Child Maltreatment Assessment Protocol and the Foster and Adoptive Parent Handbook publications are still in draft form, but should be promulgated during SFY 2019.

- **Professional Development:** 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 and IV-B.

PDU has been highly involved in the coordination and facilitation of focus groups regarding the New Staff Training curriculum that was implemented in August 2017. Please see the DCFS Training Plan for more specific updates related to PDU.

- **Specialized Placement:** The 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.
- **Specialized Services:** The Specialized Services Unit assists field staff with DDS Waiver application packets and other supports to clients affected with developmental disabilities. The Specialized Services Unit is also responsible for assisting field staff with referrals to the Adolescent Sexual Adjustment Program (ASAP). The Arkansas Sexual Adjustment Project (ASAP) is a specialty treatment program within the Family Treatment Program at the University of Arkansas for Medical Sciences for treatment of children and adolescents with sexual behavior disorders. It is unique in Arkansas in its specialization in abuse-focused treatment and management of within-family child sexual abuse.
- **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. 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 continued to promote a secure text message system – RAVE -- to allow a DCFS supervisor to text foster parents who have opted into the text program regarding the needs for placements.

The Foster Care Unit also collaborated with the DHS Office of Systems of Technology 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.
- 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 beds 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 is overseen by the Foster Care Manager. In addition to the efforts and activities above the Foster Care Unit is also responsible for:

- Board payments
- Response to resource parent requests and complaints and processing resource parent and volunteer travel
- Consistent communication and connection to the resource parents including least bi-weekly emails to resource parents about various topics.
- Oversight of Private Licensed Placement Agencies and monitoring their compliance with licensing – there are at minimum quarterly meetings with each provider.
- Quarterly meetings with community partnerships that are working directly with recruitment and resource parent support.
- Continued monitoring of relative placements and ensuring that children and youth are being placed with relatives at removal.
- Collaboration with Division of Child Care and Early Childhood Education (DCCECE) to continue to promote the message of children being in Head Start or ABC programs.
- Participation in Placement Team Meetings which focuses on the youth in Congregate Care and tracking to ensure that they were moved to a family setting as quickly as possible.
- Approval of mentors and other volunteers.

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.

During this reporting period DCFS collaborated with stakeholders to assist in supporting our foster parents and bring awareness and promote foster care initiatives including:

HOPE Conference

This was the first year that DCFS was asked to sit on the planning committee, DCFS Foster Care Manager participated as a member and provided information in regards to

key speakers and how to best wrap around the resource parents that attended. This is a two day conference that provides continuing education and learning to resource parents. It is a collaboration of three organizations, Immerse Families, the CALL, and Project Zero. Foster Care Manager will be allowed to participate in the planning again for 2019.

Walk for the Waiting

Is an annual walk that is held to raise funds for three Central Arkansas Organizations; Immerse Arkansas, the CALL, and Project Zero. Each organization plays a different role in the child welfare system. Last year DCFS made a team and was able to raise \$21,000 for our community partners.

- **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.

Recruitment

As of June 28, 2018, there are approximately 375 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. The 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.

The Wendy's Wonderful Kids (WWK) Recruiter works actively with between 12 to 15 children per month. The WWK workload consists of 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.

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. Project Zero also puts on matching events with two of their biggest being Disney Extravaganza and Candyland Christmas. Each of these recruitment activities are

encouraging to waiting families and children. Many matches have been successfully made through the many matching events.

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.

Arkansas Mutual Voluntary Adoption Registry

The Arkansas Mutual Voluntary Adoption Registry is also operated by the Adoption Unit. 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.

Post-Adoption Services

Adoption is a major life event for families and affects them in many ways. Most adoptions are successful and endure. However, 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. These post-adoptive services are available to support the families of children adopted from other countries. 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
- 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.

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.

To date in SFY 2018, 961 adoptions were finalized for children.

The Adoption 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 twenty cases with thirty-three children receiving a subsidy of Subsidized Guardianships to date. The Permanency Specialist reviews 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.

UPDATE OF 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 to conduct Quality Services Peer Reviews in each of the DCFS ten geographic service areas. 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 gained approval from the Children's Bureau advisors and Measurement and Sampling Committee (MASC) for a change in sampling methodology for the State Fiscal Year (SFY) 2018 QSPR review. The approved change allowed the State to return to an annual schedule (as opposed to the biannual schedule adopted in SFY 2016), and reduce by 100 the total number of cases reviewed statewide during the fiscal year. For SFY 2018, twenty stratified, randomly selected cases (12 foster care and 8 in-home cases) in each of ten service areas (totaling 200 cases statewide) were reviewed in a twelve-month period, reflective of Arkansas' ratio of foster care (60 percent) to in-home cases (40 percent). The SFY 2018 QSPR review began in September 2017 once the methodology/schedule change was approved, and the reviews in all ten service areas were completed and finalized in August 2018. To comply with reporting dates for the PIP monitoring period, the annual statewide QSPR review will not align with Arkansas' fiscal year during the measurement period. In addition, as noted in the SFY 2017 Annual Progress and Services Report (ASPR), comparisons to performance prior to SFY 2018 will not be as comparable given the decrease in total cases reviewed statewide from 300 to 200 during SFY 2018. It should also be noted that in the SFY 2017 QSPR review, the cases reviewed were selected from three randomly selected counties in each service area, whereas the cases reviewed during the SFY 2018 QSPR were selected from the same three counties per service area as were reviewed for the Round 3 CFSR. Case reviews will continue to be conducted in the same 30 designated counties for the duration of the PIP monitoring period

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

	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>	<i>SFY 2017 QSPR</i>
Safety 1: Children are first and foremost protected from abuse and neglect	76%	69%	86%
ITEM 1: Timeliness of investigations (N=100)	76%	69%	86%

Timeliness of Initiating Investigations

Reports of abuse and/or neglect were received during the twelve-month period under review in 100 of the cases reviewed for the SFY 2018 QSPR. Caseworkers initiated the investigations within the State mandated timeframes in 76 percent of these cases, a seven percentage point increase from the Round 3 CFSR (although this is a ten percentage point decrease from SFY17, where different counties were reviewed). No area achieved substantial conformity with the initiation measure.

SAFETY OUTCOME 2

	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>	<i>SFY 2017 QSPR</i>
Safety 2: Children are safely maintained in their homes whenever possible and appropriate	70%	60%	71%
Item 2: Services to Prevent Removal (N=52)	75%	55%	90%
Item 3: Risk and Safety Assessment and Management (N=200)	71%	61%	71%

Services to Prevent Removal

DCFS provided the necessary services to prevent children from entering foster care in 75 percent of the reviewed cases. The State's performance for this item has significantly improved since the Round 3 CFSR with an increase of 20 percentage points. However, when compared to SFY17, the State's performance declined by 15 percentage points for this item. Areas 2, 3 and 8

successfully provided services to prevent removal in 100 percent of the cases reviewed for SFY 2018.

Assessing and Addressing Risk and Safety Concerns

During SFY 2018, as in 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). The deficient ratings once again 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.

Area 10 exhibited the strongest performance on the risk and safety assessment and management measure, with 18 of the 20 reviewed cases (90 percent) achieving a rating of Strength in each of those service areas. Area 9 showed promise in this area of practice with 85 percent of the reviewed cases being in conformity. Area 1 struggled the most with less than half of the reviewed cases (45 percent) achieving a rating of Strength.

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

	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>	<i>SFY 2017 QSPR</i>
Permanency 1: Children have permanency and stability in their living situations (N=120)	46%	36%	37%
Item 4: Stability of Foster Care Placement (N=120)	75%	70%	68%
Item 5: Permanency Goal for Child (N=120)	72%	64%	72%
Item 6: Achieving Reunification, Guardianship, Adoption or APPLA (N=120)	69%	58%	66%

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. The SFY 2018 QSPR saw a five percentage point increase in placement stability from the Round 3 CFSR (and seven percentage point improvement from SFY 2017), indicative of the State's continued efforts to recruit foster parents. However, one-quarter of the reviewed cases (25 percent) were rated as deficient on this measure during the SFY 2018 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.

Area 7 attained substantial conformity for placement stability, with all twelve applicable cases rated as a strength. As in the SFY 2017 QSPR, Area 9 again had the most difficulty, with half of its cases (50 percent) deficient on this measure.

Round 3 CFSR Data Indicator: Placement Stability			
Indicator	Performance	NS	Status
Placement stability	8.52	4.44	<i>Not Met</i>

*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

The permanency goals in 72 percent of the reviewed foster care cases were appropriate and established on time. The State's performance on this measure shows no change from SFY 2017, but demonstrates an eight percentage point improvement from the Round 3 CFSR. No service area achieved substantial conformity during the SFY 2018 QSPR.

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 almost one-third of the reviewed cases (31 percent) during SFY 2018. The Agency continued to struggle 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; systemic issues such as multiple continuations of termination hearings were also noted. Other deficiencies were the result of a lack of concerted efforts to achieve reunification, often by not concurrently providing services to both parents.

Both Areas 6 and 9 achieved substantial conformity on this item, each achieving timely permanency in 92 percent of reviewed cases. Area 4 had the most difficulty on this item by failing to achieve timely permanency in two-thirds of its reviewed cases (67 percent).

Round 3 CFSR Data Indicators: Permanency in 12 Months			
Indicator	Performance	NS	Status
Permanency in 12 months (entries)	55.5%	42.1%	<i>Met</i>
Permanency in 12 months (12-23 mos.)	57.7%	45.9%	<i>Met</i>
Permanency in 12 months (24+ mos.)	29.5%	31.8%	<i>Not Met</i>

The Round 3 CFSR Data Profile underscored Arkansas's relative success in moving children to permanency when they were in foster care for less than 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

	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>	<i>SFY 2017 QSPR</i>
Permanency 2: The continuity of family relationships and connections is preserved for children (N=120)	65%	43%	60%
Item 7: Placement with Siblings (N=84)	68%	47%	76%

Item 8: Visiting with Parents and Siblings in Foster Care (N=94)	85%	64%	76%
Item 9: Preserving Connections (N=118)	67%	49%	52%
Item 10: Relative Placement (N=119)	82%	70%	72%
Item 11: Relationship of Child in Care with Parents (N=88)	33%	48%	58%

Placement with Siblings

Eighty-four of the reviewed foster care cases included sibling groups. Sufficient efforts were not made to ensure that the siblings were placed together in roughly one-quarter of these cases. Caseworkers either did not attempt or were unable to locate placement resources capable of accommodating all of the siblings in the deficient cases. Due to the shortage of resource families in Arkansas, the children in many of the deficient cases were placed where beds were available as opposed to placements 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, 7 and 10 performed best on the sibling placement measure with substantial conformity achieved, while Areas 6 and 9 were the service areas least likely to place siblings together during the 2018 round of reviews with concerted efforts being made in a little over half of the reviewed cases (56 percent). The SFY 2018 QSPR did note an improvement in the practice of placing larger sibling groups in as few separate placements as possible, when no one placement could accommodate the entire group.

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 2018 QSPR marked the second consecutive year of gains from the Round 3 CFSR 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 roughly one-sixth of the applicable cases. Continued efforts are still needed across the State; especially with regard to ensuring babies have sufficient visitation to encourage bonding and attachment (i.e., more than weekly). Some 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 (often in separate counties). 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. Area 1 was wholly successful, achieving substantial conformity in 100 percent of its ten applicable cases, while Areas 5 and 9 achieved conformity in 90 and 91 percent of their cases, and Areas 3 and 10 were within one percentage point of attainment. Area 6 struggled most with this item; a little over one-third of the children in the applicable cases (37 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 one-third of the reviewed cases (33 percent), an eighteen percentage point increase from the Round 3 CFSR, and fifteen percentage point increase from SFY 2017. 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, which was also the case in the SFY 2017 QSPR. In many instances, the caseworkers did not put forth any extra effort to promote or facilitate possible familial connections for the children. Most Areas again struggled with this measure during SFY 2018, with none achieving substantial conformity. Areas 5 and 9 had the most difficulty, making concerted efforts in only half of the reviewed cases (50 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 82 percent of the applicable cases, which is a twelve percentage point increase over the Round 3 CFSR. This performance improvement is likely attributable to a shift in policy to encourage and facilitate ongoing efforts to identify both paternal and maternal relatives and to streamline the process for quicker placement once relatives are identified. Areas 7 and 8 achieved substantial conformity, successfully placing children with relatives in 91 and 100 percent of reviewed cases, respectively. Areas 5 and 10 were the least successful at exploring relatives as potential placement options for children in care, failing to do so in a little over one-third of applicable 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. Parents should be allowed to participate in their child's life events such as school conferences and programs, sports events or medical appointments or family therapy whenever appropriate and possible. The Division continues to struggle with this measure, and in the 2018 round of reviews sufficient efforts were not demonstrated in two-thirds of the reviewed cases (67 percent). This represents a 25 percent decline in performance from the SFY 2017 QSPR, and a 15 percent decrease from the Round 3 CFSR. In fact, this is one of only two item measures where there was a decrease in performance over the Round 3 CFSR (Item 17 being the other). All Areas had significant difficulty with this measure during SFY 2018, with none achieving substantial conformity. As in past reviews, 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 3 made successful efforts beyond visitation to promote relationships between children and parents in at least half of cases reviewed (56 percent). Areas 1 and 10 fared the worst, both putting forth sufficient efforts in only 13 percent of the reviewed cases; Area 9 scored only slightly better with sufficient efforts in 20 percent of cases.

C. WELL-BEING

WELL-BEING OUTCOMES 1, 2, AND 3

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

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

STATE RESPONSE:

WELL-BEING OUTCOME 1

	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>	<i>SFY 2017 QSPR</i>
Well-Being 1: Families have enhanced capacity to provide for their children's needs (N=200)	51%	39%	45%
Item 12: Needs and Services of Child, Parents and Foster Parents (N=200)	57%	43%	49%
Item 13: Child and Family Involvement in Case Planning (N=186)	69%	51%	57%
Item 14: Caseworker Visits with Child (N=200)	67%	64%	63%
Item 15: Caseworker Visits with Parents (N=171)	58%	48%	50%

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 a little less than one-half of the reviewed cases (43 percent) during SFY 2018. While this was an eight percent increase over the Round 3 CFSR, and a 14 percent increase over the SFY 2017 QSPR, the same systemic factors such as staff turnover and unavailable services were once again noted as the underlying causes of deficiencies. Efforts to address systemic issues must continue to be made in all service areas.

As noted above, the primary reason for deficiencies in the assessment and provision of appropriate services to children and families 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. In six service areas, this lack of consistent contact resulted in delayed or inaccurate assessments of needs, which in turn resulted in appropriate services not being provided timely or at all. This was especially evident with regard to substance abuse assessment and treatment. Several staff also noted practice issues involved in the transfer of cases of all types from the investigation unit to the casework unit. In three service areas fathers were ignored in the majority of deficient cases, both in-home and foster care; in two service areas it was noted that incarcerated parents were routinely ignored until their release, when it was then their responsibility to contact the Agency. There were instances in several areas where there was no contact with families for many months, and such lapses typically correlated with periods of significant staff turnover. No service area attained substantial conformity. Area 6 struggled most with assessing need and providing fitting services by failing to meet standards in 60 percent of the reviewed cases, while Areas 9 and 10 also had difficulty, properly assessing and addressing families' needs in only half of the cases reviewed. It should be noted that the deficiencies in Area 6 were almost exclusively due to failing to locate or assess/provide services to fathers in all case types, while the majority of the deficiencies in Area 9 involved significantly delayed or inappropriate substance abuse assessment/treatment for parents in in-home cases, and any improvement plans should target area-specific practice issues.

Engaging Children and Families in Case Planning

Children and/or their parents were excluded from the case planning process in nearly one-third of the reviewed cases (31 percent) during SFY 2018. While this is an eighteen percentage point improvement in performance from the Round 3 CFSR (and 12 percentage point increase over SFY 2017), there is room for more improvement. During the 2018 round of reviews, there were more instances of all family members being left of the process due to lack of contact, as opposed to the exclusion of particular family members (typically fathers or incarcerated parents) noted in past reviews. Additionally, inconsistent contact between caseworkers and clients prevented meaningful family engagement in many of the deficient cases, which in turn resulted in cases staying open much longer than necessary. Area 5 was the sole service area to achieve substantial conformity on the engagement measure, successfully engaging families in 95 percent of reviewed cases. Areas 1 and 7 involved children, youth and families in case planning the least (44 and 47 percent, respectively); they lagged significantly behind most of 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 2018 QSPR, children did not receive frequent, substantive caseworker visits in one-third of the reviewed cases (33 percent), while caseworkers failed to provide parents with sufficient visits in almost half of the reviewed cases (42 percent). While some improvement has been seen over the Round 3 CFSR, these two measures have remained consistently low over the last few years as Arkansas has struggled with staff turnover issues. As noted in the SFY 2017 QSPR, there was again little disparity between the frequencies of visits in foster care versus in-home cases in this year's review.

The problems with visitation with 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; the same issues were noted with parents, with some visits taking place in the hall after a visitation or court. 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 1 visited children the least during SFY 2018, in less than half of the reviewed cases (40 percent) while staff in Areas 3 and 5 visited children in more than three-quarters of the reviewed cases (80 percent). Caseworker visits with parents remain a significant issue in some service areas; Areas 1, 6 and 7 failed to provide more than half of the parents in the reviewed cases with adequate contact. While the remaining seven service areas did have adequate contact with parents in over half of reviewed cases, none achieved conformity on the measure. 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 and needs assessments, active family engagement or timely case progression.

WELL-BEING OUTCOME 2

	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>	<i>SFY 2017 QSPR</i>
Well-Being 2: Children receive appropriate services to meet their educational needs (N=107)	93%	85%	88%
Item 16: Educational Needs of the Child (N=107)	93%	85%	88%

Educational Needs of Children

Staff did well in assessing and addressing the educational needs of children involved with the Division, achieving substantial conformity with the measure by effectively ensuring the provision of appropriate services in 93 percent of the reviewed cases. Performance has continued to improve on this measure from the SFY 2017 QSPR and the Round 3 CFSR.

WELL-BEING OUTCOME 3

	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>	<i>SFY 2017 QSPR</i>
Well-Being 3: Children receive adequate services to meet their physical and mental health needs (N=165)	73%	66%	73%
Item 17: Physical Health of the Child (N=145)	79%	81%	81%
Item 18: Mental/Behavioral Health of the Child (N=88)	77%	68%	80%

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 79 percent of the applicable cases. Arkansas's performance declined by two percent over both the Round 3 CFSR and the SFY 2017 QSPR. The majority of the deficiencies involved a failure to assess and address children's dental health needs in applicable cases, including those of infants and toddlers, as recommended by the Academy of Pediatric Dentists. Areas 2 and 8 achieved substantial conformity on this item.

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 77 percent of the applicable cases. Arkansas's performance improved by nine percentage points from the Round 3 of the CFSR, but declined by three percentage points over the SFY 2017 QSPR. Area 7 achieved substantial conformity on this measure, and Areas 5 and 9 were within a few points of conformity.

SFY 2018 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. The SFY 2018 QSPR highlighted improved efforts toward prevention of removal and provision of needed services to protect children in their homes, as well as efforts to better assess and address initial risk and safety concerns. Despite these gains, 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, 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, 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 succeeded in 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 on-going case planning. In fact, insufficient caseworker visitation was the source of many of the Agency's problems with casework practice in SFY 2018 (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 to guide case progression.

Arkansas has made some strides to make casework more family-centered during SFY 2018. Increased efforts to engage families in case planning led to improvement on this performance measure; however, continued improvement is warranted. Some families are still not adequately engaged in ongoing decision-making concerning their cases, in both in-home and foster care 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 2018 round of reviews underscored similar areas of challenge identified in previous reviews, but also noted at least some improvement in performance on all but two item measures. As observed in previous reviews, the majority of the issues stemmed from infrequent, inconsequential contact between caseworkers and clients as most service areas continue to face fallout from caseworker turnover. In many county offices participating in this round of reviews, a significant number of the caseworkers interviewed had been on the job a year or less. More service areas with a majority of newer staff (both caseworkers and supervisors) resulted in inconsistent casework practice observed across the state, although there continue to be pockets of best practice. Comparing results with SFY 2017 QSPR where cases were selected for review from a different combination of counties (except for Area 1) indicates casework practice often varies between counties within in a single service area. While differing systemic factors may also have an impact, DCFS needs to continue efforts towards aligning casework practice throughout the state so that relevant consistent, quality services are provided to all families. The service areas differ in size, client population and service array, but the way the Division serves clients should be as consistent as possible statewide.

The following recommendations are provided to help guide change based on the findings from the SFY 2018 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, with emphasis toward consistent ongoing assessments and increased understanding of risk and safety factors stemming from substance abuse.*

During this SFY 2018 review, the Agency continued to improve 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, and to maintain performance gains. This is especially significant as substance abuse and related issues continue to affect families across the state.

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. In addition, relevant trainings and staff and stakeholder expertise should be customized to accommodate changing risk and safety concerns and location-specific systemic issues (judicial customs, service array, etc.).

- **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 2018 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 when possible, or other private, comfortable locations 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.

In addition to a focus on quality, there should be a shift toward determining the appropriate frequency of caseworker visits based on case circumstance rather than minimum compliance with policy. More than monthly visits with children and caregivers may be appropriate at critical junctures in a case, not only to ensure safety but to guide case progression and timely permanency; the age and vulnerabilities of participants may call for more frequent caseworker contact as well. This is understandably a challenge given the lack of consistent caseworker contact with families seen in previous reviews, but should be a goal of best practice in the development of Arkansas's casework staff.

Supervisors must regularly model and support caseworker visits and other casework activities in addition to monitoring 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 collaborative decision-making.

Finally, while the ratings for systemic factors are not determined directly by ongoing QSPR case reviews, the Service Quality and Practice Improvement (SQPI) Unit will continue to collect anecdotal information during case participant interviews that may be used to enhance qualitative information gained from focus groups and surveys. The SQPI Unit will also

consider any applicable practice improvement strategies and activities when conducting QSPR case reviews.

Statewide QSPR/CFSR Comparisons (Round 3 CFSR – SFY 2018)			
	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>	<i>SFY 2017 QSPR</i>
Safety 1: Children are, first and foremost, protected from abuse and neglect	76%	69%	86%
Item 1: Timeliness of Initiating Investigations (N=100)	76%	69%	86%
Safety 2: Children are safely maintained in their homes whenever possible and appropriate	70%	60%	71%
Item 2: Services to Prevent Removal (N=52)	75%	55%	90%
Item 3: Risk and Safety Assessment and Management (N=142)	71%	61%	71%
Permanency 1: Children have permanency and stability in their living situations	46%	36%	37%
Item 4: Stability of Foster Care Placement (N=120)	75%	70%	68%
Item 5: Permanency Goal for Child (N=120)	72%	64%	72%
Item 6: Achieving Reunification, Guardianship, Adoption or APPLA (N=120)	69%	58%	66%
Permanency 2: The continuity of family relationships and connections is preserved for children	65%	43%	60%
Item 7: Placement with Siblings (N=84)	76%	47%	68%
Item 8: Visiting with Parents and Siblings in Foster Care (N=94)	85%	64%	76%
Item 9: Preserving Connections (N=118)	67%	49%	52%
Item 10: Relative Placement (N=119)	82%	70%	72%
Item 11: Relationship of Child in Care with Parents (N=88)	33%	48%	58%
Well-Being 1: Families have enhanced capacity to provide for their children's needs	51%	39%	45%
Item 12: Needs and Services of Child, Parents and Foster Parents (N=200)	57%	43%	49%
Item 13: Child and Family Involvement in Case Planning (N=186)	69%	51%	57%
Item 14: Caseworker Visits with Child (N=200)	67%	64%	63%
Item 15: Caseworker Visits with Parents (N=171)	58%	48%	50%
Well-Being 2: Children receive appropriate services to meet their educational needs	93%	85%	88%
Item 16: Educational Needs of the Child (N=107)	107%	85%	88%
Well-Being 3: Children receive adequate services to meet their physical and mental health needs	73%	66%	73%
Item 17: Physical Health of the Child (N=145)	79%	81%	81%

Item 18: Mental/Behavioral Health of the Child (N=88)	77%	68%	80%
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Table 6: SFY 2018 QSPR Performance by Service Area										
	<i>Area 1</i>	<i>Area 2</i>	<i>Area 3</i>	<i>Area 4</i>	<i>Area 5</i>	<i>Area 6</i>	<i>Area 7</i>	<i>Area 8</i>	<i>Area 9</i>	<i>Area 10</i>
Safety 1: Children are, first and foremost, protected from abuse and neglect	64%	82%	86%	75%	85%	82%	63%	70%	83%	67%
Item 1: Timeliness of Initiating Investigations	64%	82%	86%	75%	85%	82%	63%	70%	83%	67%
Safety 2: Children are safely maintained in their homes whenever possible and appropriate	40%	75%	75%	70%	70%	75%	65%	70%	85%	85%
Item 2: Services to Prevent Removal	50%	100%	100%	50%	63%	83%	60%	100%	86%	83%
Item 3: Risk and Safety Assessment and Management	45%	75%	75%	75%	70%	75%	65%	70%	85%	90%
Permanency 1: Children have permanency and stability in their living situations	58%	33%	58%	25%	42%	58%	67%	50%	42%	25%
Item 4: Stability of Foster Care Placement	83%	75%	75%	83%	58%	83%	100%	75%	50%	67%
Item 5: Permanency Goal for Child	83%	75%	83%	42%	83%	75%	75%	75%	75%	50%
Item 6: Achieving Reunif., Guard., Adoption or APPLA	67%	75%	83%	33%	67%	92%	67%	67%	92%	50%
Permanency 2: The continuity of family relationships and connections is preserved for children	75%	58%	58%	67%	42%	58%	83%	83%	42%	83%
Item 7: Placement with Siblings	100%	70%	67%	70%	70%	56%	100%	100%	56%	100%
Item 8: Visiting with Parents and Siblings in Foster Care	100%	82%	89%	78%	90%	63%	78%	88%	91%	89%
Item 9: Preserving Connections	75%	67%	58%	67%	50%	67%	83%	75%	50%	80%
Item 10: Relative Placement	83%	75%	83%	83%	67%	83%	91%	100%	83%	67%
Item 11: Relationship of Child in Care with Parents	13%	33%	56%	44%	30%	38%	44%	38%	20%	13%

Well-Being 1: Families have enhanced capacity to provide for their children's needs	40%	70%	55%	55%	55%	40%	40%	55%	50%	50%
Item 12: Needs/Services of Child, Parents & Foster Parents	55%	70%	60%	55%	65%	40%	55%	75%	50%	50%
Item 13: Child and Family Involvement in Case Planning	44%	79%	72%	56%	95%	74%	47%	84%	85%	53%
Item 14: Caseworker Visits with Child	40%	75%	80%	65%	80%	60%	60%	65%	70%	75%
Item 15: Caseworker Visits with Parents	31%	77%	59%	50%	72%	47%	47%	63%	78%	53%
Well-Being 2: Children receive appropriate services to meet their educational needs	90%	91%	100%	93%	100%	80%	100%	92%	75%	100%
Item 16: Educational Needs of the Child	90%	91%	100%	93%	100%	80%	100%	92%	75%	100%
Well-Being 3: Children receive adequate services to meet their physical and mental health needs	81%	78%	79%	78%	77%	69%	60%	83%	56%	71%
Item 17: Physical Health of the Child	85%	94%	85%	87%	71%	75%	57%	100%	53%	79%
Item 18: Mental/Behavioral Health of the Child	78%	70%	67%	71%	89%	75%	100%	75%	88%	73%

POPULATIONS AT GREATEST RISK OF MALTREATMENT

Garrett's Law/Substance Exposed Infants

One of the greatest risk populations in Arkansas is considered to be those infants who come to the attention of the Division via "Garrett's Law" reports. 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.

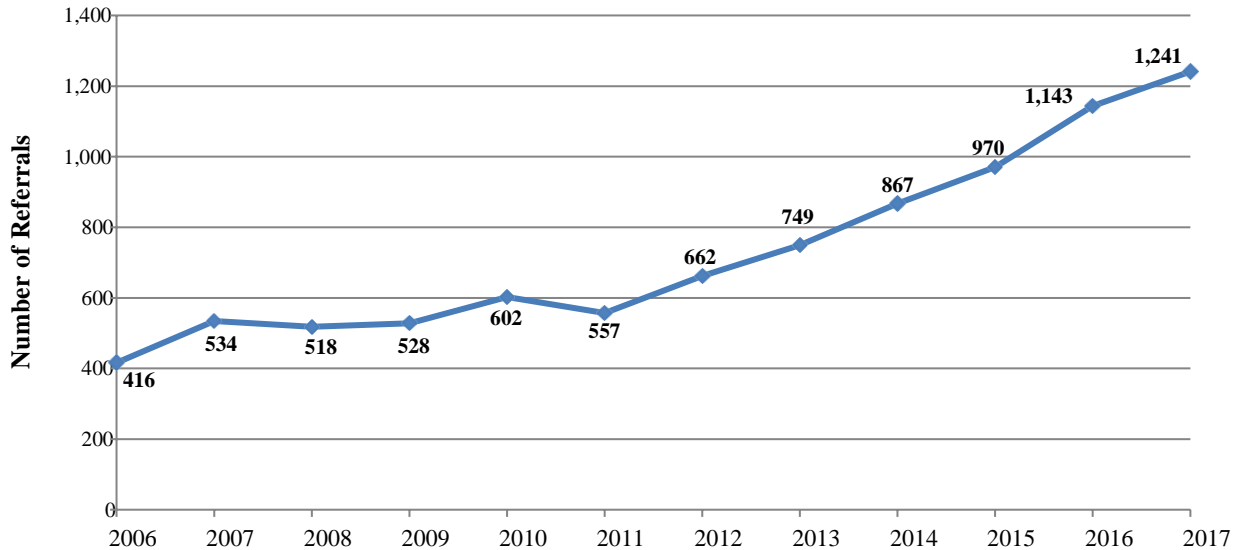
Infants involved in Garrett’s Law reports are considered a greatest risk population given their young age which automatically places them in a vulnerable population. Further, as indicated in Quality Services Peer Review (QSPR) and Child and Family Service Review (CFSR) findings, the Division continues to struggle with the assessment, service provision, and monitoring of cases involving substance abuse, which is critical in cases involving substance exposed infants.

The information below presents information on Garrett’s Law reports received during State Fiscal Year (SFY) 2017. As in previous years’ reports, many of the data for 2017 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 12 years ago. During SFY 2017, 1,241 GL reports were received,¹ an increase of nine percent from the previous year and nearly three times the number received in SFY 2006 (416).

As displayed in Figure 1, GL reports increased, on average, by seven percent per year from SFY 2006 through SFY 2011. From SFY 2012 through SFY 2017, however, the number of GL reports increased at double that rate (an average of 14 percent per year).

**Figure 1:
Garrett's Law Referrals Received,
State Fiscal Years 2006 - 2017**



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.

Year	Percentage (%) of All Removals During the Year in which Substance Abuse was cited as a Reason
SFY 2006	26.1
SFY 2007	31.1
SFY 2008	28.8
SFY 2009	31.1
SFY 2010	40.4
SFY 2011	41.3
SFY 2012	38.5
SFY 2013	47.7
SFY 2014	47.4
SFY 2015	49.4
SFY 2016	49.6
SFY 2017	51.6

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 2017. The age distribution of the mothers cited in GL reports was similar to previous years.

Table 1:
Age Distribution (%) of Mothers in Garrett's Law
Reports, State Fiscal Years 2014-2017

Mother's Age	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Younger than 20 years	6.5	7.1	7.2	7.0
20 to 24 years	36.9	35.6	32.0	32.2
25 to 29 years	30.9	31.3	33.7	32.8
30 to 34 years	19.4	18.5	19.2	19.9
35 to 39 years	5.2	6.2	6.5	7.1
40 years or older	1.0	1.3	1.5	1.0
Unknown	0.1	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of Reports	867	970	1,143	1,241

Table 2 shows the types of drugs involved in GL reports. By far, marijuana (including THC and cannabis) represents the most commonly mentioned drug for each of the past four fiscal years. Marijuana was cited in nearly two-thirds (66 percent) of the GL reports for SFY 2017. The second most commonly cited drug was amphetamines/ methamphetamines (25 percent).

Table 2:
Percentage (%) of Garrett's Law Reports in which Drug
was Cited, State Fiscal Years 2014-2017

Type of Drug	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Marijuana	66.2	65.1	64.5	65.5
Amphetamines	22.7	24.1	25.8	24.9
Opiates	20.8	19.5	17.8	17.9
Benzodiazepines	8.4	11.5	9.8	9.9
Cocaine	5.5	6.2	6.0	4.7
Barbiturates	1.7	0.9	1.7	0.7
Hallucinogens	0.3	0.7	1.1	0.7
Prescriptions	2.0	1.0	0.9	0.6
Number of Drugs Cited²	1,107	1,252	1,460	1,552
Number of Reports	867	970	1,143	1,241

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 five percent. Barbiturates, hallucinogens, and non-categorized prescription drugs (e.g., tricyclics), are rarely reported in GL reports (less than one percent each).

Table 3 shows the gestational age distribution of newborns in GL reports over the past four years. One quarter (25 percent) of the newborns were born prematurely this past year, similar to the percentages reported in previous years.

Table 3:
Gestational Age Distribution (%) of Newborns in Garrett's
Law Reports, State Fiscal Years 2014-2017

Gestational Age	SFY 2014	SFY 2015	SFY 2016	SFY 2017
Full-Term⁴	69.4	68.6	70.5	69.2
Premature⁵	23.6	27.3	22.6	25.3
Unknown	7.0	4.1	6.9	5.5
Total	100.0	100.0	100.0	100.0
Number of Reports	867	970	1,143	1,241

The health problems reported for newborns in GL reports for SFY 2017 are shown in Table 4.

Table 4:
Percentage (%) of Garrett's Law Reports in which Health
Problem was Cited, State Fiscal Years 2015-2017

Health Problem Reported⁷	SFY 2015	SFY 2016	SFY 2017
No Health Problems	60.3	65.5	69.9
Neonatal Intensive Care Required	20.5	16.6	13.7
Respiratory Distress	13.2	10.0	12.7
Drug-Related Withdrawal Symptoms	8.5	6.1	4.9
Child Died	1.0	0.3	0.3
All Other Problems⁸	16.8	17.3	14.2
Number of Reports	970	1,143	1,241

Seventy percent of the newborns did not have any reported health problems; this result is higher than the percentage reported in previous years. Approximately 14 percent of the newborns required treatment in a neonatal intensive care unit (NICU), nearly 13 percent

suffered from respiratory distress or other respiratory problems, and five percent exhibited drug-related withdrawal symptoms. Less than one percent passed away.

Among the mothers cited in GL reports, those who allegedly abused cocaine were the most likely to give birth to children with a documented health problem (47 percent), followed by those who abused benzodiazepines (41 percent), opiates (38 percent) and amphetamines/methamphetamines (37 percent). Mothers who allegedly used marijuana were the least likely (27 percent) to give birth to children with a health problem.

Newborns whose mothers allegedly used cocaine were also far more likely to spend time in the NICU (31 percent) than those whose mothers abused any other drug, followed by children born with amphetamines/methamphetamines in their system (15 percent).

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, 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 5:
Substantiation Rate (%) of Garrett's Law Reports
by Area, State Fiscal Years 2014-2017**

Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017
1	90.1	88.6	82.9	87.8
2	93.2	92.9	91.3	94.7
3	95.4	96.4	95.9	94.5
4	91.3	95.0	92.7	91.8
5	91.5	94.5	93.7	91.8
6	97.0	95.8	96.6	95.8
7	92.7	95.3	85.0	82.6
8	87.4	85.8	91.7	91.5
9	94.9	96.4	97.8	91.3
10	94.3	94.3	82.9	96.3
State	93.1	92.9	91.9	92.6

As displayed above, nearly 93 percent of the GL reports received statewide were substantiated during SFY 2017, similar to previous years. The substantiation rate among

the individual Service Areas ranged from 83 percent (Area 7) to 96 percent (Areas 6 and 10).

Table 6 shows the percentage of substantiated GL reports that resulted in opening a child protective services case by SFY and area.

Table 6:
Case Opening Rate (%) for True Garrett's Law Reports
by Area, State Fiscal Years 2014-2017

Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017
1	90.2	96.8	93.1	94.9
2	95.8	94.9	94.9	93.7
3	96.4	100.0	98.6	97.4
4	97.6	96.5	88.2	91.0
5	96.0	97.7	97.8	96.4
6	98.7	99.4	98.5	92.9
7	92.1	97.6	88.2	94.7
8	90.4	96.1	92.7	98.3
9	91.9	97.5	100.0	96.4
10	98.0	96.0	95.2	94.8
State	95.0	97.3	95.8	95.2

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 95 percent for SFY 2017, similar to the rates observed in recent 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 2017, ranging from 91 percent in Area 4 to 98 percent in Area 8.

Table 7 shows the percentage of substantiated GL reports that resulted in removing the newborn from the mother's custody.

Table 7:
Child Removal Rate (%) for True Garrett's Law Reports
by Area, State Fiscal Years 2014-2017

Area	SFY 2014	SFY 2015	SFY 2016	SFY 2017
1	22.0	22.6	25.5	13.9
2	17.7	13.6	22.8	20.4
3	10.8	11.1	11.4	8.9
4	28.6	21.1	23.5	19.4
5	24.0	14.0	25.8	25.9
6	14.5	16.5	21.3	18.0
7	39.5	31.7	15.7	21.1
8	21.7	22.8	20.9	21.8
9	36.5	38.3	30.3	28.6
10	18.0	10.0	20.6	13.0
State	21.2	19.5	21.5	18.1

Eighteen percent of the newborns, statewide, were removed from their mothers during SFY 2017, although the rate varied considerably among the DCFS Service Areas. Area 3 was the least likely to remove children from their homes as a result of a true GL report during SFY 2017 (nine percent). Meanwhile, Area 9 was most likely to remove children in response to a true GL report (29 percent), a trend that has been observed over the past four fiscal years.

The rate at which children were removed in response to a true GL report also fluctuated at the county level. The relatively high removal rate observed in Area 9 can be localized to Jackson and Poinsett counties, which collectively removed 40 percent of the children in response to true GL reports. Meanwhile, Garland County, which received the second-highest number of true GL reports within the state, drove the low removal rate in Area 3; less than six percent of those children were removed.

An analysis of the true GL reports received during SFY 2016 revealed that 37 percent of the victim children who had been removed from their home returned home within 12 months, a rate which is lower than the previous year (47 percent). Among the victim children involved in true GL reports who were not removed from the home immediately, six percent were removed within 12 months and two percent were cited as victim children in a subsequent true maltreatment report over the same period. These figures were slightly lower than those reported for the previous year (seven and four percent, respectively).

Summary

This report reviewed select characteristics of Garrett's Law reports and DCFS' response to those reports for SFY 2017 and several preceding years, as appropriate. The highlights of this review are presented below.

- The number of GL reports accepted for investigation has steadily increased since the law's inception 12 years ago. During SFY 2017, 1,241 GL reports were accepted for investigation, a nine percent increase from the previous year and 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 2017, 66 percent cited marijuana usage, either separately or in combination with other drugs, followed by amphetamines/methamphetamines (25 percent) and then opiates (18 percent). Benzodiazepines were cited in ten percent of the reports, while cocaine was cited in five percent.
- During SFY 2017, nearly 93 percent of the GL reports statewide were found true, similar to the substantiation rate observed in recent years.
- The rate at which DCFS caseworkers opened a child protective services case in response to a substantiated GL report stood at 95 percent for SFY 2017, similar to the rates observed for the previous three years.
- Eighteen percent of SFY 2017's substantiated GL reports led to removing the newborn from the mother's custody. Among DCFS' ten Service Areas, Area 3 exhibited the lowest rate of removing children in response to a true GL report, which was driven by the restraint in removals observed in Garland County. Conversely, Area 9 exhibited the highest rate of removals in response to a GL report, driven mainly by Jackson and Poinsett counties.
- Of the children removed in response to a true GL report during SFY 2016, 37 percent returned home within 12 months, a rate which is lower than the previous year. Among those not removed initially, six percent were removed within 12 months and two percent were cited as victim children in a subsequent true maltreatment report over the same period.

Children Under Five

In SFY 2017, slightly over 80% of child deaths that received a child maltreatment investigation involved a child under the age of five. Preliminary causes of death included inadequate supervision, physical abuse, neglect, and medical neglect.

Of the 9,364 victim children involved in true child maltreatment reports in SFY 2017, children five years of age and younger represented nearly half of the victim children. In comparison, there were 10,117 victim children involved in the maltreatment investigations that were found true in

SFY 2016. In SFY 2016, children age five and under also represented the largest group involved in true maltreatment investigations (46%).

Additionally, children ages two to five made up the largest group of children involved in in-home cases in SFY 2017 (26%) just as they did at the end of SFY 2016 (25%). Furthermore, children two to five years of age represented the largest group of children in foster care at the end of SFY 2017 and SFY 2016 (24% and 25%, respectively).

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.

To tackle this challenge, the Division has tried to focus more on the front end of the child welfare continuum to prevent this young population from entering foster care. During this reporting period the DCFS Prevention and Reunification Unit has moved from its planning stage into implementation. 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. The Differential Response Manager and Differential Response Specialist and the Child Protective Services Manager (who plans to hire a Child Protective Services Specialist in SFY 2019), make similar efforts in their respective programs. All of these program staff continue to be housed in the DCFS Prevention and Reunification Unit. This unit is overseen by the DCFS Assistant Director for Prevention and Reunification.

During this reporting period, the Arkansas Children's Trust Fund joined the DCFS Prevention and Reunification Unit and is now responsible for prevention and support activities. This new DCFS program has spent much of SFY 2018 planning and developing new program activities that will focus on prevention strategies many of which are geared toward the under five population and designed to improve child outcomes. These activities and programs include:

All Babies Cry – A hospital-based intervention that teaches parents how to handle infant crying. It starts with an 11 minute video shown prior to discharge. Parents are also provided with an educational booklet about infant crying that includes an Arkansas specific code. Parents may enter the code on a website or via a mobile device (cell phone) that allows them to access additional videos. Fourteen hospitals across the state are currently participating.

ACEs Activities – The Children's Trust Fund program director is a member of the steering committee of the Arkansas ACEs and Resilience Collective Impact. The Children's Trust Fund will be co-sponsoring a two day ACEs Summit in September along with other members of the group. In addition, the Children's Trust Fund is supporting the development of an ACEs introductory presentation that will be available for our own use internally and for members of the Collective Impact's Speakers Bureau. The presentation will help educate more people across the state with a consistent and clear message. Screenings of the Resilience Film have also been shown across the state.

Baby and Me WIC Clinic Project – The Children’s Trust Fund will place Parent Support Mentors in nine WIC Clinics across the state. The Mentors will provide one-on-one sessions with mothers beginning prenatally and through the first six months of the baby’s life. The sessions will include a brief educational lesson and a check of developmental milestones followed by activities to promote parent/child interaction. Parents will also be connected to community services and supports as needed.

Predict-Align-Prevent – The Children’s Trust Fund is currently negotiating a contract with Predict-Align-Prevent to conduct a three phase project. The first phase will utilize multiple data sets to determine where child abuse is most likely to occur in the state. The second phase will allow us to determine the types of services or strategies that are needed in the identified areas. The third phase will be implementation of those strategies in the selected areas.

For children under the age of five in the foster care system, the Safe Babies Court Team (SBCT) focuses on a sub-population this group (children ages zero to three) to increase knowledge about the negative impact of abuse and neglect on very young children; and, change local systems to improve outcomes and prevent future court involvement in the lives of very young children. While a SBCT has existed in Pulaski County for several years, a new SBCT launched in Benton County in Northwest Arkansas (not supported by DHS funds as the Pulaski County SBCT is) during this reporting period. SBCT is currently exploring additional jurisdictions for expansion as well if community financial resources are available.

As examples of specific activities and accomplishments conducted and achieved by the Pulaski County SBCT during its more recent reporting quarter (January 1, 2018-March 31 2018):

- 100 % of the children monitored during this reporting period received a developmental screening/assessment.
- 91% of the children monitored during this reporting period had no more than two changes of placement.
- 84% of the children were placed in a concurrent plan home (e.g. fit and willing relative or foster/adopt parents) at or near the beginning of SBCT involvement.
- 98 % of the children monitored during the reporting period spent time with their parents at least two times per week. For those children who did not spend time with their parents at least two times per week, their parents failed to attend scheduled family time or parental rights had been terminated.
- 100 % of children who had siblings participated in visits with their siblings at least twice a week.

In addition, the CANS/FAST Program Manager has continued to play an active role in both the Pulaski and Benton County SBCT Family Team Meetings. She attends these to help the team develop the CANS assessment and corresponding case plan for cases involving these very young

children. These efforts have proved to be a truly collaborative process that involves the whole team, including the parents, in planning case activities and support as well as communicating about the progress of the case.

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.

In addition, other services for children under the age of five include those for children involved in in-home services cases.

For example, currently SafeCare is available to families with children under the age of five who are involved in any report of Garrett's Law (i.e., substance exposed infants) as well as any true determinations resulting in an in-home services case for medical neglect, failure to thrive, and/or Munchausen by Proxy. SafeCare is an evidenced-based program that provides intensive home visiting services to participating families. This program focuses on improving parent/child interaction, and the parent's ability to address health and safety issues for the children in the home. It is an 18-22 week program in which the home visitor spends approximately 1.5-2 hours each of those weeks in the home working with the family.

The allegations eligible for this program were selected in part because the program is funded by CHIP, and, as such, there must be a focus on improving the health of children involved. In addition, Garrett's Law reports were selected as an allegation referral type for this program because a number of families who initially come to the Division's attention due to Garrett's Law allegations later have a child removed from the home and because several co-sleeping deaths have also occurred in families who had a Garrett's Law report. As a result, the Division wanted an intensive in-home service for families involved in Garrett's Law reports (as well as the other aforementioned allegations) to provide enough support and services in the home to ensure the child's safety and prevent removal. This program is currently operational in Pulaski County.

In Area 8 (northeast Arkansas) SafeCare training will occur at the end of August and will then begin accepting referrals on 9/17/18. Area 2 is currently hiring SafeCare staff and plans to begin accepting referrals by October 2018.

The tentative implementation schedule thereafter is as follows:

Areas 1 & 3 – January 2019

Areas 5 & 9 -- April/May 2019

Areas 4 & 10 -- Aug. 2019

Area 7 -- Dec. 2019

The DCFS In-Home Services Unit is also working on developing an Intensive In-Home Services program that will serve children 0-18. The program design will be more intensive than the

current “Intensive Family Services” programs available in the state and will be modeled after the Youth Villages Intercept Program. The Youth Villages’ Intercept Program is a comprehensive treatment approach that includes family therapy, mental health treatment for caregivers, parenting skills education, educational interventions, development of positive peer groups, and extensive help for families and children in accessing community resources and long-term, ongoing support.

Intercept family intervention specialists provide services to the family, rather than just to the youth, meeting with families at least three times weekly and providing 24 hour on-call support. Services are tailored to meet each family’s needs, while measuring treatment progress through ongoing assessment and review. Specialists collaborate with other providers, case workers and courts to formulate a collaborative treatment plan. Small caseloads – four to six families – allow family intervention specialists to focus on the individual needs of each child and family served. The tentative start date for this program is January 2019.

While the Nurturing the Families of Arkansas (NFA) target population is children ages 5-18 who are involved in non-court involved in-home cases, if there are siblings of the target population who are under the age of five, those children also then participate in and benefit from the NFA curriculum. Please also see the NFA section within the APSR.

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 2017 data indicates that 12% of the children in foster care had been in the system for 36 months or more.

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. SFY 2016 data indicates that for children in care for less than 12 months, 76% experienced 2 or fewer placements compared to the national standard of 86%. Children in foster care between 12 and 24 months, 49% had two or fewer placements compared to the national standard of 65.4%. Of those children in care over 2 years, only 22% experienced 2 or fewer moves compared to the national standard of 41.8%. Also in SFY 2017, 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 often 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 Rapid Permanency Reviews as needed to help older youth who are close to achieving permanency finalize their permanency plans.

Finally, the Division continues to with Project Zero, a non-profit focused on finding forever families for children and youth in foster care. 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.

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. During this reporting period, she led a workgroup to review and update DCFS Adoptions Policy, to include strengthening this section of policy as related to post-adoption services. This policy is currently still in draft form.

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.

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 and to reduce the length of time children in foster care under the age of five are without a permanent family. The Division worked 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 continually promotes the use of Head

Start and Arkansas Better Chance (ABC) quality early childhood programs for children in foster care as the preferred child care option and as way to help address the developmental needs of all vulnerable children under five years of age.

DCFS has been working on various strategies over the past five years to impact the well-being needs and to reduce the length of time in foster care for children under age five. 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;
- Messaging regarding the requirement to refer all children under the age of three (3) involved in a substantiated case of child maltreatment (regardless of whether all of the children are named as alleged victims) to DDS Children's Services for an early intervention screening if not already referred while the investigation was pending in an effort to address the developmental needs of these young children;
- Protocols put in place to prevent the placement of young children in emergency shelters and other congregate care settings and, when young children must be placed in emergency shelters, protocols to ensure that special approval is granted before allowing children under 10 to stay in emergency shelters for longer than ten (10) days;
- Focus on opening more relative provisional homes (research shows children have a higher rate of placement stability with relatives which in turn often positively impacts long-term permanency outcomes for children);
- Implementation of Removal Consultations held within 24 hours of all removals to ensure consistency in decision-making and, if appropriate, release the 72-hour hold if removal was not warranted;
- Implementation of Permanency Safety Consultations (held at three, six, and nine months of each foster care case with a goal of reunification) in an effort to safely expedite a child's return home or, if necessary, pursuit of the concurrent permanency plan.

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

https://humanservices.arkansas.gov/images/uploads/dcf/ARC_SF_Y_2017.pdf

Below are additional Early Intervention /Well Being strategies and initiatives 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 and a SBCT launched in Benton County during this reporting period. In addition, the DCFS CANS/FAST Program Manager continued to attend 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:

<https://ardhs.sharepointsite.net/CW/Shared%20Documents/Master%20DCFS%20Policy.pdf>

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 – 11 CAPTA law referrals to date (2 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 – 2 reports the Division was unable to locate the families– 1 child came into care at the time of the report (the hospital made three reports - two CAPTA reports and one Garrett's law report) -and 1 family refused services.
- # 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.

The Children's Trust Fund Director already has good working relationships with hospitals across the state, so the Division anticipates that she may assist is 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 33 foster care cases that have been referred for screening by various sources including courts, therapists, DCFS staff and other caregivers. These cases have received a positive diagnosis, a positive monitor status or they are in the screening/evaluation process. Many other cases have been closed.

Project PLAY (Positive Learning for Arkansas' Youngest)

Within DHS, the Division of Child Care and Early Childhood Education partnered with the Division of Children and Family Services 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

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. TIPS is also utilized by child care providers licensed through the DHS Division of Child Care and Early Childhood Education and who participate in the Better Beginnings Program. Finally, TIPS has also been implemented by DCFS in the following county offices: Randolph, White, and Conway. UAMS is currently conducting an evaluation of the TIPS program as it is being used by these three DCFS county offices.

The following is a breakdown of children in foster care four and younger and their average length of stay for SFYs 2015, 2016, 2017, and 2018. As these data show, from SFYs 2015-2017, there was 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. In SFY 2018, the number dropped dramatically, though the average length of stay for this population increased from 304.4 days in SFY 2017 to 322.8 days in SFY 2018. The decrease in the number of children ages four and younger may somewhat be tied to the overall decrease in the number of children in foster care in Arkansas.

- 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 children in foster care ages four or younger. The average length of stay for those children as of 5/31/2017 was 304.4 days.
- As of **5/31/2018**, there were 1,423 children in foster care ages four or younger. The average length of stay in foster care for those children as of 5/31/2018 was 322.8 days.

Arkansas explored 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 63 percent for children in care (ages 4 and younger) as of 5/31/2018.

The table below displays the percentages for six timeframes:

Date	Number of Children in Care, Ages 4 and Younger	Number of Children, Ages 4 and Younger, for which Substance Abuse was Cited as a Removal Reason	Percentage (%)
6/30/2012	1,362	617	45.3
6/30/2013	1,393	711	51.0
6/30/2014	1,530	817	53.4
6/30/2015	1,615	910	56.3
6/30/2016	1,848	1,114	60.3
5/31/2017	1,920	1,182	61.6
5/31/2018	1,423	896	63.0

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 described earlier in this document above should also help to improve services and supports for children under the age of five.

CONSULTATION AND COORDINATION BETWEEN STATE AND TRIBES

DCFS provides services and supports to all child populations in Arkansas—including Native American. Children's ethnicity is captured in the CHRIS 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 Liaison representatives are included in all aspects of the case management.

During this reporting period there was one case from Northwest Arkansas that was moved to tribal court in Washington State.

The Division's policy and procedures are applicable to all child populations. The Tribal Liaison representative is included for children identified as Native American.

All children ages 14 and older in Arkansas are referred to the Transitional Youth Services (TYS) (Independent Living) program and eligible to participate in the TYS 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. The limitations of APPLA as a permanency goal (i.e., only available as appropriate to youth ages 16 and older) applies to ICWA children as well. 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 will be offered to them.

Some examples of case management activities that DCFS provides include:

- *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 representatives might provide include:

- *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 Northwest Arkansas—Benton, Carroll, Washington, Boone, Crawford, and 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 FSWs communicate one-on-one with the Tribal Liaisons from the Cherokee Nation on cases. Generally, it appears to be a good working relationship between the DCFS staff and the 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.

Arkansas continues to only have a few very child welfare cases that have Native American children identified.

For **SFY 2018 CHRIS** reflects for foster children American Indian and Alaskan Native Data:

- **110** current foster children who are identified as American Indian and Alaskan Native (AIAN).
- **13** children left foster care between July 1, 2017-May 31, 2018
- **53** children who are identified as American Indian and Alaskan Native (AIAN) entered care between July 1, 2017-May 31, 2018.

Some of the Tribes represented in the number of children entering care were: Apache, Cherokee, Choctaw, and Hopi.

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.

This reporting period since Arkansas added the Edoctus feature where the Native American tribal cards can be scanned in and kept electronically, Arkansas is seeing some activity usage as some cards have been entered. We will continue to train staff to utilize this feature as it could be used more.

Tribal Communication/Collaboration

DCFS continues its good working relationship with the Cherokee Nation, the tribe where the majority of the Arkansas foster children have heritage. Arkansas is still working on developing an 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 OCC and DCFS collectively. A draft by OCC has been developed and will be updated as needed before being shared with Cherokee Nation.

The two Cherokee Nation field caseworkers continue to provide ongoing training to DCFS field staff in the Northwest region of Arkansas as needed. They are invited to staff meetings and

continuing education seminars where they provide information on ICWA policies and the importance of what active efforts mean 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 the collaboration/partnership with Tribal agencies.

In May 2018, the Central Office Liaisons received an invitation to attend training with the Choctaw tribe case managers that provided information about basic legal requirements of ICWA and the practice issues involved with ICWA's implementation. The training gave a brief history of Indian policy as it relates to Indian children and families and also gave practice tips for social workers and attorneys in the state child system. There was a good representation of DCFS field staff and OCC attorneys who attended as well. The training was interactive and gave specific Choctaw policy background. It also gave the liaisons an opportunity to collaborate with the two Choctaw tribal counterparts and exchange information.

In April 2018, 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 2018 APSR, a link to the DCFS master policy manual, and an excerpt of the ICWA policy. The tribal leads were:

- **Nikki Baker**, Cherokee Nation of Oklahoma
- **Lari Ann Brister**, Choctaw Nation of Oklahoma
- **Tamara Gibson**, Eastern Shawnee Tribe of Oklahoma
- **Doug Journeycake**, Peoria Tribe of Oklahoma
- **Mandy Dement**, Quapaw Tribe of Oklahoma
- **Mark Westfall**, Seneca-Cayuga Nation of Oklahoma
- **Regina Shelton**, Modoc Tribe of Oklahoma
- **Andrea Patterson**, Cheyenne-Arapaho Tribes of Oklahoma
- **Nethia Wallace**, Kickapoo Tribe of Oklahoma
- **Shannon Ahtone**, Kiowa Indian Tribe of Oklahoma
- **Kimee Wind**, Hummingbird, Muskogee (Creek) Nation
- **Amanda Farren**, Pawnee Nation of Oklahoma
- **Amy Oldfield**, Ponca Tribe of Indians of Oklahoma
- **Tracy Haney**, Seminole Nation of Oklahoma
- **Christi Gonzales**, Tonkawa Tribe of Indians of Oklahoma
- **Tara Gragg**, Wyandotte Nation
- **Betty Nez**, Zuni Tribe

There were no negative responses and or suggestions to the policy from members who received the various policies. The Division did, however, receive an open invitation to attend an OICWA conference hosted in November and an email of appreciation for reaching out.

Arkansas continues to look for ways to engage other tribes in meaningful case consultation and to ensure collaboration for the best interest of each child. While Arkansas has made some

progress, communication and collaboration with the tribal partners could still be improved. 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 visit the local offices to offer training. DCFS would like to see this expand in scope throughout this next year.

As referenced above, 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. The Division believes that establishing the two Central Office liaisons will continue to help strengthen its collaboration/partnership with Tribal agencies.

MONTHLY CASEWORKER VISIT FORMULA GRANT

Percentage of visits made on a monthly basis by caseworkers to children in foster care:

- ☐ **FFY 2017: 78.92%**
 - ☐ Number of monthly visits made to children in the reporting population (Numerator) – **43,237**
 - ☐ Number of such visits that would occur during the FFY if each such child were visited once per month while in care (Denominator) – **54,789**

Percentage of visits that occurred in the residence of the child:

- ☐ **FFY 2017: 91.50%**
 - ☐ Number of monthly visits made to children in the reporting population that occurred in the residence of the child (Numerator) – **39,561**
 - ☐ Number of monthly visits made to the children in the reporting population (Denominator) – **43,237**

The aggregate # of children in the data reporting population is: **7,442**

Caseworker Visits With Foster Care Children-Details By Month

This report gives an overview of the Caseworker Visits with Foster Care Children information by selected month. The report provides totals and percentages by Area, County and Primary Staff Name. This report can be used as a good monitoring tool for Staff to determine what foster care clients should receive a visit and have/have not been visited as per the Case Contact documentation. The report is refreshed daily.

The report includes all children under age 18 who are considered to be in foster care for the full calendar month (Calendar month = last day of previous + all days during current month + first day of subsequent month). The Area(s) and Month should be selected and then the 'View Report' button for the results to appear. To be considered as a Completed 'Regular Visit', the following criteria must be met in a Case Contact:

- Contact Date should be in the actual Calendar Month (1st-end) to determine if Visit was made
- Type/Location: must be Any 'Face to Face' type
- Status: 'Completed' must be selected
- Participants pick list : The foster care child must be selected
- Only pull the following Staff Positions (Contact Attempted/Completed By field) are considered as a Caseworker Visit:
 - DHS Area Manager

- DHS Assistant Director
- DHS Deputy Director - DCFS
- DHS Program Coordinator
- DHS Program Manager
- DHS Program Specialist
- DHS Staff Supervisor
- Family Service Worker
- Family Service Worker Clinical Spec
- Family Service Worker County Supervisor
- Family Service Worker Specialist
- Family Service Worker Specialist-Adoption Specialist
- Family Service Worker Supervisor
- Family Service Worker-Adoption Specialist
- Family Services Program Coordinator

The above criteria is considered as a Completed 'Home Visit' with the exception that only the following Type/Location are applicable:

- Face to Face (Placement Provider ICPC)
- Face to Face (Placement Provider)
- Face to Face (Home)

The report is sorted by Area/County of Current Primary Assigned Worker (Staff Name). Report also includes the following:

- Primary Staff County
- Client Count: The number of Clients that are considered to be 'In Foster Care' for the month and should have a visit
- Case ID
- Client ID
- Client Name
- Age
- Birth Date
- Reg. Visits Count (Regular Visits): The number of 'Face to Face' Visits that were completed as there is a Case Contact that meets the report criteria; Y will appear if met, N will appear if not met
- Home Visits Count: The number of Visits that were completed in the home as there is a Case Contact that meets the report criteria; Y will appear if met, N will appear if not met. If Home Visits is a Y, then Reg. Visits should be a Y
- Percentage of Completed Reg. Visits: The Percentage of Regular 'Face to Face' Visits that were completed. Percentages that are under 95% show in red because 95% is the performance standard for regular visits that is required by the feds or there could be a reduction in Federal Financial Participation.

Caseworker Visits with Foster Care Children-Details for FFY

This report gives an overview of the Caseworker Visits with Foster Care Children information for the FFY. The counts and percentages are submitted to the Feds by December 15 each year for the previous FFY (October-September). It provides an overview for each month for the FFY.

This report can be used as a good monitoring tool for staff to determine what foster care clients should receive a visit and have/have not been visited as per the Case Contact documentation per Month. The report is refreshed daily.

This report includes all children under age 18 who have been in foster care for at least one full calendar month during the FFY. (Calendar month = last day of previous + all days during current month + first day of subsequent month).

The report is sorted by Area/County of Current Primary Assigned Worker (Staff Name). Report also includes Primary Staff County, Case ID, Client ID, Client Name, Age, DOB, and the monthly information:

- A column appears for each month October-September:
 - In Care: Y will appear if the client is considered in care for that entire month (Visit required) or N will appear if the client is not considered in care (Visit not required)
 - Regular visit (Reg. Visit): For the month, Y will appear if at least one Case Contact meets the conditions (in Requirements) or N will appear if the conditions are not met.
 - Home Visit: For the month, Y will appear if at least one Case Contact meets the conditions (in Requirements) or N will appear if the conditions are not met. If Home Visits is a Y, then Reg. Visits should be a Y

There is a Total Months in Care column that gives the total count of months the foster care child is considered to be in care and should have had a visit.

There is a Total Reg. Visits that gives the total count of visits that meet the regular visits criteria.

There is a Total Home Visits column that gives the total count of visits that meet the home visits criteria.

The total per Staff, per County, and per Area appear in rows after each condition.

At the end of the report, the overall totals and percentages show what will be sent to the feds when it is time to submit, by December 15 for the previous FFY.

The state missed previous performance standards due to high caseloads and staff turnover . There has been a decrease in the number of children in foster care over the past year.

Arkansas continues to monitor and assess the frequency and quality of worker visits. The Prevention and Reunification Unit in Central Office sends out monthly updates using the 120-day visit report in CHRIS net to each Area Director. In this report that is sent out, it highlights those clients in red that are needing prompt attention to having a visit completed. During monthly Area Director meetings, the Assistant Director over Community Services will discuss with the Area Director's monthly home visit numbers. As needed, each Area Director will identify barriers specific down to their county level and the county supervisor must develop a plan to increase number monthly caseworker visits and improve performance at the local levels. These local improvement plans will also be monitored by the Area Director. This will be a standing topic in each monthly meeting both locally, Area wide and in the Area Director's monthly meetings. 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 a major improvement in caseworker visit percentages overall, there has been some 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 safety, 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 with both primary and secondary cases assigned in each Area. 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 by the use of COR and monthly charts that are now part of data that helps in monitoring compliance all the way to the local county level.

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

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 – 10/01/2014 – 09/30/2018

These funds must be obligated by 09/30/2018 and liquidated no later than 12/31/2018.

As of May 31, 2018 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 + 146,156.00 = 185,000.00

Grant Period: - 10/01/2015 – 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 fully expensed all funding.

There were no funds awarded for 2017.

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.

TITLE IV-E WAIVER DEMONSTRATION PROJECT ACTIVITIES

Overview

Arkansas is almost five years into its Title IV-E Waiver Demonstration Project. During this reporting period, the Children's Bureau granted the state's request to extend its IV-E Waiver Demonstration Project September 30, 2019.

The Arkansas Department of Human Services, Division of Children and Family Services (DCFS) initiated the State's Waiver in August 2013 to accomplish three goals:

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

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

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

These interventions are at varying stages of implementation, but progress continues for these five interventions. At the initiation of the Waiver, there were six interventions, since that time, one intervention, Permanency Roundtables, has been discontinued due to lack of adequate outcomes. This report summarizes the project and evaluation activities and accomplishments for Arkansas's Waiver during the period of August 1, 2017 through May 31, 2018.

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

DEMONSTRATION STATUS

Program Improvement Policies

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

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

Through the Waiver, DCFS decided to implement programs designed to prevent children from entering foster care, programs focused on providing permanency for children in foster care and programs focused on the recruitment and retention of high quality foster homes. Although there is still room for improvement, the ensuing implementation and evaluation sections for each intervention show that the Division has been successful in implementing these program improvement policies over the past four 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 Arkansas's Creating Connections for Children (ARCCC) program is working to provide permanency for children in care. The Child and Adolescent Needs and Strengths (CANS) and Family Advocacy and Support Tool (FAST) functional assessment tools support each of these goals by providing comprehensive assessments of families' needs and family-centered service planning. ARCCC is a statewide diligent and targeted recruitment program designed to recruit and support high quality resource families and volunteers. Permanency Round Tables was another intervention intended to provide permanency for children in care; however, this strategy has not yielded the results anticipated so this intervention has been discontinued.

Differential Response

Arkansas's Differential Response (DR) program was implemented statewide in August 2013. As reported in prior reports, the program is administered by the DR Unit in Central Office, which consists of the DR Program Manager and DR Program Specialist, and is implemented by DR Specialists and Supervisors in each service area. The DR Unit, in Partnership with the Kemp Center, held a two-day Advanced Differential Response Training led by Amy Hahn on December 12, 2017 and December 13, 2017. One day was reserved for the workers and the other day was reserved for the supervisors.

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

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

The following data and accomplishments represent the DR program's functioning between August 1, 2017 and January 31, 2018:

Differential Response Data:

- DR referrals worked: **3,188**
- DR referrals screened out: **309**
- DR referrals re-assigned to investigations: **443**

*In examining the number of referrals that were screened out and switched from DR to investigations, it is important to note that each DR referral goes through a three-tier screening process. The first review is conducted by the Arkansas Child Abuse Hotline at the onset of the

initial call. The second-level review is conducted by the DR Supervisor in the field and includes a history search to determine if the family is currently involved with DCFS (i.e., in an open investigation or services case) and a review of the intake narrative to determine if the allegations and information included are eligible for Differential Response. If the DR Supervisor determines that the referral should be sent through the investigation pathway instead of DR, then the third-level review is conducted by the DR Unit to make the final determination.

Summary of Differential Response Activities for this Reporting Period:

August 2017

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

September 2017

- DR Unit attended CHRIS meetings to discuss upcoming program updates
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Program Manager met with the Prevention Director to discuss DR goals.
- DR Program Manager attended procurement training.

October 2017

- DR Program Manager unit held an initial/refresher training on October 9th and 10th.
- DR Program Manager attended the 2017 International Conference on Innovations in Family Engagement in Denver, CO.
- DR Program Manager attended Waiver Core Team meeting to provide DR updates.
- DR Program Manager reached out to trainer Amy Hahn to discuss 2 day training for advanced practice in DR scheduled for December.
- DR Unit attended CHRIS meetings to discuss upcoming program updates

November 2017

- DR Program Manager attended the Area Director meeting to discuss timely initiation rates and services offered rates.
- DR Unit attended CHRIS meetings to discuss upcoming program updates
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Program Manager met with Area 6 DR Supervisor about concerns about high volume of caseload dealing with Educational Neglect.
- DR Program Manager met with Prevention Unit Director to discuss the procedure of DR assignment being rolled out to the field beginning January 8, 2018.
- DR Program Manager continued to correspond with trainer Amy Hahn to discuss the two-day Advancement Training for December.

December 2017

- DR Unit held a two-day Advance Training that took place December 12, 2017 and December 13, 2017. Supervisors were also trained on how to assign DR referrals from the statewide box.
- DR Program Manager attended Waiver Core Team meeting to provide DR updates.
- DR Unit attended CHRIS meetings to discuss upcoming program updates.

January 2018

- DR Program Manager held a half day refresher training in Area 5 for DR Supervisor
- DR Unit attended Teaching Important Parenting Skills (TIPS) parenting training.
- DR Program Manager and Prevention Director met with Paul Knipscheer, in Quality Assurance, about DR data and timely initiation rates.
- DR Program Unit attended CHRIS meetings to discuss upcoming program updates
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Program Manager attended CHRIS Enhancement Meeting

February 2018

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

March 2018

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

April 2018

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

May 2018

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

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 was 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 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.

CANS/FAST Stakeholder Orientations continue to be 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. There have been a total of 40 Stakeholder Orientations to date. The feedback from the stakeholder trainings has been very positive so far, and partners have shared that they are excited to be a part of the CANS/FAST process and use the assessments as they work with DCFS clients.

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

Dr. Lyons has also been available for consultation as Arkansas looks at potential changes to the current tools and future development of new tools. 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 UFACET for both in-home and out-of-home cases (any modules specific to foster care/out-of-home case would just be triggered). A condensed version of this hybrid tool will then be employed for use in investigations and differential response. Arkansas’s research suggests that most states that utilize multiple different tools use CANS for a level of care recommendation for children in foster care (which Arkansas is not currently doing) or use FAST in investigations/DR (which Arkansas would still like to do). The Division believes that if the tools are combined (like Utah has done with great success) so that the basic assessment is the same regardless of case type (but additional modules would be completed for out-of-home cases) then that will increase ease of use for staff and, therefore, also augment fidelity to the model.

In fact, the number one complaint from the field has been that it is too time consuming to do a single CANS for every child when there are so many cases with multiple children in them and that it is complicated to switch back and forth between CANS and FAST based on case type (e.g., when a child is taken into foster care or returned home). Arkansas’s CANS and FAST do not directly align, so caseworkers must start over with the new instrument when the case type changes, which impacts their ability to track a child’s or family’s progress on individual items. The Division believes that staff buy-in and fidelity to the tool will increase if they don’t see it as such a burden. Once Arkansas has transitioned to a more finely-honed single assessment tool, it will be easier for DCFS to develop and implement the modified/shortened version that the investigator/DR worker would conduct during the assessment phase. Dr. Lyons will be available for consultation throughout this process and will approve any changes that Arkansas makes. Arkansas has also included strategies surrounding this goal in the Program Improvement Plan (still pending approval from the Children’s Bureau) with a goal of finalizing changes by August 2018, and full implementation by January 2019. The Program Manager has been working on the detailed manual updates for this hybrid tool throughout this review period, and these are almost finalized.

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

The 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. Additionally, there is an extra-help position dedicated exclusively to reviewing CANS/FAST. The Program Manager and extra-help reviewer worked together to develop the CANS/FAST Review Tool in Survey Monkey to be used for the case reviews. This CANS Unit has been completing detailed case reviews with feedback specifically on CANS/FAST and how it guided the case plan and providing that directly back to the field staff and Area Directors.

During this reporting 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 whose CANS were reviewed as a part of this project have been 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 reporting period, the CANS Unit also 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 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 seven days. The Program Manager then identifies which cases will be reviewed each week based on various factors, for example, recently the Assistant Director over Community Services requested the CANS Unit identify workers that have lower workloads across the state (15-20 cases or less) and review off of those cases to see if the quality of work the staff are able to do improves with lower workloads.

Additionally, the Program Manager continues to speak with the Area Directors at their monthly meetings and to supervisors at each Quarterly Statewide Supervisor Meeting to provide updates and address any concerning trends in practice. For example, many workers seem to only be looking at the “true finding” in the case and the CANS item that correlates with that is often rated a 2 or 3, but the entire rest of the assessment is rated all 0s. The concern is that staff are not truly doing a thorough assessment of all areas. This has been addressed and is continuing to be monitored, in part by providing the individual thorough case reviews to the field as they are completed and continued messaging to supervisors about approving only quality CANS/FAST

that follow fidelity. The Program Manager also continues to reiterate at these meetings the importance of using CANS as a communication tool and sharing it with our family teams, and ensuring we involve our collaterals (providers, foster parents, school personnel, court teams, etc.) and check-in with them prior to completing subsequent CANS/FAST assessments so that any changes or improvements being made by the family as a result of the services can be accurately reflected in the updated assessment.

During a previous review period, the Program Manager began shadowing in Pulaski County during case staffings to observe (and model when necessary) the proper use of CANS in a staffing scenario and how to use the CANS to guide the decisions surrounding services and building the case plan as a family team. The Program Manager has continued this and is specifically working with the Pulaski County 0-3 Safe Babies Court Team (SBCT) Coordinator to ensure that the CANS is being utilized in those facilitated staffings as a decision support tool and to identify and prioritize services for the families. During this reporting 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.

The Program Manager continues to share the full CANS/FAST Family Engagement Tool 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. 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. The Program Manager also 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.

New Workers all have goals to be certified by the end of their New Staff Training (NST) classes, and the majority of workers have all been certified by the end of NST. There is a report to monitor certifications and the Program Manager provides it to Area Directors monthly highlighting staff that need to re-certify. Assistance and coaching is given by the Program Manager or various CANS Champions as needed for workers struggling with certification. If a worker's certification is expired, the CHRIS system blocks them from completing CANS/FAST in the system (or blocks supervisors from approving if they are expired).

CANS/FAST Champions have been identified across the state. 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 Program 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.

During this reporting period the Director convened a CANS War Room. This is made up of assistant directors, the program manager, and field staff to identify how to strengthen CANS as an agency and how various program leaders can also work to support best practice of CANS/FAST in all cases. Topics covered so far have been a history of the CANS/FAST implementation, a demo of the CANS/FAST and Case Plan screens in CHRIS and a demo of the TCOM training site staff use to certify, sharing the current review tools, and sharing the work done so far on the hybrid UFACET tool.

CANS/FAST has been implemented statewide for almost three years now (since February 2015). As of February 14, 2018, there were 13,511 children in 7,327 cases assessed in a CANS, and 32,706 children in 14,958 cases assessed in a FAST.

Summary of CANS/FAST Activities for this Reporting Period:

August 2017

- Ongoing meetings with CHRIS team on outstanding ITN's for CANS, as well as new SSRS reports for supervisors (new report identified will list all cases whose most recent assessment has no actionable items; supervisors should be able to use this to staff with workers about why the case is open if there is no further action to take or if the assessment needs to be updated to accurately reflect the current needs of the family as actionable)
- Held meeting with HZA and CHRIS to discuss additional reports and determine whether CHRIS or HZA will be completing reports for CANS to monitor fidelity
- Received request from Casey Family Programs for additional data on clients in 'Stuck' Kids Review Project. Worked with Casey Families Representative to develop spreadsheet and had CANS Reviewer pull the additional data; this was completed and provided to Casey Family Programs
- Program Manager attended Safe Babies Court Team Family Team Meeting in Benton County and Pulaski County
- Attended Safe Babies Court Team Quarterly Meeting; work is continuing around incorporating CANS into the Family Team Meetings and Program Manager was also identified to participate in the hiring committee for the new SBCT Community Coordinator position
- Program Manager observed court on the SBCT docket in Pulaski County

- Presented at the monthly Area Director's meeting. Covered initial case review project concerns, monthly reports, and asked for feedback on continuing to guide fidelity in the field and getting supervisors to actively coach to fidelity of the CANS model in the field
- Worked with MidSOUTH to develop a CANS focused case plan training, per request of Washington County staff. This training was held at the end of the month and will now be offered to additional counties as requested.
- Attended Waiver Finance Presentation facilitated by Casey Family Programs
- Extra Help Reviewer continues to complete case reviews on initial CANS/FAST and Case Plans, from weekly report of recently approved case plans. This project is currently still focusing on FSW's with lower workloads. As reviews are completed they are shared with the assigned local county staff and area directors.

September 2017

- Present at Area 6 Staff Day with assistant directors regarding issues surrounding drug screening/family visitations identified in SBCT cases
- Finish SBCT interviews and candidate selection for hiring committee
- Meet with new SBCT Community Coordinator CANS overview
- Steering Committee conference call with NWA (Benton County) SBCT
- TSDT-call in by phone to address NWT concerns (new workers not getting full CANS information about communication/calling CANS an 'internal document')
- Waiver Core Team Meetings
- Attend and present session at MidSOUTH New Supervisor Training on CANS/FAST Supervision and Coaching
- Participate in Webinar-Independent Assessments
- SBCT Monthly (attend and prep with team for introductions to new community coordinator and state coordinator)
- Conference call with Casey Family Programs to discuss Stuck Kids Project Data Review
- CHRIS-several meetings to finalize requirements for SSRS report RE: cases with no actionable items
- Send monthly updates out to Area Directors and include information as requested on suggested documentation areas for showing use of 'CANS as a Communication Tool.'
- Ongoing:
 - Provide coupons
 - Provide assistance/troubleshoot on various CANS/FAST/Case Plan case specific questions from the field
 - Case Reviews-assigning and reviewing Extra Help Reviewer's work to go out to field/identifying safety issues that need to be immediately addressed

October 2017

- Waiver Core Team Meetings
- CHRIS/Exec monthly meeting

- Attended and presented at Annual TCOM Conference; FSW from field was also in attendance and co-presented on a worker's perspective of the Arkansas CANS/FAST Implementation
- Shared with Assistant Directors info from conference session on TCOM Child Death Review Tool being used in Tennessee (Safety Systems Improvement Tool-SSIT) to share with new CPS Manager
- Attended and presented CANS/FAST overview at Child Death and Near Fatality Multidisciplinary Review Committee
- Attended final day of Zero to Three Leadership Academy
- SBCT Pulaski FTM's-attend staffings and partial court date; address identified issues with Assistant Directors as appropriate (for example, visitation supervision and provider concerns)
- Held meeting with Behavioral Health Services unit staff to provide details and samples re: provider concerns
 - Follow-up meeting held with Lynn Hemphill/HLH provider to address concerns specific to this provider and provide supporting documents. It was decided he will attend an SBCT staffing for observation and identify another 'dedicated' SBCT therapist, potential that I will do on-site CANS training with his staff.
- Invited to attend Annual Zero to Three Conference with Arkansas team. Helped identify and coordinate other potential attendees from DCFS.
- Case review concern came up that brought to light a trend from a worker seen by multiple central office units; it was brought to attention of exec staff that we need to coordinate when we are providing feedback for example in-home unit made suggestions that a worker needed additional training on CANS/FAST and Program Manager was never notified and a year later reviewing the worker's case found the same ongoing issues happening.
- Program Manager shared requested coaching materials and info with the Prevention and Reunification Unit
- Sent request to Midsouth for them to schedule next round of Stakeholder Orientations around early January if possible
- Shared weekly report that HZA sends for CANS unit to identify reviews with Assistant Director over Community Services as it could potentially help identify field issues with the graduated workload (when they are just putting cases under supervisor but still having new staff work them)
- PIP Monthly Meeting
- Per request of Assistant Directors, CANS unit looked back at Area 5 reviews and sent summary of practice issues/trends from cases reviewed in the area to be shared with Area Director
- CHRIS-several meetings to finalize requirements for SSRS report RE: cases with no actionable items. Report almost finalized and will be available in CHRIS Net soon. Also, identified new defect and sent ITN request re: not requiring an actual service to be selected on client in case plan prior to approval (found case plans where clients had no services listed).
- Send monthly updates out to Area Directors and include information as requested on suggested documentation areas for showing use of 'CANS as a Communication Tool.'

- Completed requisition and renewed survey monkey license for FY17 (using for case review tool).
- Requested/received additional 500 coupons from Praed under FY17
- Requested access to UFACET on TCOM Training Site to have access to materials and tests in preparation for hybrid tool
- Ongoing:
 - Provide coupons
 - Provide assistance/troubleshooting on various CANS/FAST/Case Plan case specific questions and/or certification questions and issues from the field.
 - Case Reviews-reviewing weekly report from HZA to assign cases for review and then completing secondary review of extra help reviewer work prior to emailing to field/identifying safety issues that need to be immediately addressed and share those with assistant directors as needed to immediately address with area directors.

November 2017

- Waiver Core Team Meetings
- CHRIS/Exec monthly meeting
- Attended Annual Zero to Three Conference (fully sponsored by ZTT)
- Prep for and attend Bentonville ZTT/SBCT staffings. Completed staffing notes as they have not filled community coordinator position yet.
- Coordinated with HARK on the advertising/interview prep for the ZTT community coordinator position
- Court Report Workgroup
- SBCT Pulaski FTM's-attend staffings
 - Issues identified followed up on via emails to Assistant Directors as appropriate(for example, drug screening issues and staffing/transportation issues)
 - Brainstorming with ZTT potential to bring back dedicated workers. Emailed Area 6 director to arrange discussion.
- Sent additional coaching materials to Prevention and Reunification Unit.
- CHRIS-several meetings to finalize requirements for SSRS report RE: cases with no actionable items. Report almost finalized and will be available in CHRIS Net soon. Also, reminded of ITN for defect re: not requiring an actual service to be selected on client in case plan prior to approval (found case plans where clients had no services listed), as well as 90 day report. Met on December release with defect fix for automating due dates.
- Sent request/reminder to HZA about updating COR to align with new automated due dates in CHRIS.
- Send monthly updates out to Area Directors and include info of upcoming report that will be available.
- Provided Director with talking points on FAST for upcoming meeting with another state.
- Met with Assistant Director over Community Services to discuss how her unit can support CANS; discussed potentially doing another survey monkey out to poll the field. Provided her with previous survey questions that have been done for CANS.

- Received new 'tip sheet' for certification from Praed. Provided this to a few supervisors having difficulty with testing and also sending it with coupons from now on.
- Attended Lean Six Sigma orientation.
- Participated in AAIMH webinar regarding the behavioral health transformation; shared some upcoming trainings with Anne to share with providers to get certified in various evidence based trauma therapies.
- Ongoing:
 - Provide coupons (totaling 34 for month of November)
 - Provide assistance/troubleshooting on various CANS/FAST/Case Plan case specific questions and/or certification questions and issues from the field.
 - Case Reviews-reviewing weekly report from HZA to assign cases for review and then completing secondary review of Extra Help Reviewer's work prior to emailing to field/identifying safety issues that need to be immediately addressed and share those with Assistant Directors as needed to immediately address with Area Directors. Extra Help Reviewer completed 13 reviews for the month of November, as well as a detailed review of a case specifically requested by Assistant Director of Community Services.

December 2017

- Waiver Core Team Meetings
- CHRIS/Exec monthly meeting
- Attended Annual Zero to Three Conference (fully sponsored by ZTT) (11/28-12/2)
- Court Report Workgroup
- SBCT Pulaski FTM's-attend staffings and one court day
- Pulaski County/Bentonville site visit @ Pulaski-attended court and discussion session with team
- CHRIS-several meetings to finalize requirements for SSRS report RE: cases with no actionable items. Report was completed and went live but was taken down within days due to errors; meetings pending to correct.
- Attend and present on CANS/FAST Supervision and Coaching at New Supervisor Training
- Attend DR Training with supervisors
- SBCT Quarterly Meeting
- Attend meeting with Prevention and Reunification Unit on Coaching Models
- Finalize Casey Family Program Systems Analysis/Stuck Kids Project (phone conference with and finalization of report)
- Ongoing:
 - Provide coupons (totaling 64 for month of December)
 - Provide assistance/troubleshooting on various CANS/FAST/Case Plan case specific questions and/or certification questions and issues from the field.
 - Case Reviews-reviewing weekly report from HZA to assign cases for review and then completing secondary review of extra help reviewer work prior to emailing to field/identifying safety issues that need to be immediately addressed and share

those with assistant directors as needed to immediately address with area directors. Extra help reviewer completed 9 reviews for the month of December.

January 2018

- Waiver Core Team Meetings
- War Room Meeting commenced (summary of CANS history presented, presentation of UFACET, review process in detail, do demo of CHRIS screens and certification screens)
- CHRIS/Exec monthly meeting
- Court Report Workgroup
- SBCT Pulaski FTM's-attend monthly staffings, two emergency staffings, and one court day
 - Issues identified/addressed out of SBCT as necessary (ex: provisional placement expedited waiver, continued work with provider/contract concerns)
- SBCT Bentonville FTM's-attend and complete notes for them; Community Coordinator still not in place but was hired this month.
- CHRIS-several meetings to finalize requirements for SSRS report RE: cases with no actionable items. Met with new developers with Deloitte, case connect ITN/defect, and finalize current outstanding ITN's for February release.
- PIP meeting
- Meet with Prevention and Reunification Unit on survey monkey; assist with developing review tools for the unit being modeled after the CANS/FAST review tool.
- Attend TIPS Parenting Program training with Prevention and Reunification Unit
- Attend Permanency Safety Consultation training in preparation for coaching PSC's in Pulaski and Perry County.
- Stakeholder Orientations were held across the state (Fayetteville, Jonesboro, Monticello, Little Rock, and Arkadelphia). Program Manager did not attend and this was the first round for MidSOUTH to facilitate completely on their own. Program Manager has requested the reviews from the trainings to see the feedback from attendees.
- Did phone call with field re: case review from Extra Help Reviewer (Area 9)
- Ongoing:
 - Provide coupons (totaling 117 for month of January)
 - Provide assistance/troubleshooting on various CANS/FAST/Case Plan case specific questions and/or certification questions and issues from the field.
 - Case Reviews-reviewing weekly report from HZA to assign cases for review and then completing secondary review of extra help reviewer's work prior to emailing to field/identifying safety issues that need to be immediately addressed and share those with assistant directors as needed to immediately address with area directors. Extra help reviewer completed 10 reviews for the month of January.

February 2018

- Waiver Core Team Meetings
- War Room Meeting (make-up UFACET)
- CHRIS/Exec monthly meeting

- SBCT Pulaski FTM's-attend monthly staffings, one special staffing
 - Issues identified/addressed out of SBCT:
 - Staff issues, notified Area 6 Area Director/Assistant Director of Community Services/Assistant Director of Infrastructure and Specialized Placements
 - Work with Behavioral Health Services unit staff on HLH for medication management services for client through HLH.
- CHRIS-several meetings to finalize requirements for SSRS report RE: cases with no actionable items. Met with new developers with Deloitte, case connect ITN/defect, and finalize current outstanding ITN's for February release.
- PIP meeting
- Permanency Safety Consultations with Pulaski (North, South, and Southwest office)
- Attend Statewide Supervisor Meeting in Arkadelphia; Supervision afterwards with Specialist
- Attend Coaching Training with Federal Compliance and IVE Waiver Administrator
- Programs Management Team
- CHRIS staff CANS/FAST/CP demo/training (shared 'practice' information behind CHRIS screens and demo of UFACET and changes to come)
- SBCT/AIR Meeting with DCFS (discuss evaluation plan)
- SBCT Stakeholder Meeting with AIR
- Present at Pulaski South monthly staff meeting, per Felicia Carter's request
- TSDT
- Ongoing:
 - Provide coupons (totaling 49 for month of February)
 - Provide assistance/troubleshooting on various CANS/FAST/Case Plan case specific questions and/or certification questions and issues from the field.
 - Case Reviews-reviewing weekly report from HZA to assign cases for review and then completing secondary review of Specialist's work prior to emailing to field/identifying safety issues that need to be immediately addressed and share those with assistant directors as needed to immediately address with area directors. Specialist completed 7 reviews for the month of February.

March 2018

- Waiver Core Team Meetings
- War Room Meeting (Peter Pecora Presentation)
- SBCT Pulaski FTM's-attend monthly staffings, one special staffing
 - Issues identified/addressed out of SBCT:
 - Staff issues- notified Milton/Angie/Christin

- Visitation issues-notified Milton/Angie/Christin (Milton reported there will be no further missed visitations in the case in question and also checked with all county offices about doing ‘group visitations’ and confirmed this practice will cease).
- CHRIS-several meetings to finalize requirements for case plan defects. Buddy testing with CHRIS specialist.
- Prepare DCFS all re: case plan defects to be sent out
- Permanency Safety Consultations (East and Jacksonville-Pulaski; Perry County)
- Facilitate training as requested by Area 1 Adoptions Supervisor re: case plans and CANS in adoptions cases
- Meet with Federal Compliance and IVE Waiver Administrator curriculum development for PIP practice trainings for CANS
- Participate in filming project for SBCT National; did individual interviews as DCFS Liaison and mock FTM
- Clarify CANS Copyright information (and Praed/Chapin Hall) for procurement
- Attend PCGS/PPES training
- AAIMH Webinar
- Present at New Supervisor Training
- Attend staff meeting
- Send training materials/info to Training Manager to share with field trainers
- Request clarification on chain of command when concerns arise in case review now that Prevention/Reunification unit is in place
- Attend Judge Warren’s Judicial Leadership meeting-review Trauma Audit and develop action steps based on the recommendations
- CANS Refresher-Little Rock
- Meet one-on-one with Supervisor rehired on after CANS Refresher
- Bentonville FTM’s
- Meet with new Community Coordinator to discuss DCFS/SBCT and get tour of HARK/Endeavor offices
- Complete inventory list
- Ongoing:
 - Provide coupons (totaling 35 for month of March)
 - Provide assistance/troubleshooting on various CANS/FAST/Case Plan case specific questions and/or certification questions and issues from the field (multiple questions re: case plan defects this month)
 - Case Reviews-reviewing weekly report from HZA to assign cases for review and then completing secondary review of Specialist’s work prior to emailing to field/identifying safety issues that need to be immediately addressed and share

those with assistant directors as needed to immediately address with area directors. Specialist completed 8 reviews for the month of March.

April 2018

- Waiver Core Team Meetings
- War Room Meeting (recap Peter Pecora presentation; next steps UFACET)
- SBCT Pulaski FTM's-attend monthly staffings, three special staffings, and court (also shared docket and Casey Family Programs visitors were able to attend part of a court day)
 - Issues identified/addressed out of SBCT:
 - Worked with FSW to identify placement for mom in SBCT case to be able to continue trial home placement plan after leaving Dorcas House
 - Emailed-re: issues identified with Pulaski County Community Coordinator, as requested by FSW on case
 - Follow-up-re: status of calling volunteer transporter list and ask for update
 - Share with Jeni SBCT roster that used to be completed monthly to help team keep up with cases and dates
 - Follow-up with Jeni-re: AFMC details/communications
- Get invite from ZTT to be part of AR Team to attend Cross Sites conference in August. ZTT will be covering all costs.
- Permanency Safety Consultations (Pulaski South, East, North, Southwest, Jacksonville)
- Facilitate training as requested by Benton County SBCT on CANS incorporation; CASA and SBCT Community Coordinator participated
- Reached out to Dr. Lyons several times on process clarification for approval of new manuals and sent draft of UFACET for next steps. No response in April.
- NYTD Review Day
- Participate in Secondary Policy Workgroup-2 meetings for month of April.
- Attend SBCT/ZTT Quarterly lunch meeting
- Observe staffing day in Jefferson County (statewide project manager for zero to three/SBCT) in anticipation of SBCT expansion in Jefferson.
- Domestic Violence Training put on by Zero to Three
- HARK Summit
- Assist prevention and reunification unit with some updates to review tools in Survey Monkey
 - Requested for all survey monkey users to notify me when get error/page won't load and work is lost so I can keep a log to notify survey monkey of the issue and extent of the problem.
 - Suggested everyone put page breaks in the tools to prevent sitting too long on one page as that seems to contribute to the issue

- Finalize details with CIP Director to do presentation on CANS at Children in the Courts in May (recommended by parent counsel from Safe Babies Court Team who was on planning committee)
- Bentonville FTMs
 - Identify staff issue and share with Assistant Directors of Community Services and Infrastructure and Specialized Placements. Multiple stakeholders on court team had specific examples and complaints of case work issues. Emails and information were forwarded to be addressed.
- Meet with new Community Coordinator to discuss DCFS/SBCT and suggestions for case organization and collaborating with DCFS staff
- Ongoing:
 - Provide coupons (totaling 38 for month of April)
 - Provide assistance/troubleshooting on various CANS/FAST/Case Plan case specific questions and/or certification questions and issues from the field (multiple questions re: case plan defects this month)
 - Case Reviews-reviewing weekly report from HZA to assign cases for review and then completing secondary review of Specialist's work prior to emailing to field/identifying safety issues that need to be immediately addressed and share those with assistant directors as needed to immediately address with area directors. Specialist completed 9 reviews for the month of April.

May 2018

- Waiver Core Team Meetings
- SBCT Pulaski FTM's-attend monthly staffings, two special staffings, and court.
 - Worked with interns on FTM notes from previous month when Community Coordinator was away.
 - Met-re: issues identified with Pulaski County Community Coordinator
 - Attended dinner with SBCT team to discuss what is working, what is not, and set new goals for the team
 - Determined SBCT would begin trying to get involved in cases sooner so that the Community Coordinator plays a bigger role in the initial case staffing; when we wait until after adjudication and then hold first FTM we are re-doing services and re-referring to different services as discussed by the team but it would be better for FSWs and families to get 'best practice'/individualized services from the initial case plan.
 - Held CANS training for Pulaski SBCT
 - SBCT monthly stakeholder meeting

- Multiple follow-up from case issues tasked to me as there was worker turnover in the cases. Issues also arose at a court hearing where the Department got an NRE and I provided the info to Area 6 Director and Community Services Director
 - Shared info on Parent Advocacy Council with SBCT parent counsel; Phil referred a client for the program.
 - Shared safety factors and expanded safety factors with SBCT team to utilize in assessing safety and decisions for reunification at staffings.
- Attend two day ASQ training put on by Zero to Three (children's assessment of developmental status and social emotional needs). Many stakeholders utilize this assessment.
- Attended Judge Warren's Judicial Leadership Meeting. Shared flyers on communication with CANS/FAST and policy on sharing and utilizing the assessments with family teams. Appointed to be on two work groups for Judge Warren: Trauma Informed Court Room and a Data Committee.
- Completed and got signed 1010 to attend Cross Sites conference in August. ZTT will be covering all costs.
- Permanency Safety Consultations (Pulaski, East, North, Jacksonville)
- Finalized Praed contract for next fiscal year
- Followed up with PRAED regarding next steps for UFACET. Got email contact from Management Project Analyst after finalizing contracts. They were very responsive and we now have specific points of contact moving forward.
 - Participated in conference call with leads who will be working on the manuals. They will begin working and gave estimate of end of June to have the draft back to us re-formatted.
 - Shared this update by email with Assistant Director of Specialized Placements to share with Director for War Room.
- Received notice from Praed on some changes to the training website format that will be implemented in June. Put in request to be cc'd moving forward when staff get emails with feedback after 3rd failed certification attempts so I know which and when staff are struggling.
- Observe staffing day in Jefferson County in anticipation of SBCT expansion in Jefferson.
- FASD Training put on by Zero to Three
 - Follow-ups from this to be explored further: PACE and FASD screening, Psychological Evaluations and FASD questions to identify in adults/parents
 - Went to Pulaski Supervisor Meeting with Dr. Burd to present on FASD and considerations in working cases
- Attended Family Map training at UAMS (another assessment tool used by many of our stakeholders/providers already)
- Presented at Children in the Courts on CANS/FAST and how it should be utilized by court teams. Attended multiple other sessions at CITC.

- Finalized journal article with Casey Family Programs and sent final approval
- Benton County SBCT:
 - Attend FTM's
 - Staff with supervisor what is going well and what isn't in the court team.
Discussed ideas on how the community coordinator and court team can support her staff and ways to get buy-in moving forward.
 - Discussion with Community Coordinator/Foster Care Manager and Adoption Manager on how to handle recruited volunteers for SBCT (what will process be, who will do background checks, etc.)
- Pending CHRIS Net Report:
 - Worked with CHRIS to get report finalized
 - Got Specialist access to test portal and report in order to test with me and provide feedback
- Ongoing:
 - Provide coupons (totaling 27 for month of May)
 - Provide assistance/troubleshooting on various CANS/FAST/Case Plan case specific questions and/or certification questions and issues from the field (multiple questions re: case plan defects this month)
 - Case Reviews-reviewing weekly report from HZA to assign cases for review and then completing secondary review of Specialist's work prior to emailing to field/identifying safety issues that need to be immediately addressed and share those with assistant directors as needed to immediately address with area directors. Specialist completed 8 reviews for the month of May; some of her time was taken in helping to test the new report).
 - Worked with Specialist on being able to send out reviews herself to staff. Manager is still reviewing before final email goes out but Specialist is drafting email with all attachments and feedback to staff and it is coming from her now.

Team Decision Making

Arkansas launched 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. Clay, Sharp, Hempstead, Nevada, and Ouachita Counties on June 13, 2016. Fulton and Izard Counties implemented November 6th, 2017. 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, 2019.

There are no current vacancies in the six implemented areas of TDM. All six Facilitators continue to act as back-ups in other areas when a Facilitator must be off. TDM also, has one back-facilitator from Bowen Law School. The back-up facilitator is utilized in Area 8.

Even after expanding the number of counties in each area covered by the TDM facilitators, referrals for TDM meetings have remained low. Protection Plan TDM meetings have decreased from the previous reporting period. There were 91 protection plans implemented in the previous reporting. During this reporting period there have only been 78 protection plans implemented, a decrease of 2 percent. 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. The number of Garrett's Law referrals accepted for investigation has consistently increased in recent years. There were 1,241 Garrett's Law referrals for SFY 2017. This represents a 9 percent increase from SFY 2016.

The number of Garrett's Law referrals in Pulaski County helped in the decision process of implementing Garrett's Law as a TDM trigger. In the previous reporting Pulaski County received 20 percent of all the Garrett's Law reports received by the Hotline statewide. According to data from *Summary of Garrett's Law Referrals for SFY 2017*, Pulaski County's Garrett's Law referrals decreased by 5 percent in SFY 2017. The information is obtained by Hornby and Zeller Associates' (HZA's) Summary of Garrett's Law Referrals. The data also showed for SFY 2017, Area 3 received the highest number of Garrett's Law referrals, at 5.4 percent, which were consistently assigned to Garland County one of the implemented TDM counties. For more information on Garrett's Law Referrals in SFY 2017, please refer back to the full *Summary of Garrett's Law Referrals for SFY 2017* within this report.

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. The new policy is still in the promulgation process to incorporate the new timeframes.

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 serves 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. The Waiver Core Team has continued to discuss other potential triggers for a TDM.

As of January 31, 2018, there have been 1,854 TDM meetings in the 30 implementation counties and these meetings have involved 4043 children. Of these 1,854 meetings:

- 37% were triggered by a protection plan, 60% were triggered by a Garrett's Law referral, and 2% were other meeting type.
- 65% of the TDM recommendations were to Maintain Children in Own Home/No Court Involvement.
- 28% of the TDM recommendations were to file for Court Intervention Not Involving Removal.
- 6% of the TDM recommendations were to file for any Type of Custody that Includes Removal. Of these children that were removed at the time of the TDM, 40% were on a Garrett's Law TDM and 60% on a Protection Planning TDM.
- 6% of the children involved in a TDM were removed within 30 days of the meeting.

Once technical assistance from Annie E. Casey Foundation ended in May 2015, the monthly Case Consultations continued and are led by the TDM Sponsor and TDM Lead on the second Wednesday of each month. The Case Consultations provide peer-to-peer learning, live case consultation, and guest speakers from the Community/Service Providers. In October of 2017, the TDM Program Manager and Differential Response Program Manager attended the International Conference on Innovations in Family Engagement in Vail, Colorado. At the conference, several new techniques and skills were shared that would benefit TDM meetings and practice in Arkansas. The TDM Program Manager will model the new techniques and skills to expand learning across the state. In November 2017, The TDM Program Manager and Area 2 Facilitator attended Children and Family Team Meeting Training in Illinois. The end of November 2017, Assistant Director of Prevention and Reunification and TDM Program Manager observed "live" Children and Family Team Meetings in Illinois. TDM Program Manager will model and share techniques learned from Children and Family Team meetings with TDM Facilitators to improve best-practice in Arkansas. Examples of techniques include:

- Family engagement of the supervisor and worker
- The worker and supervisor both meet with the family outside of the offices to engage the family Using flip charts to welcome families to meetings
- Case Reviews before meeting with families

As reported previously, 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/Program Manager, and a TDM facilitator have combined the One-Day Staff orientation and the TDM policy training into one training for field staff. MidSOUTH trainer and the TDM Program Manager and the area facilitator will be 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.

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. The facilitators have designed a three-hour curriculum 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.

TDM data is gathered by automated CHRIS Net reports for tracking, monitoring TDM implementation, and progress.

As previously reported, during the 2017 legislative session, the piece of Act 1017 of 2015 requiring all protection plans to be filed with the court was repealed. The new law only requires a protection plan to be filed with the court if after 30 days of the implementation of a protection plan the safety factor still exists. This new law went into effect August 1, 2017. The safety concerns will be reassessed in thirty days (30) and if the safety concern remains they are to file with the court, so the following new picklist value has been added to the TDM Meeting screen, under the TDM Recommendations: "File for Court Intervention not involving removal will be reassessed" was added on December 6, 2017.

Summary of Team Decision Making Activities for this Reporting Period:

August 2017

- TDM Supervisor completed a conference call with Casey Foundation concerning TDM triggers
- TDM Supervisor completed a conference call with Cleveland Ohio DCFS concerning TDM triggers
- TDM Supervisor conducted coaching and supervision with Area 6 Facilitator
- TDM Supervisor attended EXCEL training
- TDM Supervisor attended ACE meeting at AFMC
- TDM case consultation was held Aug 15th the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Sponsor and TDM Lead
- TDM Supervisor conducted Individual and Group Supervision
- TDM Facilitator in Area 2 contacted Southern Poverty Law Center and Mexican Consulate to gather resources for children and families
- TDM Facilitator in Area 3 met with CASA to use their building as a host location for TDM meetings

September 2017

- TDM Supervisor conducted coaching and supervision with Area Facilitators
- TDM case consultation was held on 13th of September; the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Sponsor and TDM Lead
- TDM Supervisor conducted Individual and Group Supervision
- Phone conference with Paul Vincent and Ann Stanley concerning Family Team Meetings
- TDM Supervisor and TDM Facilitators attend Stewards of Children training
- TDM Supervisor participated in a webinar on Housing and Family Instability
- TDM Supervisor and the Area 2 Facilitator attended a meet and greet for Local Law Enforcement in Fort Smith

October 2017

- TDM Supervisor conducted coaching and supervision with Area Facilitators
- TDM case consultation was held October 11th the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Sponsor and TDM Lead
- TDM Supervisor attend a luncheon with the Arkansas Coalition against Domestic Violence
- TDM Supervisor attended Innovations in Family Engagement Conference in Vail, Colorado
- TDM Training was held for Izard and Fulton County on October 25th

November 2017

- TDM Supervisor will conduct coaching and supervision with Area Facilitators
- TDM Supervisor and the Area 2 Facilitator attend Permanency and Values Training in Fort Smith
- TDM case consultation was canceled for November
- TDM Supervisor and Area 2 Facilitator attend Children and Family Team Meeting Training in Illinois
- Assistant Director of Prevention and Reunification and the TDM Supervisor attend observations training of Children and Family Team Meetings in Illinois

December 2017

- TDM Supervisor conducted coaching and supervision with Area Facilitators
- TDM case consultation was canceled for December
- TDM Supervisor conducted individual phone supervisor with Area Facilitators
- CHRIS enhancement was made to the TDM screen, which involved a new picklist item to the TDM recommendation screen: "File for Court Intervention not involving removal will be reassessed"

January 2018

- TDM Supervisor conducted coaching and supervision with Area Facilitators
- TDM case consultation was held on January 24th the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Sponsor and TDM Lead
- TDM Supervisor conducted Individual and Group Supervision
- TDM Supervisor attend DCFS Supervisor Training
- TDM Supervisor conducted individual phone supervision with Area Facilitators
- TDM Supervisor met with Pope County Case Work Supervisor and Conway County Supervisor to discuss concerns and strengths with TDM
- TDM Supervisor attended Permanency Safety Consult Training

February 2018

- TDM Supervisor conducted coaching and supervision with Area Facilitators
- TDM case consultation was held on February 14th, the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Sponsor and TDM Lead
- TDM Supervisor conducted Individual and Group Supervision
- TDM Supervisor attend DCFS Supervisor Training
- TDM Supervisor conducted individual phone supervision with Area Facilitators
- TDM Supervisor attended a TDM meeting in area five
- TDM Supervisor attended Permanency Safety Consult Training

March 2018

- TDM Supervisor conducted coaching and supervision with Area Facilitators
- TDM case consultation was held on March 16th, the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Sponsor and TDM Lead
- TDM Supervisor conducted Individual and Group Supervision
- TDM Supervisor attend DCFS Supervisor Training
- TDM Supervisor conducted individual phone supervision with Area Facilitators
- Meeting was held with Casey Family concerning statewide implementation for TDM
- Prevention newsletter was established for the Prevention Unit with the help of the CPS Manager
- TDM Supervisor attended Permanency Safety Consult Training

April 2018

- TDM Supervisor conducted coaching and supervision with Area Facilitators
- TDM case consultation was held on April 11th, the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Sponsor and TDM Lead
- TDM Supervisor conducted Individual and Group Supervision
- TDM Supervisor conducted individual phone supervision with Area Facilitators
- Area 2 and Area 5 Facilitators facilitated Stewards of Children training

May 2018

- TDM Supervisor conducted coaching and supervision with Area Facilitators
- TDM case consultation was held on May 9th, the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Sponsor and TDM Lead
- TDM Supervisor conducted Individual and Group Supervision
- TDM Supervisor conducted individual phone supervision with Area Facilitators
- Area 8 Facilitator facilitated Stewards of Children training
- TDM Supervisor attended Facing Recovery Together conference
- TDM Supervisor attended DEC Training in Newport and Russellville and presented Structured Decision Making

Nurturing the Families of Arkansas

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

As of Jan. 31, 2017, 862 NFA referrals have been received. 295 families (360 adults and 944 children) have successfully graduated and 120 families are currently receiving NFA services. This number includes those families that have had their first meeting, completed their assessment and have their first parenting session scheduled. The number of inappropriate referrals, or referrals closing prior to NFA completing (for a variety of reasons), has continued to decrease. All parents take a Comprehensive Parenting Inventory (CPI) pre, midway, and post program. The purpose of the CPI is to look at parenting behavior/knowledge in the 5 constructs of Appropriate Expectations, Empathy, Discipline, Appropriate Roles, Power and Independence as well as Nurturing Parent Knowledge and Nurturing Parent Use. Low scores (1-3) indicate a high risk for abusive parenting behaviors while high scores (8-10) indicate positive parenting attitudes with a low risk of abuse. Scores in the 5-7 range are "normal" and indicate a moderate risk of abuse. The goal of NFA is to move parents from low scores of 1-3/4 to the normal or high range with more nurturing parenting skills. Results of the CPI continue to show NFA as effective in lowering the risk of abusive parenting behaviors at the midpoint and the final assessment.

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

NFA administrative staff members have continued to use their autonomy to determine which referrals meet NFA criteria. If a referral has been made that does not meet criteria, but DCFS staff and NFA staff believe the family will truly benefit from the program, NFA Program Lead can request an exception from the In-Home Program Manager. These requests are few, but often approved. The most common reason to ask for the exception is that the family also has an open

FINS case. MidSOUTH documents when an exception is made. Hornby and Zeller Associates (HZA) discard any exception cases that get pulled in their evaluation sample since these cases do not meet the referral criteria set out in Arkansas' IV-E Waiver Demonstration Project Initial Design and Implementation Report (IDIR).

MidSOUTH continues to have moderate turnover with NFA staff, but for the most part have been able to fill vacancies in a timely manner. There is a Child Program Specialist (CPS) position in Jonesboro that they have had trouble filling. Currently NFA has 8 CPS educators and 9 PE (Parent Educators) throughout the state, including two bilingual PEs. There are currently 2 CPS positions open and 1 PE position open. All NFA employees have a minimum of a Bachelor's degree in social work, education, sociology, psychology, human services, counseling, or related field or have at least one-year experience with a social service organization and all must have at least 2 years' experience facilitating groups. All staff have attended NFA facilitator training and are cross-trained to be able to work with both parents and children. Due to expanding the age criteria, all NFA educators were trained in the NPP adolescent curriculum module and supplemental materials. NFA staff receive supplemental continuing education on specific topics such as trauma informed care, managing defiant behaviors, etc.

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

August 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 bi-lingual Educator completed NFA training.
- MidSOUTH NFA completed the implementation and Communication Plan for Expanding Referral Criteria.

September 2017

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA extended verbal offers for the Monticello, Jonesboro, and Fayetteville CPS positions.

October 2017

- NFA educators completed training in the NPP adolescent curriculum.
- NFA began accepting referrals up to the age of 18.
- CPS position for Monticello and Fayetteville were filled.
- CPS position for Jonesboro was reopened.

November 2017

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- CPS educators in Fayetteville and Monticello completed training.
- Jonesboro CPS position closed.

December 2017

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH Administrative staff, NFA programmatic lead, DCFS In-Home Program Manager, and DCFS Assistant Director of Prevention and Reunification had first monthly meeting.
- NFA Parent Educator in Jonesboro submitted resignation.
- NFA began providing weekly “active/triage” referral reports for Central Office, Area Directors, and field supervisors.

January 2018

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH Administrative staff, NFA programmatic lead, DCFS In-Home Program Manager, and DCFS Assistant Director of Prevention and Reunification had second monthly meeting.
- Interviews conducted for Jonesboro Parent Educator position and offer extended for the position.
- Jonesboro and Arkadelphia CPS Educator position posted.

February 2018

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

March 2018

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.

- MidSOUTH Administrative staff, NFA programmatic lead, DCFS In-Home Program Manager, and DCFS Assistant Director of Prevention and Reunification had fourth monthly meeting.
- Offers extended for positions in Jonesboro and Arkadelphia.
- One Jonesboro position reposted.
- One position posted in Fayetteville.
- 2 positions posted in Little Rock, including a bilingual position.

April 2018

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

May 2018

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

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 continues to have challenges in staffing. As of this reporting period Area 9 has had a vacancy since the former CES was promoted to a supervisor position. 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. Some of the CES staff have been assisting with casework and/or conducting foster home re-evaluations rather than being devoted to community engagement. During the next reporting period we will undergo strategic planning around foster home recruitment focusing on gaining foster parents that are willing to accept children that are ages 6 and up. The CES's will have a major role in the strategic plans and will be reporting their effort monthly.

Resource Development and Support

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

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

Community Partnerships

The ARCCC workgroup meets on a quarterly basis and was able to meet twice within this reporting period. The workgroup 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 group agreed that current foster parents are the best recruitment tool as they can give accounts of experiences they have had with foster children. The workgroup felt that it would be beneficial to have foster parents that accept teens in their homes to give accounts of their experiences at recruitment meetings.

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

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

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

ARCCC's current 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.

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. 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.

Plans to update removal screens in CHRIS have been put on hold as the decision to discontinue the GIS contract was made during this reporting period. The GIS contract will end on June 30, 2018. The decision not to renew the GIS contract was made due to the expense of the contract, the fact that the system is often down, and the information on the system being incorrect attributed to the end of the contract.

National Resource Center for Diligent Recruitment

The technical assistance that had previously been provided by the National Resource Center for Diligent Recruitment ended June 30, 2017.

Targeted Recruitment Tools

The tools CES and Central Inquiry Unit continue to utilize to guide recruitment include:

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

The CES continue to use the ARCCC Community Recruitment Team Charter for the ongoing work and implementation of the teams' area wide for ARCCC local recruitment teams. The purpose of the Charter is to set out expectations for community members that will assist with recruitment efforts. The components of the charter include:

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

CES continue to utilize the following tools to guide recruitment:

- Brochures and flyers that display targeted populations
- Guides for Provisional Relative and Fictive Kin placements
- “Road to Fostering” which identifies each step involved in the application process
- Foster Children Demographics by County – Age, Race and Gender
- Foster Families and Adoptive Families by County – Race

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

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

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

Summary of Targeted Recruitment Activities for this Reporting Period:

August 2017

Area 3

- Spoke at the Oaklawn Rotary Club and they plan to donate hygiene products to the families with open Protective Services Cases
- Participated at the Back to School Bash which was held at the Ouachita Children's Center
- Spoke at the Homeless Coalition in Montgomery County about partnering with DCFS
- Created a flyer for the informational meeting to be held in September

Area 4

- CES initiatives to promote foster care recruitment for the month of August focused on collaborating with community partners and attending back to school events to promote recruitment efforts.
- CES works with supervisor, resource workers, and recruitment team members to identify recruitment opportunities and recruit new foster families in Area IV. CES continues efforts to identify and recruit community partners and volunteers to assist and support recruitment efforts. Current and previous foster families, county office workers, and recruitment team members are encouraged to recruit among family, friends, and co-workers.

Area 9

- On 8/8/17 CES held the Poinsett County Recruitment team meeting at Gavin's in Harrisburg. The team discussed some further plans for the Community Outreach Meeting. CES also attended the Poinsett County Health Coalition this date at the DHS office.
- On 8/14/17 CES was the speaker for the Batesville Rotary Club at Kelly-Wyatt's Restaurant. Resource Supervisor, Susan Simmons, attended and observed CES at the meeting. CES spoke about the needs of Independence County, provided handouts, and answered questions.
- On 8/16/17 CES attended the Crittenden County Hometown Health Coalition where we are planning a health fair in West Memphis on 9/30/17 that CES will have a booth at.
- On 8/18/17 CES had an article ran in the Batesville Guard thanking Citizens Bank for sponsoring my booth at the fair and letting everyone know my contact information in case they were interested in getting involved.
- On 8/21/17 CES traveled to Central Office and picked up supplies for the upcoming Poinsett County Fair.
- On 8/22/17 CES traveled to Harrisburg and set up the booth for the Poinsett County Fair. CES worked the first night of the fair. The Extension building closed early this night and was not well attended.
- On 8/23/17 CES traveled to Harrisburg and worked a booth at the Poinsett County Fair talking to people about the need for foster homes in the area. FSW then traveled back to Independence County.
- On 8/24/17 CES traveled to Harrisburg and worked a booth at the Poinsett County Fair talking to people about the need for foster homes in the area. FSW then traveled back to Independence County.
- On 8/25/17 CES traveled to Harrisburg and worked a booth at the Poinsett County Fair talking to people about the need for foster homes in the area. FSW then traveled back to Independence County.
- On 8/26/17 CES traveled to Harrisburg and worked a booth at the Poinsett County Fair talking to people about the need for foster homes in the area. FSW then traveled back to Independence County.

- On 8/28/17 CES held the Jackson County Recruitment Team Meeting at US Pizza in Newport. The White County CALL Coordinator attended the meeting and shared her plans for Jackson County with DCFS Staff.

September 2017

Area 3

- Held recruitment meetings in all 9 counties
- Presented information on the need for foster homes at the Garland County Community Breakfast
- Spoke about the need for foster parents at the CADC Preschool in Delight
- Set-up a table at the Malvern High School Open House

October 2017

Area 3

- Attended the Garland County Community Breakfast
- Created a booth at the Boo with the Badge Event
- Spoke at Goza Middle School and gained 2 individuals interested in volunteering
- Held an informational meeting in Arkadelphia
- Spoke at the Hot Springs School District regarding the need for foster parents
- Created a booth at the Goat Festival in Perryville
- Created a booth at the Battle of the Badges in Sevier

Area 4

- Spoke at the UCRC meeting in Texarkana
- Attended the Hempstead County Chamber of Commerce Coffee and distributed information on foster care and volunteering
- Attended the Rotary Club meeting in Lafayette County and spoke about the needs of the county
- Attended the Battle of the Badges Recruitment Event in Dequeen
- Hosted a community outreach meeting in Miller County

Area 5

Vacant-filled beginning of October

- Attended the CALL meeting in Boone County to aide in coordinating a Christmas Pageant
- Hosted a booth at an adoption event
- Met with Boone County team to help coordinate Christmas gifts for foster children
- Promoted an adoption awareness event

November 2017

Area 5

- Hosted a booth at an adoption event for Adoption Awareness Month

- Worked with the CALL to put on the Christmas Pageant which raised \$2,000 and gained \$5,000 in donations
- Solicited local businesses to sponsor Christmas gifts for the foster children in Marion County

December 2017

Area 4

- Attended the Miller Hometown Christmas Event

Area 5

- Gathered Christmas gifts from community stakeholders in Marion County
- Assisted the staff in Boone County to put on a Christmas Event for the foster children
- Met with a local business owner who donated Christmas gifts for a sibling group of 4 and delivered the gifts to the children
- Accompanied the CALL when delivering care baskets to all of the foster homes in Boone County

January 2018

Area 5

- Assisted the CALL with two informational meetings; one being in Boone County and the other in Baxter County
- Participated in a panel at the foster parent training
- Attended a coalition meeting in Searcy County
- Met with the Judge for Boone, Newton, Marion, and Baxter Counties to discuss their thoughts on how to best serve the teens in these counties
- Interviewed two foster parents who foster teens to gain insight on how to best recruit foster parents for older children

February 2018

Area 3

- Has been covering Polk County resource since December and has not been able to do any community engagement

Area 5

- Attended the Area 5 supervisor meeting and discussed the needs of each county
- Attended Chocopalooza in Pope County and handed out recruitment materials and volunteer packets
- Held an informational meeting Pope County
- Assisted the Resource Unit by conducting IHC's and overdue evaluations
- Met with the staff in Conway County and discussed the needs of the county

- Met with stakeholders in Boone County
- Spoke with a superintendent about issues they are having with DCFS staff
- Began a support group for families that have children with developmental disabilities
- Spoke on the local radio station about the support group
- Met with the Prosecuting Attorney and the Supervisor in Pope County about increasing communication between the agencies

March 2018

Area 3

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

Area 4

- Vacant

Area 5

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

Area 7

- Sent notifications to Jefferson County foster parents regarding a training
- Contacted an individual regarding donations for refreshments to be served at the foster parent training
- Began planning an informational meeting to be held in Bradley County and reached out to local businesses to gain interest in attending the meeting.
- Met with an individual interested in opening a group home in Thornton

- Met with a family interested in adoption
- Attended an In-Home Consultation with the Resource Supervisor
- Hosted the informational meeting in Bradley County
- Registered Jefferson County for Kids Fest 2018 to be held in White Hall

Area 9

- Vacant

April 2018

Area 3

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

Area 4

- Vacant

Area 5

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

Area 7

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

- Attended the University of Arkansas Pine Bluff Unity Fest to pass out pamphlets for foster/ adoption

Area 9

- Vacant

Area 10

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

May 2018

Area 3

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

Area 4

- Vacant

Area 5

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

Area 7

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

- Contacted the Rotary Club in Cabot
- Assisted with a volunteer packet

Area 9

- Vacant

Area 10

- Vacant

Summary of Diligent Recruitment Activities:

Please see the Foster parent recruitment and retention activity update for updates for Diligent Recruitment Activities.

DCFS 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.

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 Please see Attachment H (Statewide meta-analysis report) and Attachment I (Areas 1-10), 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/ Public Consulting Group (PCG), 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

For some examples of how DCFS utilizes its data to connect its evaluations to performance and best case practice, please see the *Evaluation and Technical Assistance Plan* and *Evaluation and Technical Assistance Narrative* section.

Child Maltreatment Fatalities and Reviews

Another component of the Division's CQI processes are the efforts related to child maltreatment near fatality and fatality reviews. For more information on these processes, please see the *Steps to Track and Prevent Child Maltreatment Deaths* section.

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 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.

At the end of this reporting period, the DCFS Federal Compliance Office and IV-E Waiver Administrator began collaborating with the CQI Manager to re-institute area meetings to review the applicable QSPR and Meta-Analysis reports with staff in each area as well as provide a high level overview of the National Youth in Transition Database (NTYD) Review results. After presenting each of the reports, the DCFS Federal Compliance Office and IV-E Waiver Administrator will then work with the area staff to begin developing individualized Program Improvement Plans for each area. These meetings will begin in July 2018.

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.

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.

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>

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.

While meetings to review QSPR and Meta-Analysis Data Reports with Area Directors and their supervisors have been dormant for some time, the DCFS IV-E Waiver Administrator and Federal Compliance Officer and the CQI Manager have been working to schedule the next round of these meetings which will begin in the first part of SFY 2019. These two Central Office employees will travel to each area to review the findings outlined in each area's QSPR Synopsis and Meta-Analysis reports (as well as give a high level overview of some of the findings from the federal onsite National Youth in Transition Database (NYTD) Review). The goal of these meetings are to:

- Explain the findings to area and county leadership;
- Highlight strengths and weaknesses;
- Begin a discussion with each area about how to strategically address areas needing improvement in a written plan; and,
- Link the written plans to larger continuous quality improvement efforts within the Division.

DCFS also utilizes workgroups to delve into data and research particular issues, such as the DCFS Compliance Outcome Report (COR) Workgroup. Such workgroups are an important component of DCFS' continues quality improvement processes. This year, the COR Workgroup analyzed the standing Compliance Outcome Report as well as staff's use of the various elements within the COR. Workgroup members are given follow-up assignments and report back to the group following their efforts. This process is aimed at making revisions to COR in the forthcoming state fiscal year to ensure that it provides information to drive field staff decisions and make it more user-friendly.

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

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

Furthermore, specific data related to child welfare is being shared with the Statewide Child and Adolescent Services System Program (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.

DCFS has a good partnership with the Court Improvement Project (CIP) staff within the Administrative Office of the Courts and has participated in meetings and trainings. The CIP Director has been involved in the Division's program improvement planning, and several members of the DCFS Executive Team serve on the CIP Child Welfare Taskforce.

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. Various PIP workgroups and shared project strategies in PIP such as Concurrent planning workgroup and, getting input from Judges using survey monkey has been a continued collaborative effort during this reporting period.

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

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.

CHILD ABUSE PREVENTION AND TREATMENT STATE PLAN

The Arkansas Child Abuse Prevention and Treatment (CAPTA) State Plan assures that Arkansas directs funding to the CAPTA allowable and required programmatic areas. The 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

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.

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

Effective July 27, 2011 statutes were 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) and Plan of safe care

Please see "Amendments to CAPTA made by the Comprehensive Addiction and Recovery Act of 2016" (CARA) section below for updates regarding CARA.

DCFS understands there are still concerns from the Children's Bureaus regarding the impact of Act 713 of the 91st General Assembly on confidentiality of children and families involved in maltreatment investigations. The DCFS Director has requested the Children's Bureau to submit its concerns in writing so that the Division may then explore drafting legislation to run during the 2019 Arkansas General Assembly Regular Session to address the concerns.

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 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.

Activities Supported by CAPTA and Prevention Funding:

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.

Outline of Activities for SFY 2018 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.

During the last fiscal year (SFY 2018), the activities for CAPTA include:

The Fetal Alcohol Spectrum Disorder Taskforce

The FASD Taskforce 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 Taskforce, 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, Children of Arkansas Love for a Lifetime (The CALL) support group meetings, Statewide FASD trainings for Agency Staff to include: FSWs, FSW Supervisors, County Supervisors, Investigators, and Resource Specialists and additional speaking events in community settings with stakeholders.

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, 2017 – June 30, 2018.

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)
- **SFY 2018** - IFS was provided in 56 counties (69% of the state covered)

Currently the DCFS has 56 counties covered for IFS Services from the latest procurement, 69% 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, 2018.) DCFS continues to receive a pre and post North Carolina Family Assessment Scale (NCFAS) for every client from each IFS provider. 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. 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 Pope, Logan and Ouachita Counties. Arkansas will determine if a fourth panel will be established to replace the Carroll County panel that disband in June 2016. 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.

Update on Services to Substance-Exposed Newborns:

Garrett's Law

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

<http://humanservices.arkansas.gov/dcfs/dcfsDocs/Master%20DCFS%20Policy.pdf>

More specifically, please refer to:

- Policy II-D: Child Maltreatment Investigations, p. 40 under "Investigation Initiation Timeframes" as well as pp. 48-50 under "Investigative Determinations and Resulting Referrals and Case Openings
- Procedure II-D7: Other Child Maltreatment Investigation Activities," Item C, pp. 55
- Policy II-F: Team Decision Making, pp. 68-71
- Procedure VIII-D4: Fast Track Adoption Under Garrett's Law, p. 259

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.

While Arkansas's current draft of its Child and Family Services Review (CFSR) Program Improvement Plan (PIP) has a strong focus on safety, particularly regarding the assessment and monitoring of safety in investigations and cases related to substance abuse, at this time the Division does not anticipate requesting technical assistance to improve practice and implementation in this area specific to Garrett's Law (though the goal is that the broader efforts to improve assessment and monitoring of safety issues when substance abuse is involved will positively impact the Garrett's Law population).

Additional work related to Garrett's Law referrals that has taken place during this reporting period included the ongoing Arkansas Foundation for Medical Care 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 2018, DCFS also continued its contract with Arkansas Children's Hospital/Arkansas Home Visiting Network to implement the evidence-based SafeCare Home Visiting Program in Arkansas. SafeCare is currently active in Pulaski County and provides 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. Arkansas Children's Hospital/Arkansas Home Visiting Network is currently working to develop another SafeCare Program in Northeast Arkansas and Sebastian County with plans to launch these two new sites in SFY 2019.

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.

During this reporting period, when the Child Abuse Hotlines sent an FASD R and A, to DCFS, it was initially sent to the FASD FSW in Central Office. The FASD FSW then worked 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 determined whether a plan of safe care is necessary. If a plan of safe care is deemed necessary, the FASD FSW from Central Office worked 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 became primary on the case and the FASD FSW is assigned as secondary.

However, in May 2018 the FASD FSW resigned from her position. DCFS Executive Staff is currently exploring restructuring how the FASD R and As are handled. Moving forward, these R and As may be assigned to Differential Response staff in an effort to have a more localized approach.

For more information regarding referrals of infants born and affected by FASD, please the DCFS Policy Manual:

<http://humanservices.arkansas.gov/dcf/dcfDocs/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. Once enabling legislation is passed in the 2019 legislative session, this policy will be revised and related CHRIS enhancements will be made 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.

The Children’s Trust Fund Director, now housed within DCFS, already has good working relationships with hospitals across the state. As such, the Division anticipates that once it is determined if and how Differential Response staff will be involved with FASD-related R and As, 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 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). 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 G: Program Improvement Plan for CARA Requirements Updated June 2018 which is designed to bring Arkansas into compliance with these requirements over the course of the next reporting period, contingent upon the outcome of the 2019 Arkansas Legislative Session.

The Division is currently exploring how to address multi-disciplinary outreach, consultation, and coordination to support the implementation of the forthcoming CARA legislation as well as the existing CAPTA requirement for health care providers involved in the delivery of infants to report to the hotline infants born with or affected by FASD. DCFS anticipates beginning to work with hospitals through which the Children’s Trust Fund Director already has relationships as well as collaborating with a variety of other stakeholders such as the Commission on Child Abuse, Rape, and Domestic Violence, the Court Improvement Project Child Welfare Taskforce, and the DCFS Advocacy Council.

Arkansas currently understands that it is not eligible at present for the increased funding due to not yet being in compliance with CARA as well as the confidentiality portion of CAPTA for which a Program Improvement Plan is currently under development. Regardless, the In-Home Services Unit will begin to look more closely at monitoring and providing technical assistance with plans of safe care. The responsibility for FASD-related plans of safe care will switch to

Differential Response Supervisors in the field in the fall. A training for this population is currently under development.

The state does not currently require technical assistance to support the implementation of the CAPTA/CARA provisions.

Amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015

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:

- Implemented Division policies and procedures in 2016 and 2017 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.
- Conducted a one-day (6 hour) child sex trafficking training for Family Service Workers and Family Service Worker Supervisors during SFY 2017. 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 of, 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 of, 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.

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 2019 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.

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 17-19, 2018, there were 2,409 traffic stops and 199 non-traffic stops conducted that resulted in 8 children under the age of 16 checked through NCIC and 25 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 06/26/18, six children have been reported using this new mechanism during SFY 2018 compared to last year's numbers as we didn't start capturing data until May 30, 2017 and we noted as of 06/30/17, only one child had been reported .

In addition, in January 2018, the Division changed the functional job description of an existing DCFS Quality Assurance Coordinator to include monitoring the CHRIS Net report containing information for youth currently on runaway status in the system. This employee reviews these cases in CHRIS and, in collaboration with primary assigned worker, conducts a variety of efforts to help locate the youth. This Quality Assurance Coordinator has also developed a checklist to provide staff with a Due Diligence Checklist specific to locating older youth. This new role and focus on runaway or other missing children has already resulted in three youth on the runaway report being located. This new role within Central Office is not only significant on its own in terms of locating youth for which the state is responsible, but also critical to provisions regarding identifying and assessing known or suspected child sex trafficking victims since missing youth are often more vulnerable to sex trafficking.

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.

McKinney-Vento Homeless Act/Every Student Succeeds Act

During this reporting period, the Division of Children and Family Services (DCFS) and Arkansas Department of Education finalized a Memorandum of Understanding (MOU) to clarify expectations and responsibilities of the two agencies in regards to the "Every Student Succeeds Act (ESSA)."

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.

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 and other activities designed to ensure the educational stability of children in foster care. These include:

- Trainings conducted for DCFS Financial Coordinators around the state on Education Finance as it relates to foster care. Included in the training:
 - Emphasis on more collaboration between DCFS and the Local Education Agencies (LEAs) toward transportation, school of origin, and best interest determination;
 - Tutoring information;
 - Every Student Succeeds Act (ESSA) and the amendments for foster care from McKinney Vento to Title 1 Part A;
 - Other assurances for children in foster care necessary for their educational stability.
- Trainings for new workers and DCFS staff continue to be held around the state as part of the New Staff Training Foster Care Concentration to share information aligned with ESSA and assuring educational stability. In the training DCFS staff receive information regarding:
 - Children in foster care being covered by Title I Part A
 - More collaboration between DCFS and the LEAs toward best interest determination considering:
 - Appropriateness of the current educational setting and the child's proximity to the school of origin;
 - Immediate enrollment;
 - How transportation will be provided, arranged and funded;
 - Resources available and points of contact;
 - Addressing issues effecting a child's academic progress;
 - Differences between 504 and Special Education Individualized Education Plans (IEPs) and the process of placement and programming for each category of disability;
 - Academic and behavioral interventions for both 504 and Special Education;
 - Response To Intervention program;
 - Different aspects of dispute resolution;
 - Updating the education information in CHRIS to include the name of the school/district the student is attending.
- Workgroup to develop the DCFS Secondary Services policy which included the educational responsibilities of a child's primary and secondary Family Service Worker.
- Memorandum of Understanding between DCFS and ADE was updated to continue to give DCFS staff access to individual student transcripts.

- Efforts are being made to explore making the web-based tutorial program, IXL Learning, available to children in foster care in Arkansas. The program helps to reinforce skills for children who are behind in math, English language arts, science, Spanish, and social studies for students in grades preK-12. Skills and practice questions are aligned with Common Core and state standards.
- Support to DCFS staff and foster parents on steps toward resolving educational issues utilizing education law, guides, information, and other resources available. On average, the Educational Specialist works with staff and foster parents on these individualized education issues for approximately 40 children in foster care per month.
- Work to address issues with various school districts on a daily basis that affect the programming and placement of children in foster care with various school districts.
- Continued progress toward the development of the Education Practice Guide for field staff and updating the Foster Parent Handbook.

CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (TRANSITIONAL YOUTH SERVICES)

General Chafee Foster Care Program for Successful Transition to Adulthood 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 Program for Successful Transition to Adulthood 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 YYS program requirements include:

- A. Provide the youth with the opportunity to be actively engaged in all case/client plans impacting his or her future, including, but not limited to a Transitional Plan and a Life Plan.
- B. Empower the youth with information regarding all available services and options and provide the youth with the opportunity to participate in services tailored to his or her individual needs and designed to enhance his or her ability to acquire the skills necessary to successfully enter adulthood.

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

Within 30 days of entering care, or within 30 days of turning 14 years of age, whichever comes first, youth receive PUB-49: “Be Your Own Advocate: The Short List,” which is a document that describes their rights while in foster care:

<https://ardhs.sharepointsite.net/CW/DCFS%20Publications/PUB-49.pdf>

Arkansas state law 9-28-111 requires this separate document that must be provided to youth 14 and older regarding the rights of the juvenile concerning education, health, visitation, and court participation; the right to obtain a copy of a credit report each year the juvenile remains in custody of the department at no cost to the juvenile; and the right of the juvenile to receive assistance in interpreting and resolving any inaccuracies in the credit report. The state has an MOU with credit bureaus to ensure a batch report of eligible youth are submitted to the credit bureau to then run a report on youth to determine which youth have no credit history, which youth have an information mismatch, and which youth have a credit history so that the Division may then address as appropriate on behalf of the youth.

The youth’s FSW and AAL also sign the CFS-007. The form is printed in triplicate so that the youth, FSW, and AAL may all retain a copy for his/her records. PUB-40 and CFS-007 are included in the doc tracking screen in CHRIS so that the child’s FSW may document when these materials are provided to the youth.

As per DCFS Policy IV: ASSESSMENT OF FAMILY STRENGTHS AND NEEDS TO DEVELOP INDIVIDUALIZED CASE PLANS, youth are to be involved in the development of their CANS and case plan.

Arkansas provides a variety of services and supports to help youth transition to adulthood such as Life Skills Classes that cover topics that include but not limited to banking basics, hygiene and general health, budgeting, the college application process, creating a resume, job interview preparation, meal planning and shopping, basic cooking skills, etc. Placement providers also play a key role in ensuring that youth learn basic household management skills and adequate educational support. The Division also offers several financial supports to assist youth with achieving normalcy while in foster care as well as helping them to transition to adulthood. Please see the following resource guide to this effect:

<https://ardhs.sharepointsite.net/CW/Resources/Transitional%20Services%20Supports%20Table.pdf>

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. This form meets the Arkansas law 9-28-111 requirement for a juvenile in foster care to be provided this signed acknowledgement by the juvenile that the juvenile has been provided with a copy of PUB-49 and that the department explained the rights to the juvenile in a developmentally appropriate and age appropriate way. This law also allows for the youth to choose additional members to be a part of his/her case planning team.

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.

<https://ardhs.sharepointsite.net/CW/DCFS%20Publications/PUB-50.pdf>

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 Transitional Plan states that the youth has the right to remain in foster care after reaching 18 for education, treatment, work, or specific programs or services including but not limited the Chafee Program and other transitional services. In addition, the youth's transitional plan within the case plan also addresses the areas of information regarding parents and siblings; foster care placement history; educational assistance; developing and maintaining lifelong connections; other services tailored to meet youth's individual needs; health records; and educational records.

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 even then only when APPLA is the most appropriate case plan goal. All youth 16 and older must be asked about his or her desired permanency goal at the permanency planning hearing or have the youth’s attorney *ad litem* enter evidence concerning the youth’s wishes if the youth does not feel comfortable speaking in court.

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

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

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

- A. Youth in foster care, beginning at age 14 and continuing until the youth completes high school or other secondary educational program, may receive services such as life skills assessment, basic life skills training, and other services such as tutoring that can be approved on a case-by-case basis.
- B. Youth may choose to remain in care until the age of 21 and are eligible for Chafee services if they meet any of the following conditions:
 - 1) Youth is completing secondary education or a program leading to an equivalent credential; or,
 - 2) Youth is enrolled in an institution which provides post-secondary or vocational education; or,
 - 3) Youth is participating in a program or activity designed to promote, or remove barriers to, employment; or,
 - 4) Youth is employed for at least 80 hours per month; or,
 - 5) Youth is incapable of doing any of the above described activities due to a medical condition, which incapability is supported by regularly updated information in the case plan.
- C. If a youth was in foster care on his or her 18th birthday, and the foster care case is closed, he or she will be eligible for After Care services and support until age 21.

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

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

DCFS provides, either directly, through contract, or through other community resources, those services and supports identified in the life skills assessment that are indicated to help the youth achieve successful transition to adulthood. Life Skills classes are also 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.

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 26, 2018, 204 youth were participating in the Extended Foster Care Program throughout the state. This number reflects the average number of youth that were typically served by the Extended Foster Care Program on any given day during this reporting period.

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 entered into a guardianship 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 may be 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 to 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.

Currently there are 131 youth who have a TYS Sponsor.

After Care Services and Supports

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

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

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

Additionally, a youth must have a budget and a plan that includes participation in education, employment, training, or treatment in order to be eligible for after care. After care support is generally limited to \$500 in any one month and may be requested for a total of \$2000. After care

support may include expenditures for education or training programs, housing, insurance, housing set-up, transportation, utility bills, or utility deposits. After care support is paid to the provider, not the youth. Reimbursement may be made to the youth if documentation of the expense is provided. After care support does not include amounts available through ETV. Youth eligible for after care may also participate in life skills classes.

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 Chafee. 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 Driver's License/Car 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 Coordinators 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. Life Skills Classes cover topics that include but not limited to banking basics, hygiene and general health, budgeting, the college application process, creating a resume, job interview preparation, meal planning and shopping, basic cooking skills, etc. This information is then compiled to provide the number of youth participating in Life Skills classes across the state. In SFY 2018 (July 1, 2017 through June 30, 2018) 2,853 participated in Life Skills classes offered by DCFS staff. This was a duplicated count of youth for the year.

Life Skills Classes held SFY July 1, 2017- June 30, 2018
Presented by Arkansas Transitional Youth Services Coordinators

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

July 2017:

Area	# of Youth
1	33
2	14
3	28
4	35
5	NO INFORMATION PROVIDED!
6	55
7	14
8	33
9	15
10	57
Total	284

August 2017:

Area	# of Youth
1	8
2	19
3	31
4	0
5	NO INFORMATION PROVIDED!
6	42
7	5
8	26
9	14
10	20
Total	165

September 2017:

Area	# of Youth
1	39
2	19
3	43
4	36
5	18
6	38
7	52
8	15
9	15
10	52
Total	327

October 2017:

Area	# of Youth
1	30
2	20
3	24
4	32
5	18
6	37
7	14
8	28
9	25
10	54
Total	282

November 2017:

Area	# of Youth
1	26
2	19
3	NO INFORMATION PROVIDED!
4	29
5	22
6	52
7	13
8	25
9	23
10	30
Total	239

December 2017:

Area	# of Youth
1	39
2	29
3	17
4	33
5	22
6	0
7	15
8	0
9	25
10	31
Total	211

January 2018:

Area	# of Youth
1	28
2	31
3	30
4	20
5	20
6	68
7	15
8	27
9	23
10	62
Total	324

February 2018:

Area	# of Youth
1	33
2	35
3	NO INFORMATION PROVIDED!
4	11
5	39
6	56
7	15
8	35
9	0
10	54
Total	278

March 2018:

Area	# of Youth
1	45
2	23
3	22
4	23
5	52
6	96
7	47
8	22
9	0
10	56
Total	386

April 2018:

Area	# of Youth
1	39
2	41
3	18
4	0
5	35
6	108
7	45
8	24
9	8
10	39
Total	357

Accomplishments Related to the Chafee Foster Care Program for Successful Transition to Adulthood

Annual Youth Leadership Conference

DCFS hosted two Youth Leadership Conferences in 2017, which were both held at the Arkansas 4-H Center in (Ferndale) Little Rock, Arkansas. A total of 126 youth participated in the 14-16 year old conference, and 61 youth participated in the 17-21 conference along with a host of chaperones and DCFS staff in attendance at both conferences. The conferences are 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. Relationships 101: The Good, The Bad, The Ugly

Relationships with most people are hard, and can get even more complicated when strong

emotions are involved. We will be looking at what it takes to have a good relationship, what causes relationships to be bad, and what to do if a relationship becomes ugly.

3. Be in the Know: The Ins and Outs of Being a Teenager in Foster Care

Come learn about what to expect in foster care! Even if you have been in foster care for a little while, are you sure you know everything there is to know? For example, do you know what your CANS assessment is? Come learn about your rights and other aspects of foster care including the CANS assessment – the tool that assesses your needs and strengths and helps determine what goes into your case plan.

4. High Expectations:

Society is filled with messages on the harmlessness of marijuana. How are teens supposed to make sense of the competing messages between caring adults and what they see in the media and among some of their peers? This workshop cuts through the partisan information and provides unbiased, scientific facts about the effects of marijuana.

5. Take Control: Inform Yourself about Sex Trafficking

Unfortunately sex trafficking is a reality in our world today, and youth in foster care can be vulnerable targets. Come learn in a safe environment what qualifies as sex trafficking, how to identify red flags and characteristics of traffickers, and where to go for help.

6. Advocating for Change: A Call to Action

Be a part of the change! This workshop will provide information on the first Arkansas Foster Care Alumni Group that is currently under development. This will include a discussion on how YOU can help change the foster care system in Arkansas and become an advocate for not only yourself, but others in care as well.

7. Transitional Planning: UXD (User Experience Design)

In this interactive workshop you will work with your friends to create and share ideas to take your transitional planning to the next level. You will leave this session with 3 strategies to make sure your voice is heard in your next planning meeting.

8. Independent City

Are you sure you're ready to leave the foster care system prior to 21? You will find out how ready you really are in Independent City! Explore job preparedness, banking, housing, education, and more in one interactive workshop.

The Youth Advisory Board hosted a talent show for both conferences on each evening of the conference, and the youth had a blast! Military, business, and college recruiters were also present at the conference to provide information and have conversations with the youth.

In addition, during SFY 2018, the Youth Leadership Conference for Youth Ages 16-20 was held May 31-June 1, 2018 at the Arkansas 4-H Center in Ferndale, AR. Workshops at this conference included:

1. Understanding the Reality of Invisible Chains:

Unfortunately sex trafficking is a reality in our world today, and youth in foster care can be

vulnerable targets. Come learn in a safe environment what qualifies as sex trafficking, how to identify red flags, and characteristics of traffickers, and where to go for help.

2. Bullying, Cyberbullying, and Internet Safety:

This training is designed to educate children, teens, and adults about all the dangers associated with social media such as bullying/cyberbullying, sexting, ID theft, online predators, and more. This training is not only an educational tool but a preventive tool for everyone.

3. Banking 101:

Learn the in's and out's about basic banking such as the different kinds of accounts, what fraud looks like, and why your credit score is one of the keys to getting your own apartment, your own car, and much more!

4. Independent City:

Are you sure you're ready to leave the foster care system prior to 21? You will find out how ready you really are in Independent City! Explore job preparedness, banking, housing, education, and more in one interactive workshop!

5. Why You Want to be "NYTD":

NYTD stands for the National Youth in Transition Database. It is a nation-wide effort to collect data about youth age out of the foster care system. Come learn what this survey entails and how you can lend your voice to inform not only Arkansas, but also Washington, D.C. about the outcomes of older youth in foster care.

6. Aging out at 18, Why not 21?

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. Come learn TYS Coordinators and YAB members will engage workshop participants and discuss benefits of remaining in care until 21.

The Youth Advisory Board members also organized a scavenger hunt for the youth attendees as well as emceed an evening talent show. Free time activities included Painting with a Twist, a yoga session led by a certified instructor, an opportunity to create a vision board as well as basketball and a movie.

Driver's License and Car Insurance Reimbursement Program Updates

During this reporting period, in an effort to streamline the review and approval process for the DCFS Foster Care Driver's License/Car Insurance Reimbursement Program, the TYS Program Specialist and DCFS Assistant Director used recommendations from youth in foster care and collaborated with TYS Coordinators to redesign and reduce the forms for this process as well as to provide more options for youth and/or foster parents to submit these materials. In addition to the revised forms, youth and foster parents now have the option to directly submit the application for this program to the TYS Program Specialist. Upon receipt of the completed application, the TYS Program Specialist then reaches out to the applicable field staff via email to obtain other required information and documentation. This new process has only been implemented for approximately one month (since May 2018), but the hope is that the time to approve a youth for the Driver's License/Car Insurance Reimbursement Program will be decreased since the number

of forms have been reduced and since it no longer requires hard copy forms to go across multiple counties for signature from various field employees.

Mentor Matching

The DHS Office of Community and Faith-based Partnerships has continued to work 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 assists Immerse in recruiting volunteer mentors for this program. To date six youth with either current or previous involvement with DCFS have been matched with a mentor through this program.

Other accomplishments include:

- The TYS Program Specialist and YAB members represented the Youth Advisory Board at “The Different Hats of Independence” Conference held in Bentonville, AR in September of 2017.
- The Senior Recognition/Educational Achievement event was held at Fellowship Bible Church May 16, 2018 to recognize DCFS Graduating Seniors and those who had earned their GED over the year. 90 youth either earned their high school diploma or GED.
- In April of 2018, the Youth Advisory Board President and Vice President represented the state of Arkansas as Youth Ambassadors in the federal onsite National Youth in Transition Database Review (NYTD) Review. These youth representatives participated the entire week of April 24 – 27, 2018. There also was a youth focus group held April 26, 2018 that allowed several other youth the opportunity to participate in the NYTD Review.
- Youth Advisory Board members spoke at the Arkansas Therapeutic Foster Care Training/Meeting on May 4, 2018 to share their experience in foster care and shared how Providers, Foster Parents, Staff members, etc. can help improve the system.
- Development of a Transitional Youth Services Financial Support Table to help summarize potential supports and expenses allowable under the Chafee Foster Care Program to help ensure consistency among staff and stakeholders regarding financial support for youth in foster care ages 14 and older.

Activities planned for SFY 2019

- The TYS Program Specialist will attend the Chafee Foster Care Program for Successful Transition to Adulthood and Educational and Training Voucher Program Coordinators Meeting along with our Youth Advisory Board Vice President July 19-20, 2018 in Washington, D.C.
- Youth Leadership Conference for Ages 14-15 from August 6-7, 2018 at the Arkansas 4-H Center in Ferndale, Arkansas.

- Exploration of collaboration with stakeholders to expand Chafee-related services and supports such as:
 - The Lewis Group/Arkansas Rehabilitation Services to focus on job placement/development for individuals with disabilities;
 - Community stakeholders interested in providing additional Life Skills Classes to supplement the Life Skills classes currently conducted by DCFS TYS Staff and reach a larger population of teens in foster care;
 - Providers in the area of prenatal and parenting supports.
 - Web-based tutorial program, IXL Learning, to help reinforce skills for youth who are behind in math, English language arts, science, Spanish, and social studies.
- Determination as to whether the state will be able to expand its Chafee Foster Care Program for Successful Transition to Adulthood to youth ages 21-22 as allowed by the Family First Prevention Services Act. The state has already submitted questions to the Children's Bureau to help make this assessment. The state understands that it must submit to the Children's Bureau a certification signed by the Governor by no later than August 15, 2018 if it elects to expand its Chafee Foster Care Program for Successful Transition to Adulthood to the age of 23.

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 were initially plans for the TYS Program Specialist to absorb these duties in SFY 2018, but the Division was able to change the functional job duties of an existing DCFS position to focus on NYTD, among other duties. This employee is responsible for ensuring that staff perform due diligence in locating youth for the follow-up NYTD populations. She assists them by providing a list of websites and social media platforms that may be helpful in locating the youth and also coaches staff through these processes upon request. This employee is also responsible for monitoring the CHRIS Net Report that lists youth who are currently on runaway status. She then conducts research through various social media platforms and public records as well as collaborates with the National Center for Missing and Exploited Children and local law enforcement to locate and pick up these youth. As of August 24, 2018, she has located 22 youth.

The Division continues to provide a \$25 gift card to the teens after completing the follow-up surveys as an incentive. This has proved to have an impact in participation. A spreadsheet is maintained and provided to make sure each teen, in fact, did receive their card.

For 2017B:

Arkansas successfully submitted **NYTD 2017B** (April 1, 2017 to September 30, 2017) File to the Children's Bureau on 11/13/17.

In this reporting period, **1,024** total Clients in the **Served** Population were submitted (**1,085** in 2017A last submission).

There were **111** 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 federal guidelines.

With this Submission there was a System-Generated Potential Penalty of **1.25%** for the following reason:

- **35-Date of outcome data collection: 71.17% 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 after the Client's 17th birthday.

The Initial Determination of Compliance letter stated:

We noted during this review that 22 out of 32 baseline youth records with late survey information contained dates for element 35 that fell in the 2018A report period instead of the report period that corresponds to this compliance determination. For this reason, we are not finding the state out of compliance for the period ending September 30, 2017. However, we will continue to monitor the state's survey performance as part of the state's upcoming NYTD Review.

For 2018A:

Arkansas successfully submitted our NYTD 2018A (October 1, 2017 To March 31, 2018) File to the Children's Bureau on Wednesday, 05/11/18.

In this reporting period, **1,019** total Clients in the **Served** Population were submitted.

There were **57** in the **21 year old Follow-Up** Population.

The **Baseline** Population **was not** included in the submission for this period as per the federal guidelines.

With this Submission, there **was** a **0.50%** System-generated potential penalty. **Reason (Error Description):**

- **53.7%** of youth in the follow-up population who are not in foster care participated in outcomes data collection but the State must report outcomes information on at least 60% of such youth.

For a State's data to comply with the NYTD standards, it must:

- Garner the participation in the outcomes survey of at least 60 percent of 19 or 21 year old youth in the follow-up population who are no longer in foster care. For youth who are still in foster care as described at 45 CFR 1355.20 at ages 19 or 21, the State must achieve an outcome survey participation rate of at least 80 percent.

During this reporting period, the State participated in an onsite Federal National Youth in Transition Database Review. Prior to the review, the Quality Assurance Coordinator for NYTD developed a PowerPoint presentation to explain NYTD and the associated Federal NYTD Review to staff and youth. Versions of this PowerPoint were presented to TYS Coordinators and TYS Supervisors as well as the Youth Advisory Board. In addition, short videos developed by the Children's Bureau were also shown to the Youth Advisory Board during one of their monthly meetings. General information about the Federal NYTD Review was also shared at the Statewide DCFS Supervisor Meetings held throughout the state in Spring 2018. Finally, a brief overview of NYTD and the Federal NYTD Review was also sent via email to foster parents, youth, court

representatives including judges, and service providers in an effort to also ask these various stakeholders to participate in the focus groups held during the onsite Federal NYTD Review.

Also in preparation for the April 2018 NYTD State review, CHRIS staff reviewed and updated the Guide to NYTD Review. During the review of the guide and checklist, CHRIS/DCFS staff also tried to identify areas needing improvement **prior** to the NYTD State review. An example is 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. CHRIS staff will correct the logic to allow another race to be selected when ‘Unable to Determine’ is selected. CHRIS staff also worked on a known Client Merge issue that can cause the Cohorts not to show the correct Client list. CHRIS staff also reviewed:

- The automatic NYTD email logic
- Language in email as well as frequency and who receives the email
- NYTD web Survey.

The actual onsite Federal NYTD Review included a demonstration of its SACWIS system as related to NYTD and general TYS screens, a case review of 30 randomly selected files that included a representation from served, baseline, and follow-up populations, and focus groups with a variety of DCFS staff, youth, foster parents, judges, service providers, and other stakeholders to discuss NYTD and the Transitional Youth Services Program. The Arkansas Youth Advisory President and Vice-President participated throughout the week-long review as representatives youth in Arkansas DCFS foster care.

Following the review, DCFS shared some of the preliminary findings from the review week with the DCFS Advocacy Council as well as the Court Improvement Project Child Welfare Taskforce. It was also shared at these events that once the state receives its formal report, the Division will need a diverse group of stakeholders to participate in the development of the NYTD Program Improvement Plan (PIP) as well as the results of the state’s NYTD data collection.

On June 17, 2018, Arkansas received the formalized “Appendix C: NYTD Review Final Report Template” which serves as a summary document of the findings related to its onsite Federal NYTD Review. The Division is currently reviewing this document and will submit initial feedback to the Children’s Bureau no later than July 13, 2018. Shortly thereafter the Division will begin developing a team of DCFS staff, stakeholders, and youth to design a Program Improvement Plan (PIP) specific to the onsite Federal NYTD Review findings.

The remainder of this section is a description of the populations intended to be surveyed by NYTD as well as the various NYTD screens and elements in CHRIS and the associated logic for those screens and related elements.

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.

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 be 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.

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.

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 be 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.

Collaboration with Youth and Other Programs

Youth Involvement in Division Programs and Planning

As reported in the Collaborations section of this report, the Youth Advisory Board (YAB) members provides guidance to DCFS staff on behalf of transition aged youth as it relates to policy, programs, normalcy, and planning initiatives related to youth in foster care. The state's Child and Family Service Review findings were shared with the YAB. YAB Officers also played a vital role in the previously described onsite Federal National Youth in Transition Database Review. The Division has also reached out to the incoming YAB President and a foster care alumni to serve in an active role on the DCFS Advisory Council.

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; and,
- 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:

Agency Name	Number of Unique Children who Entered Agency's RTC or Emergency Shelter Programs Between 7/1/2017-05/31/18
Youth Bridge	13
Consolidated Youth Services (CYS)	46

- 9 of the 13 children who had entered Youth Bridge were ages 14 and older at the time of admission
- 42 of the 46 children who had entered CYS were ages 14 and older at the time of admission

There have been an increase from the previous reporting period regarding the percentage of youth 12 and older who enters these facilities. As with most things, it is often difficult to pin point one specific reason for a particular result, but we presume that the new protocol regarding placement of children 12 and younger impacted these numbers as well.

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 has worked with Lucie's Place, an organization that provides homeless LGBTQ young adults in Central Arkansas with safe living environments, job training, and counseling services.

In addition, during this reporting period, DCFS TYS Unit staff had an exploratory meeting with Immerse, which works with homeless youth, many of whom have history of some kind with child welfare. DCFS would like to strengthen its relationship with Immerse during SFY 2019 to ensure that Immerse outreach workers have information and resources regarding after care services for eligible youth as well as information about returning to Extended Foster Care for eligible youth.

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. The Division is currently working with PREP to provide make this program available to a broader population of youth in foster care.

During this reporting period the Assistant Director over TYS also met with a small number of youth who are currently pregnant or parenting to get input on what additional services and supports they need/needed while pregnant and/or parenting. Some of the recommendations were:

- Get car seat and other needed items for baby sooner;
- Need better communication with primary caseworker,

- Ensure staff know about ability to increase board payment if mom and baby are living together,
- Clarity needed on what are allowable expenses or not.

The TYS Unit will use this information to help improve programming in this area.

During this reporting period the TYS Unit also reached out to the Injury Prevention Center at Arkansas Children's Hospital which, among other services, provides "Safety Showers" to low-income expectant mothers. Mothers who attend the showers receive education on home safety, safe sleep, motor vehicle safety and prevention of Shaken Baby Syndrome. The Division is exploring how to partner with the Injury Prevention Center so that pregnant youth in foster care may have access to this service.

During SFY 2019, 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)

Efforts to Reduce the Risk of Youth Becoming Human Trafficking Victims

As referenced earlier in this report, in January 2018, the Division changed the functional job description of an existing DCFS Quality Assurance Coordinator to include monitoring the CHRIS Net report containing information for youth currently on runaway status in the system. This employee reviews these cases in CHRIS and, in collaboration with primary assigned worker, conducts a variety of efforts to help locate the youth. This Quality Assurance Coordinator has also developed a checklist to provide staff with a Due Diligence Checklist specific to locating older youth. This new role and focus on runaway or other missing children has already resulted in three youth on the runaway report being located. This new role within Central Office is not only significant on its own in terms of locating youth for which the state is responsible, but also critical to provisions regarding identifying and assessing known or suspected child sex trafficking victims since missing youth are often more vulnerable to sex trafficking.

The Quality Assurance Coordinator also developed a workshop on the topic of human trafficking which was presented to youth at the Youth Leadership Conference for Youth Ages 16-20 during this reporting period. It will also be provided at the Youth Leadership Conference for Youth Ages 14-15 which will take place in SFY 2019.

Training in Support of the Goals and Objectives of the Chafee Foster Care Program

During this reporting period, the Division worked to develop a Request for (RFQ) for continuing education training and support to resource parents. Examples of training provided in the Scope of Work for this RFQ included training related to teens in foster care such as how to create a sense of normalcy for this population. The Division is currently finalizing the RFQ process, but the awards related to this RFQ are expected to go into effect in August 2019.

EDUCATION AND TRAINING VOUCHER PROGRAM

Youth in care, emancipated youth, youth who exited foster care at age 18 or older, and youth who have entered adoption or guardianship (16 and older) may apply for assistance through the Educational and Training Voucher (ETV) program. For the majority of this reporting period, ETV was available to the populations described above up until age 21, but the passage of the Family First Prevention Services Act has increased the maximum age to receive ETV to age 26 as long as ETV is not accessed by an individual for more than five years.

Arkansas has already announced extension of ETV program up to the age of 26 as long as ETV is not accessed by individual client for more than five years and as long as all other eligibility criteria are met.

Arkansas currently manages the ETV program. Youth, who apply and are deemed eligible for participation in the program receive up to \$5000 each state fiscal year. These funds are treated much like a “scholarship” and typically dispersed in \$2,500 increments each Fall and Spring semester. ETV can be utilized to pay for summer school as long as the \$5,000 limit is not exceeded in any state fiscal year. ETV can be used to pay undergraduate tuition/ and fees, books, and other costs associated with post – secondary education for eligible youth. ETV is paid to the post-secondary institution. If there are remaining ETV funds available to the youth after all post-secondary institution tuition and fees have been paid, the ETV funds may be used for other costs of attendance. Other costs of attendance are paid either directly to the provider of those goods or may be paid directly to the youth on a reimbursement basis provided the appropriate documentation is submitted by the youth.

The ETV approval process takes place within the TYS Unit including tracking of ETV amounts awarded in CHRIS.

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

During this reporting period, the TYS Program Specialist and DCFS Assistant Director also worked with TYS Coordinators and Youth Advisory Board members to redesign the Education and Training Voucher application. One of the primary changes to this form is to provide more direction regarding how ETV funds may be used. The formatting and technical aspects of this template are currently being finalized, but the new form is expected to be released by the end of July. When the new form is shared with staff and stakeholders, the Division will couple this with the information regarding the newly expanded age eligibility requirements for ETV as a result of the Family First Prevention Services Act (e.g., ETV available to otherwise eligible youth up until age 26 as long as a youth does not participate in the program for more than five years).

UPDATES TO TARGETED PLANS WITH THE 2015-2019 CHILD AND FAMILY SERVICES PLAN

Please see Attachment: Foster and Adoptive Parent Diligent Recruitment Plan. A narrative of the Foster and Adoptive Parent Recruitment and Retention Diligent Recruitment activity updates follows. The foster care and adoption programs work together to recruit homes for children in foster care since more than half of adoptions are foster parent adoptions.

Foster and Adoptive Parent Recruitment and Retention Diligent Recruitment Activity Updates

The goals and objectives of the 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.

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 Divisions Demonstration Waiver.

In the Diligent Recruitment Grant areas 1, 2 and 6 staffing was an issue with vacancies in Areas 2 and 6 During the reporting period the Area 6 position was filled and has been maintained. The Grant Lead continued to focus on monitoring the monthly activities of the Community Engagement Specialists. The monthly report is compiled and sent to the Resource Supervisors as well as the Community Engagement Specialists to serve as a point of reference for the activities that are being conducted each month. This has opened communication between the CES staff and many have begun similar activities within their areas as they have proven successful.

The CES staff 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.

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 and Washington Counties combined their Recruitment Teams, 17 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

Centralized Inquiry Unit

Centralized Inquiry Unit (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 4 staff (2-Family Service Workers (FSW), 1-Administrative Specialist, 1-Program Eligibility Specialist) that each have unique roles to assist families through the process. The ARCCC Program Manager also serves as the supervisor of the unit. To address the finding CIU made some small changes to improve the customer service and process for new and prospective resource family applicants. CIU roles and responsibilities include:

- Two Family Service Worker positions are appointed to ensure a timely response and assessment to all new inquirers and applicant providers, e.g. the FSWs conduct phone screenings to opt families in or out on the front end by asking questions regarding the family's interest and household situation
- Both Family Service Workers are responsible for ensuring the background check results are assessed and appropriately assigned to the counties for in home consultation (IHC) referrals and appointed to gather facts for background check results with negative records (HITS) and presents information to the Resource Family Review Committee. The staff are also responsible for sending notices to families that are ineligible or did not return packet 1 within 30 days.
- Administrative Specialist appointed in CIU to process packets received daily and engage with families that have missing forms or are in the process for more than 30 days with no response. The Administrative Specialist conducts Department of Motor Vehicle Record checks on all agency inquiries as well.
- Program Eligibility Specialist appointed in Central Inquiry Unit to process packets received daily from resource families and coordinators recruited by DCFS partners and engage with families that have missing forms, or are in the process more than 30 days with no response. The Program Eligibility Specialist conducts Department of Motor Vehicle Record checks on all families assigned to her workload.
- Administrative Specialist appointed to process all Department of Motor Vehicle Record checks

Implementation of Centralized Inquiry Unit has shown to effectively reduce the time it takes to process applicant's 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 this reporting period the CIU has significantly reduced the number of days the applicants are in the central office to 24 days, which has exceeded the goal of 30 days. The Inquiry Unit adopted the Lean Six Sigma Model to help identify barriers within the process of opening foster homes. This model has sparked changes within the unit and has contributed to the reduction in time the family must wait to be an open provider home. The CIU found that the applicants often fail to return their background check information for a significant amount of time. To help alleviate this gap in the process the FSW's assigned to the unit have begun calling the families once their background checks have not been returned to the unit within 10 days. By calling the families the CIU has identified families that decide they are no longer interested in becoming foster parents, failed to receive the paperwork, and has served as a reminder that the packet needed to be returned for them to proceed. The CIU is also now giving the families the option to have their packets emailed to them as opposed to the family having to wait on the packet to be mailed back and forth. The Agency's need for provider families willing to accept children ages 6 and older, sibling groups, and children with disabilities is also communicated during the initial phone call with the applicant.

The ARCCC Program Manager has continued monthly meetings with the CALL to keep the lines of communication open between the two agencies. A quarterly meeting is also held with Christians for Kids to ensure barriers are addressed as well.

The shortened length of time it now takes to become a foster parent has encouraged new applicants to begin the process. The CES share data and information about the progress and changes DCFS has worked towards which has in turn has improved the overall customer service experience. The CIU assesses families on the front end and share information with the resource workers prior to the scheduling of the in-home consultation.

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

July 2017

Area 1

- Attended the Eureka Springs Chamber of Commerce Meeting called “Wake Up Eureka.”
- Solicited businesses to obtain door prizes for the Foster Parent Conference.
- Held an outreach meeting at Springdale Library.
- Replenished brochures and flyers at the local libraries and other area businesses.
- Met with area staff to help with the Worker Appreciation Day.
- Completed 3 home visits for potential Foster Family Support Systems.
- Began planning a booth at the Back to School Bonanza
- Processed volunteer packets

Area 2

- Planned softball tournament for fundraiser
- Continue to do Radio Interviews and PSA to promote foster care and foster care events
- Communicated with FCRC via email this month to check on progress of different tasks of fundraiser
- Hosted Community Outreach Meeting
- Attended a homeschool group
- Reviewed volunteer packets and completed reference phone calls for prospective volunteers.
- Met with Spirit Radio and recorded PSA promoting Community Engagement Meeting.
- Prepared for an upcoming even in September.
- Organized the foster parent training/support group
- Facilitated the Community Outreach Meeting

Area 6

- The Area 6 Community Engagement Specialist Position was vacant during the month of July

Area 8

- Attended the Craighead County Resource Team Meeting
- Participated in interviews with the Jonesboro Sun and the Paragould Daily Press for an article promoting Fishing for Fosters to be held in Greene County.
- Participated in an interview on KAIT-TV for the Midday News to promote Fishing for Fosters to be held in Greene County this month.
- Met with Greene County and Craighead County Recruitment Teams in Paragould to finalize the Fishing with Foster event.

- “Fishing for Fosters” Event was held and was successful.
- Attended CCC Meeting

August 2017

Area 1

- Met with Grace Pointe Church and Resource Staff regarding the Foster Parent Conference.
- Set-up a recruitment booth at a Back to School Bash at Farmington Methodist.
- Assisted the committee on upcoming employee appreciation picnic.
- Completed orientation for two volunteers.
- Collaborating with Project Zero for promotion and recruitment of volunteers.
- Spoke at the Rotary Club of Rogers
- Solicited donations for the foster parent conference
- Attended the JDAI meeting in Springdale to recruit foster parents
- Met with Altrusa which is a community group.
- Attend the Marshallese Taskforce group to network and learn more about the community.
- Set-up a recruitment table at Rhea Lana’s Consignment in Springdale
- Held an outreach meeting in Springdale at the library
- Contacted several families who were referred by the adoption specialist.

Area 2

- Aided potential volunteers by helping them fill out the volunteer packets
- Obtained donations for softball tournament fundraiser
- Recruited community members to participate in the softball fundraiser
- Attended community events to recruit foster families and volunteers.

Area 6

- Met with House About It Community and Economic Development Agency to discuss partnering within the area to recruit foster parents and volunteers.
- Met with the Administrator of Greater Second Baptist Church and Greater Second Care Center
- Met with Oak Forrest NRC and obtained neighborhood association information to aide in recruitment
- Met with the CEO of Opportunity Knox, marketing firm, to discuss possible radio and television spots
- Met with Wal-Mart to discuss donations
- Met with staff from the Boys and Girls Club
- Met with local business owner to connect services and promotion of foster parents

Area 8

- Presented at the Paragould Rotary Club and it was covered by the Paragould Daily Press Newspaper
- Recruited at 1st Choice Health Care Fair in Corning
- Interviewed by KAIT TV reporter on the need for foster parents in Area 8

September 2017

Area 1

- Participated in the foster parent conference
- Met with Ozark Guidance and Beautiful Lives Boutique to discuss an upcoming inquiry meeting and coat drive which will be held in December.
- Completed thank you letters to all those that donated door prizes for the foster parent conference.
- Partnered with Project Zero to plan and put on an employee appreciation luncheon.
- Attended the CES and workgroup meetings at Midsouth in Little Rock.
- Attended a Lunch and Learn regarding Interacting with Different Types of People.
- Partnered with local businesses for donations for the Trunk or Treat planned for October.
- Replenished brochures and flyers at the local libraries

Area 2

- Reviewed volunteer packets and completed reference phone calls for prospective volunteers.
- Completed volunteer orientation with a volunteer.
- Met with Spirit Radio and recorded PSA promoting Community Engagement meeting.
- Attended the Foster Parent Conference.

Area 6

- Prepared for the Pulaski County Foster Parent Coalition
- Attend the “Think Tank” event partnering with Project Zero and the CALL to brainstorm ways to engage African American adoptive parents that are willing to adopt teenagers.
- Attended the CALL 10th Anniversary Dinner
- Reviewed recruitment tools

Area 8

- Participated in a phone conference with the resource team to discuss sibling groups
- Attended the Craighead County Monthly Recruitment Team Meeting.
- Focus Group Interviews and Telephone Conference
- Resource Team Meeting• Held the first Recruitment Team kick-off meeting for Greene County.
- Held the “Play Day” event in Paragould for Foster Parents, their families, and the foster children living in Greene County. The event included free unlimited Putt-Putt Golf, Zaxby’s Restaurant offered a lunch discount, Paragould Cinema 8 Theater offered a discount for two kid movie showings and free donuts from Krispy Cream. This will be an annual event.

October 2017

Area 1

- Attended a networking luncheon in Springdale for the Teen Action Committee

- CES completed a volunteer orientation for one individual
- Participated in the Adoption Appreciation Picnic
- Sent thank you notes to the businesses that provided door prizes for the Foster Parent Conference and the Employee Appreciation Picnic
- Assisted and attended The CALL with their annual Gala
- Distributed flyers for Project Zero event
- Held a team and community outreach meeting
- Assisted Ozark Guidance with a Trunk or Treat Event at Arvest Ballpark
- Attended a CASSP meeting at Ozark Guidance
- Gathered donations from local groups for the offices in Area

Area 2

- Attempted to locate a site to house Christmas gifts for Sebastian County foster children
- Sought donations for Law Enforcement Appreciation Breakfast in Crawford County
- Contacted churches to speak with congregations about the need for foster families in Sebastian County

Area 6

- Attended community events in the county
- Collaborated with other Community Engagement Specialists to gain insight and needs of the agency
- Reached out to Pulaski County Churches, Neighborhood associations, and Community Leaders
- Presented at Neighborhood Associations meetings
- Recruited foster families, mentors, and volunteers to assist with the needs of children in foster care.
- Sought donations for Christmas gifts for the children in the area

Area 8

- Participated in the Craighead County Resource Team Meeting
- Met with the Mayor of Paragould and shared information about the Green County Resource Team
- Met with Director of Development for Paragould Children's Homes
- Participated at the Greene County Recruitment Team Meeting
- Spoke at the Jonesboro Chamber meeting on need for Foster Parents
- Met with CCC Group in Craighead at Centennial Bank in Jonesboro
- Met with an individual about becoming a Foster Parent.
- Met with Maggie Peeler of Greene County Baptist Association and Dusty Brown of Greene County DHS to plan an informational event in Greene County

November 2017

Area 1

- Hosted a booth for an adoption event at the Wal-Mart Corporate Office
- Received 3 volunteer packets and prepared an orientation for them.
- Met Ozark Guidance to discuss holding a Coat Drive the following month

- Attended Resource Meetings in Fort Smith and Fayetteville
- Spoke with the pastor of Farmington Methodist Church to discuss a coat drive and possible speaking opportunities with the church
- Held a team meeting at the Fayetteville DHS office
- Secured a donation to pay for a foster child's choir
- Attended the CASSP meeting at Ozark Guidance Center
- Attended networking group meetings in Fayetteville
- Completed a quarterly visit to help the resource team
- Met with Ozark Guidance to discuss upcoming trauma trainings that will be available for foster parents
- Contacted several inquiries that came in through email and phone calls

Area 2

- Held the Crawford County Law Enforcement Appreciation Breakfast
- Attended the Safe House/Visitation Home Open House
- Attended The CALL- Restore Hope Fundraiser
- Meeting with Bob Moody from Maggie House
- Held a Volunteer Orientation
- Participated in the Foster Care Recruitment Coalition Meeting
- Participated in The CALL Community Outreach Meeting
- Attended The CALL Adoption Event
- Participated in a team building event with The CALL
- Met with CASA

Area 6

- The CES was in New Worker Training for most of the month of November
- Sought donations and sponsorships from local businesses for foster children's Christmas gifts

Area 8

- Participated in the Craighead County Resource and Recruitment Team Meeting
- Attended the Regional Resource and Adoption Staff Meeting
- Participated in the Greene County Veterans Day Parade in Paragould
- Met with Director of Crowley's Ridge Development Council in Craighead
- Participated in the Greene County Recruitment Team in Paragould
- Met with individuals about becoming foster parents
- Met with CCC Group in Craighead at Centennial Bank in Jonesboro.
- Met with Greene County DHS to plan Christmas Party's for both Craighead and Greene County Foster Children

December 2017

Area 1

- Attended the Creative Referral Networking meeting and the Springdale Chamber meeting
- Collaborated with the Ozark Guidance Center on a Coat Drive for foster children
- Held a Community Outreach Meeting at a local business

- Participated in an interview by the local Hispanic news station and KNWA news station regarding the needs in Area 1
- Collected 50 used coats from the DEB Project for families in
- Had two inquiries from the website for the month of December
- Collaborated with community members to obtain donations for families
- Attended local JDAI meeting and CASSP meetings
- Attended the ARCCC workgroup meeting in Little Rock
- Assisted with a quarterly visit for retention purposes
- Completed a volunteer orientation

Area 2

- Promoted the Foster Children Christmas Tree on the local radio station
- Participated in a Maggie House Volunteer class
- Held a volunteer orientation
- Met with Baptist Homes Association
- Participated in the Foster Parent Christmas Party
- Participated in the FCRC team meeting
- Met with CASA

Area 6

- Presented the needs of the agency at the Foster Parent Association Meeting
- Attended the East End Neighborhood Association Meeting and handed out brochures
- Gathered donations of Christmas gifts the foster children
- Completed SAFE and PRIDE Train the Trainers Training

Area 8

- Participated in the Foster Children's Christmas parties held for Mississippi, Greene, and Craighead
- Participated in the Craighead County Resource Team Meeting
- Interviewed with Hornby Associates at the Craighead Office regarding ARCCC
- Met with an individual about becoming a Foster Parent

January 2018

Area 1

- Participated in the Creative Referral Networking Meeting
- Attended the monthly meetings at The CALL, Midsouth, and CASSP
- Participated in the Resource Worker's monthly meeting
- Judge a Lip Sync Battle at the University of Arkansas proceeds from the event were donated to help foster children
- Completed a volunteer orientation processed six volunteer packets
- Discussed the foster care and adoption process with several individuals and provided them with the Foster Arkansas site
- Solicited donations for the Foster Parent Association Meeting
- Held a Community Outreach meeting at Springdale Library

- Participated in a planning meeting for a Camp To Belong
- Partnered with Project Zero to discuss some of their upcoming events
- Assisted in getting donations for Differential Response Cases
- Attended Springdale Chamber of Commerce Meetings and Networking Groups
- Co-hosted Community Outreach Meeting with Ozark Guidance Meeting

Area 2

- Position Vacant

Area 6

- Attended the East End Neighborhood Association Meeting
- Attended the Foster Parent Association Meeting
- Attended the Hometown Health Coalition Meeting
- Participated in Rights After Wrongs Day of Service at Baptist College
- Participated in the MLK Day of Service
- Held a 2018 Christmas Committee Meeting
- Focus Group (Social Workers in Pulaski County)
- Recruitment Team Meeting
- Judicial Leadership Team Meeting

Area 8

- Spoke at the Paragould Chamber of Commerce Meeting about Foster Care needs
- Met with an individual becoming a Foster Parent
- Participated in the Craighead County Resource Team Meeting
- Participated in the Craighead Recruitment Team Meeting
- Presented at the New Worker Training Class in Craighead at Midsouth
- Participated in the Craighead County CCC Meeting at Centennial Bank in Jonesboro
- Participated in a planning meeting for the Foster Parents Conference
- Participated in the Greene County Recruitment Team Meeting

February 2018

Area 1

- Participated in the Creative Referral Networking Meeting
- Conducted quarterly visits at foster homes to help alleviate the load on the resource worker
- Attended Child Aware open house in Springdale
- Attended the Child Advocacy Center luncheon with the Area Director and Supervisor
- Began working on a newsletter for the foster parents that should be ready to go out in March
- Attended the Resource Team Meeting at Midsouth
- Attended a meeting at the Washington County Health Unit to network with families working with Emergency Preparedness
- Replenished flyers in the community
- Began planning the ice cream social

Area 2

- Position Vacant

Area 6

- Attended East End Neighborhood Association Meeting to discuss needs of Area 6
- Attended the Mid-Town Health Initiative Alliance Meeting
- Spoke at the Southwest Community Coalition Foster Parent Association
- Attended the Hometown Health Coalition Meeting
- Attended the NUSA Meeting
- Held a luggage give away for foster families in Pulaski County
- Began planning for Christmas 2018 by organizing a Christmas Committee
- Conducted 5 Outreach/Informational Meetings

Area 8

- Attended the Craighead County Resource Team Meeting at Midsouth and discussed pending families as well as planned for the foster parent conference
- Attended the Craighead County Recruitment Team Meeting
- Attended the Greene County Recruitment Team Meeting
- Met with the President of the Craighead County Foster Parent Association regarding an Easter egg event for foster children in the county
- Met with an individual about becoming a foster parent

March 2018

Area 1

- Participated in the Creative Referral Networking Meeting
- Assisted with gathering donations for the foster parent conference
- Hosted a booth at the Youth Inclusion Fair
- Attended the ARCCC Workgroup
- Completed orientation for 4 volunteers
- Completed 3 volunteer packets
- Met with Ozark Guidance regarding upcoming changes
- Met with students from the U of A that want to conduct a drive for foster children to be held at Wal-Mart.
- Interviewed by the U of A students regarding local needs of the foster children
- Attended a Foster Parent Conference meeting at Grave Pointe Church
- Attended a CASSSP meeting at Ozark Guidance
- Began organizing the Ice Cream Social Event that will take place in May to help with foster parent retention
- Met with the Camp to Belong to discuss summer camp for siblings
- Obtained donations for two foster children to attend dance lessons for three months
- Obtained a donation for a foster child's soccer fees
- Created a Foster Parent Newsletter

Area 2

- Position Vacant

Area 6

- Held four Outreach/Inquiry Meetings
- Held a 2018 Christmas Committee Meeting
- Participated on two Pulaski County Foster Care Coalition Meetings

Area 8

- Attended the Craighead County Resource Team Meeting at Midsouth and discussed pending families
- Attended the Resource Team Meeting and discussed the upcoming Foster Parent Conference
- Attended the Craighead County Recruitment Team Meeting
- Attended the Greene County Recruitment Team Meeting
- Met with an individual about becoming a foster parent
- Gathered donations for the Easter Egg Hunt which was hosted by the Craighead County Foster Parent Association
- Met with the CASA Advocate Coordinator in Mississippi County to begin a Community Recruitment Team and reached out to media outlets in the area to promote the team.
- Attended the CCC meeting in Craighead County

April 2018

Area 1

- Replenished brochures and flyers at the local libraries and other area businesses
- Hosted a Recruitment Team Meeting and planned the May Ice Cream Social
- Hosted a Community Outreach meeting
- Attended a Pinwheel ceremony in Bentonville
- Hosted a booth with the help of U of A students at the local Wal Mart to raise awareness and gather donations for the local offices.
- Participated in meetings with the Resource Team, the CALL, and Midsouth
- Attended a Camp to Belong meeting in Springdale
- Helped Ozark Guidance with the Walk a Mile
- Met with Project Zero to discuss upcoming events
- Held an informational booth at the Glo Run which was put on by the Child Advocacy Center
- Completed two volunteer orientations and turned in 3 packets
- Attended the CASSP meeting
- Obtained donations for ice cream for the May event

Area 2

- Vacant

Area 6

- Attended Community Meetings
- Collected information about surrounding communities' needs and resources
- Utilized current foster parents in recruitment efforts

- Met with foster parents to gain an understanding of their needs and will utilize in recruitment efforts
- Collaborated with CES's in other areas to gain knowledge about their events

Area 8

- Attended the Craighead County Resource Team Meeting
- Met with staff in Sharp, Izard, and Fulton County to discuss starting a Community Resource Team in one of the counties
- Met with Clay, Randolph, and Lawrence to discuss starting a Community Resource team in one of the counties
- Met with Craighead County Recruitment Team
- Met with Mississippi County DHS Staff to discuss starting a Community Resource team
- Set up the pin wheel garden for Child Abuse Awareness month in Greene County at the Sheriff's Department.
- Assisted with the Foster Care Conference in Craighead County
- Attended the Greene County Recruitment Team Meeting
- Met with individuals regarding becoming a foster parent
- Began planning a Community Resource Team for Mississippi County
- Set-up the pin wheel garden for Child Abuse Awareness month in Craighead and Greene Counties DHS Offices
- Set-up the pin wheel garden for Child Abuse Awareness month at 7th and Mueller Church of Christ in Greene County

May 2018

Area 1

- Held the Ice Cream Social Event-donations were gathered from several local businesses and several agencies attended such as; local police, fireman, BACA. The event yielded interest in volunteering and foster parenting.
- Replenished brochures at the libraries and area businesses
- Met with the staff at Bridges which helps by facilitating parent/child visitations
- Attended a meeting with the CALL, Resource Staff, and MidSOUTH to discuss any changes and family status
- Sent three volunteer packets for background checks and received two volunteer packets
- Attended the CASSP meeting at Ozark Guidance
- Began planning the Foster Parent Picnic to be held in August
- Attended a Springdale Chamber of Commerce meeting
- Met with Project Zero regarding an adoption recruitment event

Area 2

- Vacant

Area 6

- Participated in an interview on Joynt Radio with David W. Coleman and communicated the needs of the area
- Planned a Foster Care Month event and focused on supporting kinship connections

- Created a PSA for Child Abuse Awareness and sent it to radio stations, community television, and several of our community distribution list.
- Continued to work with community partners on recruitment efforts by setting up vendor tables at community events; World “No Tobacco Day” and Bridge to success Youth Bash
- Assisted the Resource Unit in getting donations and sponsorships for the foster parent conference
- Participated on the webinar for Developing and Supporting Prospective and Current Adoptive, Foster, and Kinship Families
- Held a volunteer orientation for the new volunteers

Area 8

- Participated in the Craighead County Resource Team Meeting that was held at Midsouth
- Participated on the Craighead County Recruitment Team Meeting
- Met with DCFS in Greene and Craighead Counties to review the Foster Children eligible to attend Church Camp which is provided by 7th and Mueller Church of Christ
- Participated in the Greene County Recruitment Team meeting
- Met with staff at 7th and Mueller Church of Christ to discuss the upcoming church camp
- Attended the Paragould Chamber of Commerce after hours event
- Participated on the Mississippi County Community Recruitment Team Meeting
- Attended the CCC Meeting

Health Care Oversight and Coordination Plan

Please see Attachment: Health Care Oversight and Coordination Plan.

Disaster Plan

Please see Attachment: Disaster Plan.

Training Plan

Please see Attachment: Training Plan.

STATISTICAL AND SUPPORTING INFORMATION

Juvenile Justice Transfers

For SFY 2018 (*July 1, 2017 to May 31, 2018*) there were **15** 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 with DYS so that a smooth transfer of custody upon entering and discharging from the DYS system can be ensured. 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. For youth aging out, the goal is to help identify and/or facilitate a support system that is available to the youth upon discharge. DCFS has an identified liaison that works closely with DYS on youth and the custody.

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: ARKANSAS

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2016-2017 School Year</u> (July 1, 2016 to June 30, 2017)	63	30
2017-2018 School Year* (July 1, 2017 to June 30, 2018)	71	36

Comments: These are the number of ETV applications received up until this point.

Foster Care Data

Gender of All Children who Entered Care between July 1, 2017-May 31, 2018		
Gender	Number	%
Male	1,510	50.1
Female	1,506	49.9
<i>Total Entries into Care</i>	<i>3,016</i>	<i>100.0</i>

Ages of All Children who Entered Care between July 1, 2017-May 31, 2018		
Age Range	Number	%
0 to 1	858	28.4
2 to 5	714	23.7
6 to 9	513	17.0
10 to 13	460	15.3
14+	471	15.6
<i>Total Entries into Care</i>	<i>3,016</i>	<i>100.0</i>

Race/Ethnicity of All Children who Entered Care between July 1, 2017-May 31, 2018		
Race/Ethnicity	Number	%
WHITE	1953	64.8
BLACK	538	17.8
MULTIPLE	274	9.1
HISPANIC	214	7.1
NAPI	12	0.4
AIAN	4	0.1
ASIAN	2	0.1
UTD	19	0.6
<i>Total Entries into Care</i>	<i>3,016</i>	<i>100.0</i>

Removals that Occurred from 7/1/2017 through 5/31/2018		
Removal Reason	Number	% of Removal in which Reason was Cited
Neglect	1,578	52.3
Substance Abuse	1,416	46.9
Incarceration of Parent(s)	691	22.9
Physical Abuse	406	13.5
Inadequate Housing	314	10.4
Sexual Abuse	167	5.5
Caretaker's Inability to Cope	115	3.8
Abandonment	104	3.4
Child's Behavior Problem	95	3.1
Death of Parents	21	0.7
Child's Disability	11	0.4
Relinquishment	9	0.3
<i>Total Reasons</i>	<i>4,927</i>	
<i>Total Entries into Care</i>	<i>3,016</i>	

Race/ethnicity of foster families who were active during SFY 2018

Race/Ethnicity	Number	Percentage (%)
WHITE	2,216	83.2
BLACK	363	13.6
HISPANIC	50	1.9
MULTIPLE	15	0.6
ASIAN	8	0.3
AIAN	7	0.3
NAPI	4	0.2
UTD	1	0.0
<i>Total</i>	<i>2,664</i>	<i>100.0</i>

***Foster Family Home Approval Timeframes by Area
for July 1, 2017-May 31, 2018***

Area	New Foster Family Homes (No Prior Service)	Number of Foster Homes that were First Assigned to Central Office	Average Days from Central Office Assignment to <u>First Field Assignment</u>	Average Days from First Field Assignment to <u>IHC</u>	Average Days from First Field Assignment to <u>Final Approval</u>	Average Days from Earliest Assignment to <u>Final Approval</u>
1	79	74	30.6	19.0	189.9	218.6
2	39	31	20.7	29.6	218.5	234.9
3	39	36	18.9	33.6	216.5	233.9
4	16	15	30.1	21.8	174.6	202.8
5	24	22	26.3	30.8	258.8	282.9
6	57	52	31.4	45.9	173.8	202.4
7	16	16	17.0	32.1	224.4	241.4
8	39	39	29.8	25.8	213.3	243.0
9	27	26	34.1	19.6	228.7	261.6
10	8	8	42.0	25.0	179.1	221.1
Statewide	344	319	27.9	29.1	204.6	230.5

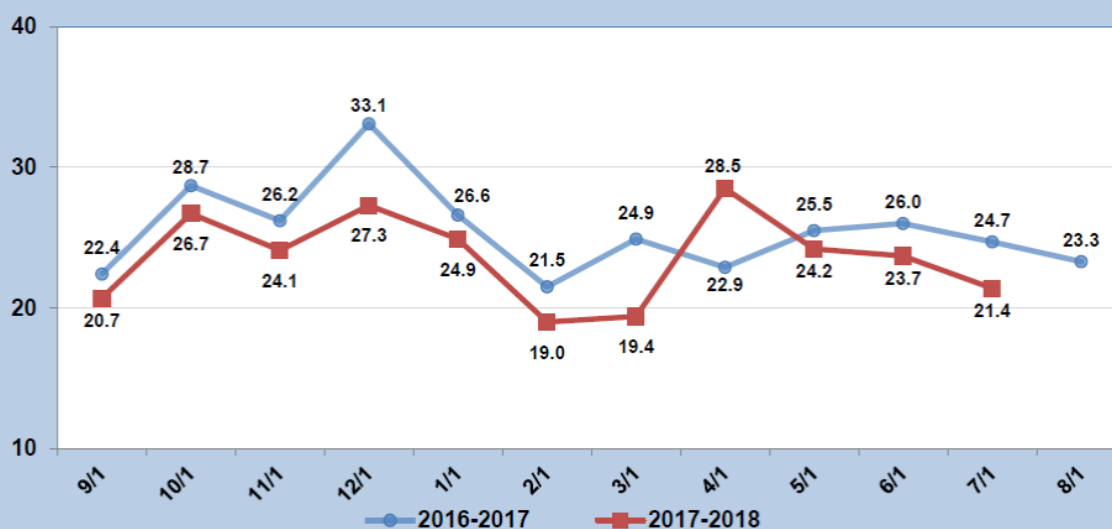
*The data displayed below and on the ensuing tabs are based on information inputted into CHRIS as of 6/3/2018.

**The data only considers the provider type of "Foster Family Home" (excludes Relative Foster Family Home, Fictive Kin Foster Family Home, & Private Agency Foster Family Home).

***The data excludes homes that were open previously (for any reason) as well as homes that were approved in 60 days or less.

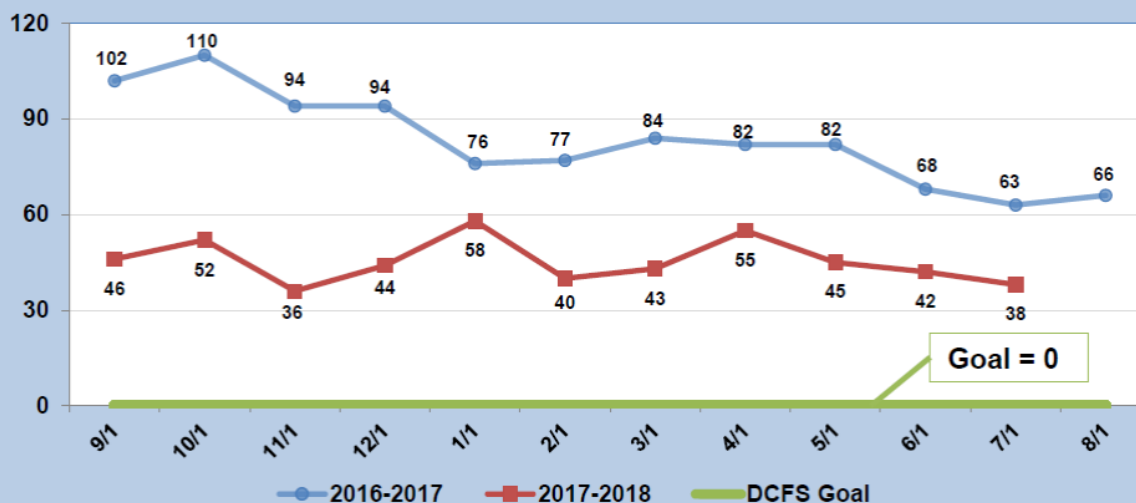
Recruitment Sources for Foster Family Homes from July 1, 2017-May 31, 2018	
Recruitment Sources	Count
ARCCC/DCFS	445
The CALL	290
Private Agency Foster Family Home	48
Christians 4 Kids (C4K)	30
Out Of State	10
ABCH/Get Connected	8
Project Zero	1
Total	832

Average Number of Days in Emergency Shelter, Statewide



*The blue line above represents the average number of consecutive days that were spent in an emergency shelter among children residing in a shelter at the beginning of each month from September 2016 through August 2017; the red line represents the same from September 2017 through August 2018.

Children in Emergency Shelter for Longer than 10 Days, Statewide



*The blue line above represents the number of children residing in an emergency shelter for longer than 10 consecutive days at the beginning of each month from September 2016 through August 2017; the red line represents the same from September 2017 through August 2018.

*The Division's goal is to completely eliminate the utilization of emergency shelters for children in foster care, with the exception of short-term stays (i.e., 10 days or less) by August 2018.

Child Fatality Data and Sources of Data on Child Maltreatment Deaths

Below are the fatalities for SFY2018 (July 1, 2017-March 31, 2018). 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 2018

#Fatalities: 10

Unsubstantiated Fatality Reports for SFY 2018

#Fatalities: 4

Pending Fatality Reports for SFY 2018

#Fatalities: 15

Fatalities of Children in Foster Care Who Did Not Receive a Maltreatment Investigation for SFY 2018

#Fatalities: 2

Information regarding child fatalities and near-fatalities is compiled by HZA/PCG for the Division in the first 3 Quarters of SFY 2018 Report Card.

DCFS also exchanges information with its partners in order to improve outcomes for children and families. Please refer to Attachment: Health Oversight Plan for specific data reports received and reviewed.

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, coroners, 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).

Steps to Track and Prevent Child Maltreatment Deaths

DCFS Internal Child Death Review Committee

The Agency reviews reports on all deaths from all cases of children with whom the agency has been involved in any way during the twenty-four months prior to the child's death. 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, and the CPS 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.

Child Death and Near Fatality Multidisciplinary Review Committee/External Child Near Fatality and Fatality Review Team

The sunset clause for the Child Death and Near Fatality Multidisciplinary Committee went into effect July 30, 2017. As such, this committee was no longer be required by law at that point. However, this committee, now, renamed the External Child Near Fatality and Fatality Review Team, has continued to meet throughout this reporting period to review applicable near fatalities and fatalities and worked to make some revisions the DCFS Child Near Fatalities and Fatalities Policy.

The External Child Near Fatality and Fatality Review Team is comprised of the following members:

- DCFS Director or designee;
- DCFS Assistant Director of Community Services 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 Chief Counsel Director or designee;
- The Governor's Senior Advisor for Child Welfare;
- A member of the Arkansas Child Death Review Panel;
- A member of the Arkansas Department of Health;
- 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.

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. It is now administered by the Department of Pediatrics of the University of Arkansas Medical Sciences and Arkansas Children's Hospital and supported by a contract with the Arkansas Department of Health, Family Health Branch.

The purpose of the Arkansas Infant and Child Death Review (ICDR) Program is to improve the response to infant and child fatalities, provide accurate information on how and why Arkansas children are dying, and ultimately reduce the number of preventable infant and child deaths by establishing an effective review and standardized data collection system for all unexpected infant and child deaths.

To date, there are eleven 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 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. 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 CPS Manager position was vacant during this time, but in November 2017, the position was filled and the CPS Manager will now begin taking an active role in the team meetings. 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 Medical 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 **135** fatalities for SFY 2018.

Demographics of All Children Available for Adoption as of May 31, 2018*

**These children's most recent permanency goal is Adoption and parental rights have been terminated (TPR) on both parents*

Gender	Number	Percentage (%)
Male	412	57.46%
Female	305	42.54%
<i>Total</i>	<i>717</i>	<i>100.00%</i>

Age Range	Number	Percentage (%)
0 to 1 Years	49	6.83%
2 to 5 Years	138	19.25%
6 to 9 Years	164	22.87%
10 to 13 Years	197	27.48%
14 Years and Older	169	23.57%
<i>Total</i>	<i>717</i>	<i>100.00%</i>

Race/Ethnicity	Number	Percentage (%)
White	466	64.99%
Black	110	15.34%
Hispanic	49	6.83%
More than one	92	12.83%
<i>Total</i>	<i>717</i>	<i>100.00%</i>

Inter-Country Adoptions

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

Workforce Demographics

Information on Child Protective Service Workforce as of May 2018					
For child protective service personnel responsible for intake screening, assessment, and investigation of child abuse neglect reports, the following data is available:					
DCFS averages:		CACD averages:		Hotline Operator averages:	
Female	89%	Female	81%	Female	60%
Male	11%	Male	19%	Male	40%
Race:		Race:		Race:	
Caucasian	56%	Caucasian	87%	Caucasian	71%
African American	43%	African American	12%	African American	29%
Hispanic	1%	Hispanic	1%	Other	0%
Asian	1%				
Ages:		Ages:			
20's	26%	20-30	16%		
30's	30%	31-40	30%		
40's	27%	41-50	28%		
50's	15%	51-60	24%		
60+	3%	61-70	2%		
Educational Level:		Educational Level:		Educational Level:	
BSW	13.5%	BSW	37%	Related degree	8%
Related Degree	51.93%	Related Degree	60%	BS/Master's Degree related field	92%

MSW	1.46%		MSW	2%	
Associate	4.30%		Associate	0%	
No Degree	17.28%		No Degree	1%	
Doctorate	.34%				
Non-Related Degree	11.18%				

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 agency core training. 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:

Please refer to the training plan for training requirements for staff.

The pay scale is as follows:

Family Service Workers - \$36,155.00 - \$52,425.00

Family Service Worker Supervisor - \$45,010.00 - \$65,265.00

Area Directors - \$69,776.00 - \$80,242.00

Explanation of Pay Scale:

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

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

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

Workload/Caseload Averages:

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

Investigation – Primary	<p>DCFS receives <u>1</u> credit for every investigation that is open as of the end of the reporting month and for which it serves as primary.</p> <p>The DCFS primary worker and his/her Area and County also receive 1 credit.</p>
Investigation - Secondary	<p>DCFS receives <u>0.5</u> credit when it serves as secondary for a CACD investigation open as of the end of the reporting month. If multiple DCFS workers serve as secondary workers for the same CACD investigation, 0.5 is divided among the DCFS secondary workers, but the state as a whole receives a maximum of 0.5 credit.</p> <p>The DCFS secondary worker and his/her Area and County also receive 0.5 credit (or less depending on the number of secondary workers).</p>
Foster Care Cases	<p>DCFS receives <u>1</u> credit for every child in foster care as of the end of the reporting month. Foster children whose cases are assigned to an adoption specialist or those in ICPC placements are excluded from this measure.</p> <p>If a foster child is placed in a county which is different from the county of its primary worker, the 1 credit is divided between the primary county/worker and the county of placement.</p>
In-home Protective Services Cases	<p>DCFS receives <u>1</u> credit for every Child Protective Services case that is open as of the end of the reporting month in which no child is in foster care (children reside at home). The case as a whole receives 1 credit regardless of the number of children in the home.</p> <p>The DCFS primary worker and his/her Area and County also receive 1 credit.</p>
Supportive Services Cases	<p>DCFS receives <u>1</u> credit for every Supportive Services case that is open as of the end of the reporting month. The case as a whole receives 1 credit regardless of the number of children in the home.</p> <p>The DCFS primary worker and his/her Area and County receive 1 credit.</p>
ICPC	<p>DCFS receives <u>0.25</u> credit for every child involved in an ICPC case open as of the end of the reporting month. This pertains to children who are placed in Arkansas from out of state as well as children placed out of state from Arkansas.</p> <p>The DCFS primary worker and his/her Area and County receive 0.25</p>

	credit for every child.
Differential Response (DR)	DCFS worker receives <u>1</u> 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.

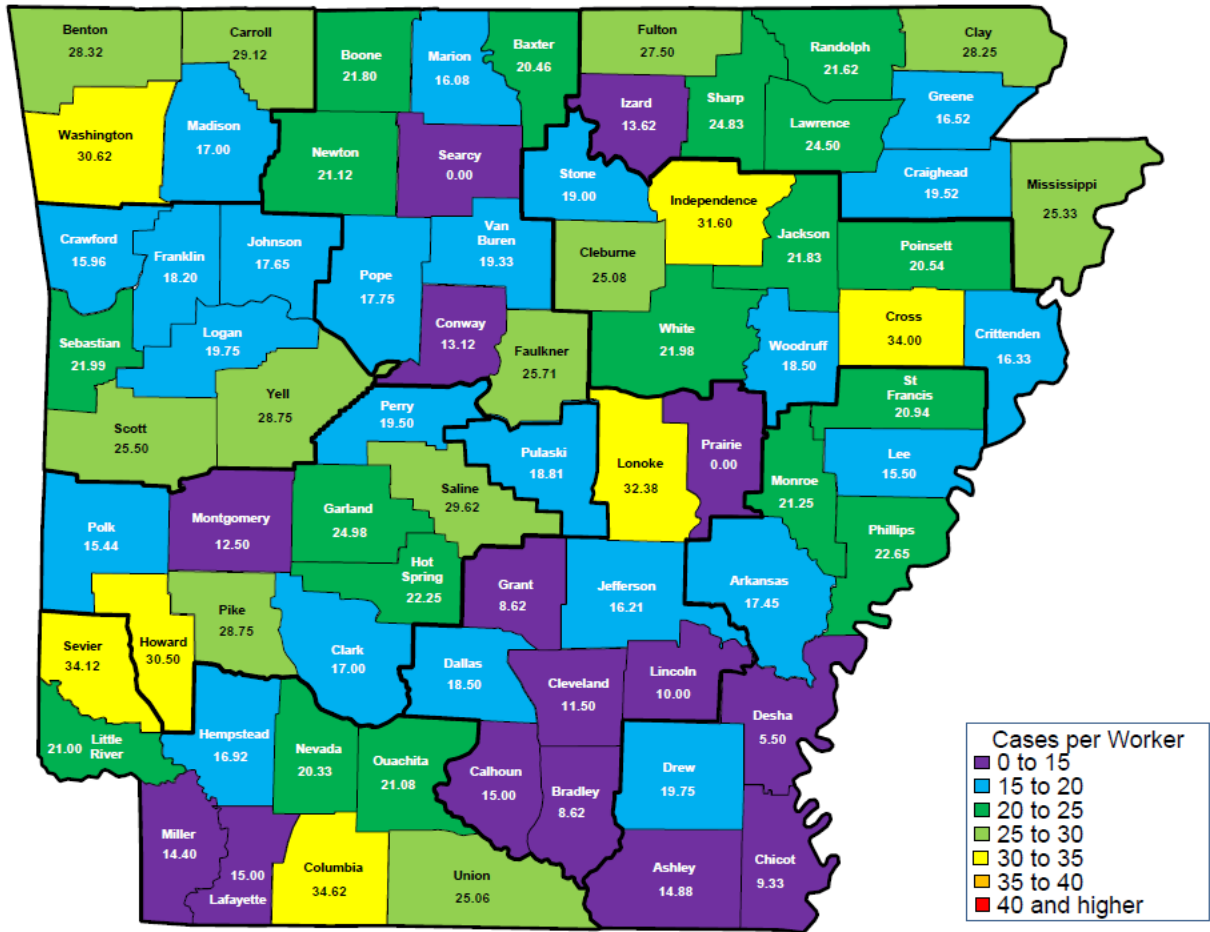
The above workload definitions do not give any credit if an investigation has been open for more than 60 days or if an in-home protective services case or a foster child has not had a face-to-face visit from a caseworker in the past three months.

The highest average workload for the month of June was 34.62 cases (Columbia County).

High caseloads fluctuate and can be in urban and rural counties.

Below is a map that represents the caseload averages by county:

Caseload Averages by County



ATTACHMENTS

- APSR Cover Letter
- APSR Checklist
- Annual Progress and Service Report (APSR)
 - APSR Attachment A: Organizational Chart
 - APSR Attachment B: Links to Arkansas CHRIS Release Notes for SFY 2018
 - APSR Attachment C: Renewed Hope Report
 - APSR Attachment D: DCFS CFSR Program Improvement Plan (draft)
 - APSR Attachment E: DCFS Progress Charts for APSR
 - APSR Attachment F: Caseload Reduction and Staff Retention Plan
 - APSR Attachment G: Program Improvement Plan for CARA
 - APSR Attachment H: Statewide Meta-Analysis Report
 - APSR Attachment I: Areas 1-10 Meta-Analysis Report
- 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
- Health Care Oversight Plan
- Foster and Adoptive Parent Diligent Recruitment Plan
- Citizen Review Annual Report and Responses

Financial Attachments:

- CFS-101 Part 1 Annual Budget Request for Title IV-B, Subpart 1&2 Funds, CAPTA, CFCIP, and ETV Fiscal Year 2019, October 1, 2018 through September 30, 2019. (Excel and PDF)
- CFS -101 Part II: Annual Estimated Expenditure Summary of Child and Family Services FFY 2019 October 1, 2018 through September 30, 2019 (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 2016: October 1, 2015 through September 30, 2017 (Excel and PDF)
- AR Subpart 2 Program against the 1992 base year amount September 2017