

# A NEW HORIZON

Moving Family First  
Forward

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DCFS ANNUAL REPORT  
OCTOBER 2020



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# INTRODUCTION

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Over the last year, the Arkansas Department of Human Services (DHS) Division of Children and Family Services (DCFS) continued the work it started in 2016 to move the State's child welfare and foster care system forward, becoming one of the first states to implement the landmark federal Family First Prevention Services Act.

More commonly known as Family First, it is the first major federal child welfare reform effort in decades and impacts every piece of the child welfare system. We recognized the new law aligned with what was already happening in Arkansas and in our report last year called *Family First Fits Us*, we highlighted the work done to prepare for implementation on Oct. 1, 2019.

That work focused on the value that every child in Arkansas deserves a safe, stable family every day. That value became even more important as the world began to face a public health crisis unlike anything seen in the last 100 years. This report outlines where we are now, our next phase of work, and how Arkansas adjusted to serving children and families during a public health emergency that continues to touch all three areas of focus.


Though the pandemic has made everything more complicated, it also has shown that the children and families we serve are resilient, and DCFS staff and our partners are creative at finding solutions to problems and determined to live out our values.

The coronavirus pandemic forced us all to quickly adapt and find safe ways to serve children and families while also making sure it did not delay permanency for children in foster care.

At the same time, work continued in three key areas that have been a focus of our reform efforts since 2017:



STRENGTHENING  
FAMILIES



IMPROVING THE  
FOSTER CARE  
SYSTEM



BUILDING,  
SUPPORTING, AND  
EMPOWERING A  
STRONG  
WORKFORCE

# SERVING CHILDREN & FAMILIES DURING A PANDEMIC

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## DCFS Response to Pandemic

Arkansas Governor Asa Hutchinson declared a public health emergency on March 11, and the DCFS workforce immediately began making changes with a focus on ensuring the health and safety of children despite the challenges posed by COVID-19, and emphasizing that work toward permanency – a safe and stable home for every child – must continue.

In balancing these two priorities, we knew we needed to limit unnecessary face-to-face contact, and that measure was put into place on March 17. But there are many essential aspects of the work DCFS does with families that continued to require in-person contact, such as initiating child abuse and neglect investigations by seeing the alleged victim.

We equipped staff with hand sanitizer, gloves, and surgical masks. We also provided gowns as well as N95 and KN95 masks for higher risk situations. This effort would not have been possible without the robust ordering, distributing, and daily tracking of Personal Protective Equipment (PPE) supplies, which involved not only DCFS staff all across the state, but also staff across DHS.

We are proud of how the DCFS workforce stepped up in these uncertain situations, continuing these necessary in-person contacts and learning how to protect themselves and others using PPE they had never needed before the pandemic.





While court hearings, home visits to see children in foster care, and visitation between parents and their children shifted to remote platforms, DCFS quickly deployed Zoom accounts and additional laptops to field staff to ensure these necessary activities could occur with the proper technology.

DCFS and legal stakeholders worked closely and communicated often to limit permanency delays as court hearings shifted to videoconferencing for most hearings. Together, we emphasized that children's best interest must remain at the forefront of the system.

As the state moved to phase two of reopening during the summer, DCFS began encouraging additional face-to-face contact, especially for visitation between children and parents. COVID-19 has the potential to be a significant barrier to reunification, and the best interest of children requires meaningful visitation.

Staff found innovative ways to ensure visitation happened safely, often encouraging families to meet at parks and other outdoor venues that promoted both safety and natural ways for parents and children to connect.

The hope is that some of the practices we have learned, like the convenience and importance of added contact between parents and their children either through FaceTime, Zoom meetings, or phone calls, should be used moving forward in addition to normally scheduled in-person visitations.



## Partner Response to Pandemic

Strong partnerships have been a critical piece of ensuring the safety, permanency, and well-being of children as we navigated changes over the past several months. Our partners have truly stepped up to the task at hand and shown great flexibility and creativity.

For example, Project Zero and DCFS launched **Zooming for Zero** in June, a weekly series of Zoom meetings to highlight kids waiting for adoption as well as prospective families hoping to adopt. Unfortunately, Project Zero's in-person connection events are on pause due to COVID-19, but Zooming for Zero has provided a creative avenue to continue building connections and matching children with families, all with the goal of having zero children in foster care waiting to be adopted.

Foster parents have continued to play an integral role in providing care and stability over the last several months, proving again and again how their partnership is the cornerstone of the foster care system in Arkansas. The change to virtual schooling in the spring brought new challenges for many of our provisional relative families—safe and appropriate relatives who are

"These meetings are so fun and engaging, but they're so important," said Christie Erwin, Project Zero Executive Director. "Zooming for Zero could literally change your life and the life of a waiting child, and we're honored to be able to do this."

An initial series of 10 events and a special sibling event have occurred so far, with another 10 scheduled to wrap up by Thanksgiving. The goal is to ensure children and families from all over the state are highlighted and prospective families maintain connections with staff.

Zooming for Zero has already led to waiting children finding homes and adoptive families feeling much more connected. These virtual connection events will continue into late 2020.



caring for children in foster care while finalizing the foster home administrative requirements—and foster parents. Some challenges included added expenses, child care, and access to technology. DCFS has tried to meet these needs by providing extra financial support.

## Financial Support

With support from Governor Hutchinson and approval from the Arkansas Coronavirus Aid, Relief, and Economic Security (CARES) Act Steering Committee, CARES Act funds provided a stipend of \$500

paid for with federal funding that the state received went to provisional relative and foster families who had at least one overnight foster care placement from March 11–April 30. Additionally, DCFS provided \$125 per foster child (in a mix of state and federal IV-E funds) to provisional and foster parents to assist with additional costs during the public health emergency. By advocating and approving to use CARES Act and other available funds this way, Arkansas reinforced how much provisional relatives and foster families are valued.

- **\$500 STIPEND PER FAMILY**  
(CARES ACT FUNDS)
- **\$125 STIPEND PER CHILD**  
(STATE/FEDERAL IV-E FUNDS)

## Focus on Protective Services

One of the ways that DCFS has emphasized safety during the public health emergency was to place a special focus on families being served in protective services, or in-home, cases. These families are working to strengthen their protective capabilities, mitigate circumstances that led to a true finding of maltreatment, and reduce the risk of maltreatment occurring again all while the child remains at home. Children remain with the family for most DCFS-involved cases, and during a time of uncertainty, added stress, and social distancing, prioritizing these families was important. It also reinforced our system's priority to strengthen families with evidence-based prevention programs. Though the pandemic did shift our focus at times, it did not derail our larger reform efforts or progress toward strengthening families through prevention, improving foster care for those who need it, and better supporting our workforce.



# BREAKOUT: A LIFESAVING CONNECTION

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FSW Paula Woodside's work cell phone rang early one Sunday morning. It was a number she knew well, so she answered. On the other end was the familiar voice of a mother with whom Paula had been working, but there was a tone in her voice that told Paula this wasn't a normal phone call.



Paula had been helping the family get back on solid ground again. Mom, dad, and their three children – ages 10, 9, and 5 – were working on some issues. As Paula got to know them and understand their circumstances, she also saw a need for some safety equipment for the home. Specifically, Paula felt like the home needed smoke detectors and a fire extinguisher. Dad worked nights, so Paula wanted to make sure the family had every tool they needed to be safe in an emergency, knowing they probably would never need to use those tools.

But the tone in mom's voice this morning made Paula take notice, and then she heard the smoke detectors going off in the background. There had been a fire, and the mom's first call was to Paula – not to 911 or the fire department or the police – but to Paula, the caseworker who had invested so much time and support in the family. She was the one person mom trusted more than anyone.

Paula learned that the mom had been awakened by the smoke detectors and had been able to get the kids to safety and extinguish the fire – just like Paula had shown her. Paula told the mom to call 911 to be sure everything was safe at home and that she would be out to see the family soon.

Thanks to Paula's thorough assessment of the family's needs, targeted service provision, and the trust she had built with the family, a mother and three kids are alive and well. Kudos to Paula!

# STRENGTHENING FAMILIES THROUGH PREVENTION

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One of the biggest achievements in the last year is that Arkansas was the third state to gain federal approval of its five-year Title IV-E prevention plan. Family First created a new avenue for states to get federal funding for prevention programs. To be eligible, child welfare jurisdictions had to submit and receive approval of their prevention plans to ensure services met the standard – called evidence level – required under federal law.

## Approved Prevention Programs

Prevention services are rated as either **promising**, **supported**, or **well-supported** (and placed on the Title IV-E Prevention Services Clearinghouse that other child welfare agencies can see and access when developing their own plans). Independent reviews are allowed for services that have not yet been rated by the Clearinghouse. One of our partners, the National Council on Crime and Delinquency (NCCD), completed independent reviews of our prevention programs.

We were the first jurisdiction in the country to receive federal approval of programs that had been independently reviewed, and we are incredibly grateful to the NCCD team that paved the way in this work. Now, all three of our intensive in-home services providers—St. Francis Ministries, Youth Advocate Programs, and Youth Villages—are using approved programs eligible for federal funding.

These programs all emphasize safely preventing children from entering custody or reunifying them with family as quickly as possible if out-of-home care is necessary.

The parenting program we've used since 2015, Nurturing Families of Arkansas (NFA), did not pass NCCD's independent review. After digesting information from the review, DCFS worked closely with our parenting provider, University of Arkansas at Little Rock MidSOUTH, to determine if another program would be better for Arkansas families. In July 2020, MidSOUTH shifted their model from NFA to

**Positive Parenting Program, a 10-session**

evidence-based parenting program with sessions on causes of children's behavior problems, strategies for encouraging children's healthy development, and strategies for managing misbehavior. This program has more evidence supporting its effectiveness and as of late August, is rated as promising.

Another feature in our prevention plan is to transition our remaining in-home program into an evidence-based model. Evidence-based models use best practices and tools supported by research and evidence to solve issues.



**Intensive Family Services (IFS)** is currently being provided for short-term intensive help to families in the home in about one-third of the counties across the state.

In the next year, Arkansas plans to work with Homebuilders®, an evidence-based program currently on the Clearinghouse as well-supported, on a pilot site to determine if it is feasible to implement Homebuilders® on a larger scale.

Planning will be done over the next several months for an anticipated pilot start date next summer.



## Enhancing Risk and Safety Assessment

An important piece of prevention work requires being able to assess a family's risk for future maltreatment, which then informs key supports and strategies that the family needs to increase their ability to keep their children safe and become stronger in a way that will last beyond the Department's involvement. This is an area needing improvement for DCFS, as our current risk tool is not as effective as it needs to be.

So we are working with NCCD's Children's Research Center to implement **Safety Organized Practice** (SOP) and **Structured Decision Making®** (SDM®) to enhance our ability to assess risk and safety and manage safety concerns.

In the last year, NCCD, DCFS, and the Crimes Against Children Division (CACD) at the Arkansas State Police have worked closely together to develop evidence-based tools for certain key decision points in child protection casework. A hotline tool, for use by CACD staff who answer calls at the Child Abuse Hotline, was developed and implemented this year.

Later this fall, NCCD will conduct quality reviews of the tool's use. In addition, the risk and safety tools will be finalized this fall. Work also will begin on backend tools, which include evidence-based tools for case planning and reunification.

### **Safety Organized**

**Practice** (SOP) is a family-centered, strengths-based social work practice in which DCFS staff will champion the central belief that all families have strengths. SOP will result in partnerships between the Department and families that is solution-focused and collaborative. Training and coaching to implement SOP will begin in early 2021.

### **Structured Decision**

**Making®** (SDM®) uses clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate harm, and estimating the risk of future abuse and neglect. Child and family needs and strengths are identified and considered in developing and monitoring progress toward a case plan for the team to follow.

# IMPROVING FOSTER CARE

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As discussed in *Family First Fits Us*, the federal law changes reinforced the direction we are going in Arkansas, that children in foster care should be placed with family until they achieve permanency. The law includes reforms to help keep children safely with their families and avoid the traumatic experience of entering foster care. At the same time, the law stresses the importance of children growing up in families and helps ensure children are placed in the least restrictive, most family-like setting to meet their needs when they do come into foster care.

## Focus on Family-Like Settings

The first priority is to place kids with safe and appropriate relatives and fictive kin. Other family settings include foster homes, private license placement agency foster homes, and provider family-style care (family-like settings) for sibling groups.

When treatment is needed, the family setting to meet that need is called therapeutic foster care. More intensive, medically necessary treatment may involve Medicaid facilities, such as Community Reintegration, Comprehensive Psychiatric Residential Treatment, or Psychiatric Acute.

If a short-term placement is needed as a last option when family settings cannot be found, an emergency shelter might be the best placement, especially if it's able to keep siblings together.

As part of Family First, we implemented a new type of residential setting, **Qualified Residential Treatment Program** (QRTP), for when youth cannot thrive in a family setting because they have treatment needs, such as behavioral and mental health needs, that must be addressed.

The QRTP contracts began in July 2019, and the associated assessment and court hearing requirements necessary for IV-E funding became effective Oct. 1, 2019.

Now that we are a year into this new placement type, the focus has shifted to improving the quality of the programs.

We are working with our QRTP providers to enhance their trauma-informed models and discharge planning capabilities, so that they become stronger treatment programs and produce better outcomes for children.

# BREAKOUT: FOSTER PARENTS OF THE YEAR AWARDS

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The Department celebrated and honored its foster parents on Friday, September 18, with a virtual Foster Parents of the Year awards ceremony. The ceremony featured appearances by Governor Asa Hutchinson and First



Lady Susan Hutchinson, DCFS Director Mischa Martin, legislators and community partners, as well as videos highlighting the winners from each of the state's 10 service areas.

As part of that celebration, the agency selected Linda and Wendell Green of Newport as its overall 2020 Foster Parents of the Year.

DCFS Director Mischa Martin said the Green family was chosen primarily because they fully support the value that all kids deserve a safe, stable, and nurturing home every day and they work closely with the biological families of the children in their care.

"Linda and Wendell are amazing foster parents and pour all their energy into their children," said Martin. "In addition to their commitment to helping return foster children to their families, they have forged long-lasting connections with children and their families."

Linda and Wendell were humbled by the award but proud to accept it on behalf of the over 100 children and families who have touched their lives over the past fourteen years. "We want parents to know that we're going to love and protect their children while they get stronger," said Wendell. "When parents know their kids are being taken care of, they feel better and can focus on themselves, which helps get everyone together again faster."

Linda agreed, noting that they've been able to stay connected with many of the children and their families. "They'll always be a part of us."

As we organized placement types focused on family and treatment, we identified gaps in which the needs of our kids cannot be properly met.

Our partners who fit under provider family-style care (i.e., house parent model with no shift staff) provide placements for sibling groups and older youth but are not eligible for traditional IV-E reimbursement as of last October. This is an important placement type.

To continue putting our kids first, Arkansas was able to continue these placements until June 2020. During the year of transition, the team worked closely with providers on a new placement model in Arkansas where the house parent model shifted into a true foster home.



As a result, DCFS procured this new placement type, Specialized Private License Placement Agency, with a start date of July 1, 2020. This type of placement prioritizes sibling groups and youth who are discharging from a Q RTP program. In addition, the state still has partners with the house parent model who provide placements for sibling groups, but these providers do not accept financial support from DCFS.

## Prioritize Placements for Older Youth

To meet the needs of older youth, **Supervised Independent Living** is launching this fall. This program is designed for youth ages 18–21 who elect to participate in Extended Foster Care. The program will provide a safe living environment for these young adults with case management and other wrap-around services in addition to the support they receive from their assigned DCFS staff.

The two program levels are based on the youth's needs. Level 1 will provide housing and some wrap-around supports for youth who are largely capable of already living independently with perhaps mild mental or behavioral health issues

but who will still benefit from additional support as they transition to adulthood. Level 2 also will provide housing but with on-site support that will be more intensive for a population that is not yet ready to live independently. Eight providers were selected statewide with a total of 37 beds among them. The contract start date is Oct. 1, 2020.

To help address housing stability for our older foster youth who exit or are preparing to exit foster care, another placement option for youth in Pulaski County was offered this year. In 2019, the U.S. Department of Housing and Urban Development announced the **Foster Youth to Independence** initiative, in which public housing agencies in partnership with the child welfare agency can request Housing Choice Vouchers to assist youth ages 18–24 who have left foster care or will leave foster care within 90 days and are at risk of becoming homeless. This program launched in July 2020.



Another federally sponsored initiative to improve the foster care system includes the **Children and Family Services Review**. Arkansas received its Round 3 review report in early 2017. As a result, the state was required to create a Program Improvement Plan for items that did not meet standards according to the review.

The final version of Arkansas's improvement plan was approved in October 2019, and by June 30, 2020, the state had already met all the performance data measures in the plan.

This was a huge achievement and reduces the possibility of financial penalty as a result of the review.

In addition, it helps show that the progress being made in Arkansas, some of which is included in the federal plan, aligns with national standards to improve the system.



## New Placements for those with Developmental Disabilities

The third new type of DCFS placement is the **Specialized Developmental Disability Emergency Program**. This program will serve children with developmental disabilities, including those who have been diagnosed with both a developmental disability and a mental health condition.

Placement will be provided on an emergency basis and available 24 hours a day and seven days a week. In addition, the program will offer supports in the areas of therapeutic services, communication, mobility, behavior management, socialization, and daily living skills. This contract was awarded to one provider with an anticipated start date of Oct. 1, 2020.

## SUPPORTING THE WORKFORCE

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The two main efforts in the last year to support and strengthen the workforce were the completion of two specialized trainings and continuation as a Workforce Excellence Site with the National Child Welfare Workforce Institute (NCWWI).

### Specialized Trainings

In 2018, DCFS started developing a statewide Court Preparation and Mock Testimony Training across the state in collaboration with the Court Improvement Program, the Attorney Ad Litem Program, the Commission for Parent Counsel, and juvenile judges.





Court preparation is often cited as one of the elements of the Family Service Worker (FSW) role with which staff struggle the most.

The training included a separate half-day for supervisors, a half-day classroom portion, and a day of mock court preparation and testimony. The classroom portion of this training focused on the importance of relative and fictive kin placement, exploration of putative fathers, ensuring thorough initial and continuous health and safety assessment, and regular and quality home visits. The mock testimony provided a way for staff to apply best practice in a courtroom setting and included local attorneys ad litem, parent counsel attorneys, DHS attorneys, and juvenile judges serving in their respective roles and providing constructive criticism to staff.

Last fall, the Department completed over 40 trainings across the state. Evaluation feedback on this training indicated that the exercise of walking through a true case file and testifying in front of their local stakeholders helped many of the participants not only feel more confident in their own skills but also built relationships with these stakeholders.



DCFS and its legal partners plan to do this training again, likely incorporating it every other year due to the amount of preparation, logistics, and staff time required to make it a success.

Between June and September 2020, DCFS staff completed the Online Substance Abuse Tutorial for Child Welfare Professionals. This training was developed by the National Center for Substance Abuse and Child Welfare in conjunction with the Substance Abuse and Mental Health Services Administration.

Many of the families with which we work are affected by substance abuse issues and staff often ask for more support and guidance regarding how to work with families who struggle with substance abuse issues.

The self-paced tutorial is five modules and provides knowledge of substance abuse disorders and their impact on parenting; engagement strategies and the treatment and recovery process for families affected by substance use disorders; services needed by children whose parents have substance use disorders; and methods of improving collaboration among substance abuse treatment, child welfare and court systems.

Following the completion of the online training, the Division hosted a facilitated conversation with area staff to discuss some highlights of the training, emphasize certain points, and allow staff to ask questions. A total of 10 supervisor sessions and 33 staff sessions were conducted. DCFS feedback demonstrated an almost unanimous feeling that the information in the on-line training was informative and applicable to DCFS policy and practice. To assist with family engagement after training, DCFS created a tip sheet and resources sheet that can be used by staff.



## **National Child Welfare Workforce Institute**

In addition to training, the other main focus to strengthen the workforce has been our work with NCWWI. In 2019, DCFS and the University of Arkansas at Little Rock were selected as a Workforce Excellence site to strengthen and improve the DCFS workforce.

As noted in last year's report, the elements include an enhanced university partnership through a NCWWI stipend program, leadership development, and a comprehensive organizational health assessment followed by targeted strategies to address the identified workforce gaps.

NCWWI analyzed an online survey with 1,072 staff responses and 35 focus groups and interviews that were conducted as part of the assessment. The report is organized by the ten Workforce Development Framework domains with key strengths and identified gaps for each domain:

- Recruitment & Selection
- Education/Professional Development
- Work Conditions & Benefits
- Workload
- Practice Supports
- Supervision
- Leadership
- Organizational Culture & Climate
- Inclusivity/Racial Equity
- Community Engagement

Key findings include both strengths and weaknesses. Strengths include an agency-wide commitment to serving children and families, our relationship with university training partners, a teamwork-oriented supportive culture, and a commitment to giving staff the resources they need to improve practice.

The challenges identified were primarily related to reinforcing practice supports for staff, training and support for supervisors, and implementation processes with clear action plans for ongoing change. The implementation team, a diverse group of individuals who are charged with directing the project activities and making sure the process aligns with stated goals and vision, reviewed the findings and selected four domains as DCFS' priorities in the next year: **Worker Safety, Supervision, Recruitment & Selection, and Racial Equity/ Inclusion.**



Once the workforce priorities were selected, the next step was to identify strategies that will be implemented to improve in each selected domain. Regional action teams focusing on worker safety will consider strategies such as safety culture, training, and safety plans for workers and offices. Regional actions teams studying ways to better support supervisors will consider an updated supervisor's handbook,



peer-to-peer support, and training. These two teams will begin their work this fall. The recruitment and selection workgroup consists of statewide membership, and they began meeting at the end of August. The racial equity and inclusion action team also will begin this fall.

The Department's partnership with NCWWI also includes funding for an educational stipend to help staff transition from non-degreed positions, like a Program Assistant, to degreed positions like a Family Service Worker. One of the NCWWI stipend students graduated in May and even was selected by her peers to do the virtual graduation speech. Selection for the open slot occurred earlier this year, and we have a new staff member who is starting her Bachelor of Social Work (BSW) this fall along with the three NCWWI stipends who are starting their second year in the program.

Recruitment for the NCWWI Leadership Academy was completed during the summer, and 17 DCFS supervisors have been selected to participate. They will begin the Leadership Academy in early October. Coaches for the Leadership Academy were selected and began their training earlier this summer to prepare for the October kick-off.

These activities are shaping up for a busy fall, but DCFS is excited to create sustainable improvements in the workforce. The following vision statement created by the implementation team will anchor the workforce development progress going forward:

**"The Arkansas DCFS workforce is a diverse, courageous, and empowered team of individuals working together to improve outcomes for children and families. We are united. We are invested. We are community-driven. We are world-changers."**



DIAMOND ADAMS  
NCWWI STIPEND GRADUATE

# CONCLUSION

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The past year certainly has not been what any of us expected. The coronavirus pandemic made every facet of our work much more difficult, but our staff and partners never lost focus on the end goal of all we do – ensuring that every child in Arkansas has a safe and stable home every day.

With that shared value always in our mind, we creatively embraced new approaches to the work to help strengthen families, we maintained our focus on achieving permanency and keeping children safe at home when possible in line with Family First, and we forged ahead on the goals we had set in the previous year. While we accomplished a great deal this year, we know there is always much more to be done.

So we continue to move forward with an eye toward a new horizon – one where we're able to move past the unavoidable struggles caused by the pandemic and take the lessons learned this year to do even more along with our partners to help keep children safe and strengthen families.

They deserve our very best, and we're committed to doing all we can to continue walking this path alongside them.

# APPENDIX A: KEY INDICATOR TREND CHART

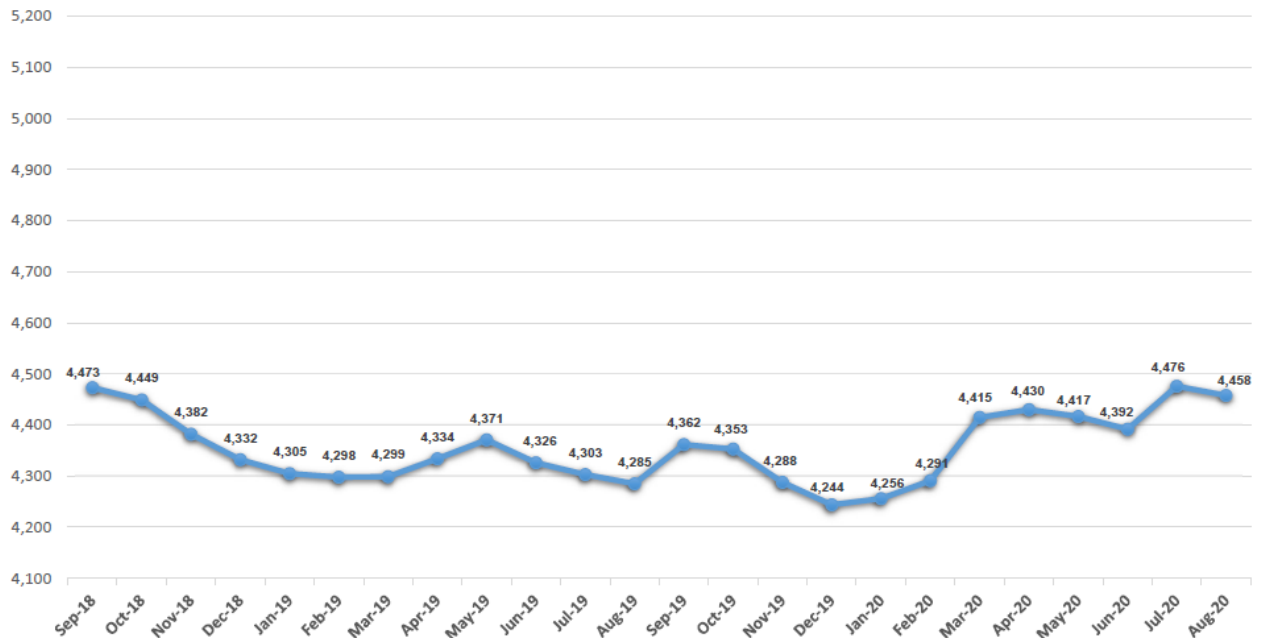
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Item	August 2016	August 2020
Children in Foster Care	5,196	4,458
Children Placed with Relatives	23.4%	34.7%
Children Placed in Family-Like Setting	77.6%	87.5%
Ratio of Foster Home Beds to Children	.69	.75
Average Caseload	28	20
Overdue Investigations	721	91



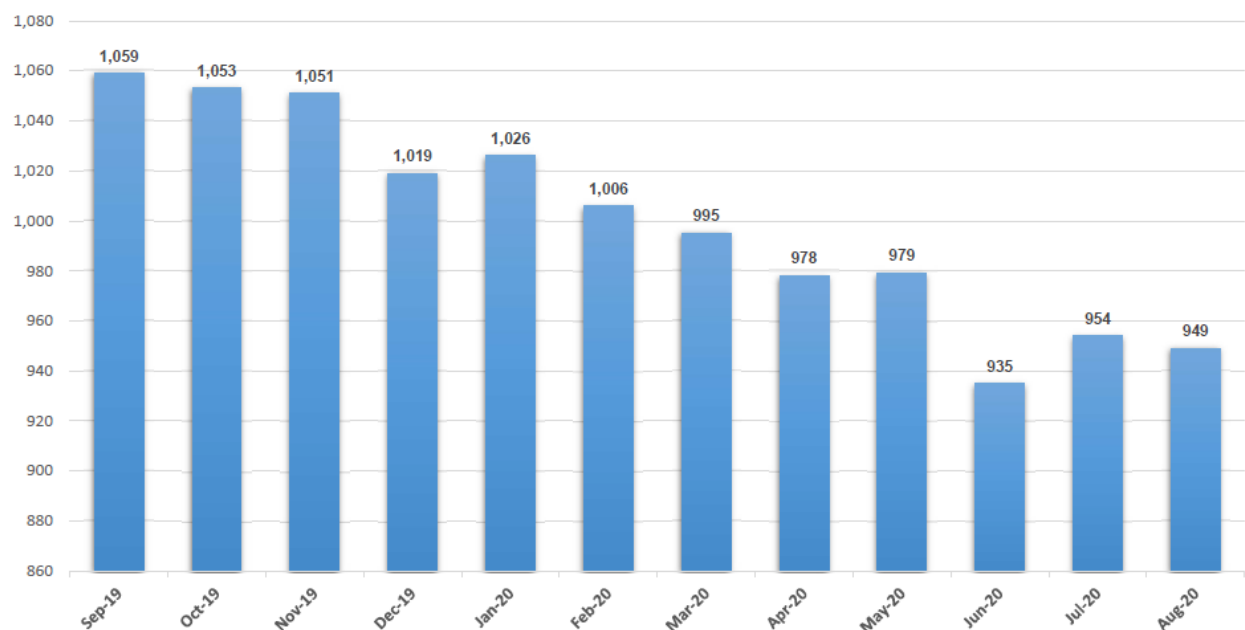
# APPENDIX B: AUGUST 2020 STATEWIDE DATA CHARTS

Children in Foster Care, Statewide

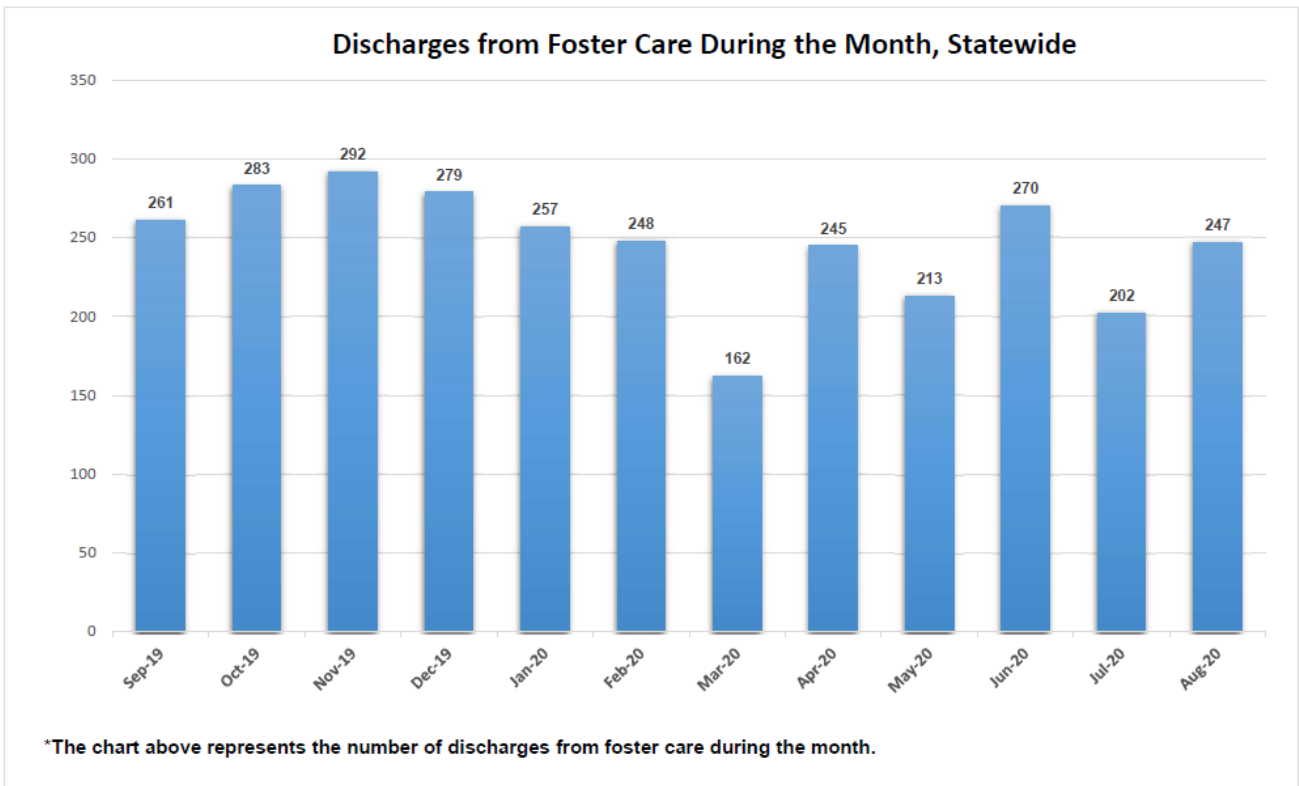
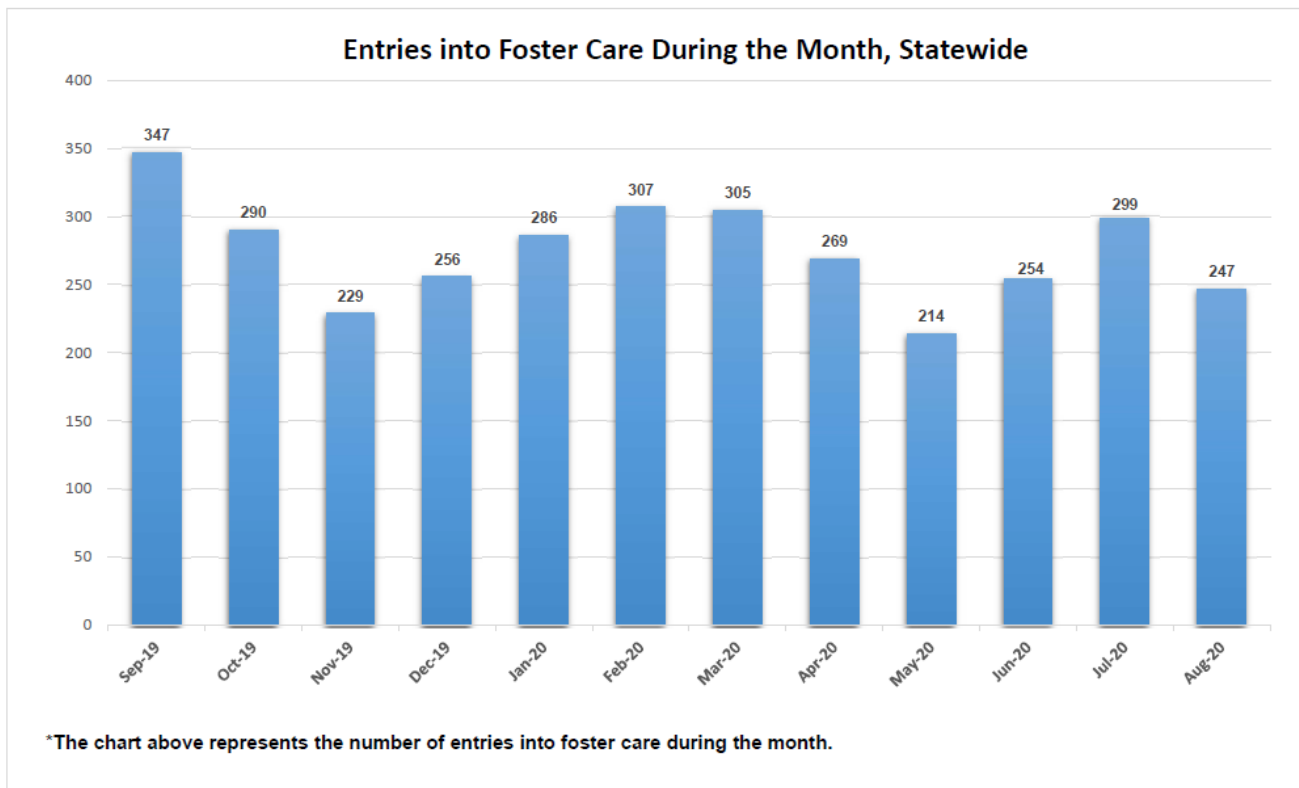


\*The blue line above represents the number of children in care at the end of each month.

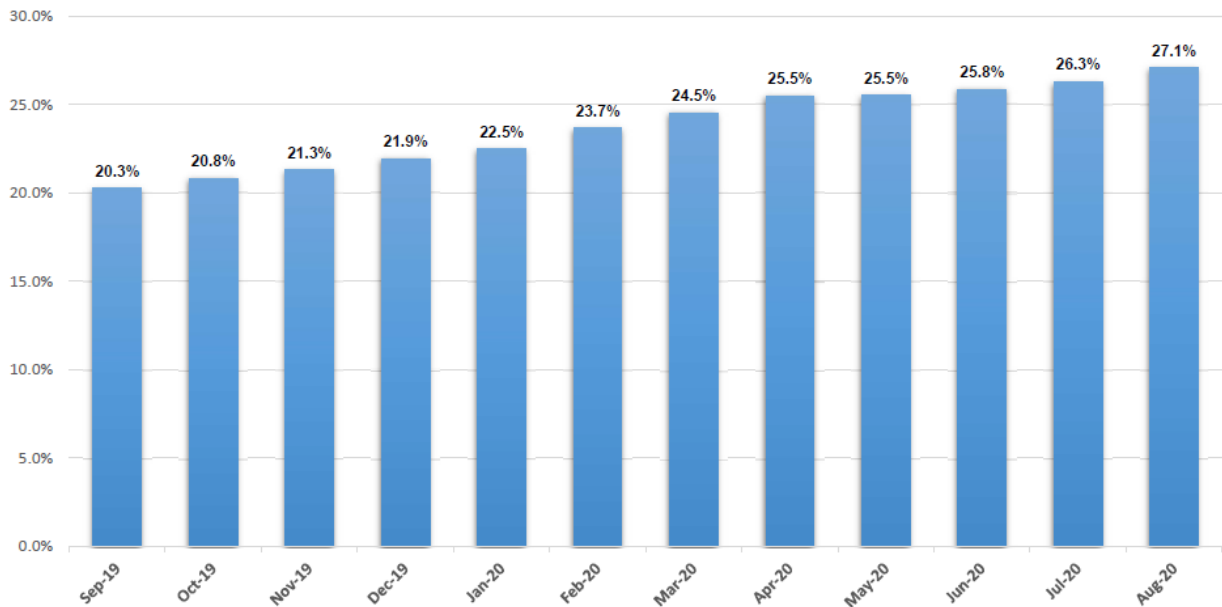
Children in Foster Care 24 Months or Longer, Statewide



\*The chart above represents the number of children who have resided in foster care for 24 consecutive months or longer at the end of the month.

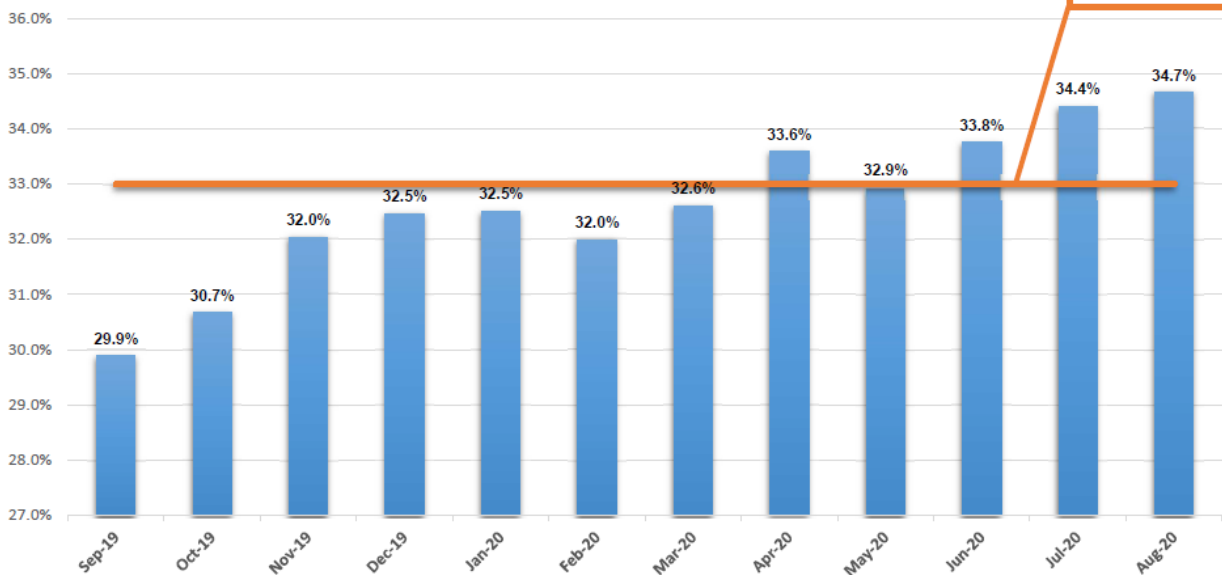


**Children Entering Care whose First Placement is with Relative, Statewide**



\*The chart above represents the percentage of entries into care for the 12-month period concluding at the end of each month in which the child's first placement was with a relative or fictive kin.

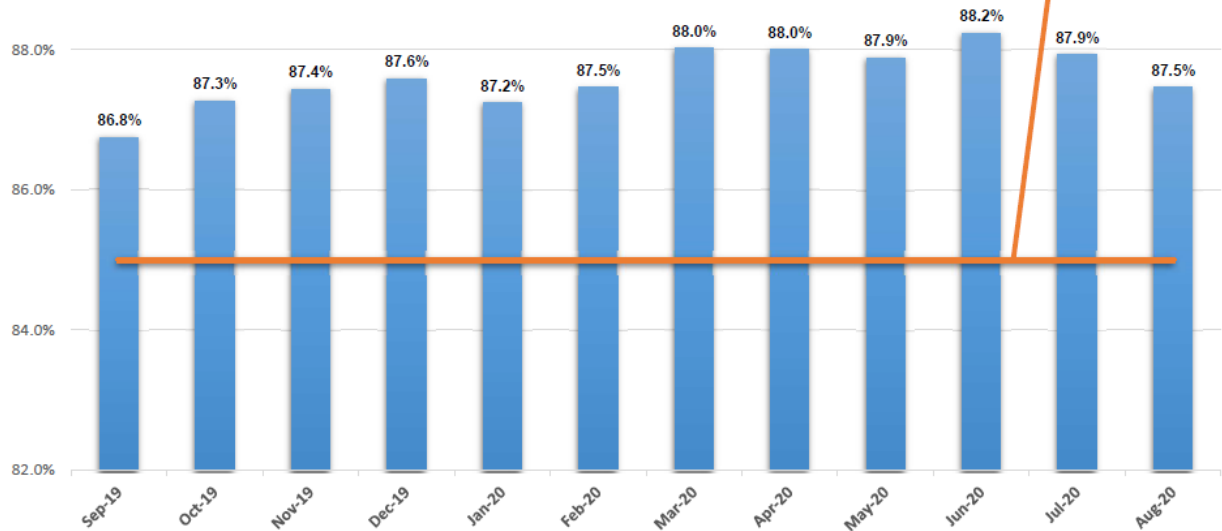
**Children Placed with Relatives, Statewide**



\*The chart above represents the percentage of children residing with relatives at the end of each month.

\*Children are considered to be residing with relatives if they are placed in a provisional relative or provisional fictive kin home, relative or fictive kin foster home, relative pre-adoptive home, ICPC home, or temporary family placement.

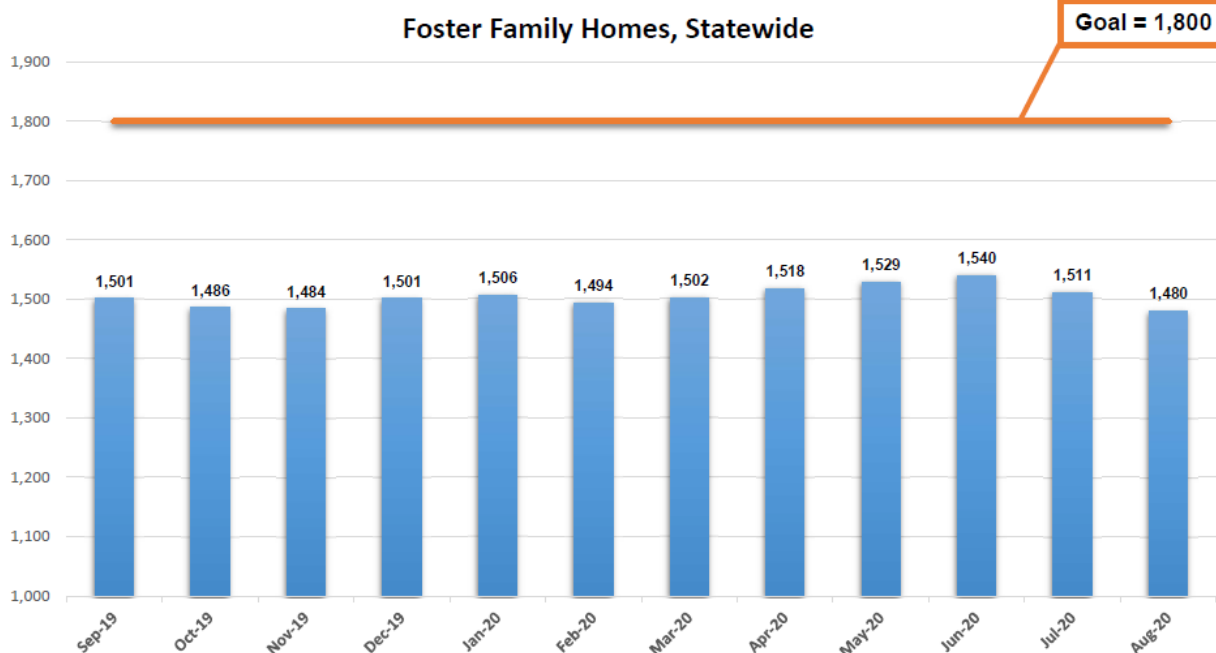
### Children Placed in Family-Like Setting, Statewide



\*The chart above represents the percentage of children residing in a family-like setting at the end of each month.

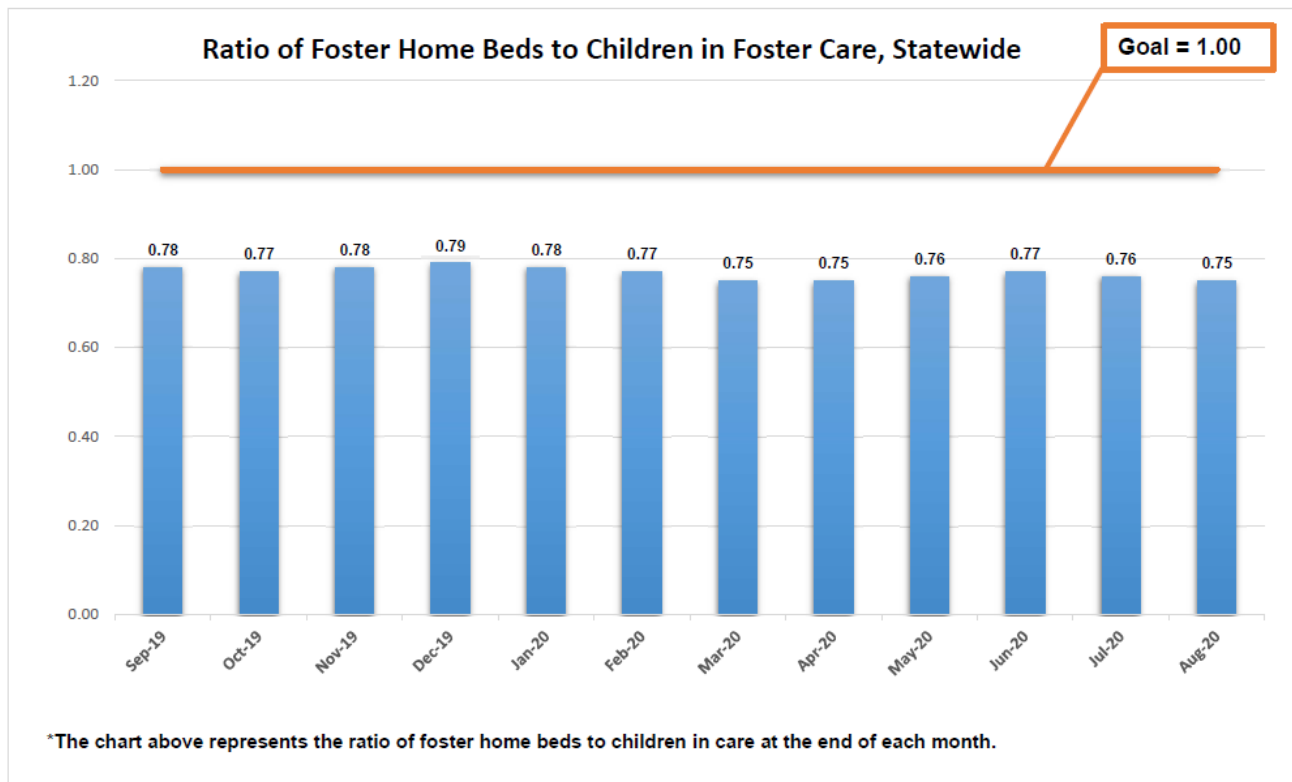
\*Family-Like Settings include both family-like homes (e.g., foster family homes, relative placements, pre-adoptive homes, therapeutic foster homes) and family-like residential facilities (i.e., home-like residential settings with live-in house parents).

### Foster Family Homes, Statewide

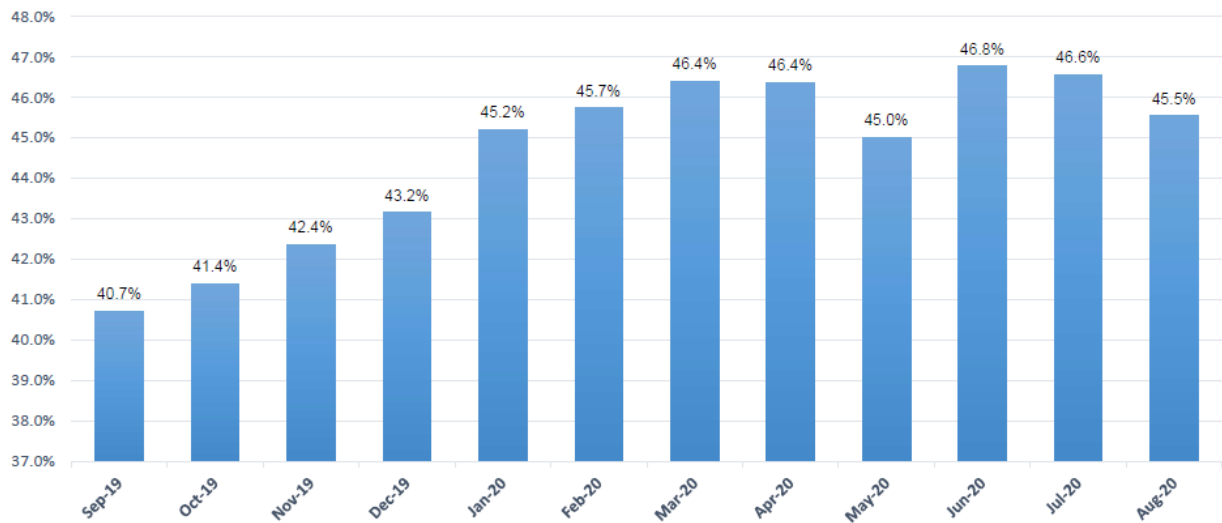


\*The chart above represents the number of approved foster homes at the end of each month.

Foster Homes Recruited During the Month, Statewide		
Recruitment Source	Number	Percentage
ABCH / Get Connected	1	2%
ARCCC/DCFS	35	65%
The CALL	12	22%
Christians 4 Kids	1	2%
COMPACT	0	0%
Greene County Baptist Association	0	0%
Out of State	1	2%
Private Agency Foster Home	4	7%
Project Zero	0	0%
<b>Total</b>	<b>54</b>	<b>100%</b>



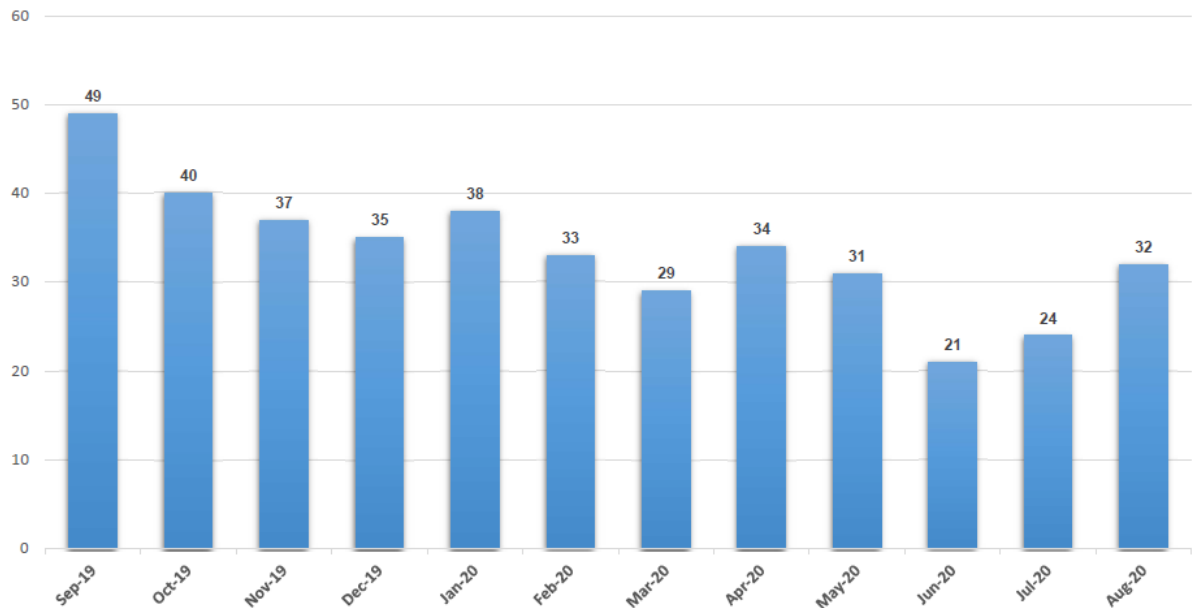
### Recruitment of Foster Homes Children Ages 10 to 17 Placed in Foster Homes, Statewide



\*The chart above represents the percentage of children ages 10 to 17 who were placed in a foster home or provisional placement at the end of each month.

\*For this measure, "Foster Homes" includes Foster Family Homes, Private Agency Foster Family Homes, Relative Foster Family Homes, Fictive Kin Foster Family Homes, Provisional (Relative), and Provisional (Fictive Kin).

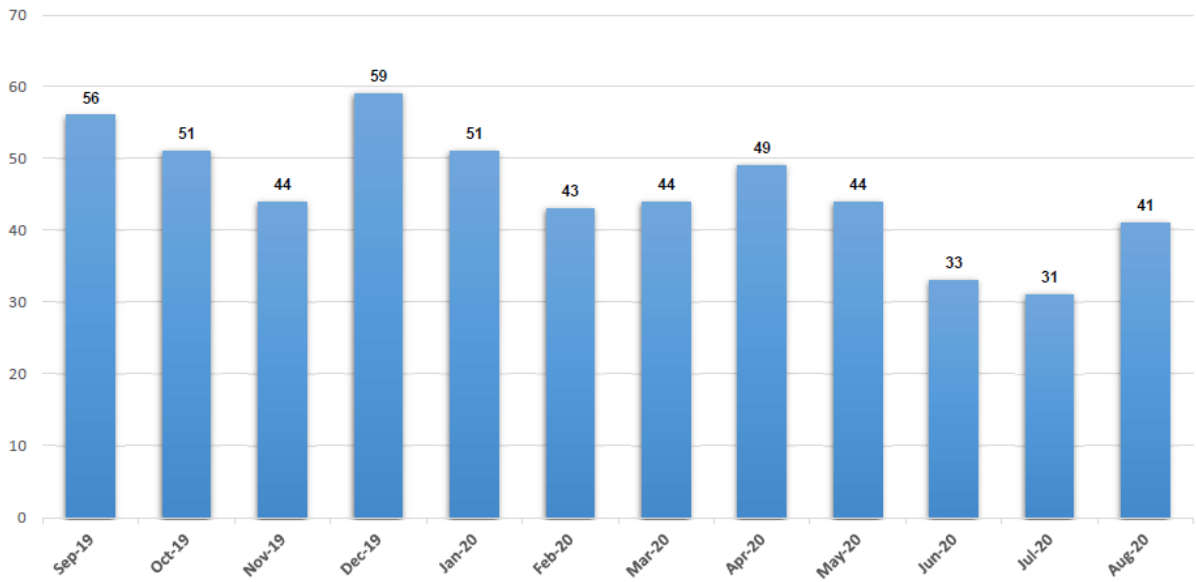
### Children Placed in Emergency Shelter for Longer than 14 Days, Statewide



\*The chart above represents the number of children residing in an emergency shelter for longer than 14 consecutive days at the end of each month.



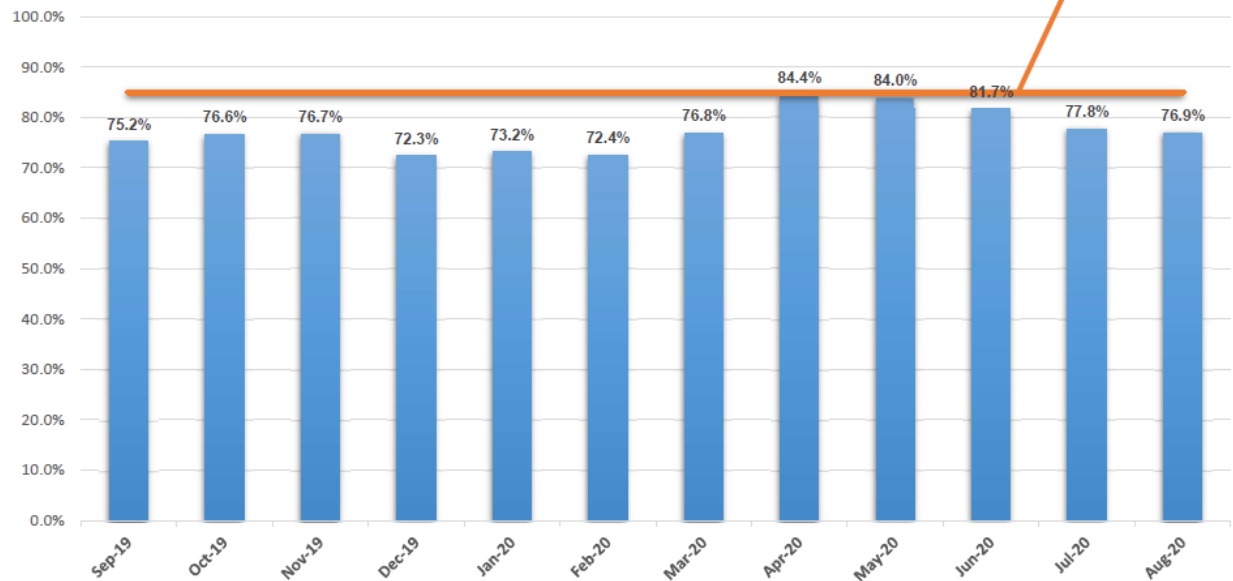
### Children Ages 12 and Younger Placed in Congregate Care, Statewide



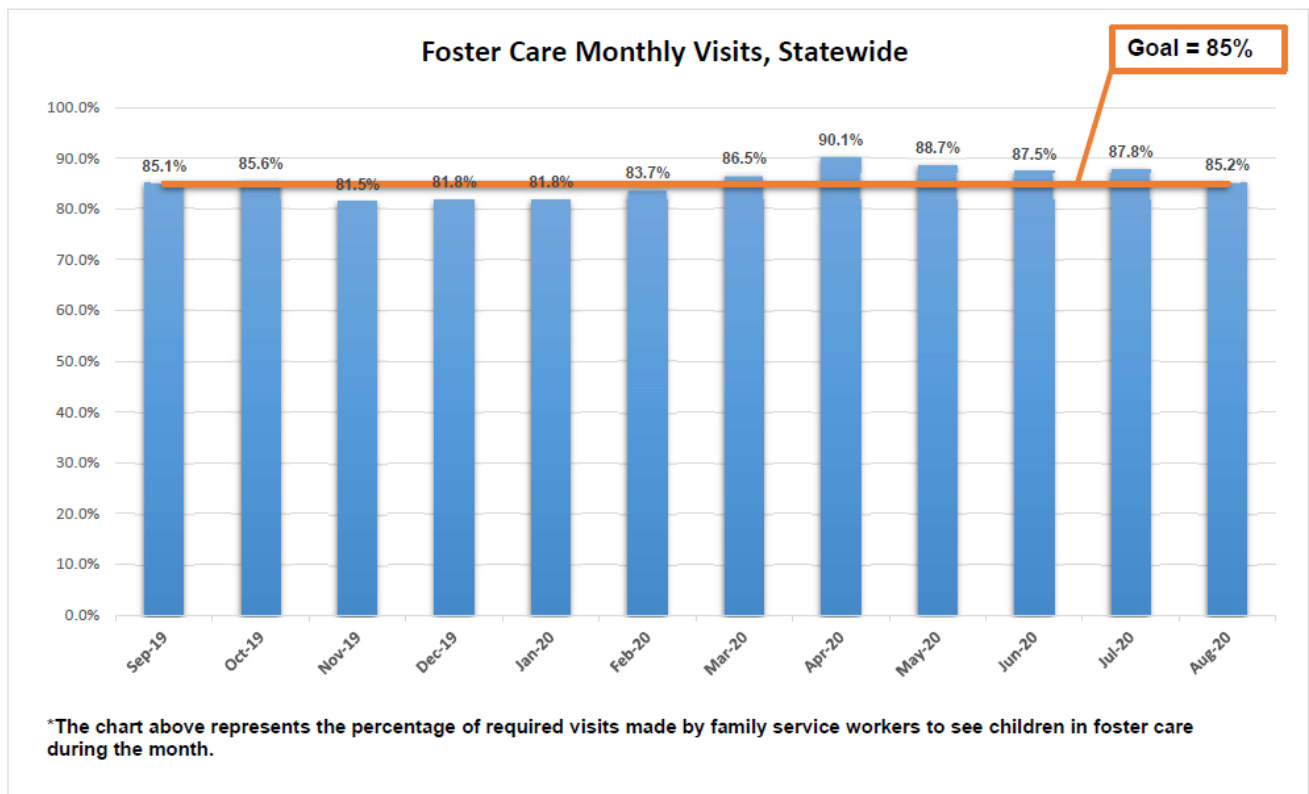
\*The chart above represents the number of children ages 12 and younger placed in congregate care at the end of each month.

\*For this measure, "Congregate Care" includes Emergency Shelter and Q RTP placements as well as Residential Treatment Care and Residential Care Only programs that do not qualify as a family-like setting.

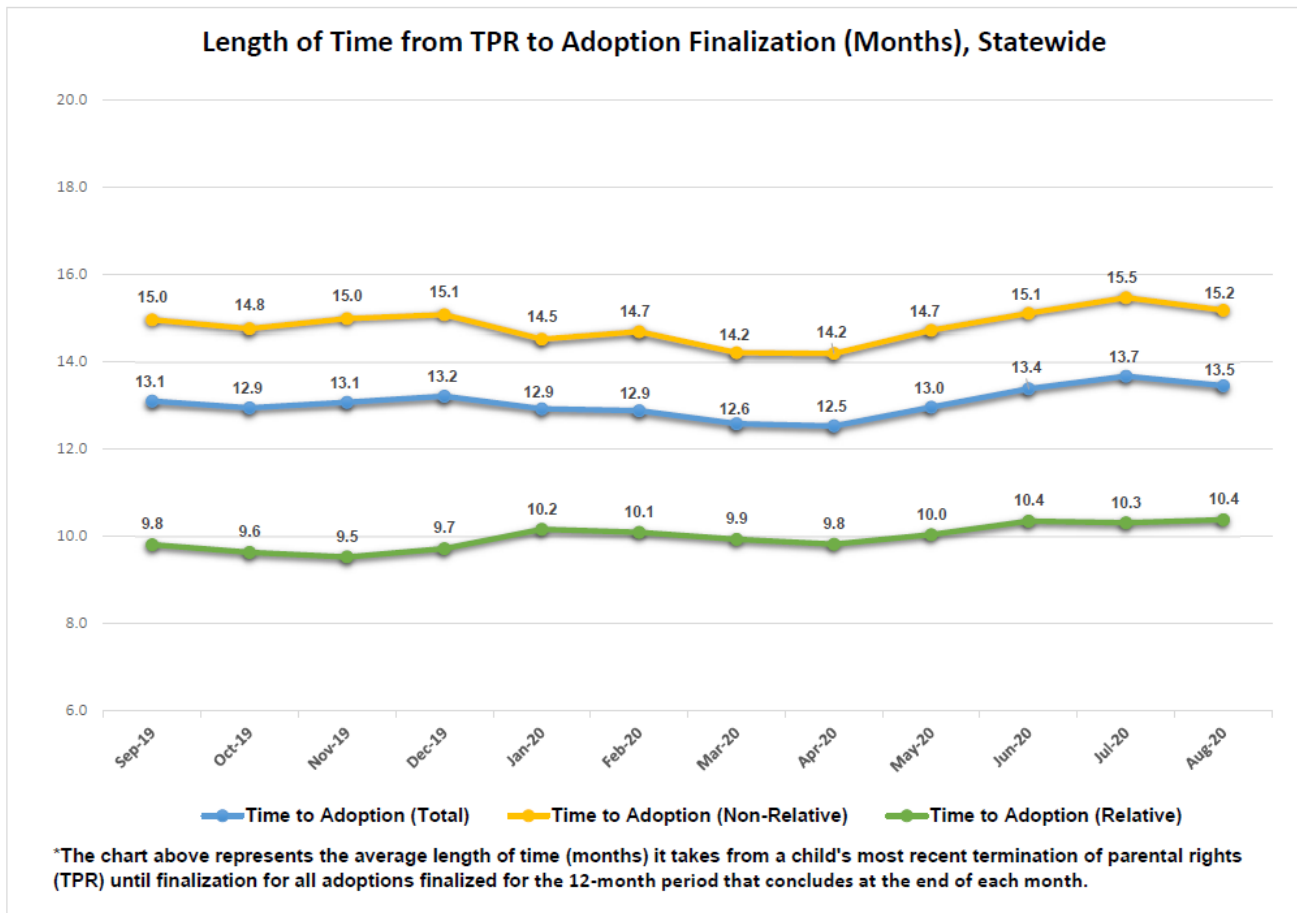
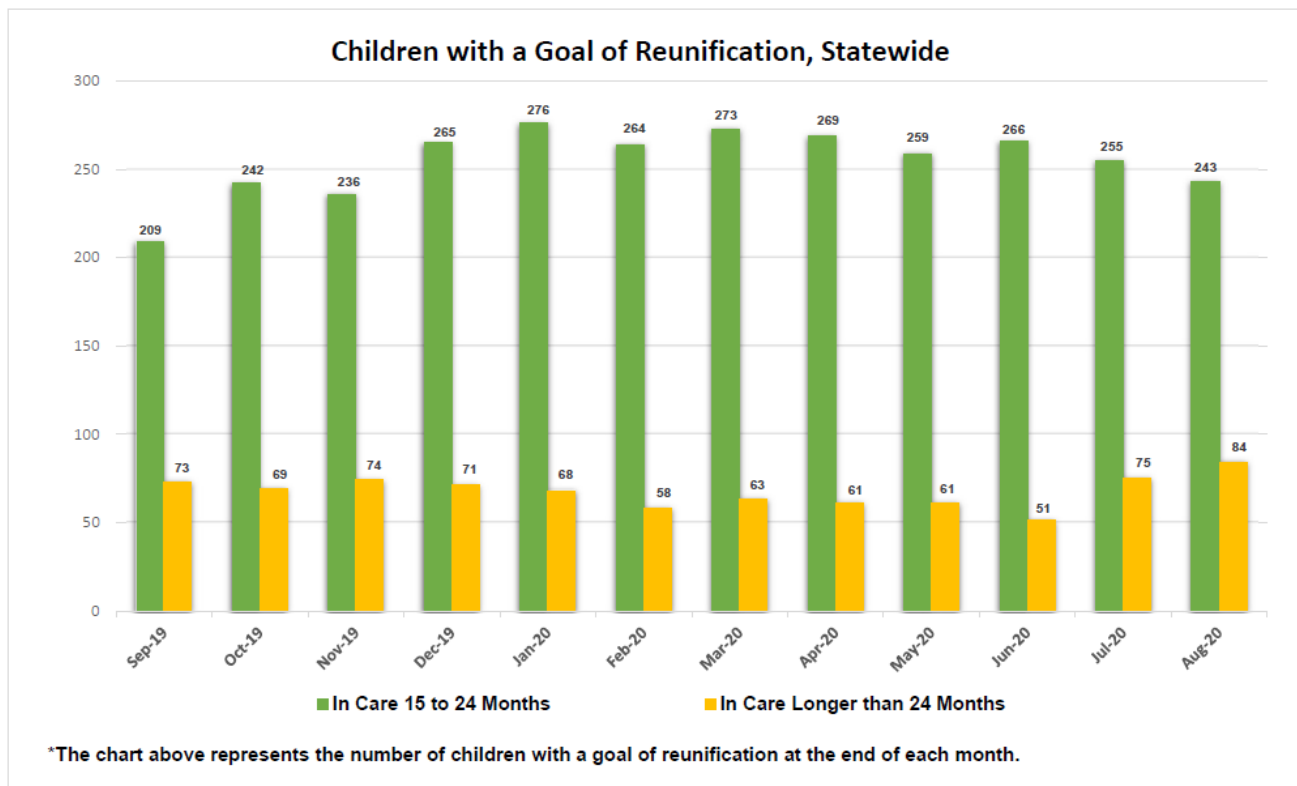
### In-Home Monthly Visits, Statewide



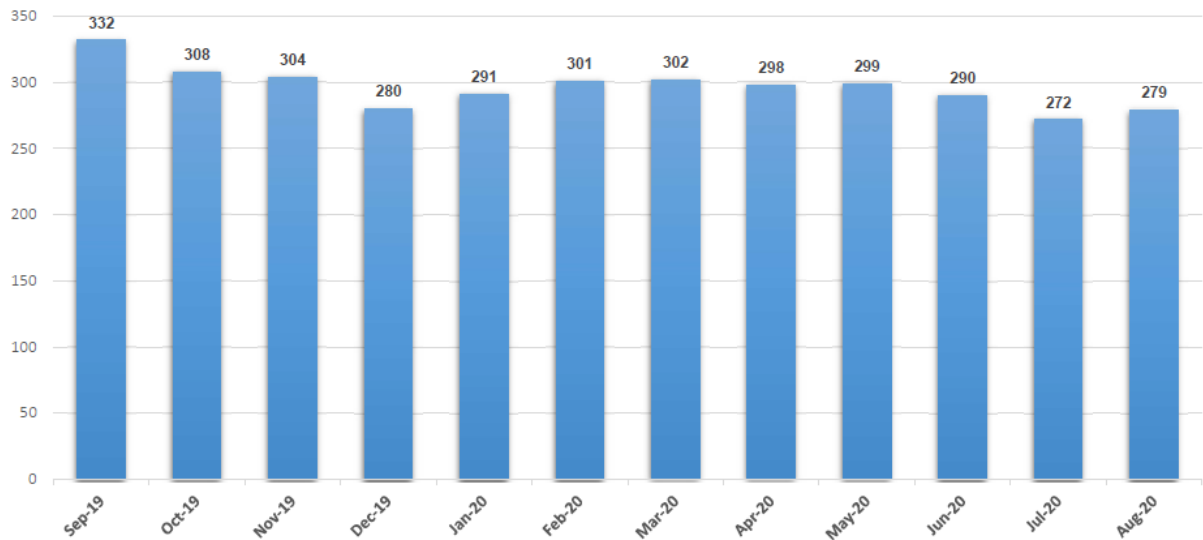
\*The chart above represents the percentage of required visits made by family service workers to see in-home families during the month.



# APPENDIX C: PERMANENCY FOCUS CHARTS



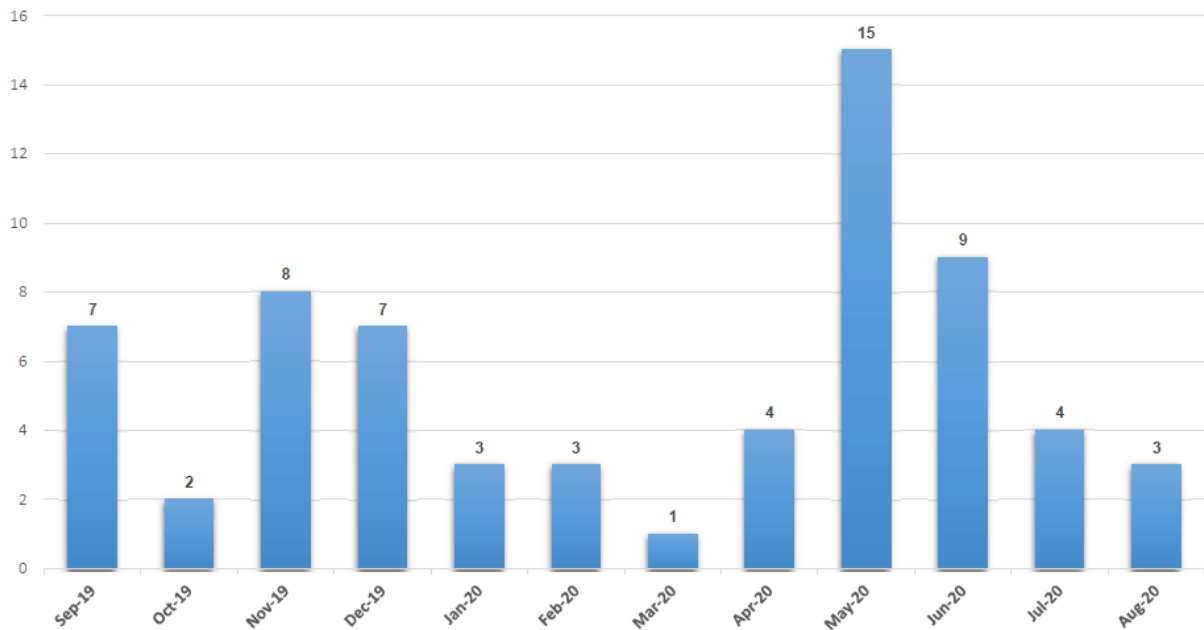
### Consideration for Adoption, Statewide



\*The chart above represents the number of children who could possibly be considered for adoption finalization at the end of each month.

\*For this measure, those considered for adoption finalization are children under the age of 18 who (1) have a permanency goal of adoption, (2) have a TPR on both parents, (3) were residing in a foster home, therapeutic foster home, pre-adoptive home, or relative placement, and (4) had been residing in the placement for at least six consecutive months.

### Discharges from Care to Guardianship, Statewide



\*The chart above represents the number of children who were discharged to guardianship each month.