

# **ANNUAL PROGRESS AND SERVICE REPORT JUNE 30, 2019**

**Submitted to:**

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

**By:**

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Division of Children and Family Services

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Arkansas at a Glance.....	3
The Division of Children and Family Services.....	3
Collaboration.....	7
Update to the Plan for Improvement.....	27
Update on DCFS Progress.....	28
Technical Assistance Plan.....	34
Evaluation and Technical Assistance Narrative.....	34
Service Descriptions: Status for SFY 2019.....	39
Child Welfare Programs Supporting Services in the Field.....	50
Update on Assessment of Child and Family Outcomes and Performance on National Standards.....	59
Populations at Greatest Risk of Maltreatment .....	76
Services for Children Under The Age Five.....	91
Kinship Navigator Funding.....	96
Consultation and Coordination Between States and Tribes.....	96
Monthly Caseworker Visit Formula Grant .....	100
Adoption and Legal Guardianship Incentive Payments.....	103
Title IV-E Waiver Demonstration Project Activities.....	104
Child Abuse Prevention and Treatment Act (CAPTA) State Plan.....	113
Statistical and Supporting Information.....	121
Attachment Listing.....	126

## **ARKANSAS AT A GLANCE**

The overall population in Arkansas was estimated at 3,013,825 at the time of the U.S. Census in 2018 an increase of 3.4 percentage points from 2010. Children under five years of age comprised 6.4 percent, whereas 23.5 percent of the population was under the age of 18. 79.3 percent of the population is white, while another 15.7 percent of the population is black. More than 7.6 percent of the population identify themselves as being of Hispanic or Latino origin. In 2017 the median household income was \$ 43,813 annually.

Division of Children and Family Services (DCFS) is a division within the Arkansas Department of Human Services (DHS). DHS is the largest state agency with more than 7,400 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 nine divisions and seven support offices headquartered in Little Rock to provide services to citizens of the state. DHS provides services to more than 1.2 million Arkansans each year.

## **THE DIVISION OF CHILDREN AND FAMILY SERVICES**

DCFS is the designated state agency to administer and supervise all child welfare services (Titles IV-B and IV-E of the Social Security Act), including child abuse and neglect prevention, protective, foster care, and adoptive programs. The State's child welfare system investigated 35,867 reports of child maltreatment. DCFS provided In-home services (Protective and supportive) to 2,344 families which involves 5,483 children a decrease by 15 percent compared to a year ago. As of June 21, 2019, there were 4,379 children in foster care. This a little over 3% decrease from the end of SFY 2018. 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 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 2019, 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 Services provides technical assistance to field staff in this area, particularly working one on one with staff to divert children and youth from residential placement and acute psychiatric hospitalizations if possible and facilitation of Interdivisional Staffings, also has mental health utilization oversight of contracts for psychological testing and counseling. 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
- 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
- Child and Adolescent Needs and Strengths (CANS)/Family Advocacy and Support Tool (FAST) Assessments

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 (OCC)
- 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.

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. These include management reports, qualitative case reviews, evaluations, and forums to discuss the findings from these various reports and reviews. For example, Public Consulting Group (PCG) continued to conduct the Quality Services Peer Reviews (QSPRs) during SFY 2019. The QSPR process mirrors the federal Child and Family Services Review. PCG conducts QSPR reviews in all ten DCFS geographic service areas. After the completion of each QSPR, the Division's IV-E Waiver Administrator and PCG's Manager travel to that area to meet with that particular Area Director and his or her supervisors. During these discussions, the area's strengths and areas needing improvement noted in the QSPR are reviewed and analyzed. The Area Director and supervisors also begin discussing local program improvement plans based on the QSPR results. Updates on the progress of the local program improvement plans are provided in supervisor monthly reports to the Area Director, which is then passed on to the Assistant Director of Community Services through the Area Directors' monthly reports. All of the States CQI standards focus on family-centered practices and community-based services designed to meet the individualized needs of children and their families.

In addition, in SFY 2019, the National Council and Crime and Delinquency (NCCD) managed the Division's data management and analysis needs, to include the production of a wide array of data reports and technical assistance with the analysis of those reports. NCCD also oversaw the development and initial roll out of SafeMeasures. SafeMeasures is a dashboard data tool designed to help frontline and supervisory child welfare staff monitor daily practice trends as well as long-term outcomes to improve accountability at all levels. FSWs can use SafeMeasures to prioritize work and meet deadlines. Supervisors are able to utilize SafeMeasures to coach their staff regarding best practices as well as how to identify and correct issues before concerning practices negatively impact long-term outcomes. The Division began piloting SafeMeasures in three counties – Faulkner, Cleburne, and Craighead – in May 2019.

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, , the Division engaged 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.

During this reporting period, the Parent Advisory Council, Foster Parent Advisory Council, Youth Advisory Board, and DCFS Advocacy Council all continued to be active. Five parents with previous involvement in various aspects of the child welfare system serve on the Parent Advisory Council. Among other activities, the Parent Advisory Council developed a robust set of recommendations to the Division for the 2020-2024 CFSP goals and strategies, even meeting an

additional time outside of its set schedule to work together to develop these recommendations. Typically, the council meets six times throughout the year (three in-person and three by conference call). The National Alliance of Children's Trust and Prevention Funds is helping us to develop the council.

The Foster Parent Advisory Council reviewed the root cause analysis reports related to the Division's Child and Family Services Review (CFSR) Program Improvement Plan (PIP) and provided their own thoughts related to some of the hypotheses for the root causes and ideas as to how the Division could address.

During this reporting period, the Youth Advisory Board (YAB) reviewed the results of the Division's National Youth in Transition Database (NYTD) Review Report, and their feedback was solicited regarding how to respond to some of the recommendations in the report and NYTD Program Improvement Plan activities such as how to strengthen the language in NYTD Survey emails to their peers to increase participation and brainstorming other ways to encourage their peers to participate in the survey. The YAB was also asked for suggestions regarding goals, strategies, and activities designed to improve the Chafee Program over the next five years. One of the most resounding recommendations was to improve foster care recruitment and training so that more applicants are interested in fostering teenagers and not "scared" of taking in teenagers so that teens are not forced to stay in group homes.

The DCFS Advocacy Council is always kept abreast of Division federal plans such as the NYTD Review Final Report, CFSR PIP submissions, and development of the 2020-2024 CFSP and their input on these various reports and response to the reports is always welcome. The DCFS Advocacy Council members also provided vital feedback when developing draft legislation for the 2019 Arkansas legislative session.

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 (SSU) provides technical assistance to psychiatric hospitals and facilities where foster children receive acute care and residential services. Discharge planning is critical for youth in these types of settings. 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 prior to and throughout the 2019 legislative session to discuss and offer suggestions regarding various pieces of legislation from the agency, AOC programs, and other stakeholders, including legislators. Several representatives from the Administrative Office of the Courts participated on the Arkansas team for the State Team Planning Meeting in Washington, D.C. in April 2019. In addition, the CIP Director has continued to serve on the DCFS Program Improvement Plan (PIP) Development Team until her departure from CIP in May.

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 typically 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, "DCFS: Ensuring Safe and Stable Placements for Children in Foster Care" which detailed the agencies work to date regarding decreased utilization of congregate care settings and increase in placement with relatives and also explained how this work has prepared the Division for the implementation of Family First Prevention Services Act (FFPSA) in terms of use of Qualified Residential Treatment Programs (QRTPs) and prevention services for which the Division plans to claim IV-E dollars pursuant to FFPSA.

DCFS also coordinated with the National Council on Crime and Delinquency-Children's Research Center (NCCD-CRC) to bring another session to the Children in the Courts Conference. This session shared an overview of the Division's plan to embark on a multiyear system change project with NCCD-CRC to increase consistency in decision making, especially regarding the rigorous and balanced assessment of child safety and risk of future harm. This included an explanation of the evidence-based decision support tools, intensive training and coaching, and continuous quality improvement support throughout implementation.

Finally, the DCFS Director participated in a session in collaboration with the Division's sister agency, Division of Medical Services to explain how the state's new managed care system, PASSE, impacts and supports children in foster care who are in Tiers Two of Three of the PASSE.

- **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. DCFS also co-sponsored a one-day conference with AAIMH focusing on adverse childhood experiences and toxic stress.

- **Arkansas Baptist Children's Homes and Family Ministries (ABC Homes):** ABCH is a non-profit agency of the Arkansas Baptist State Convention. ABCH has recently converted all their residential settings to family like settings. ABCH is housing a few of our large sibling groups. ABCH is currently at Private Licensed Placement Agency and is focusing on Sebastian County and in 2018 expanded to Area 9 and also is working toward expansion of Area 4. As of April 2019, currently ABCH has 29 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. ABCH also is supporting reunification through facilitating sibling and parent visits in their office location.
- **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 the 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 implement a parenting education program in 9 individual WIC (Women, Infants and Children) clinics across the state. This collaborative effort, called Baby and Me, provides parenting education, resources and support to parents of newborns 0 – 6 months of age who are receiving benefits at the WIC clinics.
- **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 and co-sponsored a two-day Summit on ACEs with AFMC.
- **Arkansas Rehabilitation Services (ARS):** mission is to prepare Arkansans with disabilities to work and lead productive and independent lives. ARS has 19 field offices across the state serving all 75 counties. ARS also operates the Arkansas Career Training Institute which is a comprehensive, state-owned rehabilitation facility--one of only nine in the country and the only one in the country west of the Mississippi River. To achieve

its mission Arkansas Rehabilitation Services (ARS) provides a variety of training and career preparation programs including:

- Diagnosis and evaluation of capacities and limitations
  - Guidance and counseling
  - Career and technical education
  - Job placement
  - Physical and cognitive restorative services
  - Assistive technology
  - Residential career training facility and hospital Transition services for high school students (youth 14 and older) with disabilities who are moving from high school to further education or work
  - Scholarships and leadership programs for students with disabilities
  - Financial assistance to kidney transplant recipients
  - Community rehabilitation programs
  - Supported employment services
  - Supported housing
- **Arkansas Commission on Child Abuse, Rape, and Domestic Violence:** The Commission on Child Abuse, Rape, and Domestic Violence is comprised of agencies and groups representing law enforcement, multidisciplinary teams, education, mental health, judicial and other professional groups. The Director of the Division of Children and Family Services is appointed to the Commission on Child Abuse, Rape, and Domestic Violence. The Commission meets on a quarterly basis and, these meetings provide a forum to share information related to issues, initiatives, and concerns of the child welfare system and, in turn, allows the Division to hear the concerns and perspectives of other disciplines along with the community. Most importantly, it serves as an avenue for making connections and bolstering relationships with individuals who have a similar mission of protecting children and providing families with the necessary services and supports. The Commission is an integral partner in regard 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. As of March 31, 2019, 16,855 individuals completed this self-paced online curriculum in SFY 2019. This was an increase compared to last year's reporting period number of 13,608. In addition, the Commission has conducted 7 in-person trainings on the topic of mandated reporting with a total of 300 participants in those trainings as of March 31, 2019.

The commission has continued a partnership with the Arkansas Educational Network (AETN) to revise and update a web-based mandated reporter training video for the online professional development portal utilized by licensed educators. 2,730 Licensed Educators logged in to view the training during State Fiscal Year 2019 as of March 31, 2019 (though it should be noted that often one educator logs in and the video is then viewed by

a group of educators). The AETN training module was viewed by more than twice the amount of the previous year, likely due to a legislative requirement that public schools make the training available every four years.

- **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 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 review all unexpected infant and child deaths in the state of Arkansas. These reviews result in the development of interventions and recommendations through multidisciplinary team collaboration, community education and policy. 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 criteria are entered into the National Child Fatality Reporting data system. The data and implemented recommendations from the local child death review teams are disclosed in the annual ICDR report. The DCFS Director and Assistant Director of Prevention and Reunification serve as members of the Infant and Child Death Review State Panel; the Panel meets once a year to review the implementation of the local team's recommendations, discuss needs or gaps identified by local teams, and review the annual ICDR report. Each team has a designated DCFS staff to serve as core team members of the review teams in their areas.
- **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, and Judge Smith in Benton County. The Safe Babies Court Team is a system-change initiative focused on improving how the courts, DCFS, and related child-serving organizations work together to expediate services for young children. The two main goals of SBCT are 1) Changing local systems to improve outcomes and prevent future court involvement in the lives of very young children in the child welfare system; and, 2) Increasing knowledge about the negative impact of abuse

and neglect on very young children. SBCT takes both a micro and macro level approach to address these goals. At the direct service level, families that meet criteria are enrolled in SBCT and create a family team. The family teams are made up of the parent, family members, DCFS caseworker, OCC, parent attorneys, attorneys ad litem, service providers, and others who meet regularly to identify and address needs of the children in care and their parents. The meetings are facilitated with the purpose of creating a collaborative environment to address barriers to reunification with a “no-blame” attitude, surrounding the parent with support and services, and recognizing that everyone there plays a role in the success of the family. On a macro level, SBCT brings community partners together as a stakeholder team focused on broader systems improvement to address prevention and treatment service gaps and disparities. Each participating jurisdiction has a Community Coordinator who helps to coordinate local services/resources and organizes the stakeholder meetings. The Arkansas Safe Babies Court Team Project receives support from the national level technical assistance specialist and the project coordinator.

- **Bikers Against Child Abuse (BACA):** BACA exists to create a safer environment for abused children. BACA exists 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. Arkansas Dream Center in North Little Rock Arkansas partnered with DCFS to bring CarePortal to Pulaski County greater Little Rock North Little Rock area in DCFS Area VI. CarePortal is an interdenominational network of churches that through technology, can 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 and Pulaski 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 in Sebastian County was on May 3, 2018. The launch date for CarePortal in Pulaski County was on December 6, 2018. To this date the impact of CarePortal Arkansas is that 272 children have been served so far with a \$97,306 of economic impact in Arkansas. There are 21 churches in Arkansas actively using CarePortal to serve children and their families.

Children served in Arkansas have benefited every time a church has responded, whether they have met a physical or relational need, children and families have benefited in one of nine ways:

- Support improves a child’s wellbeing,
- 6 children have benefited from support,

- 144 children have benefited,
  - Strengthening a biological family,
  - 3 children have benefited from support for youth aging out of foster care,
  - 89 children have benefited from,
  - Preserving and helping to prevent a child from entering foster care,
  - 4 children have benefited through help to preserve foster/provisional relative placement, and
  - 26 more children have benefited help provided to reunify a biological family.
- **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 the conception of the CALL they have recruited 1,600 families and supported 900 adoptions.

DCFS continues to work with the CALL in regards to specifically recruiting homes for 6 and older and large sibling groups.

The CALL has created a county-based/statewide oversight model that has been replicated in 46 counties.

DCFS meets on monthly basis with the CALL to ensure that the partnership is supported. The CALL also hosts a summit each year to build relationships between DCFS and the CALL.

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.

- **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 has slowed down recruitment in the areas due to the Executive Director returning to college. C4K has elected to not train families only recruit them and then the MidSOUTH partnership is completing the training.

- **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 recruited 18 families under the Private License Placement Agency. 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. A mental health/placement provider currently services as the chair. The Council typically meets three to four times each year, with the DCFS Director leading each meeting and sharing the agency's vision and updates. During this past reporting period, the DCFS Director shared feedback from the Division's National Youth in Transition Database onsite review and subsequent Program Improvement Plan (PIP), developments regarding the approval of the Division's Child and Family Services' PIP, asked for feedback on DCFS legislation drafts -- to which members provided suggestions, discussed Acts that passed during the session and asked for and received guidance regarding the implementation of Act 598 which updates state law in accordance with the Child Abuse Treatment and Prevention Act (CAPTA) as amended by the Comprehensive Addiction Recovery Act (CARA), and shared how the Division information regarding the initial development of the state's 2020-2024 Child and Family Services Plan strategic plan.
- **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 with the full Medicaid managed care program took over in March 2019. 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 continues to strengthen 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 two centralized Developmental Disabilities Coordinator positions makes it more possible for children in foster care to gain eligibility for DDS Waiver services while in care and to be able to carry those services over when reunification, APPLA or adoption occurs.

The Division partnered with DDS to procure for providers who recruit and train specialized DDS foster homes. Through this procurement process, DCFS gained three new DDS providers to serve children in state custody. 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 Assistant Director of Prevention and Reunification serves on the Interagency Coordinating Council for Infants and Toddlers.
- **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.

- **Drug Endangered Children (DEC):** DEC is a collaborative partnership with the Criminal Justice Institute (CJI), the Arkansas Alliance for Drug Endangered Children (DEC), Law Enforcement Officers, DCFS, Child Advocates, and School Personnel to ensure a unified approach to child maltreatment investigations. The collaboration helps identify and protect drug endangered children in local communities. Drug endangered children are at an increased risk of injury, death, physical abuse, sexual abuse and/or neglect. DEC program has identified eleven triggers when present it should initiate collaboration process between agencies. By sharing resources and information, these partnering agencies are attempting to reduce any duplication in efforts, ensure the efficient use of limited resources, and ultimately sustain this important initiative. Currently, DCFS has twelve implemented counties involved in the collaboration. The Criminal Justice Institute holds quarterly meetings for the DEC Leadership team. Monthly meetings are held in the local counties to continue to build awareness around children that live in the homes where drugs are being used or sold.
- **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 what 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 an FSW wants to place a child age 12 and under in an emergency shelter, he or she must request approval from the Assistant Director of Community Services. The 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.

- **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, continues to meet quarterly to review near fatalities and fatalities associated with child

maltreatment and determine what changes may be needed to policy/practice/procedures 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 Differential Response (D.R.) Program manager, who manages FASD referrals from the hotline, 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. The Taskforce has since laid the foundation for the state's first FASD clinic. This clinic will be housed at the Chenal Family West Clinic in Little Rock, hopefully offering, soon, a telemedical option, for those whose travel to Little Rock would be burdensome.
- **Foster 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 of the recommendations the council made was implemented with DCFS Health Service Workers (HSW). Basically, the HSW's will ensure weekly contact with a foster parent who has a placement of a medically fragile child. The feedback received is that this is proven to work. DCFS was never able to implement a partner agreement with the committee. In fact, it was determined that a potential barrier to moving this group forward with recommendations and projects was having DCFS representatives facilitate the meetings. As a result, during this reporting period DCFS contracted with an external consultant to facilitate the committee meetings. DCFS still attends to provide Division information and perspectives. The intent is for this neutral party to facilitate open communication about difficult topics.
- **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; a program is designed to support resource parents. Immerse Families completes different events and

is actively engages the families through “Belong Mom’s Gathering,” “Campyouwanngo,” and “Father Son Campout.”

- **Interdivisional Staffings:** Interdivisional Staffings are held for youth who have significant barriers in case planning as well as placement difficulties 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. 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 and all in attendance.
- **Little Rock Angels:** DCFS has begun a new partnership with Little Rock Angels. DCFS is currently working on finalizing an MOU with Little Rock Angels. Little Rock Angels is aimed at supporting foster parents and children in those homes. This is self-referral for foster parents currently it is being piloted in five counties within the state.
- **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. DCFS worked with DBHS (now the Division of Aging, Adult, and Behavioral Health Services - DAABHS) 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. DCFS has been able to intervene on multiple situations that required increased crisis services, including services in the foster home. In Area 2, the CMHC developed a mobile crisis team to support foster youth located anywhere within their catchment area. This CMHC also developed a transition program that is supported through Medicaid funds for those youth who do not meet medical necessity for residential services but have repeatedly failed in lesser restrictive settings. DCFS is collaborating with another CMHC in Area 8 to develop the same level services.

- **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. and just recently we have begun working with MidSOUTH to implement the Baby and Me project in three new sites across the state.
- **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.
- **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. Children's Home Inc. has 33 open Private License Placement Agency PLPA homes currently.

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

- **Parent Advisory Committee (PAC):** The purpose of the council is to advise the Prevention/Reunification Unit. The Council is designed to ensure there are strong parent voices in shaping programs, services and strategies that result in better outcomes for children and families. All council members are parents that have had previous involvement with Arkansas's child welfare system. There are currently five parents from different parts of the state on the council. As referenced in the introduction of this collaboration section, the PAC provided a thoughtful and comprehensive set of recommendations for the Division's 2020-2024 Child and Family Services Plan strategic plan.
- **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 also provide FASD trainings for medical or school personnel and are an active advocate when it comes to FASD. Partners for Inclusive Communities (Partners) is 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 2018 - 167 children found forever families through Project Zero either matching events or inquiries. Below is a recap of numbers from past years matches with Project Zero.

- 2012 – 18
- 2013 – 30
- 2014 – 74
- 2015 – 76
- 2016 – 124
- 2017 – 126

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. This assessment is being utilized for approximately 12 foster youth per year. The Child Study Center with PRI has recently had a turnover in staff that has resulted in the necessity to limit the number of Complex Trauma Assessments to one per month. Results are primarily related to diagnostic clarification. All children with a diagnosis or Reactive Attachment Disorder were found not to meet the criteria for that diagnoses. 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 approaches that would be more effective.

DCFS was recently notified by PRI that they are looking at a grant to support the Complex Trauma Assessment and extend the services. DCFS recommended that we

consider additional follow-up on the recommendations with current caregivers, schools and caseworkers to ensure that the evidence-based treatments are implemented with clients.

- **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 18<sup>th</sup> 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 3 in 2018.
- **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. There has also been an increased effort to move young children out of this type of placement setting. Please refer to Attachment B-Progress Charts for data purposes.
- **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), another in Searcy, Arkansas (White County), and during this reporting period Restore Hope also expanded to Garland County. Each alliance is made up of about 15-20 people.
- **Searcy Children's Home (SCH):** 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 2019, SCH has 16 resource homes. In early 2019 Search Children's name changed to Sparrow's Promise. Sparrow's Promise unveiled their new visitation center. DCFS is working closely with Sparrow's Promise at this time to discuss phases of implementation and how we can work together to support children and families.

Andrew Baker, Executive Director also won a Children's Bureau award for his work with Sparrow's Promise, Restore Hope, and Red Door Tables. 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 and currently only has 1 home opened. 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.
- **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.

- **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 implementation of the Baby and Me project in nine WIC clinics across the state. In addition, the Family and Preventive Medicine team established an evaluation protocol for the program and will analyze the results once we collect enough data. Members of the team also serve on the Baby and Me Advisory board. The second joint project involves the implementation of a scripted presentation describing the Adverse Childhood Experiences study and the implications of the study for Arkansas. DCFS is working with UAMS to disseminate the presentation to members of the Arkansas ACEs and Resilience workgroup
- **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.

- **Youth Justice Reform Board and Supreme Court Commission on Children and Families:** DCFS is an active member of the Youth Justice Reform Board. This Board was established by Act 1010 in 2015. DCFS Assistant Director of Behavioral Health was appointed by the Governor to serve this role. Goals of the Board included:
  - Expansion of the array and capacity of community-based programs and services as alternatives to secure confinement and out of home placement;
  - Consistency in quality and types of services among various regions of the state – urban and rural, affluent and impoverished;
  - Training and implementation of evidence-based best practices in existing and future programs; Holistic approach to services encompassing the youth, family, and school to ensure adequate support;

- Improved accessibility of mental health services and mental health first aid in rural communities;
- Engagement of local school districts and the education system;
- Coordination of services among multiple public and private service agencies.

In 2017 the Youth Justice Reform Board joined with the Supreme Court Commission on Children and Families as a joint effort to coordinate similar efforts to reform the youth justice system. One result of this joint effort was the passage of the Juvenile Justice Reform Act which was passed by the legislature and signed by the Arkansas Governor in March 2019.

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. 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.

<b>Division of Children and Family Services Strategic Plan Goals</b>	
<b>Renewed Hope Goal 1</b>	<b>Mirrored in/Complemented by Program Improvement Plan Goals 1 and 2</b>
Strengthening families so children can remain safely at home and families are more resilient.	1: Strengthen response to maltreatment allegations and increase and improve services to protect children in their homes and prevent entry into foster care.  2: Increase family engagement in decision-making and needs-based case planning.
<b>Renewed Hope Goal 2</b>	<b>Mirrored in/Complemented by Program Improvement Plan Goals 2 and 3</b>
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.
<b>Renewed Hope Goal 3</b>	<b>Mirrored in/Complemented by Program Improvement Goal 4</b>
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, and enhanced data management reports. 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 A: Arkansas Round 3 CFSR Program Improvement Plan Revised 4.15.19 (draft).

## **UPDATE ON DCFS PROGRESS**

During this reporting period, the biggest updates may not be a change in numbers related to the Division's performance, but the fact that the agency maintained most of the progress it has made over the past three years with some continued positive move forward. Most notably:

<b>Renewed Hope Goal(s)</b>	<b>Specific Progress</b>
<ul style="list-style-type: none"><li>• Strengthening families so children can remain safely at home and families are more resilient.</li><li>• Building a strong workforce.</li></ul>	With relatively minor fluctuations, the Division continued to maintain a low number of overdue investigations for SFY 2019. Given the agency's history of struggling to keep overdue investigations down as well as to sustain successes such as this, the fact the number of overdue investigations has been kept relatively nominal for two years in a row is significant.
Strengthening families so children can remain safely at home and families are more resilient.	Minor but continued average decrease in the overall number of children in foster care.
Strengthening families so children can remain safely at home and families are more resilient.	Maintenance of In-home Case monthly visits.
Improving the foster care system for those who need it.	Maintenance of Foster Care Case monthly visits.
Improving the foster care system for those who need it.	Continued 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"><li>• Improving the foster care system for those who need it.</li><li>• Building a strong workforce.</li></ul>	Maintenance of the average Family Service Worker caseload size.

Charts and graphs are provided in Attachment B: Division of Children and Family Services' Progress Charts for the Closeout Annual Progress and Services Report to illustrate the Division's progress or success at sustaining prior progress regarding the majority of the bullet points above. All of the data presented in these charts are sourced from Arkansas's CHRIS database. The data is collected based on staff entry of the information into CHRIS. As such, limitations to this data are that the data obtained are only as good as the data entered.

Key strategies and activities involved in the strategic plan that contributed to the progress in the various areas listed above (and illustrated in Attachment B) 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;
- 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);
- Continuing Safety Permanency Consultations;
- Continuing Removal Consultations;
- Continuing graduated caseload standards to support and retain new staff;
- Maintaining the 187 positions (with 52% being FSW positions primarily in Differential Response, In-Home, and Investigation) that were provided to the agency in the previous two years;
- Continuing Removal Consultations and Permanency Safety Consultations both of which are also opportunities to continue to message the values of:
  - Putting appropriate services in place to maintain children in the home;
  - If a child must come into foster care, messaging the importance of placing with safe and appropriate relatives or fictive kin, and, if not available, other family-like settings rather than congregate care settings;
  - The importance in regular and quality visitation in achieving case plan goals: both worker visits with family in all case types and parent-child visitation in foster care cases;
  - The importance of ensuring that children in foster care achieve permanency safely and swiftly.

Much of this past reporting period has also focused on preparations for the implementation of the Family First Prevention Services Act on October 1, 2019. Soon after the Family First Prevention Services Act was passed as part of the Bipartisan Budget Act in February 2018, Arkansas began planning for implementation. There were key factors analyzed in those first few months, including the expiration of residential contracts in June 2019, the amount of federal reimbursement received for placement settings that would no longer be eligible after Family First, the renegotiated waiver ending on September 30, 2019, and the planned procurement of an intensive and evidence-based prevention service. These factors along with the values behind Family First that Arkansas had been actively implementing for the past few years aligned to provide the prime opportunity to move into Family First.

Discussions with placement providers began in July 2018, including an all-provider meeting facilitated by Casey Family Programs to discuss the changes in funding and the direction the state was going. Smaller meetings based on interest in placement type were held in August and September to have more focused conversations with providers. Because contracts for residential providers were set to expire in 2019, Arkansas began the procurement process for Qualified Residential Treatment Program (QRTP) contracts to replace residential group-home settings. This involved developing Performance Indicators (PIs) that aligned with the QRTP requirements

in the law, including accreditation, nursing and clinical staff at all hours, trauma-informed treatment model, and discharge planning. Development of the scope, minimum qualifications, and performance indicators began in August 2018. Provider feedback was elicited to assist the state with calculating the daily rate, because QRTP is a change to higher quality treatment with additional requirements, compared to the existing residential contracts. The analysis also included a determination of how many beds would be needed; placement data in CHRIS was analyzed to see how many children were placed in residential settings that were not family-like settings (i.e., house parent model) or Medicaid-covered settings. The placement data was cross-referenced with the children's identified behavioral health need (i.e., tier determination) to estimate which of those in residential placements might qualify for QRTP. The analysis resulted in an identified need for 200 QRTP beds. QRTP contracts were awarded in April 2019 to 16 providers, and the effective date is July 1, 2019.

Through the process, four residential providers notified DCFS that they were closing on or before June 30 or that they would not submit a bid for a QRTP and would provide another type of service. These providers have been upfront about their plans and continued to communicate throughout the process. Due to a few providers closing and some children placed in residential settings who will not qualify for the treatment level that QRTP is meant to serve, DCFS began its transition plan to focus on individual kids in March 2019. First, all children in a residential placement who were not placed in a family-like setting (i.e., house parent model) were identified. Next, conference calls were set up weekly between the Specialized Placement Unit and local staff, including area leadership, for each region. Local staff were coached on best practices for each individual child, which included examining behavioral health and treatment needs, determining whether a behavioral health independent assessment had been completed, making every effort to get separated siblings together and living in a family setting, reexamining family connections and relatives, and breaking barriers to increased visitation and reunification when appropriate. Each child was assessed according to that child's best interest. When a child was identified as needing treatment in a QRTP setting, the child was assigned one of the 200 QRTP beds. Going through these steps helped staff ensure children were in the most appropriate placements with a heightened focus on permanency, and the contract transition on July 1, 2019 is expected to go smoothly.

The finance team worked to prepare an estimate of how costly it would be to continue using family-like setting providers (i.e., house parent model with no shift staff) after October 1, 2019, who are strong partners and provide placements for sibling groups and older youth. Arkansas will be able to continue using these placements until June 2020. In early 2019, Arkansas prepared a special procurement for these settings, and performance indicators were updated to include siblings being under one roof, prioritize placement of sibling groups and older youth, and limitations on respite for house parents. The family-like setting contracts will be effective July 1, 2019 and last for one year.

As the procurement projects were underway, DCFS also began meeting with its SACWIS team to develop the CHRIS changes needed to implement the requirements under Family First. This planning work began in August 2018, and the requirements were submitted to the IT vendor in January and February 2019. The changes fall under two buckets, placements and prevention, and

will be released in CHRIS in September 2019. Mock up screens will be available in July, which will aid with staff training.

The model licensing standards for foster homes were released in August 2018, and our sister division that regulates foster homes compared the model standards to Arkansas's foster home standards by creating a crosswalk. Arkansas's standards mostly align, and changes will go through the promulgation process.

Arkansas began a Medicaid transformation in 2017 by adopting an organized care model for certain types of beneficiaries, called the Provider-led Arkansas Shared Savings Entity (PASSE) system. Through the transformation, certain beneficiaries receive services through the PASSE, including behavioral health clients with a behavioral health diagnosis and an independent assessment that determined they have significant needs. Approximately 34 percent of foster children fall into this population. DCFS worked with the Division of Medical Services to examine whether the existing independent assessment would also work as the assessment for QRTP placement and if not, how it could be coordinated with the QRTP assessment. To determine the scope of how many QRTP assessments would be needed, DCFS analyzed admissions data into non-family style residential placements for the last year and estimated approximately 400 QRTP assessments would be needed annually.

With the assistance from Medicaid, DCFS decided to use the Child and Adolescent Needs and Strengths (CANS) assessment for the QRTP assessment and build off an existing Medicaid contract with an outside contractor who will staff the qualified individuals making the assessments. The PIs for the assessor contract include a 14-day time frame between receiving the referral and the assessor completing the assessment and submitting written recommendations, as well as other Family First requirements related to the assessment. DCFS also worked with Dr. Lyons to identify the CANS domains needed for the QRTP assessment. The amended contract for the vendor who will be conducting the assessments should be effective in August 2019, and new placements into QRTP after that date will go through the assessment, family and permanency team, and documentation requirements to help prepare staff for Family First on October 1.

### Prevention

As referenced earlier, one of the key factors in moving forward with Family First implementation was the already planned procurement of new and intensive evidence-based services to serve families in the home. DCFS established a centralized Prevention and Reunification Unit in 2017, and much of the prevention focus has been on starting or growing in-home services that expand the available service array and offer families what they need to strengthen and keep children safe. Nurturing Families of Arkansas, an evidence-based and trauma-informed intensive parenting program, began in Arkansas in 2015 under the IV-E Waiver. SafeCare, an evidence-based home visiting program, began in a pilot county in Arkansas in 2017, with statewide expansion underway that will be completed by the end of 2019.

In 2018, DCFS began the procurement process for intensive in-home services to focus on helping stabilize families for the long term, offered as both a prevention service for four to six months and as a reunification service for six to nine months. Under the evidence-based program,

the treatment strategy is individually developed based on each family's unique needs, and the family has a single point of contact, the family intervention specialist (FIS). Frequency of contact between the FIS and family is typically three times a week but is based on the needs of the family and can fluctuate. Sixteen providers submitted proposals, and three providers were awarded the contract to cover half of the state. Included as one of the PI's was the requirement that the provider had to be well-supported under the federal Clearinghouse by October 1, 2019. If the provider was not well-supported, then the contract would be canceled. The contracts were effective on February 1, 2019, and as of June 2019, all providers are providing services in their assigned counties. If a family is referred as part of an in-home protective services case, the family needs to meet the definition of candidacy. Because the service began prior to the Family First effective date, this process serves as a type of quality assurance for the candidacy definition so if certain families are referred but do not meet any of the candidacy circumstances, then that could be a potential situation that should be considered as well.

Implementing a brand-new evidence-based service, whose continued funding is contingent on Family First eligibility, and needing to develop the required CHRIS changes by February 2019 served as the impetus for many of the program decisions that had to be made surrounding candidacy and prevention. Arkansas reached out to other states to learn how they were defining candidacy and tried to achieve a balance of meeting the legal definition while having enough specificity to guide staff in decision making. As a result, there are 11 criteria identified to date that meet Arkansas's definition of candidacy. These were finalized in January 2019. A candidacy determination and the resulting prevention plan were part of the requirements drafted for CHRIS changes and submitted to the IT vendor in February 2019. Versions of the new CHRIS screens that can be used for training will be ready in July 2019, which will help with staff training on the candidacy and prevention plan requirements in August and September. For those staff who refer families to intensive in-home services, they are gaining some exposure to candidacy now, but more detailed training is needed statewide.

As part of the prevention services planning process, DCFS identified a vendor to conduct the well-designed and rigorous evaluation and is planning to do an intergovernmental contract, with a start date on October 1, 2019.

Part of the implementation plan for Family First is to reaffirm with staff and stakeholders that the values behind the Family First requirements align with the work that is already being done in Arkansas, aptly titled, "Family First Fits Us." On July 1, DCFS Director and Deputy Director are holding a live webinar for all DCFS staff to kick off the discussion on the new requirements and lay the groundwork for what to expect in the coming months. A similar conversation will subsequently be held with legal stakeholders, which will differ somewhat from the high-level trainings that have already been conducted with stakeholders. In the remaining months leading up to October 1, the focus will be on preparing staff and stakeholders and finalizing details before official implementation.



### ***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, the CANS/FAST, 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. As part of the Division's NYTD PIP, the agency is also in the process of developing a similar case review tool for Transitional Youth Services (TYS) cases. Beginning in SFY 2020, the Division's data management and analysis contractor, will pull a report at the beginning of each month showing case and client identification numbers of youth in foster care ages 14 to 19 who have been in care for at least 9 months as of the end of the preceding month. The DCFS Quality Assurance Coordinator will select nine to ten of these each month to review, thereby reviewing a little over 10% of the TYS cases in Arkansas over the course of the SFY. Feedback regarding the reviews will be provided directly to TYS Supervisors and Coordinators as well as to Area Directors to share with their other staff.

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.

The Division has also re-instituted meetings with each geographic service area's director and supervisors to review the annual quality assurance reports and associated data. The goals of these meetings include ensuring that area directors and supervisors are not only familiar with this information for their area, but also understand how they could use that data and other qualitative information captured in the reviews to better manage their staff and improve client outcomes. The meetings also include a segment to discuss the development of a Program Improvement Plan (PIP) to target areas needing improvement. Feedback from these meetings indicates the facilitation of these meetings by the IV-E Waiver Administrator and Federal Compliance Officer and the Quality Assurance Manager has effectively gained the trust and respect of field staff and other colleagues.

### **TECHNICAL ASSISTANCE (TA) PLAN**

<b><u>DATE REQUESTED</u></b>	<b><u>TA DESCRIPTION</u></b>	<b><u>NRC/Provider</u></b>	<b><u>APPROVED</u></b>
7/1/2017-6/30/19	CFSR and PIP Planning	Region 6 Cedeline Samson/Janis Brown	N/A
3/28/18-6/30/19	Root Cause Analysis and PIP Development	Capacity Building- Sherri Levesque	Yes
7/1/13-6/30/19	Organizational, Strategic, Programmatic Consultation	Casey Family Programs-Ann Stanley, Consultant	Yes
9/1/2018-6/30/19	Statewide expansion of Team Decision Making Meetings (TDM).	Annie E. Casey/Wildfire Group/NCCD	Yes
4/1/19-6/30/19	Workforce Excellence sites in the NCWWI	National Child Welfare Workforce Institute (NCWWI)	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 and/or the goals outlined in the Division's Program Improvement Plans (PIPs), 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.

The Capacity Building Center for States aided in reviewing quantitative data and assisted in developing questions and co-facilitating the first round of focus groups for the Division's root cause analysis efforts related to the development of its CFSR PIP to obtain qualitative data to obtain current information regarding safety, permanency, and engagement outcomes. After gathering the data, the information was synthesized to identify the root causes for each outcome. Virtual meetings were held to present the data and root cause analysis before proceeding to development of strategies and activities for the CFSR PIP. Additional assistance was provided to develop the strategies and key activities for the CFSR PIP.

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

#### ***Education/Planning on Family First Prevention Services Act***

Casey educated judicial stakeholders and current placement providers regarding existing financing barriers and flexible funding strategies under Family First that can contribute to positive outcomes for children and families. These trainings also provided an overview of the federal legislative changes under Family First and encouraged providers to be open to changing business models, as needed, to align with the values in the Act.

Casey provided TA on best practices related to system reform efforts around prevention and reunification services. Casey facilitated two "Initiative Mapping" sessions with DCFS Prevention and Reunification Unit to identify programs/services and outline levels of intervention (primary, secondary, and tertiary). This resulted in the unit identifying strengths and areas needing improvement as it relates to targeted outcomes and target population of interventions.

#### ***Chapin Hall/Performance-Based Contracting***

Casey supports efforts to develop outcomes related to performance-based contracts with congregate care providers by supporting Chapin Hall's work with DCFS on developing performance-based contracts for therapeutic foster care (TFC). Chapin Hall provided TA to DCFS while procuring for new TFC contracts, including providing an informational session to current TFC providers about performance-based contracting and how it differs from the current model. In addition, Chapin Hall is analyzing the data and will work with DCFS to determine the performance baselines for each provider, whose new contracts will begin July 1, 2019. Chapin Hall will also provide TA on devising a strategy to communicate the baseline information to providers.

#### ***Casey Family Programs provides TA through the Deckinga group in Sebastian County***

Deckinga supports strategies targeted in Sebastian County to promote cultural change, leadership development, community engagement, and permanency values. TA is targeted at increasing timeline of permanency for long-stayers, which includes Vision of Hope meetings requiring action plans for children in care over 24 months, similar to permanency roundtables. TA also includes funding for the Change Coalition, led by a subcontract with the Whitson Group, which

works with DCFS employees and stakeholders to create a culture of change and improve staff morale.

***Casey Family Programs provides technical assistance and support through contract with the Children's Research Center ("CRC") to develop safety assessments and Structured Decision Making ("SDM")***

During the relevant time frame, CRC conducted key informant interviews to gather information about current practices in safety assessment, risk assessment, and safety planning. CRC reviewed relevant state statutes and DCFS policy. CRC finalized policy review and provided AR Safety and Risk Policy and Practice Memo along with Proposal for Arkansas SDM and SOP. CRC provided DCFS executive team, program staff, and local leadership with an overview of the findings in the Arkansas system and the SDM approach. CRC will provide an introductory training on SDM for legal stakeholders, including attorney's ad litem, DHS attorneys, and CASA, to garner buy-in and to educate them on the direction the state is moving.

***Casey Family Programs/Center for Health Care Strategies, Inc.***

Center for Health Care Strategies (CHCS), supported by Casey Family Programs, worked with the state as part of the Child Welfare Medicaid Leadership Institute (CWMLI) to provide technical assistance to support cross-sector collaboration that ensures the needs of child welfare-involved youth are integrated into Medicaid reform efforts. Key stakeholder roundtables were held where system partners had an opportunity to talk about the challenges and opportunities from their vantage point in the system. No further TA was provided.

***Annie E. Casey/Wildfire Group/NCCD***

DCFS Prevention and Reunification Unit has been receiving technical assistance from Annie E. Casey, Wildfire Group, and NCCD on statewide expansion of Team Decision Making Meetings (TDM). With the guidance of Wildfire and Annie E. Casey, it was determined to implement a pilot program in one of the current TDM Areas. TA has included planning the pilot, facilitating workgroup meetings and training, and providing consultation to Central Office leadership on the implementation efforts. TA has also included the implementation workplan for TDM expansion. Oversight of TDM is transitioning from Annie E. Casey/Wildfire to NCCD during this calendar year, so NCCD has been involved in the TA received to date.

***National Child Welfare Workforce Institute (NCWWI)***

DCFS and its university partner were selected to be in the cohort of eight Workforce Excellence (WE) sites in the NCWWI and will receive technical assistance from 2019-2023 as part of the WE Initiative. During this fiscal year, NCWWI provided TA on planning the Comprehensive Organizational Health Assessment (COHA) and began collecting data for the COHA.

**EVALUATION AND TECHNICAL ASSISTANCES REPORTS AND PROJECTS**

The Division's data and evaluation 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 the agency's goals, federally established standards, and/or national averages when applicable.

DCFS utilizes its data in its efforts to report on performance and best practice. The following list of reports and projects (and accompanying descriptions) account for the major quality assurance activities undertaken in Arkansas during SFY 2019:

- **Monthly Profiles** – Each month DCFS reviews various performance data indicators over a rolling 12-month period on a statewide, Area-wide, and county-specific basis. These indicators range from the percentage of children in care who are placed in relative placements to the percentage of required visits made to see children in care and in-home families. These charts are made available and disseminated to all agency staff.
- **Quarterly Performance Report (QPR)** – The QPR is a statistical report created for legislative committees who provide oversight over the services DCFS offers and delivers to youth and their families. 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 providing oversight over the services that DCFS offers and delivers to youth and their families. The ARC is reported for each state fiscal year and is structured similar to the QPR. The report details the Division's performance on several key performance indicators, displays the demographics of the population served by the agency, 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 track both the number and types (e.g., foster care, in-home protective services, investigation, differential response) of cases assigned to each worker, county, or Area.
- **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, DCFS leadership, and DCFS field staff.
- **SafeMeasures®** – During SFY 2019 DCFS began its implementation of SafeMeasures, a state-of-the-art reporting service that will help the Division’s field staff transform data into actionable information. The reporting service will provide users with task lists and reminders on upcoming work that has not yet been completed, while also allowing them to compile descriptive and performance data. The agency is currently piloting the service in select counties (Faulkner, Cleburne, and Craighead) and intends to roll the service out statewide during SFY 2020.
- **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.
- **CANS/FAST Unit Reviews** – NCCD produces a monthly report to of initial CANS/FAST assessments recently completed. A state employee of the DCFS Quality Assurance Unit is currently conducting qualitative reviews of recently completed CANS/FAST functional assessments.
- **Family Preservation Services Evaluation** – DCFS conducts this evaluation on an annual basis. This report focuses on the agency’s performance with respect to the children and families it serves as well as the impact that services have on these clients. In part, it does this by closely replicating many of the currently recognized federal measures. Additionally, it measures DCFS’ progress and overall transition over the three most recently completed calendar years (2016, 2017, 2018) at both the state, area, and county levels. Because this report places a strong emphasis on performance at the area and county level, DCFS leadership is able to better identify where performance is strong and where improvement might be needed.
- **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 addresses 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 2015 through SFY 2018. 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. Approximately 300 ad hoc reports are completed in a given year.

### **SERVICE DESCRIPTIONS: STATUS for SFY 2019**

Child Welfare Services are a broad category of services to children and their families. DCFS staff provides child maltreatment investigations, family assessment, case planning, referral, and case management services. If a child cannot be maintained safely in his or her own home, DCFS will petition the court for custody and place the child in an approved foster home or licensed residential facility.

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

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

### **SFY 2019 INTENSIVE FAMILY SERVICES PROVIDERS**

- Housley Counseling – Area 1 (Benton, Carroll, Madison, & Washington)
- 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, Little River, 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)
- Martin Counseling Services – Area 3 (Saline) Area 7 (Lonoke & Prairie)
- Western AR Counseling & Guidance – Area 2 (Crawford, Franklin, Logan, Scott, Sebastian) Area 3 (Polk)

**ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN  
AND FAMILY SERVICES  
Intensive Family Services  
by County  
State Fiscal Year 2019**



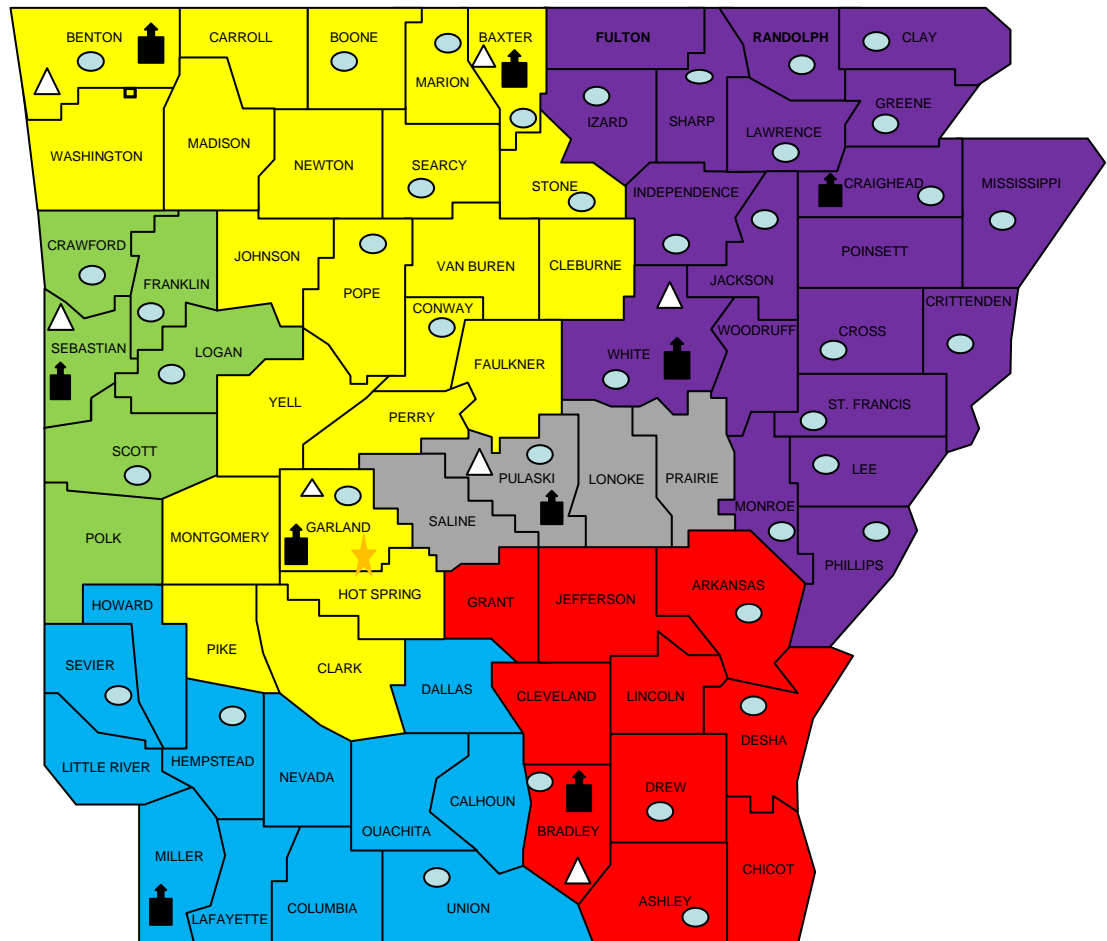




**KEY**

<b>Provider</b>			<b>DCFS Areas/Counties</b>
1		Housley Counseling	Area 1 (Benton, Carroll, Madison, & Washington)
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 4 (Columbia, Miller, and Union); Area 7 (Bradley and Cleveland); Area 8 (Fulton, Izard, Lawrence, Mississippi, Randolph, and Sharp); Area 9 (Cleburne, Crittenden, Cross, Independence, Jackson, Poinsett, Stone, and White; Area 10 (Ashley, Desha, Drew, Monroe, St. Francis, Lee, and Phillips)
6		Martin Counseling Services	Area 3 (Saline); Area 7 (Lonoke and Prairie)
7		Western AR Counseling & Guidance Center	Area 2 (Crawford, Franklin, Logan, Scott, & Sebastian)

# AR Department of Human Services- Division of Children and Family Services

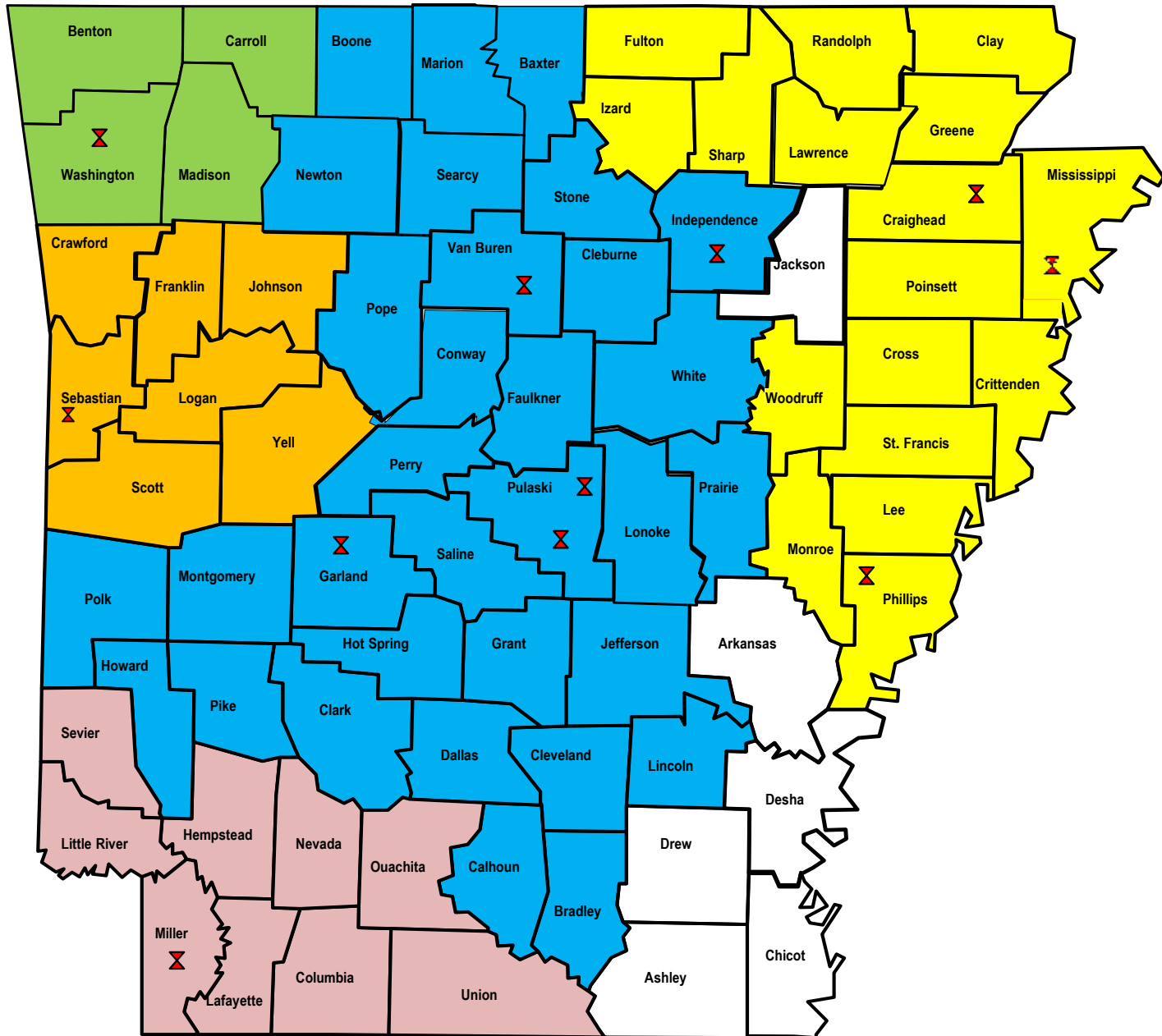
## Substance Abuse Treatment Services



- KEY**
- Residential Treatment Facility 
  - Specialized Women's Services 
  - Adolescent Residential Treatment 
  - Out-Patient 

<b>KEY</b>
Color coded
1. <b>Yellow</b> -Quapaw
2. <b>Green</b> -Western AR Counseling and Guidance Center
3. <b>Gray</b> -RCA
4. <b>Blue</b> -SW AR Counseling and Mental Health System
5. <b>Red</b> -10 <sup>th</sup> District Substance Abuse Treatment (New Beginnings)
6. <b>Purple</b> - NE AR Community Mental Health (MidSouth Health System)

**ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN  
AND FAMILY SERVICES**  
**Psychological Evaluation Services**  
**by County**  
**State Fiscal Year 2019**

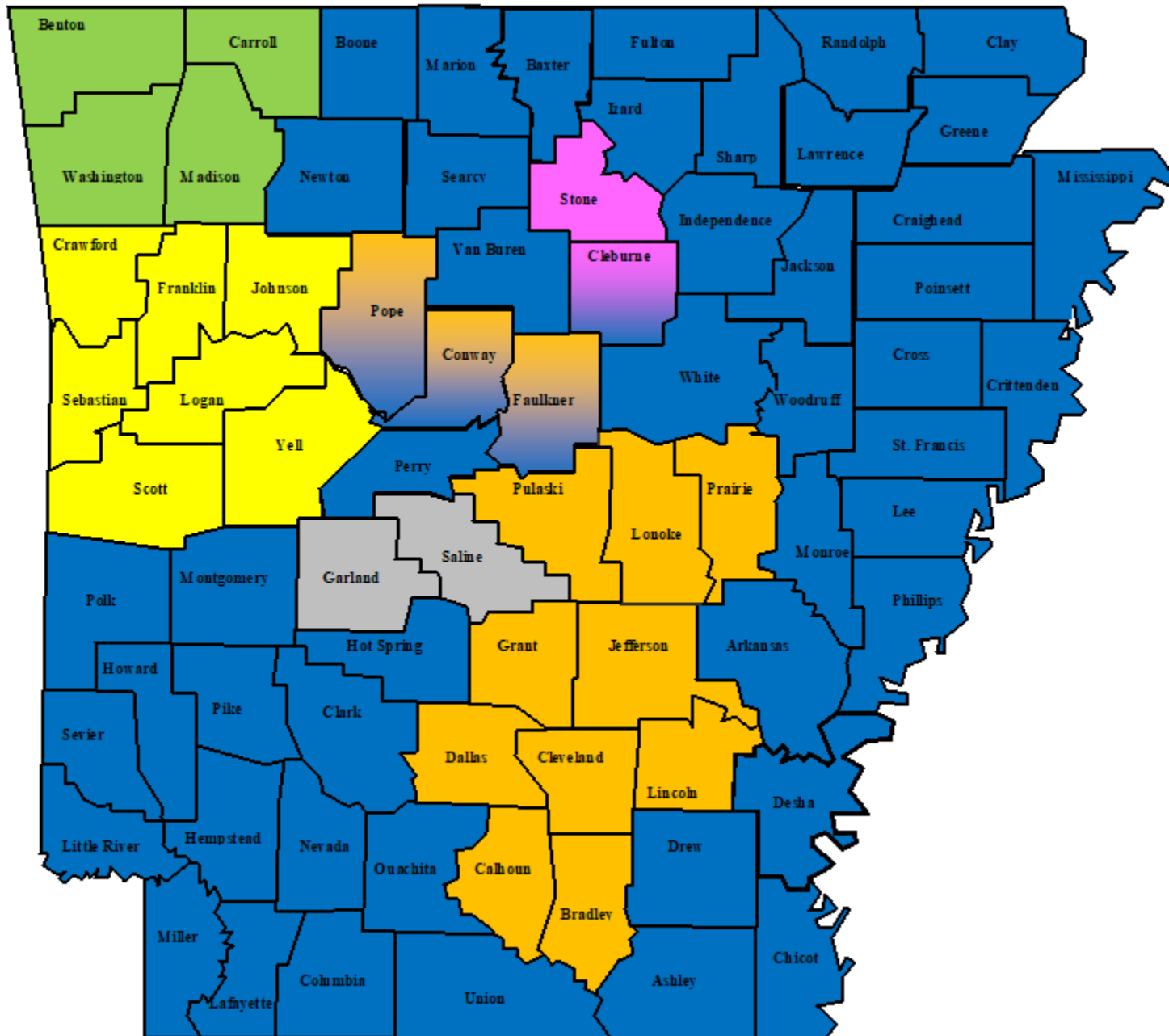


**X** - Indicates locations where psychological evaluations are conducted.  
**KEY**

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)

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

**Home Study Services  
by County  
State Fiscal Year 2019**

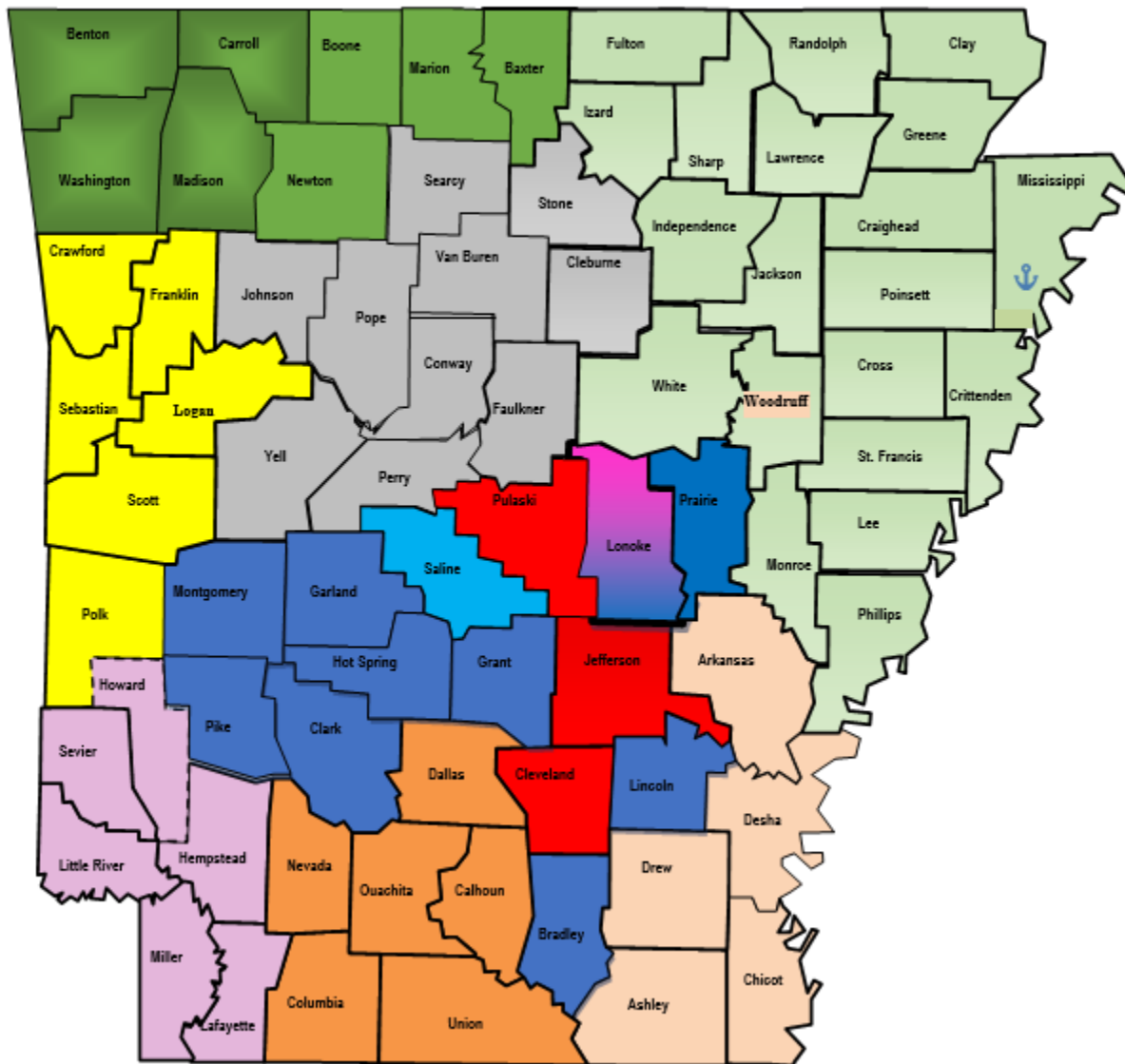


**KEY**

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**

**Counseling Services**  
**by County**  
**State Fiscal Year 2019**





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

**Counseling Services**

**By County - State Fiscal Year 2019**

**KEY**

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

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

6/26/19

## **SFY 2019 FOSTER AND ADOPTION RELATED PROVIDERS AND CONTRACTS**

Adoption and foster home approval activities include:

- 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.

Removal Consultations continued throughout this reporting period. Removal Consultations are conducted by the Area Program Administrator within twenty-four (24) hours of the removal. A standardized 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 have the parents done to correct their situation;
- The services of which the parents taken advantage;
- What behavior changes have occurred in the parents;
- What is the Department 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 is safety factor; and
- What are the next steps 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.”

- **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.
- **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.
- **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 likelihood 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.

- **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 was heavily involved in completing a comprehensive consideration of agency rules per Act 781 of 2017. This Act required all state agencies to review all standing rules to identify:

- Rules that are still applicable and require continued enforcement;
- Rules that are no longer in effect and require repeal; and,
- Rules that require reclassification as internal procedure or similar category type.

Based on outcomes from Act 781, the Policy Unit worked to develop a new category of internal procedures to provide more guidance to staff in agency operations not directly impacting clients, the most comprehensive of which was the development and training on DCFS procedure related to travel for official business.

The Policy Unit also revised and promulgated Policy VII-K: Maltreatment Allegations Made in Out-of-Home Placements and related procedures in order to:

- Provide more guidance regarding implementing corrective action plans for foster homes, as appropriate;
- Formalize the role of the Resource Family Review Committee regarding consideration of open foster homes that have had a child maltreatment report; and
- Specify actions and considerations for foster homes involved in a child maltreatment investigation at various points throughout a child maltreatment investigation and depending on the outcome of a child maltreatment allegation.

The Policy Unit also developed a new Transitional Youth Services Budget Worksheet to include additional expense, income, and asset categories for consideration depending on a particular youth's needs and add auto-sum and similar features. Other work included updates to the Child Near Fatality/Fatality Disclosure Case Briefing Summary and Children and Family Services Internal Review of Child Near Fatality/Fatality in order to include several organizational and formatting updates based on field input.

During the second half of the reporting period, the Policy Unit assisted with drafting legislation for the 92<sup>nd</sup> General Assembly, Regular Session, securing legislative sponsors for DCFS bills, attending committee meetings, and drafting policy to correspond with bills passed during the legislative session.

- **Professional Development:** The Professional Development Unit (PDU) develops and monitors the contracts with the University of Arkansas at Little Rock 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. This unit also processes all training-related travel statewide and oversees the DCFS Internship Program, including IV-E stipend students.

During this reporting period, PDU provided assistance responding to the Children's

Bureau's and National Child Welfare Workforce Institute's (NCWWI) request for proposals for public and tribal child welfare agencies to transform their workforce through an agency-university partnership. DCFS and the University of Arkansas at Little Rock were selected as one of the eight jurisdictions selected to be a NCWWI Workforce Excellence site. This is a five-year grant project funded by the federal government through the National Child Welfare Workforce Institute (NCWWI). It includes a Comprehensive Organizational Health Assessment (COHA), leadership development for middle management staff, and substantial stipends to assist staff in earning higher education degrees in social work in exchange for committing to continuing to work for the agency for at least a year for each educational stipend received.

- **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 the second half of this reporting period, a new position, the Foster Care and Adoption Program Administrator was created to help provide support to the Foster Care Unit and ensure improved communication and coordination between the foster care adoptions programs, where applicable. The Foster Care and Adoption Program Administrator supervises the Foster Care Manager and the Adoption Manager. 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.

The Foster Parent Support Specialist was another position added to the Foster Care Unit in March 2019. This position is a part of a pilot program to determine continued ways that Central Office can both support foster parents and build continued relationships at the local level. The Foster Parent Support Specialist's primary role is to support and assist foster parents across the state in areas such as foster care board payments, travel reimbursement, questions about policy, continuing education opportunities for foster parents, foster home approval inquiries, and foster and adoptive provider portal questions. The person currently serving in this role is an adoptive parent who served as a foster parent for several years prior to closing the foster care service to focus on nurturing their newly extended family.

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***

DCFS once again participated on the HOPE Conference planning committee and provided information in regards to key speakers and how to best wrap around the resource parents that attended. DCFS participation on the planning committee was key to securing the DCFS Youth Advisory Board (YAB) to volunteer at the event and have the YAB on a panel to help education foster parents on the needs of teens in foster care and to encourage more foster parents to consider fostering teens. 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.

### ***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. During this reporting period DCFS made a team and was able to raise \$19,264 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. The Adoption Manager position is currently vacant.

### ***Recruitment***

As of June 24, 2019, there are approximately 343 children in Arkansas who are available for adoption. That is why Arkansas created the Arkansas Heart Gallery, parented with Project Zero, our local CBS affiliate, thv11, 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.

### ***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.

As of March 31, 2019, 716 adoptions were finalized for children during SFY 2019.

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 forty-nine (49) cases with seventy-four (74) children receiving a subsidy of Subsidized Guardianships to date. We also have six (6) cases waiting on to finalize and four (4) cases going to committee.

The Permanency Specialist reviews each referral closely for the documentation, conducts a case review, and a consultation with the worker/supervisor. The challenge in regard to these referrals is assuring that the documentation that clearly reflects the ruling out of reunification and adoption is clear.

The Arkansas Department of Human Services, Division of Children and Family Services (DCFS) utilizes the Quality Services Peer Review (QSPR) process as a central component of its Continuous Quality Improvement (CQI) system. 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.

The Children’s Bureau advisors and Measurement and Sampling Committee (MASC) approved a change in the sampling methodology beginning with the State Fiscal Year (SFY) 2018 QSPR review to allow the State to return to an annual review schedule. To comply with reporting dates for the PIP monitoring period, the annual statewide QSPR from SFY 2018 forward will not align with Arkansas’ fiscal year during the measurement period. Reflective of the approved change that began with the SFY 2018 QSPR, the SFY 2019 QSPR began in September 2018, and the reviews in all ten services areas were completed and finalized in August 2019. The data reported herein represents 200 total case reviews (120 foster care cases and 80 in-home cases) from all ten service areas conducted between September 2018 and July 2019.

## **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 2019 QSPR</i>	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>
<b>Safety 1: Children are first and foremost protected from abuse and neglect (N = SFY 2019)</b>	<b>87%</b>	<b>76%</b>	<b>69%</b>
ITEM 1: Timeliness of investigations (N=105)	87%	76%	69%

#### **Timeliness of Initiating Investigations**

Reports of abuse and/or neglect were received during the twelve-month period under review in 105 of the cases reviewed for the SFY 2019 QSPR. Caseworkers initiated the investigations within the State mandated timeframes in 87 percent of these cases, an eleven-percentage point increase from the SFY 2018 QSPR. While only Area 2 achieved substantial conformity (100%) with the initiation measure during the SFY 2019 QSPR, the State continued the trend of improved performance from the Round 3 CFSR.

## **SAFETY OUTCOME 2**

	<i><b>SFY 2019 QSPR</b></i>	<i><b>SFY 2018 QSPR</b></i>	<i><b>Round 3 CFSR</b></i>
<b>Safety 2: Children are safely maintained in their homes whenever possible and appropriate (N = SFY 2019)</b>	<b>83%</b>	<b>70%</b>	<b>60%</b>
Item 2: Services to Prevent Removal (N=51)	94%	75%	55%
Item 3: Risk and Safety Assessment and Management (N=200)	83%	71%	61%

### **Services to Prevent Removal**

DCFS provided the necessary services to prevent children from entering foster care in 94 percent of the applicable cases reviewed in the SFY 2019 QSPR. The State's performance for this item has significantly improved from the SFY 2018 QSPR with an increase of 19 percentage points and is now in substantial conformity for this safety measure as a result.

### **Assessing and Addressing Risk and Safety Concerns**

During SFY 2019, sufficient efforts were not made to assess and address risk and safety concerns for children receiving services in just 17 percent of the reviewed cases. The deficient ratings once again stemmed from problems with conducting ongoing assessments of risk and safety and with safety management due to sparse caseworker visitation with families, as previously identified through root cause analysis of case review data from both the SFY 2018 QSPR and the Round 3 CFSR. 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, and the SFY 2019 QSPR notes Arkansas has continued to make strides in closing the gap between deficiencies in foster care and in-home services cases reviewed. Despite a 12 percentage point improvement in performance over the SFY 2018 QSPR, continued improvement is warranted to bring the State into substantial conformity with this safety measure.

While Arkansas has demonstrated continued improvement in performance on both Safety Outcome 1 and Safety Outcome 2 from the Round 3 CFSR and has met PIP item performance goals in both the SFY 2018 and 2019 QSPRs, the State has yet to achieve substantial conformity for either Safety Outcome.

## **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 2019 QSPR</i>	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>
<b>Permanency 1: Children have permanency and stability in their living situations (N= SFY 2019)</b>	<b>48%</b>	<b>46%</b>	<b>36%</b>
Item 4: Stability of Foster Care Placement (N=120)	73%	75%	70%
Item 5: Permanency Goal for Child (N=120)	79%	72%	64%
Item 6: Achieving Reunification, Guardianship, Adoption or APPLA (N=120)	77%	69%	58%

### 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 2019 QSPR saw a small two percentage point decrease in placement stability from the SFY 2018 QSPR, but the State's continued efforts to recruit foster parents is better reflected in the three-percentage point increase in performance over the Round 3 CFSR. Still, slightly more than one-quarter of the reviewed cases (27 percent) were rated as deficient on this measure during the SFY 2019 QSPR. While some of the deficient cases were deficient because the children's current placement was not considered stable (e.g., the use of temporary shelters), most of the deficiencies again 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, and often workers did not make efforts to stabilize the placement (offer respite or other suggestions to manage needs) for fear of losing a resource family altogether.

Area 4 is the only service area to attain substantial conformity for placement stability, with all but one of twelve applicable cases rated as a strength. The SFY 2019 QSPR saw Area 10 have the most difficulty with placement stability, with slightly more than half of its cases (58 percent) deficient on this measure.

<b>Round 3 CFSR Data Indicator: Placement Stability</b>			
<b>Indicator</b>	<b>Performance</b>	<b>NS</b>	<b>Status</b>
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 79 percent of the reviewed foster care cases were appropriate and established on time. The State's performance on this measure demonstrates a seven percentage point improvement from the SFY 2018 QSPR, and a 15 percentage point increase from the Round 3 CFSR. Areas 2, 6 and 8 achieved substantial conformity on this item during the SFY 2019 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-quarter of the reviewed cases (23 percent) during SFY 2019. 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 (many due to failure to properly serve all parents) and a lengthy, often-used appeal process were also noted. A few deficiencies were the result of a lack of concerted efforts to achieve reunification, often by not concurrently providing services to both parents.

Only Areas 2 and 3 achieved substantial conformity on this item, achieving timely permanency in 92 percent of reviewed cases. Area 10 had the most difficulty on this item by failing to achieve timely permanency in more than half of its reviewed cases (58 percent); most of these deficiencies involved systemic issues around achieving adoption timely as noted above.

<b>Round 3 CFSR Data Indicators: Permanency in 12 Months</b>			
<b>Indicator</b>	<b>Performance</b>	<b>NS</b>	<b>Status</b>
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 for children in care 24 months and longer, perhaps resulting from the State's continued challenge in achieving timely adoptions.

## **PERMANENCY OUTCOME 2**

	<i><b>SFY 2019 QSPR</b></i>	<i><b>SFY 2018 QSPR</b></i>	<i><b>Round 3 CFSR</b></i>
<b>Permanency 2: The continuity of family relationships and connections is preserved for children (N= SFY 2019)</b>	<b>81%</b>	<b>65%</b>	<b>43%</b>
Item 7: Placement with Siblings (N=84)	74%	68%	47%
Item 8: Visiting with Parents and Siblings in Foster Care (N=93)	85%	85%	64%
Item 9: Preserving Connections (N=118)	75%	67%	49%
Item 10: Relative Placement (N=118)	95%	82%	70%
Item 11: Relationship of Child in Care with Parents (N=80)	55%	33%	48%

### **Placement with Sibling**

Eighty-four of the foster care cases reviewed in the SFY 2019 QSPR included sibling groups. Sufficient efforts were not made to ensure that the siblings were placed together in a little over one-quarter of these cases (26 percent). Caseworkers either did not attempt or were unable to locate placement resources capable of accommodating all sibling groups 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 and/or keep them with all siblings in care. There was also not enough effort put into reuniting siblings once they were initially separated, and one sibling's stability and positive adjustment to their placement was often cited as the reason. Only Area 1 achieved substantial conformity with this measure during the SFY 2019 QSPR, although Area 2 had near conformity at 89 percent. The SFY 2019 QSPR did again 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 2019 QSPR maintained the score from the SFY 2018 QSPR for this permanency measure, which is still a significant 21 percentage point gain from the Round 3 CFSR. Even so, sufficient efforts were not made to ensure adequate visitation between foster children and their birth families in 15 percent of applicable cases during the SFY 2019 QSPR. Continued efforts are still needed across the State; especially regarding 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 and siblings to facilitate frequent, quality visitation. This will increase the chances of family reunification and subsequently decrease the need for continued placement outside of the home. Areas 2, 3, 4 and 10 were wholly successful, achieving substantial conformity in 100 percent of applicable cases during the SFY 2019 QSPR. Areas 1, 8 and 9 struggled most with this item; more than one-quarter of the children in the applicable cases (27 percent) in Area 1 did not receive adequate visitation with their parents and/or siblings, while exactly one-quarter of the children in the applicable cases (25 percent) in Areas 8 and 9 failed to receive adequate visitation with their immediate family members.

### **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-quarter of the reviewed cases (25 percent). This still reflects an eight-percentage point increase in performance from the SFY 2018 QSPR, and a significant 26 percentage point gain over the Round 3 CFSR. As in previous years, most 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, further exacerbated when the children were placed outside of their home counties. In many instances, the caseworkers did not put forth any extra effort to promote or facilitate possible familial connections for the children once those relatives declined or were denied placement. This measure is typically a struggle for most areas, and none achieved substantial conformity in the SFY 2018 QSPR; however, Area 6 achieved substantial conformity with this item measure during the current review (91 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 95 percent of the applicable cases, achieving substantial conformity for this item measure during the SFY 2019 QSPR. This represents a 13-percentage point increase from the SFY 2018 QSPR, and a 25-percentage point increase over the Round 3 CFSR. As in the SFY 2018 QSPR, 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 1, 2, 6 and 10 were wholly successful, achieving substantial conformity in 100 percent of applicable cases, while Areas 3, 4, 7 and 8 each achieved conformity in 92 percent of applicable cases reviewed. Area 5 was again the least successful at exploring relatives as potential placement options for children in care, failing to do so in slightly less than half of applicable cases (44 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 2019 round of reviews sufficient efforts were not demonstrated in almost half of the reviewed cases (45 percent). This does, however, represent a 22-percentage point increase in performance from the SFY 2018 QSPR, and a seven percent gain from the Round 3 CFSR. While this continues to be an area of challenge for the State with all service areas again failing to achieve substantial conformity, most Areas demonstrated some improvement in practice from the SFY 2018 QSPR; only Areas 6 and 8 failed to put forth sufficient efforts in less than half of cases reviewed (75 percent and 57 percent respectively). As in past reviews, the majority of 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. This was even noted in cases with relative placements, as several caregivers and parents stated they were unsure of what was allowed, erring on the side of caution so as not to jeopardize the placement.

## **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 2019 QSPR</i>	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>
<b>Well-Being 1: Families have enhanced capacity to provide for their children's needs (N= SFY 2019)</b>	<b>61%</b>	<b>51%</b>	<b>39%</b>
Item 12: Needs and Services of Child, Parents and Foster Parents (N=200)	64%	57%	43%
Item 13: Child and Family Involvement in Case Planning (N=190)	76%	69%	51%
Item 14: Caseworker Visits with Child (N=200)	84%	67%	64%
Item 15: Caseworker Visits with Parents (N=167)	59%	58%	48%

#### **Effectively Assessing and Attending to the Service Needs of Families**

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 more than one-third of the reviewed cases (36 percent) during SFY 2019. While this was a seven percent increase in performance over the SFY 2018 QSPR, and a 21 percent increase over the Round 3 CFSR, the same systemic factors such as staff turnover and unavailable or inconvenient services were once again noted as the underlying causes of deficiencies. Efforts to address such systemic issues must continue to be made in all service areas.

In all three reviews noted above, the State did a better job of assessing and addressing the needs of children than their parents, in both foster care and in-home cases. During the SFY 2019 QSPR, accurate ongoing assessments of parents' needs were again made at a slightly higher rate than services were provided to address those identified needs. The primary reason for deficiencies was two-fold: lack of ongoing contact by caseworkers or caseworker continuity to conduct assessments and monitor parental engagement in services, and ongoing systemic factors with service array and providers. The 2019 review has indicated continued issues with lack of available or convenient services and major changes in service providers, predictably in the more rural service areas. Both the SFY 2019 and 2018 QSPRs noted a lack of discussion about case and service status during caseworker transitions (i.e., caseworker turnover) and lack of monitoring of engagement in services (due to lack of consistent staff contact) as possible influences on the performance gap between ongoing assessment of needs and provision of services to address those identified needs. In many service areas, it was noted that appropriate services had not been timely provided due to a lack of communication about referral and service status among the multiple caseworkers assigned as primary during the review period. This lack of service provision to address identified needs was noted in both foster care and in-home services cases for both mothers and fathers. There were also instances in several areas where the identified service (most often substance abuse assessment and/or treatment) was available, but only offered on specific days or times, with no flexibility to accommodate parents' work schedules or childcare arrangements. As in past reviews, the inherent

conflict of interest of the provider of the substance abuse assessment also being the provider for any recommended services was cited by multiple parents. In more than one service area, parents were forced to complete courses of outpatient treatment after admitting during the provider assessment to past use of illegal substances; this was despite never testing positive while involved with the Agency and lengthy sobriety. No service area attained substantial conformity, but Areas 5 and 10 struggled most with assessing need and providing fitting services by failing to meet standards in more than half of the cases reviewed (55 percent and 53 percent respectively).

### **Engaging Children and Families in Case Planning**

Children and/or their parents were excluded from the case planning process in slightly less than one-quarter of the reviewed cases (24 percent) during SFY 2019. While this is a seven percentage point improvement in performance from the SFY 2018 QSPR (and 25 percentage point increase over the Round 3 CFSR), there is room for more improvement. The SFY 2019 QSPR has noted improved efforts to bring all applicable family members to the table for case planning activities, while deficiencies appear to stem from poor communication regarding the status of referrals and services during the transition between assigned primary workers. Several deficiencies were due to the inclusion of “mandated” services in the case plan that did not align with formal CANS/FAST assessments and caseworkers were unable to rationalize to parents. As discussed above, often the prescribed service was a drug/alcohol assessment and/or recommended treatment or ongoing drug screens despite no indication of any current substance use. There were also several instances of required parenting classes when not indicated (or for a non-offending parent).

The SFY 2019 QSPR noted there was little difference between the rates of engagement of mothers and fathers as has been noted in past reviews, but the State did a better job of engaging applicable children than parents during this review.

### **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 2019 QSPR, children did not receive frequent, substantive caseworker visits in just 16 percent of the reviewed, while caseworkers failed to provide parents with sufficient visits in almost half of the reviewed cases (41 percent). While there was a 17-percentage point increase in providing caseworker visits to children from the 2018 review, performance regarding caseworker visits to parents increased only slightly by just one percentage point. There has been improved performance noted on both item measures over the Round 3 CFSR. However, the State’s efforts to provide frequent, substantive caseworker visits with parents have been a concern over the last few years as Arkansas has struggled with staff turnover issues. The Agency has made efforts to ensure fathers are included in substantive visits in all case types, and the gap between the frequency and quality of visits with mothers and fathers has lessened as reflected in the SFY 2019 QSPR. However, the SFY 2019 QSPR noted more disparity between the frequencies of visits in foster care versus in-home cases for mothers (less frequent for in-home

cases) than fathers, but slightly more disparity in quality of visits between case types for fathers (lack of quality in in-home cases).

The problems with visitation with 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; many of the contacts that did occur were not sufficiently focused on all pertinent issues. Caseworkers specifically 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 new service needs) or permanency being delayed in foster care cases.

Caseworker visits with parents remain a significant issue although all service areas had adequate contact with parents in at least half of reviewed cases during the SFY 2019 QSPR. No service area achieved conformity on this item 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. Arkansas will continue to utilize in-depth analysis of case review data to ensure both children and their parents are provided frequent, quality visits while involved with the Agency.

## **WELL-BEING OUTCOME 2**

	<i>SFY 2019 QSPR</i>	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>
<b>Well-Being 2: Children receive appropriate services to meet their educational needs (N=SFY 2019)</b>	<b>93%</b>	<b>93%</b>	<b>85%</b>
Item 16: Educational Needs of the Child (N=107)	93%	93%	85%

### **Educational Needs of Children**

Staff again did well in assessing and addressing the educational needs of children involved with the Division in the SFY 2019 QSPR, ensuring the provision of appropriate services in 93 percent of the reviewed cases, just as in the 2018 review. This score is two percentage points shy of substantial conformity (95 percent) of Well-Being Outcome 2.

## **WELL-BEING OUTCOME 3**

	<i>SFY 2019 QSPR</i>	<i>SFY 2018 QSPR</i>	<i>Round 3 CFSR</i>
<b>Well-Being 3: Children receive adequate services to meet their physical and mental health needs (N= SFY 2019)</b>	<b>76%</b>	<b>73%</b>	<b>66%</b>

Item 17: Physical Health of the Child (N=159)	81%	79%	81%
Item 18: Mental/Behavioral Health of the Child (N=91)	85%	77%	68%

### **Physical and Dental Health Needs of Children**

DCFS put forth sufficient effort to assess and address the physical and dental health needs of children involved with the Division in 81 percent of the applicable cases, a two percentage point increase from the SFY 2018 QSPR. Arkansas's performance remained consistent with performance on the Round 3 CFSR. As in the SFY 2018 review, most 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 American Academy of Pediatric Dentists. Several other deficiencies in the current review were due to the Agency's lack of oversight of prescription medication and lack of documentation of health needs in the case file. Only Area 4 achieved substantial conformity on this item although Area 10 missed achieving substantial conformity by only one percentage point. Area 9 struggled the most with this item measure, making sufficient efforts in just over half of applicable cases reviewed (58 percent).

### **Mental and Behavioral Health Needs of Children**

DCFS put forth sufficient efforts to assess and address the mental and behavioral health needs of children involved with the Division in 85 percent of the applicable cases. Arkansas's performance improved by eight percentage points from the SFY 2018 QSPR and 17 percentage points over the Round 3 of the CFSR. Areas 1, 2 and 4 achieved substantial conformity on this item, and Area 10 again missed achieving substantial conformity by only one percentage point. As with the other item measure for Well-Being Outcome 3, Area 9 had the most difficulty with this item, successfully tending to children's mental and behavioral health needs in just over half of reviewed cases (56 percent). The deficiencies were due to a lack of appropriately assessing children's needs (including providing further assessment as recommended by PACE) and monitoring participation in recommended services. Difficulty resuming services after a placement change to a different county were also noted, due to the miscommunication or tardiness in changing designated PCPs and obtaining new referrals when necessary.

### **SFY 2019 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 2019 QSPR to date highlighted significantly improved efforts toward the timeliness of investigation initiation, 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, preventing the State from achieving substantial conformity on Safety Outcome 2. 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.

Regarding such permanency efforts, the State continued to struggle to make consistent efforts to achieve timely permanency, maintain children in stable placements, place children with siblings when appropriate, preserve children's important connections and support the relationship between the children and their parents through efforts beyond visitation alone. Arkansas did not achieve substantial conformity with either combined Permanency Outcome during the SFY 2019 QSPR.

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 in most cases reviewed, failing to achieve substantial conformity with Well-Being Outcome 2 by just two percentage points. 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 and a frequent change in assigned workers was the source of many of the Agency's problems with casework practice in SFY 2019 (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 consistently, 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. Participation in services and case progression was slowed by frequently changing primary caseworkers in many instances.

Arkansas has made some strides to make casework more family-centered during SFY 2019. 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 and Supervisors 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 2019 round of reviews to date underscored similar areas of challenge identified in previous reviews, but also noted maintained or at least some improvement in performance on all item measures from the SFY 2018 QSPR. As observed in previous reviews, many of the issues stemmed from infrequent, inconsequential contact between caseworkers and clients as most service areas continue to face fallout from caseworker turnover. During the SFY 2018 QSPR, a significant number of the caseworkers interviewed had been on the job a year or less; the SFY 2019 QSPR has noted improved retention in service areas reviewed. The SFY 2019 QSPR has also noted the impact of systemic issues such as turnover of Agency attorneys and changing service providers, specifically providers of substance abuse treatment, sometimes with little or no warning

to the Agency. In addition to a continued focus on consistent, state-wide family-centered practice, efforts should be made to ensure the Court and other State Systems, as well as all service providers, join and support Agency efforts to improve outcomes for all families in all service areas. The service areas differ in size, client population and service array, but the way the Division and other relevant systems serve clients should be as consistent as possible statewide.

The following recommendations are provided to help guide change based on the findings from the SFY 2019 QSPR to date.

- **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 2019 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 both Structured Decision Making and considered informal assessments; consistent staffing between investigators and caseworkers during transitions would also be helpful. The Division's wealth of management reports as well as case review data should be used to monitor performance. 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. Frequent changes in assigned caseworkers, while often unavoidable, impacted caseworkers and supervisors' ability to monitor participation in services and case progression. 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 over the past few years.

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. A Supervisor's ability to assist the caseworker in efforts to conduct quality visits is often influenced by the quality of the communication between the Supervisor and caseworker themselves. During the SFY 2019 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 or private spaces, it is unlikely they can make adequate decisions about when it is safe for children to be reunified, make ongoing assessments for changing service needs or monitor and encourage parents' participation in services. Similarly, workers need to be visiting children in their foster homes or family homes and talking to them privately 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 management reports to ensure that staff are visiting clients sufficiently often and engaging them in collaborative decision-making. Reports alone will not provide sufficient insight into whether the caseworker is having sufficient conversations with families to support case progression and timely goal achievement.

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.

<b>Statewide QSPR/CFSR Comparisons (Round 3 CFSR – SFY 2019 QSPR) N based on SFY 2019</b>			
	<i><b>SFY 2019 QSPR</b></i>	<i><b>SFY 2018 QSPR</b></i>	<i><b>Round 3 CFSR</b></i>
<b>Safety 1: Children are, first and foremost, protected from abuse and neglect</b>	<b>87%</b>	<b>76%</b>	<b>69%</b>
Item 1: Timeliness of Initiating Investigations (N=105)	87%	76%	69%
<b>Safety 2: Children are safely maintained in their homes whenever possible and appropriate</b>	<b>83%</b>	<b>70%</b>	<b>60%</b>
Item 2: Services to Prevent Removal (N=51)	94%	75%	55%
Item 3: Risk and Safety Assessment and Management (N=200)	83%	71%	61%
<b>Permanency 1: Children have permanency and stability in their living situations</b>	<b>48%</b>	<b>46%</b>	<b>36%</b>
Item 4: Stability of Foster Care Placement (N=120)	73%	75%	70%
Item 5: Permanency Goal for Child (N=120)	79%	72%	64%
Item 6: Achieving Reunification, Guardianship, Adoption or APPLA (N=120)	77%	69%	58%
<b>Permanency 2: The continuity of family relationships and connections is preserved for children</b>	<b>81%</b>	<b>65%</b>	<b>43%</b>
Item 7: Placement with Siblings (N=84)	74%	68%	47%
Item 8: Visiting with Parents and Siblings in Foster Care (N=93)	85%	85%	64%
Item 9: Preserving Connections (N=118)	75%	67%	49%
Item 10: Relative Placement (N=118)	95%	82%	70%
Item 11: Relationship of Child in Care with Parents (N=80)	55%	33%	48%
<b>Well-Being 1: Families have enhanced capacity to provide for their children's needs</b>	<b>61%</b>	<b>51%</b>	<b>39%</b>
Item 12: Needs and Services of Child, Parents and Foster Parents (N=200)	64%	57%	43%
Item 13: Child and Family Involvement in Case Planning (N=190)	76%	69%	51%
Item 14: Caseworker Visits with Child (N=200)	84%	67%	64%
Item 15: Caseworker Visits with Parents (N=167)	59%	58%	48%
<b>Well-Being 2: Children receive appropriate services to meet their educational needs</b>	<b>93%</b>	<b>93%</b>	<b>85%</b>
Item 16: Educational Needs of the Child (N=107)	93%	93%	85%
<b>Well-Being 3: Children receive adequate services to meet their physical and mental health needs</b>	<b>76%</b>	<b>73%</b>	<b>66%</b>
Item 17: Physical Health of the Child (N=159)	81%	79%	81%
Item 18: Mental/Behavioral Health of the Child (N=91)	85%	77%	68%

<b>Table 6: SFY 2019 QSPR Performance by Service Area</b>										
	<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>
<b>Safety 1: Children are, first and foremost, protected from abuse and neglect</b>	<b>92%</b>	<b>100%</b>	<b>86%</b>	<b>80%</b>	<b>85%</b>	<b>82%</b>	<b>79%</b>	<b>70%</b>	<b>83%</b>	<b>67%</b>
Item 1: Timeliness of Initiating Investigations	92%	100%	86%	80%	80%	82%	79%	70%	83%	67%
<b>Safety 2: Children are safely maintained in their homes whenever possible and appropriate</b>	<b>80%</b>	<b>85%</b>	<b>75%</b>	<b>90%</b>	<b>90%</b>	<b>75%</b>	<b>65%</b>	<b>70%</b>	<b>85%</b>	<b>85%</b>
Item 2: Services to Prevent Removal	88%	83%	100%	100%	100%	83%	100%	100%	86%	83%
Item 3: Risk and Safety Assessment and Management	80%	85%	75%	90%	90%	75%	65%	70%	85%	90%
<b>Permanency 1: Children have permanency and stability in their living situations</b>	<b>50%</b>	<b>50%</b>	<b>58%</b>	<b>67%</b>	<b>67%</b>	<b>58%</b>	<b>50%</b>	<b>50%</b>	<b>42%</b>	<b>25%</b>
Item 4: Stability of Foster Care Placement	75%	58%	75%	92%	92%	83%	67%	75%	50%	67%
Item 5: Permanency Goal for Child	75%	100%	83%	83%	83%	75%	83%	75%	75%	50%
Item 6: Achieving Reunif., Guard., Adoption or APPLA	92%	83%	83%	75%	75%	92%	83%	67%	92%	50%
<b>Permanency 2: The continuity of family relationships and connections is preserved for children</b>	<b>73%</b>	<b>92%</b>	<b>58%</b>	<b>83%</b>	<b>83%</b>	<b>58%</b>	<b>83%</b>	<b>83%</b>	<b>42%</b>	<b>83%</b>
Item 7: Placement with Siblings	90%	89%	67%	63%	63%	56%	70%	100%	56%	100%
Item 8: Visiting with Parents and Siblings in Foster Care	73%	100%	89%	100%	100%	63%	83%	88%	91%	89%
Item 9: Preserving Connections	75%	67%	58%	75%	75%	67%	83%	75%	50%	80%
Item 10: Relative Placement	100%	100%	83%	92%	92%	83%	92%	100%	83%	67%
Item 11: Relationship of Child in Care with Parents	50%	67%	56%	50%	50%	38%	50%	38%	20%	13%
<b>Well-Being 1: Families have enhanced capacity to provide for their children's needs</b>	<b>55%</b>	<b>75%</b>	<b>55%</b>	<b>65%</b>	<b>65%</b>	<b>40%</b>	<b>50%</b>	<b>55%</b>	<b>50%</b>	<b>50%</b>
Item 12: Needs/Services of Child, Parents & Foster Parents	55%	75%	60%	70%	70%	40%	60%	75%	50%	50%
Item 13: Child and Family Involvement in Case Planning	74%	90%	72%	74%	74%	74%	70%	84%	85%	53%
Item 14: Caseworker Visits with Child	80%	95%	80%	100%	100%	60%	70%	65%	70%	75%
Item 15: Caseworker Visits with Parents	50%	71%	59%	50%	50%	47%	65%	63%	78%	53%
<b>Well-Being 2: Children receive appropriate services to meet their educational needs</b>	<b>90%</b>	<b>92%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>80%</b>	<b>100%</b>	<b>92%</b>	<b>75%</b>	<b>100%</b>

Item 16: Educational Needs of the Child	90%	92%	100%	100%	100%	80%	100%	92%	75%	100%
<b>Well-Being 3: Children receive adequate services to meet their physical and mental health needs</b>	<b>80%</b>	<b>87%</b>	<b>79%</b>	<b>94%</b>	<b>94%</b>	<b>69%</b>	<b>78%</b>	<b>83%</b>	<b>56%</b>	<b>71%</b>
Item 17: Physical Health of the Child	86%	88%	85%	100%	100%	75%	82%	100%	53%	79%
Item 18: Mental/Behavioral Health of the Child	91%	100%	67%	91%	91%	75%	86%	75%	88%	73%

## **POPULATIONS AT GREATEST RISK OF MALTREATMENT**

### **Garrett's Law/Substance Exposed Infants**

Garrett's Law (GL), which was named after a child who was born under such circumstances, is the commonly used term to describe infants found to neglected as a result of the presence of an illegal substance in the mother's or infant's bodily fluids or bodily substances at the time of birth. Mothers cited in GL reports are not listed in the state's Child Maltreatment Central Registry, even if the report is determined to be true. This change was made in response to concerns that being listed in the maltreatment registry might have negative consequences on employment prospects of mothers involved in such reports, among other drawbacks.

The Division considers the infants involved in Garrett's Law referrals and cases to be one of the populations at greatest risk given the vulnerability of young infants, the impact substance use can have on parenting, and the fact that many of Arkansas's co-sleeping deaths involve drugs of some kind (some of which did have GL referrals at birth and others that did not). For this reason, the Division has attempted a significant number of efforts related to supporting GL babies and their families. These include referring all GL families, regardless of whether the child is removed, to Team Decision Making Meetings and selecting GL families as one of the target populations for the SafeCare Home Visiting Program. 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.

Other efforts to provide more services and supports to the population of families with a GL referral in an effort to protect this vulnerable population include reviewing substance abuse providers' contract program deliverables and beginning a new monitoring process for those providers, providing information to all families regarding safe sleep, and trying to determine a stronger training curriculum for DCFS staff and legal stakeholders to have a better understanding of substance use disorders – from engagement with families suffering from substance use disorder to screening and referrals to treatment and the road to recovery – which is one of the Division's Child and Family Services Review Program Improvement Plan strategies (Goal 1, Strategy 4, but please note the DCFS CFSR PIP is still pending approval from the Children's Bureau).

During this reporting period, the DCFS Prevention and Reunification Team was invited by the Arkansas Children's Hospital Nursery Alliance to explain the agency's approach regarding GL

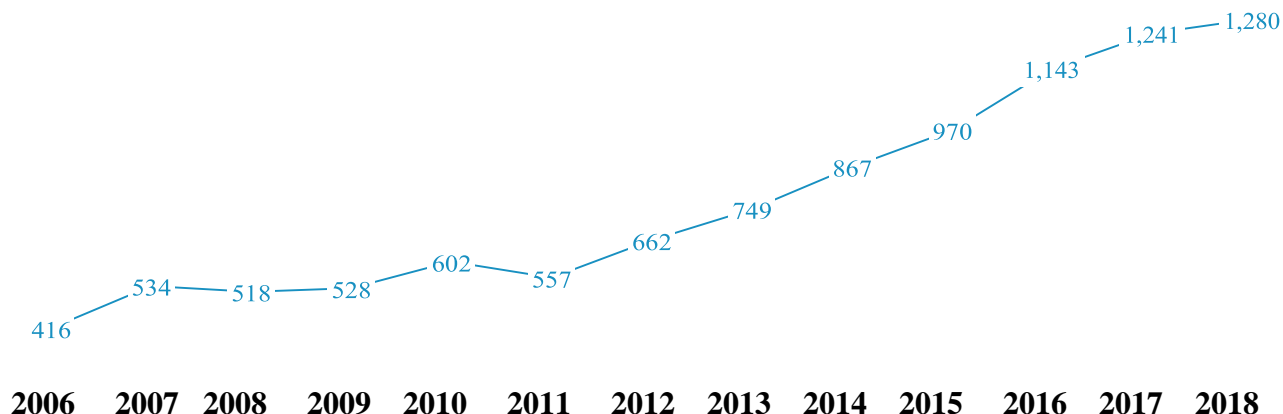
and the intended outcomes. Arkansas Children's Hospital created the Arkansas Children's Hospital Nursery Alliance to support hospitals around the state so that their patients and families can receive care closer to home. The agreement puts into place coordination of care between neonatologists, nursing, and other clinical staff at ACH's NICU and physicians in member hospitals' (currently there are six-member hospitals) NICUs and newborn nurseries to help further improve the quality of newborn care as measured through outcomes, in particular, infant mortality. The Nursery Alliance creates networking and learning opportunities for both hospital members and Arkansas Children's Hospital, shared between people who are caring for newborns to work together to improve the health and well-being of babies and their families. The Division was encouraged by the opportunity to speak with this group of healthcare providers about Garrett's Law. It provided a forum for them to explain DCFS' approach with GL to assess, refer for services and use Health/Safety factors to guide decisions on possible removals (as opposed to removing for a positive drug test).

Following is information on GL reports received during state fiscal year (SFY) 2018. As in previous years' reports, many of the data for 2018 appear in comparison to data from the preceding three fiscal years.

### **GARRETT'S LAW REPORTS RECEIVED**

The number of GL reports accepted for investigation has consistently increased since the law's inception 13 years ago. During SFY 2018, 1,280 GL reports were received,<sup>1</sup> an increase of 3% from the previous year. The number of GL reports received annually has more than tripled since SFY 2006. GL reports increased, on average, by 7% per year from SFY 2006 through SFY 2011. From SFY 2012 through SFY 2018; however, the number of GL reports increased at nearly twice that rate (an average of 13% per year; Figure 1).

**Figure 1**  
**Garrett's Law Referrals Received SFY 2006–2018**



### **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.

- The ages of mothers involved in the reports;
- The types of illegal substances to which newborns were allegedly exposed;

- The estimated gestational ages of newborns;
- Any health problems observed in 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 (Table 1). The median age of all GL mothers was 26 years old for SFY 2018 (not shown). The age distribution of the mothers cited in GL reports was similar to previous years.

<b>Table 1</b> Age Distribution of Mothers in GL Reports SFY 2015–2018				
Mother's Age	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Younger than 20 years	7%	7%	7%	6%
20 to 24 years	36%	32%	32%	32%
25 to 29 years	31%	34%	33%	31%
30 to 34 years	18%	19%	20%	23%
35 to 39 years	6%	6%	7%	7%
40 years or older	1%	1%	1%	1%
Total	100%	100%	100%	100%
Number of Reports	970	1,143	1,241	1,280

**Table 2** shows the types of drugs involved in GL reports. By far, marijuana (including THC and cannabis) was most commonly mentioned and was cited in 65% of the GL reports for SFY 2018. The second most commonly cited drug was amphetamines/methamphetamines (26%). Opiates (e.g., heroin, morphine, codeine, and oxycodone) were the third most commonly cited drug (18%) during the year, followed by benzodiazepines (e.g., prescription drugs such as Xanax and Valium) at 10% and cocaine at 4%. Barbiturates, hallucinogens, and non-categorized prescription drugs (e.g., tricyclics),<sup>2</sup> are seldom identified in GL reports.

<b>Table 2</b> Percentage of GL Reports in Which Drug Was Cited SFY 2015–2018				
Type of Drug	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Marijuana	65%	64%	66%	65%
Amphetamines/Methamphetamines	24%	26%	25%	26%
Opiates	19%	18%	18%	18%
Benzodiazepines	12%	10%	10%	10%
Cocaine	6%	6%	5%	4%
Barbiturates	1%	2%	1%	1%
Hallucinogens	1%	1%	1%	1%
Prescriptions	1%	1%	1%	<1%
Number of Drugs Cited*	1,252	1,460	1,552	1,616
Number of Reports	970	1,143	1,241	1,280

**Table 3** shows the gestational age distribution of newborns in GL reports over the past four years; 22% were born prematurely this past year, similar to previous years.

Table 3				
Gestational Age Distribution of Newborns in GL Reports SFY 2015–2018				
Gestational Age	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Full Term*	69%	71%	69%	70%
Premature†	27%	23%	25%	22%
Unknown	4%	7%	6%	8%
Total	100%	100%	100%	100%
Number of Reports	970	1,143	1,241	1,280

\*Defined as a gestational age of 37 weeks or more.

†Defined as a gestational age of less than 37 weeks.

Among newborns reportedly exposed to substances in utero, 70% did not have any reported health problems, identical to the previous year. Approximately 16% required treatment in a neonatal intensive care unit (NICU), 11% suffered from respiratory distress or other respiratory problems, and 6% exhibited drug-related withdrawal symptoms. Less than 1% died



Table 4				
Percentage of GL Reports in Which Health Problem Was Cited SFY 2015–2018				
Health Problem Reported*	SFY 2015	SFY 2016	SFY 2017	SFY 2018
No Health Problems	60%	66%	70%	70%
Neonatal Intensive Care Required	21%	17%	14%	16%
Respiratory Distress	13%	10%	13%	11%
Drug-Related Withdrawal Symptoms	8%	6%	5%	6%
Child Died	1%	<1%	<1%	<1%
All Other Problems†	17%	17%	14%	11%
Number of Reports	970	1,143	1,241	1,280

\*Multiple health problems can be included in a single report.

†“All Other Problems” includes a wide range of observed health issues that could not be categorized elsewhere, including conditions such as low blood sugar, low heart rate, heart murmur, congenital heart defect, anemia, physical deformity, feeding problems, hypoglycemia, and syphilis.

Among the mothers cited in GL reports, those who allegedly used benzodiazepines and cocaine were the most likely to give birth to children with a documented health problem (42% each), followed by those who used amphetamines/methamphetamines (40%) and opiates (39%). Mothers who reportedly used marijuana were the least likely (27%) 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 (30%) than those whose mothers used any other drug, followed by those using amphetamines/methamphetamines (21%). Less than 15% of newborns whose mothers allegedly used marijuana spent time in the NICU.

## DCFS RESPONSES TO GARRETT’S LAW REPORTS

This section presents information regarding Arkansas Division of Children and Family Services’ (DCFS’s) response to GL reports, including:

- The percentage of reports that are substantiated after an investigation;
- The percentage of substantiated reports that result in opening a child protective services (CPS) case; and
- The percentage of substantiated reports that result in removing the newborn from the mother’s custody.

In SFY 2018, 92% of the GL reports received statewide were substantiated, similar to previous years. The substantiation rate among individual service areas ranged from 82% (Area 10) to 97% (Area 3; **Table 5**).

Table 5				
Substantiation Rate of GL Reports by Area SFY 2015–2018				
Area	SFY 2015	SFY 2016	SFY 2017	SFY 2018
1	89%	83%	88%	84%
2	93%	91%	95%	92%
3	96%	96%	95%	97%
4	95%	93%	92%	96%
5	95%	94%	92%	93%
6	96%	97%	96%	96%
7	95%	85%	83%	96%
8	86%	92%	92%	92%
9	96%	98%	91%	92%
10	94%	83%	96%	82%
State	93%	92%	93%	92%

CPS cases include cases in which children remain in the home and cases in which children are placed in foster care.

Statewide, the rate at which DCFS caseworkers opened a CPS case in response to a substantiated finding of a GL report was 94% for SFY 2018, similar to the case opening rates observed in recent years. Whether caseworkers responded to a substantiated GL report by opening a CPS case varied somewhat among most DCFS service areas, with a low of 84% in Area 10 to a high of 98% in Area 3 (**Table 6**).

Table 6				
Case Opening Rate for Substantiated GL Reports by Area SFY 2015–2018				
Area	SFY 2015	SFY 2016	SFY 2017	SFY 2018
1	97%	93%	95%	96%
2	95%	95%	94%	96%
3	100%	99%	97%	98%
4	96%	88%	91%	88%
5	98%	98%	96%	96%
6	99%	98%	93%	94%
7	98%	88%	95%	90%
8	96%	93%	98%	97%
9	98%	100%	96%	93%
10	96%	95%	95%	84%
<b>State</b>	<b>97%</b>	<b>96%</b>	<b>95%</b>	<b>94%</b>

Note: In addition to CPS cases that opened due to the GL referral, percentages include cases that opened prior to the referral and were still open at the time of the referral. This more accurately represents the percentage of substantiated GL referrals that were handled within the context of an active CPS case.

**Table 7** shows the percentage of substantiated GL reports that resulted in removing the newborn from the mother’s custody. Just under 15% of the newborns, statewide, were removed during SFY 2018, lower than the removal rate observed in previous years. The removal rate varied considerably among the DCFS service areas. For the third consecutive year, Area 3 was the least likely to remove children from their homes as a result of a substantiated GL report (7%).

Meanwhile, Area 9 was most likely to remove children in response to a substantiated GL report (28%), a pattern that has been observed over the past four years.

Table 7				
Child Removal Rate for Substantiated GL Reports by Area SFY 2015–2018				
Area	SFY 2015	SFY 2016	SFY 2017	SFY 2018
1	23%	25%	14%	19%
2	14%	23%	20%	16%
3	11%	11%	9%	7%
4	21%	24%	19%	15%
5	14%	26%	26%	15%
6	16%	21%	18%	8%
7	32%	16%	21%	16%
8	23%	21%	22%	13%
9	38%	30%	29%	28%
10	10%	21%	13%	19%
State	20%	21%	18%	15%

The rate at which children were removed in response to a substantiated GL report also fluctuated at the county level. The relatively high removal rate observed in Area 9 can be largely attributed to the decisions made in Cross, Jackson, and White counties, which collectively removed nearly half (47%) the children involved in substantiated GL reports. In comparison, 18% were removed in response to substantiated GL reports in the rest of Area 9. Meanwhile, most counties in Area 3 exhibited great restraint with respect to removing children. Garland County (which received the second-highest number of substantiated GL reports in the state) 4 warrants particular mention, as less than 4% of the GL-involved children there were removed.

Only Pulaski County (Area 6) had more substantiated GL reports.

An analysis of the substantiated GL reports received during SFY 2017 revealed that 37% of the children who had been removed from their home returned home or were discharged to relatives within 12 months, identical to the rate observed during the previous year.<sup>5</sup> Among children involved in substantiated GL reports who were not removed from the home immediately, 7% were removed within 12 months and nearly 4% were cited in a subsequent substantiated maltreatment report over the same period. These figures were slightly higher than those reported for the previous year (6% and 2%, respectively).

### ***Summary***

This report reviewed select characteristics of GL reports and the DCFS response to those reports for SFY 2018 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 13 years ago. During SFY 2018, 1,280 GL reports were accepted for investigation, a 3% increase from the previous year and three times the number of reports received for SFY 2006.
- Across the last four fiscal years, marijuana was the most commonly mentioned illegal substance in the GL reports. For SFY 2018, 65% cited marijuana usage, either separately or in combination with other drugs, followed by amphetamines/methamphetamines (26%) and then opiates (18%). Benzodiazepines were cited in 10% of the reports, while cocaine was cited in 4%.
- During SFY 2018, 92% of the GL reports statewide were substantiated, similar to the substantiation rate observed in recent years.
- The rate at which DCFS caseworkers opened a CPS case in response to a substantiated GL report was 94% for SFY 2018, similar to the rates observed for the previous three years.
- Less than 15% of SFY 2018's substantiated GL reports led to removing the newborn from the mother's custody. Among DCFS's 10 service areas, Area 3 exhibited the lowest rate of removing children in response to a substantiated GL report, driven in large part 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 by Cross, Jackson, and White counties.
- Of the children removed in response to a substantiated GL report during SFY 2017, 37% either returned home or were discharged to relatives within 12 months. Among those not

removed initially, 7% were removed within 12 months and 4% were cited in a subsequent substantiated maltreatment report over the same period.

### **Children Under Five**

During this reporting period, the majority 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.

There were 9,120 victim children involved in true child maltreatment reports in SFY 2018, children five years of age and younger represented nearly half of the victim children. In comparison, there were 9,364 victim children involved in the maltreatment investigations that were found true in SFY 2017. In SFY 2017, children age five and under also represented the largest group involved in true maltreatment investigations.

Additionally, children ages two to five made up the largest group of children involved in in-home cases in SFY 2018 (26%) just as they did at the end of SFY 2017 (26%). Furthermore, children two to five years of age represented the largest group of children in foster care at the end of SFY 2018 and SFY 2019 (23% and 24%, 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 moved from initial implementation to full implementation. The In-Home Services Program Manager and In-Home Services Specialist 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 as well as the Child Protective Services Manager and Child Protective Services Specialist make similar efforts in their respective programs. With more focused attention on prevention and the additional staff referenced above, the Division will continue to work toward establishing more stringent investigation and in-home casework protocols.

The Arkansas Children's Trust Fund also continues to be a component of the DCFS Prevention and Reunification Unit and spearheads primary prevention efforts for the Division, 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. 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 supports Parent Support Mentors in nine WIC Clinics across the state. The Mentors provide one-on-one sessions with mothers beginning prenatally and through the first six months of the baby’s life. The sessions include a brief educational lesson and a check of developmental milestones followed by activities to promote parent/child interaction. Parents are also be connected to community services and supports as needed.

**Predict-Align-Prevent** – The Children’s Trust Fund is working 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 the agency 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 for 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. Both Pulaski County in Central Arkansas and Benton County in Northwest Arkansas (not supported by DHS funds as the Pulaski County SBCT is) continue to have strong SBCT programs. 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, 2019-March 31, 2019):

- 100% of the children participating in active SBCT cases during this reporting period received a developmental screening/assessment.
- 100% of the children in active SBCT cases during this reporting period had no more than two changes of placement.
- 35% of the children in active SBCT cases during the reporting period spent time with their parents at least three 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, parental rights had been terminated, the parent was incarcerated, or there was an active no contact order out of another court.

- 100% of children who had siblings participated in visits with their siblings at least once a week.
- 73% of the children were placed in the concurrent plan home (e.g. fit and willing relative or foster/adopt parents) at or near the beginning of SBCT involvement.

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. As previously referenced in this report, SafeCare is an evidenced-based program that provides intensive home visiting services to participating families to address health and safety issues for the children in the home.

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 Areas 2, 6, and 8. The tentative implementation schedule for the rest of the state is as follows:

Areas 1 and 3 – July 2019

Area 9 – September 2019

Area 5 – October 2019

Areas 4, 7, and 10 – November 2019

The DCFS In-Home Services Unit also implemented an Intensive In-Home Services program in February 2019 that serves children 0-18. The program design is more intensive than the current "Intensive Family Services" programs available in the state and is 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.

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. In addition, beginning in July 2019, NFA will also begin taking referrals and serving teens in foster care who have children of their own. This will be a foster care prevention strategy as well as an overall well-being strategy for young children whose parents are already in foster care and, as such, may not have had appropriate parenting role models during their childhoods. Please also see the NFA section within the APSR within the **Title IV-E Waiver Demonstration Project activities**.

### **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 2018 data indicates that 14 percent of the children in foster care had been in the system for 36 months or more, a 2 percent increase from SFY 2017.

These youth are at a greater risk due to instability in placements as data indicates the longer in care the more moves a youth may encounter. SFY 2017 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.

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 reinstate a version 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. Another way to look at this data is to measure the re-entry rate within two years of finalization. The re-entry rate (within two years of finalization) for adoptions finalized from SFY 2007 through 2013 was 0.8 percent,

and the re-entry rate for those adopted from SFY 2014 through 2017 was 1.1 percent. Slightly higher, but not really a statistically significant difference. The charts below provide more detail.

<b>SFY 2007 - SFY 2013</b>			
<b>Year</b>	<b>Number of Finalized Adoptions</b>	<b>Re-Entered Foster Care Within 2 Years of Adoption</b>	<b>Re-Entry Rate (%) within 2 Years</b>
SFY 2007	408	9	2.2
SFY 2008	471	2	0.4
SFY 2009	627	2	0.3
SFY 2010	597	1	0.2
SFY 2011	602	4	0.7
SFY 2012	686	5	0.7
SFY 2013	691	9	1.3
<b>Total</b>	<b>4,082</b>	<b>32</b>	<b>0.8</b>

<b>SFY 2014 - SFY 2017</b>			
<b>Year</b>	<b>Number of Finalized Adoptions</b>	<b>Re-Entered Foster Care Within 2 Years of Adoption</b>	<b>Re-Entry Rate (%) within 2 Years</b>
SFY 2014	734	6	0.8
SFY 2015	725	11	1.5
SFY 2016	731	8	1.1
SFY 2017	961	9	0.9
<b>Total</b>	<b>3,151</b>	<b>34</b>	<b>1.1</b>

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. As previously referenced in this report, during the second half of this reporting period, a new position, the Foster Care and Adoption Program Administrator was created to help provide support to the Foster Care and Adoptions Units and ensure improved communication and coordination between the foster care and adoptions programs, where applicable. The Foster Care and Adoption Program Administrator supervises the Foster Care Manager and the Adoption Manager but is currently trying to fill the Adoption Manager position.

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 the 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 to illustrate the agency's evaluation of the effectiveness of these efforts can be accessed [here](#).

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 10<sup>th</sup> Division of Pulaski County and in Judge Smith's court in Benton County. In addition, the DCFS In Home Services Program Manager, who oversees reunification efforts, continued to attend SBCT meetings and the DCFS Assistant Director of Infrastructure and Specialized Programs continue to participate in quarterly SBCT planning meetings.

### ***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 allow 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 through 2019. As these data show, from SFYs 2015-2017, there was an increase in the number of children in this age range and in the average length of time in foster care this age group experiences. However, 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 of children ages four and under 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. However, in SFY 2019 to date, the number of children ages four and under increased to 1,559, but there was a noticeable decrease in the average length of stay for this group – down to 291.2 days, or a 9.8% decrease from the previous year.

- 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.
- As of **5/31/2019**, there were **1,559 children in foster care ages four or younger**. The average length of stay in foster care for those children as of 5/31/2019 was **291.2 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 five years. For example, substance abuse was cited as a removal reason for 53.4 percent of the children in care (ages 4 and younger) as of 6/30/2014, but this figure climbed to 61.1 percent for children in care (ages 4 and younger) as of 5/31/2019 (though there was an almost 2 percent decrease in the percentage of children ages four and young for which substance abuse was cited as a removal reason between 2018 and 2019).

While the number of children in this age range has increased by approximately 9.5%, perhaps the reason for the decrease in the average length of stay in foster care for this same group can be tied to, though not necessarily caused by, maintaining a reasonable statewide average caseload in the recent past and the somewhat lower turnover rate in family service worker staff. While these trends have been taking place over the past two to three years, it is possible that these trends are just now impacting service delivery and outcomes. Having manageable caseloads allows caseworkers to more fully focus on the families to which they are assigned and work those cases more intensively than they would be able to with a higher caseload. A consistent caseworker throughout the life of a case may also impact families' abilities to work through their case plans more efficiently. The SafeCare Home Visiting and Intensive In Home Services Programs described earlier in this document above should also help to improve services and supports for children under the age of five.

The table below displays the percentages for six timeframes:

<b>Date</b>	<b>Number of Children in Care, Ages 4 and Younger</b>	<b>Number of Children, Ages 4 and Younger, for which Substance Abuse was Cited as a Removal Reason</b>	<b>Percentage (%)</b>
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
5/31/2019	1,559	952	61.1

### **KINSHIP NAVIGATOR FUNDING**

The Arkansas Division of Children and Family Services was one of the states that applied for and was awarded Kinship Navigator Funding in SFY 2019. To kick off the implementation of this new program, DCFS hired a Family Service Worker Specialist to serve as the statewide coordinator for the information and resource support component through the Kinship Navigator Program. Arkansas decided to name the program Kinship Connect. Kinship Connect will focus on two primary components: 1) support of relative and fictive kin caregivers through information dissemination and resource coordination, and; 2) identification of relatives and fictive kin for the purpose of placement and/or otherwise maintaining connections with their relatives/fictive kin who are in foster care.

Currently, DCFS has partnered with Assemblies of God Family Services/COMPACT to case mine and deliver detailed kinship information for either placement, a visiting/respite source, or provide any family/medical information using COMPACT FINDS. This portion of Kinship Connect will prioritize long stayers in foster care whose relative connections need to be re-examined so that permanency can be achieved. COMPACT will provide their detailed report within thirty days of each referral to the DCFS and Kinship Connect coordinator.

Kinship Connect will host focus groups and consider issuing a survey via Survey Monkey in the upcoming weeks to see what Arkansas kinship families need at this time. The Division hopes to gain information on having support groups in the near future, specialized trainings, providing resources, and etc. Moving forward we will pilot this program in an area of the state and expand by the end our out first year.

### **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 were no cases that was moved to tribal court.

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 YYS 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. If a current ICWA child reaches the age of 14 during this year, they will be referred to the YYS Coordinator in their area, and we will begin offering independent living 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 caseworkers from the Cherokee Nation on cases. Generally, it appears to be a good working relationship between the DCFS staff and the Cherokee Nation caseworkers.

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 child welfare cases that have Native American children identified. Please see below the breakdown for SFY 2019:

For **SFY 2019** 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)
- **8** children left foster care between July 1, 2018 - May 31, 2019
- **52** children who are identified as American Indian and Alaskan Native (AIAN) entered care between July 1, 2018-May 31, 2019

Some of the Tribes represented in the number of children entering care were: Cherokee Nation of Oklahoma, Chickasaw Nation, Eastern Shawnee Tribe of Oklahoma.

Note: The totals are distinct counts of children with each Client ID counted one time for the number of children who entered foster care. If a child left foster care and then returned to care within the time frame of July 1, 2018-May 31, 2019, that child is counted one time. There was one child during the time period who did leave foster care and later was removed a second time. If the duplicate count is needed that would be:

- **53** children who are identified as American Indian and Alaskan Native (AIAN) entered care between July 1, 2018-May 31, 2019

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.

### ***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 to put in place between Arkansas DCFS and the Cherokee Nation. To date, the MOU has been initially updated and reviewed by OCC and DCFS staff is in the process of reviewing. A draft will be updated as needed before being shared with Cherokee Nation.

During this reporting period a new Cherokee field caseworker in Arkansas for Cherokee Nation was assigned. She took over many of the last workers cases as he is now primarily working in other states. DCFS Central Office Tribal liaison assisted these caseworkers several times over the last few months with assignments such as a relative placement issue, conducting CHRIS searches for case history (and some for other Cherokee workers), and also sent DCFS policy update correspondence to all three Cherokee workers to keep them abreast of DCFS changes and updates. 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.

Additional collaboration efforts have been formed within this past year from Central Office Tribal liaisons. In January 2019, DCFS received a letter from the Berry Creek Rancheria of Maidu Indians of California requesting paper files for any of their child welfare cases. The letter stated that due to recent restructure and the Camp Fire, the tribe was actively seeking any relevant county or state departments provide copies of all active case files. DCFS surveyed all OCC attorneys across the State of Arkansas for any files that would meet the criteria, and none were located. DCFS responded back to the Berry Creek tribe to inform them that no cases were active within our state.

The DCFS tribal liaisons have been participating in the monthly State ICW managers phone calls. These calls are very informative and do an excellent job of relaying timely national policy and funding information. The calls provide an opportunity for state ICW managers to share ideas and collaborate on challenges being faced. Since Arkansas does not have any federally recognized tribes within our state, the calls are mainly informative in nature, however, Arkansas has recently volunteered to be a reviewer for the group on policy, procedures, or other documents that are being written.

DCFS Central office tribal liaison also assisted Area 5 on a Choctaw case. Contact information that included the local Choctaw worker's name and email as well as the Choctaw director's contact information was shared with local DCFS staff and at a later date this information was shared with a representative from Capacity Building that requested the information.

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 April 2019, 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 2019 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
- **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
- **Regina Shelton**, Modoc Tribe

There were no negative responses and or suggestions to the policy from members who received the APSR and policies.

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.

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 2018: 85.44%** (for FFY 2017: 78.92%)
  - ☐ Number of monthly visits made to children in the reporting population (Numerator) – **43,044**
  - ☐ Number of such visits that would occur during the FFY if each such child were visited once per month while in care (Denominator) – **50,380**

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

- ☐ **FFY 2018: 93.80%** (for FFY 2017: 91.50%)
  - ☐ Number of monthly visits made to children in the reporting population that occurred in the residence of the child (Numerator) – **40,375**
  - ☐ Number of monthly visits made to the children in the reporting population (Denominator) – **43,044**

The aggregate # of children in the data reporting population is: **6,836**

#### **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, but staff turnover has remained a consistent issue.

Arkansas continues to monitor and assess the frequency and quality of worker visits. The Prevention and Reunification Unit in Central Office sends out 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. Each month, both the Area and County level monthly charts are sent out as well. In these charts, there are two separate charts in regard to In Home Monthly Visits and Foster Care Monthly Visits. 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. These plans are also added to their monthly reports that the Area Director's submit. 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 June 5, 2019, a balance of \$115,760.69 remains and the grant has expired

**CFDA#93.603** – 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.

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

**Grant Award#** - AIPP18 – 1801ARAIPP – Amount \$478,378.00 (9/7/18) and \$754,122.00 (12/20/18) = \$1,232,500.00 total

**Grant Period:** - 10/01/2019 – 12/31/2021

These funds must be obligated by 09/30/2021 and liquidated no later than 12/31/2021.

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**

The Arkansas Department of Human Services (DHS), Division of Children and Families Services' (DCFS) IV-E Waiver Demonstration Project seeks to improve outcomes related to safety and permanency for children and their families. The Waiver provided an opportunity to build upon several initiatives within the child welfare system that had already been underway, including the scaling up of effective screenings, assessments, and interventions, and the shift from a reliance on generic interventions to evidence-based and evidence-informed practices and programs (EBP and EIP). The Waiver was also designed to strengthen the ongoing implementation of the goals and guiding principles of the DCFS Practice Model through a comprehensive expansion of practice beginning at the investigation phase and continuing through post-reunification services and/or legal permanence.

The goals of the Arkansas Title IV-E Waiver Demonstration Project are as follows:

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

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

1. Differential Response (DR)
2. Team Decision Making (TDM)
3. Nurturing the Families of Arkansas (NFA)
4. Targeted Recruitment (TR)
5. Child and Adolescent Needs and Strengths (CANS) and the Family Advocacy Support Tool (FAST)
6. Permanency Roundtables (PRT)

By implementing the interventions listed above, Arkansas anticipated it would enhance its child welfare system to be one that better values families by:



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

### **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. In February 2019, the DR manager resigned, and the CANS/FAST manager managed the position in the interim before transitioning into the position permanently in April 2019.

Differential Response is a system reform that enables DCFS to appropriately meet the intensity of involvement for reports of child abuse and neglect. Rather than investigate all maltreatment reports, as had traditionally been done, DR shifts the approach of low-risk child maltreatment reports to a more family involved and family-centered approach. The family receives an assessment and services are provided based on what the family believes it needs. By linking families with needed services, DR aims to safely reduce the number of children entering the foster care system, decrease future involvement with DCFS, and return youth to their homes in the event a child is removed. The program does not place blame on the family and is short-term (cases are not to last more than 30 days, but two 15-day extensions may be granted, if necessary).

DR was designed to expedite workers' engagement with families, provide frequent visitation and offer intensive yet short-term support. Overall, the average DR case was open for 28 days, 11 days fewer than the comparison group; this result is significant.

For the first two and a half years of implementation (Cohorts 1 through 5), DR case lengths averaged 25 days in duration. In Cohorts 6 and 8, the case length increased to nearly 40 days, which is likely due to the substantial increase in DR referrals during this time period and DR workers being overwhelmed with the significant increase. In the last year of implementation (Cohorts 9 and 10), case lengths decreased even with the large number of referrals, likely due to having experienced DR workers who are used to managing large caseloads.

The underlying goal of DR is twofold: first, reduce the percentage of cases which suffer from subsequent maltreatment and, second, reduce the number of children removed from their homes. Overall, families receiving DR are significantly less likely to have a subsequent Child Protective Services (CPS) case open within three, six, and twelve months following the DR than comparison group families. Additionally, DR families are less likely to have a subsequent report of maltreatment, yet more likely to have a subsequent Supportive Services (SS) case open within the same three, six and twelve-month time frames than comparison group families. These trends are generally the same across all Cohorts.

Children involved in a DR case are significantly less likely to be removed from the home compared to children in the comparison group across the duration of the Waiver and all cohorts. This is true across all cohorts and removal time frames.

### ***Current/Ongoing***

During the reporting period, the DR Manager worked with the Federal Compliance and IV-E Waiver Administrator in revising the 3-day DR training for new DR staff to include more hands on activities on engagement and coaching, began collaborating with Safe Families, a volunteer-driven nonprofit that provides support to families in our local communities, to be a service support to our families but also assist in building community resources. The DR unit is also collaborating with the University of Medical Sciences in utilizing its 'Teaching Important Parenting Skills Program (TIPS). T.I.P.S. is an innovative parenting education program for parents of children ages birth to 5 years. People working with parents and educate parents without parenting classes and respond to parents' concerns and tailor parenting information to individual families.

DR goals that are ongoing, in progress or desired include exploring extending initiation time frame from 3 days to 5 days, improve community/stakeholder buy-in, explore other maltreatment allegations that could be routed to DR, improve completion and quality of Family Strengths and Needs Assessments and Case Plans, increase DR initiation and closure rates, provide advanced practice DR training bi-annually and increase time spent on coaching and mentoring field staff as it relates to family centered engagement and practice.

The following data and accomplishments represent the DR program's functioning between July 2018 and May 2019:

Differential Response Data:

- DR referrals received: **5601**
- DR referrals screened out: **653**
- DR referrals re-assigned to investigations: **693**

\*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.

### **Team Decision-Making:**

*Team Decision-Making* meetings are held within three business days of a protection plan being put into place or upon the removal of a newborn in the instance of a Garrett's Law case. Family and extended family, friends, and informal supports are invited by the family to attend the TDM and brainstorm ways to keep the child(ren) safe. DCFS is involved mostly to ensure that the final plan, developed via the TDM participants, meets the Division's requirements for keeping the

child safe. The rapid response and action plan are designed to safely reduce the number of children entering the foster care system and, in the event a child is needed to be removed, return youth to their homes by following the action plan.

The outcome evaluation provides little indication of a strong treatment effect for TDM as it was implemented in Arkansas during the demonstration period. Contrary to the outcome hypothesized, TDM cases show similar rates of removal for children in the treatment group as those in the comparison group. Interestingly, the types of cases encountered appeared to change throughout the demonstration period, with both experimental and matched controls showing an increasing number of cases where at least one child was removed through the first four cohorts before dropping again in the fifth and sixth cohorts.

Reunification results were likewise mixed. In the most recent reporting period for which sufficient time has elapsed, significantly fewer youth were reunified within three months of their removal following the meeting than was the case for the comparison group. Over the lifetime of the demonstration, however, the percentage of reunifications within the cohorts was essentially flat for the treatment and comparison groups. The comparison group did show a consistently higher percentage of discharges within the three-month period, though the results for the six and twelve-month periods were again mixed.

An interesting finding arising during the staff interview process may help to at least partially explain the weak relationships observed, specifically that DCFS staff indicated that it is difficult to get buy-in from the larger system in which they are operating, and that it is difficult to get families to later comply with the plan developed at the TDM meeting. There is a limited exchange of information from the TDM facilitator to the caseworker responsible for the case after the TDM is conducted. These issues suggest broader systemic factors that influence how any single intervention can be evaluated. In sum, the overwhelmingly favorable impression of the TDM process by families and DCFS staff and the changes observed in service referral suggest that TDM is a process that bears further study.

### ***Current/Ongoing***

Team Decision Making (TDM) model is currently in 30 of Arkansas 75 Counties. 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 Mississippi County with a tentative launch date of 10/1/2019. Statewide implementation is tentatively scheduled for July 1, 2020.

Currently, all facilitator positions in the implemented counties are filled. A Statewide TDM Rover Position has been filled to assist with TDM Meeting in all 30 implemented counties. 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 remain low during reporting period. Substance Exposed Infants, also referred to as Garrett's Law TDM Meetings continue to increase over reporting periods.

Waiver Core Team approved policy changes to timeframes in the previous reporting period for Protection Plan TDM meetings and Garrett's Law TDM meetings. Previously, TDM meetings for an implemented protection plan was required to be held within 48 hours and a Garrett's Law TDM meeting was required to occur within 72 hours of the hotline receiving the referral. The new policy has gone through the promulgation process and now requires the TDM meetings to be held within three (3) business days.

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.

Technical assistance from Annie E. Casey Foundation initially ended in May 2015, the monthly Case Consultations have continued and are led by the TDM Supervisor 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. Individual and Group supervision continues to be held monthly with the TDM Program Manager, TDM Supervisor and Facilitators. In October of 2018 Annie E Casey Foundation agreed to provide technical assistance in Statewide implementation of the fidelity of Team Decision Making. A focus group meeting was held to obtain strengths and concerns from Agency Staff. A Work group has been formed with frontline workers, supervisors, attorneys, Area Director, TDM Program Manager, TDM Supervisor, Prevention and Reunification Assistant Director, Annie E. Casey Representatives and NCCD Representatives for implementation and expansion of TDM.

As reported previously, the sustainability plan is to partner a TDM facilitator with a MidSOUTH trainer for future training needs as TDM is implemented statewide. The TDM Program Manager has been leading all TDM policy and procedure trainings for DCFS staff. The MidSOUTH trainer, TDM Program Manager, and a TDM facilitator combined the One-Day Staff orientation and the TDM policy training into one training for field staff

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.

### **Nurturing the Families of Arkansas (NFA):**

*Nurturing the Families of Arkansas* is Arkansas' version of the Nurturing Parenting Program, a program for parents/caregivers involved in in-home cases with children between the ages of 5-11. The age range was increased to include youth up to age 18 in the program in January 2018. NFA is being administered by MidSOUTH at the of Arkansas at Little Rock. The 16-week program is administered in groups and/or individually and is designed to build and strengthen positive parenting skills. By providing parents with improved parenting techniques, NFA aims to safely reduce the number of children entering the foster care system, decrease future involvement with DCFS, and return youth to their homes quickly in the event a child is removed.

NFA targets families with children between the ages of 5 and 18 years old who are involved with DCFS for abuse or neglect. NFA provides in-home assessments, family-specific plans, and parent education classes.

Between 150 and 200 families have participated annually in the NFA program since its implementation in March 2015. Approximately 31 percent of families do not complete the program, most often due to non-compliance in attending program classes. Of the families that do graduate, the vast majority report enjoying their interaction with Parent Educators and learning valuable parenting skills.

NFA was successful in improving parenting skills as measured by results from the initial and follow-up CPI assessments. Overall, safety in the home was slightly improved, though the results were not significant due to the limited number of families in the program.

### ***Current/Ongoing***

For fiscal year 2020, we have changed the referral criteria to allow referrals on families with a non-court involved in-home protective or supportive services case and allowing the referral to be made during an Investigation or a Differential Response if a protective services or supportive services case will be the result upon closure. This is in alignment with the waiver evaluation that showed the best outcomes were for families that had a DR, but later had a true finding and NFA was. This will allow NFA to be provided to appropriate families from a DR/supportive services case and hopefully prevent a true finding from ever occurring. In the next fiscal year, we also updated referral criteria to state there can be no prior removals in the current case, unless it is a parenting foster care youth who is placed with their child (all other court involved cases still require an exception.) Due to this change, NFA trained their staff on NPP curriculum for the 0-4 age group in the winter of 2019. This will also allow services to be more tailored when parents have children that are both younger and older than five and enable us to make exceptions when NFA is the most appropriate service to offer, but the child is not quite 5.

### **Arkansas Creating Connections for Children:**

*Arkansas Creating Connections for Children (ARCCC)* spearheads recruitment and retention efforts of foster and adoptive families throughout the State. DCFS is using the Annie E. Casey Foundation *Family to Family* model to enhance the recruitment and retention of resource families. Efforts include general recruitment, targeted recruitment of population groups that are underrepresented, and child-specific recruitment for children who may be harder to place. ARCCC was funded in part by the Waiver and in part through the Diligent Recruitment Grant.

The Waiver (which targeted six Service Areas) and the Grant (which targeted the remaining four Service Areas) were designed to mirror each other exactly, although Grant activities were one year ahead of the Waiver.

Over the course of the evaluation, Arkansas's 10 Service Areas saw an increase in the volume of approved resource homes. The number of newly opened relative and provisional homes increased dramatically between 2015 and 2017. Although the number of approved homes declined significantly over the project's final year, the total number of approved homes recruited during the final six-month reporting period represents an improvement over the first reporting period.

Over a three-year period between the end of July 2015 and the end of July 2018, the statewide bed-to-child ratio improved from 0.78 to 1.04, meaning there is at least one bed available statewide for youth in care. As of the end of the most recent reporting period, the highest bed-to-child ratio belongs to Area 6 which has 1.75 beds available for each youth in care.

Statewide, the percentage of homes recruited during the Waiver period which had a child placed within one month of approval remained quite consistent (between 83 and 85 percent) across all reporting periods. The percentage of homes which had a child placed within six months also remained similarly consistent (between 94 and 95 percent). Since ARCCC was first implemented, the percentage of children who were removed from a home and subsequently placed within the same Area declined slightly, from 84 percent during the first six-month reporting period to 79 percent during the most recent reporting period. In general, the percentage of children in the treatment group who were placed within their home Area was slightly lower than the comparison group.

Across all cohorts, children placed in ARCCC homes generally displayed slightly better placement stability at three months than children in the comparison group. At six and twelve months, on the other hand, the comparison group displayed slightly better placement stability than the children in ARCCC homes. The placement stability displayed by ARCCC children at six and twelve months (relative to the comparison group) is concerning given that placement stability remains one of the primary goals of the ARCCC program.

Statewide, the number of children placed in congregate care settings increased during the first half of the Waiver period before declining steadily over the past year, especially among children ages six to 15. At present, children ages 11 to 15 account for approximately half of Arkansas's congregate care population.

Not surprisingly, children with behavioral issues saw the highest rate of placement change (*i.e.*, the least stability), with 62 percent of these youth being moved from their ARCCC placement. At the same time, only one-third of youth with medical issues were moved from their ARCCC placement, a significantly smaller percentage than for youth with no known medical or behavioral issues.

### ***Current/Ongoing***

During this reporting period a change was made to Area 10. Area 10 CES position was placed in the Central Inquiry Unit in Central Office to focus on a pilot project. This pilot project began on April 1, 2019. The goal of this project is to reduce the amount of time it takes to open provider homes. The assigned staff member is responsible for preparing provider applicants to open their homes in Areas 4, 7, and 10. The pilot project has one assigned staff member (an FSW) who is responsible for processing applicants received on the FosterArkansas.org website. The FSW completes an initial phone call with the applicant, processes the background checks, and then refers the family to PRIDE Training and home study if the Resource Supervisor approves the applicant's In-Home Consultation (IHC). The FSW gathers all pertinent documentation from the applicants and then provides the completed home study to the Resource Supervisor for final walk through and approval of the home. The CIU manager will monitor data to determine if the pilot project should be expanded throughout the state.

The other counties continue to maintain a Community Engagement Specialist (CES). The additional CES staff are continuing implementing recruitment and retention strategies in their assigned areas. These staff participate in recruitment team meetings and work closely with community partners. The CES staff provide monthly updates to monitor their recruitment and retention activities. The NCCD Children's Research Center provide demographic data on the foster care population by county and area each month to inform recruitment strategies. The data is reviewed each month and recruitment strategies are updated to meet the changing needs of the counties.

The Central Inquiry Unit (CIU) is made up of one Administrative Assistant, one Program Eligibility specialist, and three Family Service Workers. The staff obtain applicant information from the FosterArkansas.org website and complete the initial phone screening and provide a packet with background checks. The background checks are run, and the family is sent to the field staff to complete the application process. The CIU will continue to meet bi-weekly at the Lean Six Sigma Whiteboard to discuss the application process to determine if adjustments need to be made to move families through the process as quickly as possible.

### **CANS & FAST Functional Assessment Tools:**

Arkansas's CANS/FAST was implemented Statewide in February 2015. It is a multi-purpose tool developed by Dr. John Lyons for children services to support decision making. It is a communicative tool to facilitate the linkage between the assessment process and the creation of individualized service plans. In October 2018, the CANS/FAST manager resigned, and a new manager was hired.

The *CANS* and *FAST* tools replaced the Family Strengths, Needs, and Risk Assessment (FSNRA) that was previously used to measure the strengths and needs of children and their families. CANS assessments are designed for use with youth in out of home placements, with two unique tools created to assess the strengths and needs of children and youth, one for those ages 0–4 and a second for those five years of age and older. FAST assessments are designed for use with the entire family. DCFS believes that by improving the assessment of the strengths and needs of children and families over time, the CANS and FAST will identify the highest priority needs of clients so that appropriate services can be provided to improve child and family

functioning. Improved functioning will, in turn, safely reduce the number of children entering the foster care system, increase placement stability and expedite permanency for children in foster care.

Youth receiving a CANS are significantly more likely to reunify with their biological parents or a relative within three months than comparison group youth and slightly more likely to reunify at six and twelve months. Furthermore, youth are more likely to have placement stability at three, six, and twelve months after a CANS than the previous FSNRA tool. These results imply that the CANS tool is slightly more effective at identifying the youth's strengths and needs than the FSNRA and allows the caseworker to provide more effective case plans.

Families receiving the FAST assessment were slightly more likely to have their children removed within three months than families receiving the FSNRA. This outcome reverses at twelve months where families receiving the FAST are less likely to have their child removed. One theory for these trends is the FAST may identify more serious issues earlier in the life of the case than the FSNRA, but also supports development of a stronger case plan to keep children in the home at longer time frames.

### ***Current/Ongoing***

During the reporting period, the CANS/FAST manager collaborated with Dr. John Lyons and the Praed foundation in the creation of the Universal Family and Children Engagement Tools (UFACET), which combines the CANS and FAST into one tool; this tool has not been completed. The CANS/FAST manager has and is exploring an alternative assessment tool to the UFACET called the Structured Decision-Making Case Planning tool. If the agency decides to go with this tool, implementation will be 2-5 years in the making. Also, during this reporting period, CANS/FAST coaching was provided for staff and case reviews for fidelity and quality were conducted.

CANS/FAST goals that are ongoing, in progress include providing advance practice training as needed, decrease amount of open cases that have assessments with no actionable needs, decrease the amount of cases with no Case Plan, CANS or FAST, decrease the amount of open cases with no Case Plan within the last 90 days, decrease the amount of missing or expires CANS certifications, create a review process to test fidelity and quality of the use of CANS/FAST that is not arduous or punitive, complete a comparison analysis of the UFACET tool and the SDM Case Planning Tool.

### **Permanency Roundtables:**

*Permanency Roundtables* were held for youth who have been in foster care for 18 months or longer, and support permanency planning and outcomes. The meeting involves the caseworker, supervisor, a permanency consultant, and other case-specific stakeholders. The PRT model (developed by Casey Family Programs) has a set agenda for the meetings. Each PRT results in a Permanency Action Plan and Permanency Action steps assigned to case stakeholders. The initiative was ultimately discontinued in 2016 due to a challenge implementing the service to the target population.



## **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](mailto: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.

Act 713 of the 91<sup>st</sup> General Assembly, Regular Session established 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. Over the last two years, the Children's Bureau's has expressed concerns regarding the impact of Act 713 on confidentiality of children and families involved in maltreatment investigations.

As such, during the 92<sup>nd</sup> General Assembly Regular Session, two acts were passed to qualify the circumstances under which state legislators and other entities may share confidential child

maltreatment information. Specifically Acts 590 and 1081 clarified that Federal, state, and local governmental entities, or any agent of such entities that have a need for confidential child maltreatment report and related information may only share such information to carry out its responsibilities under law to protect children from maltreatment. Please see Attachment C: Program Improvement Plan for Confidentiality Requirements Under CAPTA Updated June 2019 for more information.

These acts will go into effect July 24, 2019 at which time the Division will provide a final update to its CAPTA Program Improvement Plan (PIP) and should return to full compliance with CAPTA in this regard once the final PIP update is reviewed.

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 2019 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, the activities for CAPTA include:

### **The Fetal Alcohol Spectrum Disorder (FASD) Taskforce**

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 Differential Response (D.R.) Program manager, who manages FASD referrals from the hotline, 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. The Taskforce has since laid the foundation for the state's first FASD clinic. This clinic will be housed at the Chenal Family West Clinic in Little Rock, hopefully offering, soon, a telemedical option, for those whose travel to little rock would be burdensome.

### **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 4 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, 2018 – June 30, 2019.

### **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)
- **SFY 2019**– IFS was provided in 50 counties (67% of the state covered)  
(\* **July 2018- March 2019**)
- **SFY 2019** – IFS was provided in 23 counties (31% of the state covered)  
(\***April 2019- June 2019**)

Currently the DCFS has 23 counties covered for IFS Services from the latest procurement, 31% of the state offering this service. Southern Counseling Services which contracted for the most counties (27 counties) chose to cease providing services due to changes in Medicaid rules. However, they continued to work with us and take new referrals up through March 2019 while

the Division worked on rolling out a new service in those counties. Once this new service was close to implementation Southern Counseling stopped taking new referrals and are working on closing cases with families they currently have. 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. An evaluation contract will be put in place in Oct. 2019 to better measure the outcomes of IFS as well as other contracted services related to prevention of foster care. This evaluation will include looking at removals and subsequent true findings up to 2 years post services.

### **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. Three of the four quarterly DCFS and provider conference calls have not occurred this fiscal year but are being reimplemented. DCFS Central Office staff and IFS contract providers participate in the conference calls and discuss programmatic and financial matters. The In-Home program manager has implemented a feedback loop for another contract that includes reaching out to field staff that have made recent referrals to the program to ask for feedback prior to provider meetings. This has worked well and will be implemented for the fourth quarter provider conference call for IFS.

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 is working on development of a fourth panel to replace the Carroll County panel that disband in June 2016 and provide recommendations in more specific areas. There have been some changes in leadership as there was a transition of the CRP state coordination to the Prevention and Reunification Unit within DCFS. The citizen review panels play a very important role in the success of the agency and recommendations are used to improve practice and outcomes for the children and families served. Some of the responsibilities of the panels include:

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

### ***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 accessed [here](#).

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 exempted) 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.

During SFY 2019, 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 Areas 2, 6, and 8 with plans to be statewide by November 2019. This program 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.

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

During the 92<sup>nd</sup> General Assembly, Regular Session the Division worked to pass state law to allow Arkansas to come into compliance with the amendments to CAPTA made by the Comprehensive Addiction and Recovery Act of 2016 (CARA). Effective July 24, 2019, Act 598 will require all healthcare providers involved in the delivery and care of infants to report to the Department of Human Services, by way of a report to the child abuse hotline, all infants born with and affected by:

- A fetal alcohol spectrum disorder (FASD);
- Maternal substance abuse resulting in prenatal drug exposure to an illegal or a legal substance; or
- Withdrawal symptoms resulting from prenatal drug exposure to an illegal or a legal substance.

While this requirement for healthcare providers involved in the delivery and care of infants to report to the Department for infants born with and affected by FASD has been in place in Arkansas since 2013 (11 CAPTA law referrals to date but 0 of these occurred for the time period of this APSR), the subsequent two categories listed above will be new to the state. These will include infants whose mothers have been lawfully prescribed a drug. These referrals will not be routed to the investigative or differential response pathways. Rather, these will be assigned for an assessment by Differential Response (DR) staff. DR staff will be responsible for developing a plan of safe care with the family for the purpose of ensuring the safety and well-being of an infant following the release of the infant from the care of a healthcare provider and addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver.

The policy and procedures for these new types of non-investigative prenatal substance exposed infant referrals is currently going through the promulgation process and has included gathering feedback from the DCFS Advocacy Council and members of the medical community as to how best to identify these infants and properly provide supports to them and their families. Public

hearings will also be held during the public comment period of the promulgation process. 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 Arkansas Children's Hospital Nursery Alliance. As described earlier in this report, the Arkansas Children's Hospital Nursery Alliance support hospitals around the state so that their patients and families can receive care closer to home. It is comprised of six member hospitals NICUs and newborn nurseries to help further improve the quality of newborn care as measured through outcomes, in particular, infant mortality. The Division has also informed the Director of the Arkansas Home Visiting Network, which oversees the state's seven home visiting programs (including SafeCare) of the new non-investigative prenatal substance exposed infant referrals and began initial conversations as to how to encourage referrals to appropriate home visiting programs for this population.

A general overview of the new non-investigative prenatal substance exposed infant referrals is currently being provided to all DCFS caseworker and supervisory staff in the 2019 Legislative Update Trainings. A more comprehensive training will be provided to Differential Response (DR) Supervisors at the end of July regarding these referrals and development of the corresponding plans of safe care given that their staff will be the ones responsible for this work. Finally, an advanced practice training for all investigative and DR staff will be provided by the Prevention and Reunification Unit in early fall 2019 and will include a component covering these new referral types and associated service delivery. It will incorporate feedback from staff who have been assigned some of the first non-investigative prenatal substance exposed infant referrals so that lessons learned may be shared with the full group.

The Division has submitted a Program Improvement Plan with this APSR outlining steps it will take to meet this requirement. Please see Attachment D: Program Improvement Plan for CARA Requirements Updated June 2019. The Division will submit a final CARA Program Improvement Plan update when Act 598 goes into effect on July 24, 2019 which should bring Arkansas into full compliance with CAPTA as amended by CARA at that time.

Due to being out of compliance with CAPTA requirements as a result of CARA and the confidentiality issues associated with Act 713 of the 91<sup>st</sup> General Assembly, Regular Session, Arkansas was not eligible for the FFY2019 CAPTA grant funds.

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



## **STATISTICAL AND SUPPORTING INFORMATION**

### ***JUVENILE JUSTICE TRANSFERS***

**For SFY 2019 (July 1, 2018 to May 31, 2019) there were 14** 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**

	<b>Total ETVs Awarded</b>	<b>Number of New ETVs</b>
<b><u>Final Number: 2017-2018 School Year</u></b> (July 1, 2017 to June 30, 2018)	<b>71</b>	<b>36</b>
<b><u>2018-2019 School Year*</u></b> (July 1, 2018 to June 30, 2019)	<b>81</b>	<b>42</b>

**Comments:** *The 2018-2019 awards are the number of ETV applications received up until 6/30/19*

### ***INTER-COUNTRY ADOPTIONS***

Reports the number of children who were adopted from other countries and who entered into State custody is **two (2)**.

Two (2) children were adopted from other countries and entered into state custody in FY 2018. DCFS handled the adoption disruption by placing the youth in foster care. One youth a male age 14 was adopted in Bulgaria. Since entering into custody, he has done extremely well in his placement and has processed the failed adoption and parental rights being terminated. This youth now has a goal of adoption, again and is excited about finding a forever family. DCFS is completing child specific recruitment through the Arkansas Heart Gallery and partnering with Project Zero to have the youth attend matching events. The second failed international adoption was also handled by DCFS. Parental rights for this child, age 11, have been terminated as well.

DCFS handled all proceedings in regards to this failed adoption. In both situations DCFS attempted to provide services prior to the adoptions failing both families were resistant to services and did not cooperate. It was reported that each disrupted because of behavior of the children and the families wanted the children to be placed in residential settings. There were no other relatives identified to take placement of either child.

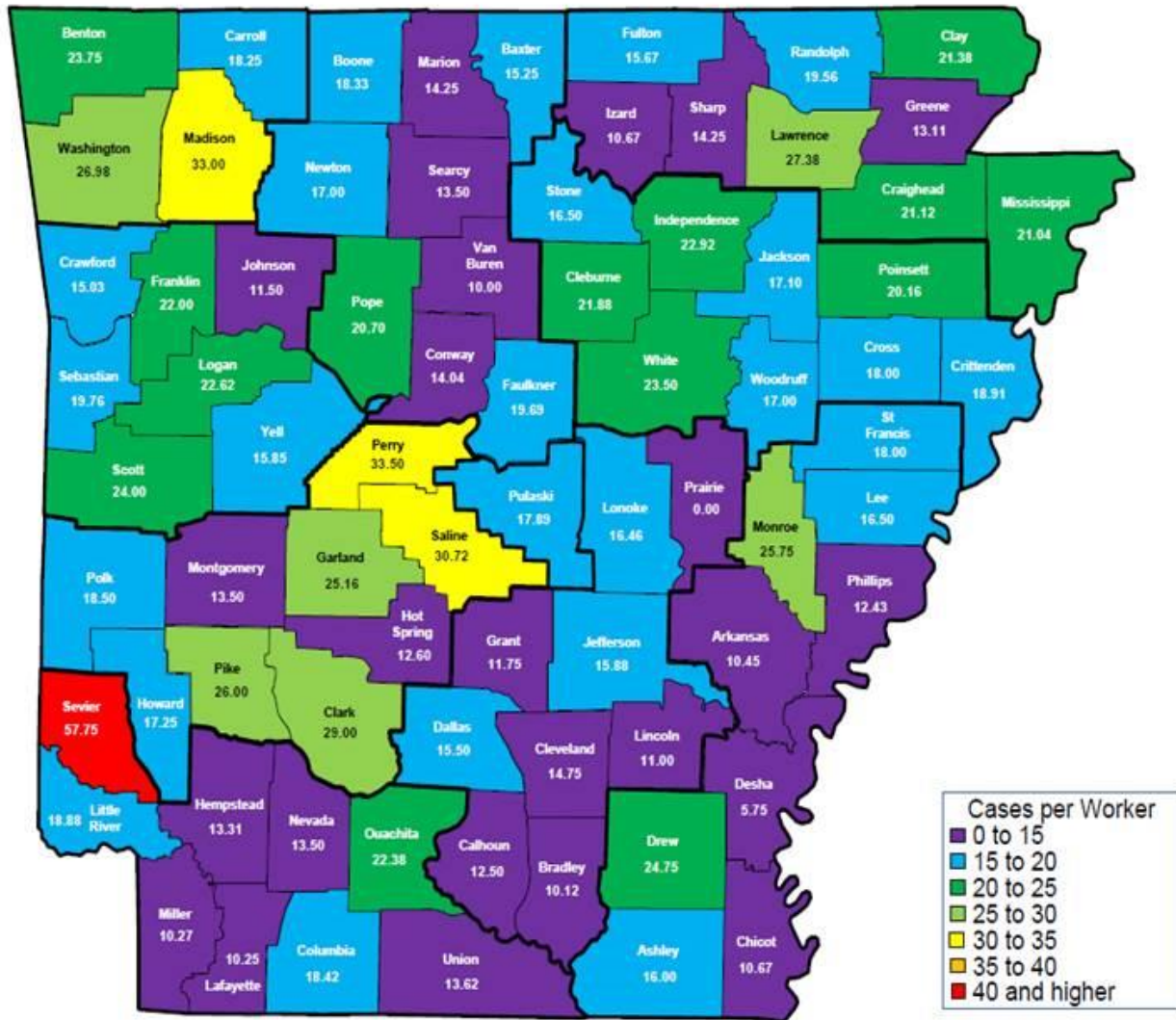
### ***SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES***

The Adoption Specialist will open a supportive service case when providing post adoption services and assign to the adoption unit. If the case stays open longer than 30 days, it will require a FAST and case plan to be completed. This will help document needed services and hold the agency and the family accountable for the services. If the case turns into a foster care case the worker will be able to show what post adoption services were offered to the family and how the family worked with the agency to help prevent the child from entering foster care.

## WORKFORCE DEMOGRAPHICS

Information on Child Protective Service Workforce as of June 2019							
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	86%		Female	70%
Male	11%		Male	14%		Male	30%
Race:			Race:			Race:	
Caucasian	56%		Caucasian	88%		Caucasian	63.67%
African American	43%		African American	12%		African American	36%
Hispanic	1%		Hispanic	0%		Other	0%
Asian	Less than 1%						
Ages:			Ages:				
20's	27%		20-30	15%			
30's	28%		31-40	29%			
40's	26%		41-50	30%			
50's	15%		51-60	23%			
60+	4%		61-70	3%			
Educational Level:			Educational Level:			Educational Level:	
BSW	13.36%		BSW	39%		Related degree	10%

Related Degree	52.05%		Related Degree	59%		BS/Master's Degree related field	90%
MSW	1.15%		MSW	2%			
Associate	4.51%		Associate	0%			
No Degree	17.3%		No Degree	0%			
Doctorate	.58%						
Non-Related Degree	11.07%						



## **ATTACHMENTS**

- APSR Cover Letter
- APSR Checklist
- Annual Progress and Service Report (APSR)
  - APSR Attachment A: Arkansas CFSR Round 3 Program Improvement Plan Revised 4.15.19 (draft)
  - APSR Attachment B: DCFS Progress Charts for Closeout APSR
  - APSR Attachment C: Program Improvement Plan for Confidentiality Requirements Under CAPTA Updated June 2019
  - APSR Attachment D: Program Improvement Plan for CARA Requirements Updated June 2019
- Citizen Review Annual Report and Responses