

ARKANSAS DIVISION OF CHILDREN AND FAMILY SERVICES



ANNUAL PROGRESS AND SERVICES REPORT (APSR)

JULY 1, 2020-JUNE 30, 2021



We Care. We Act. We Change Lives.

OVERVIEW:

The Division of Children and Family Services is responsible for safety of children and youth in Arkansas. DCFS is responsible for child abuse and neglect prevention, protective, foster care, and adoptive programs.

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.



Table of Contents

Arkansas at a Glance.....	4
The Division of Children and Family Services.....	4
Collaboration.....	8
Child Welfare Programs Supporting Services in the Field.....	34
Update to the Assessment of Current Performance.....	44
Systemic Factor Updates.....	74
Updates to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes.....	106
Training and Technical Assistance Narrative Plan.....	161
Evaluation Reports and Projects.....	164
Update on Service Description.....	165
• <i>Services for Children Adopted from Other Countries.....</i>	165
• <i>Services for Children Under the Age of Five.....</i>	165
• <i>Efforts to Track and Prevent Child Maltreatment Deaths.....</i>	173
• <i>Supplemental Appropriations for Disaster Relief Act.....</i>	176
• <i>Supplemental Funding to prevent, prepare, or respond to COVID-19.....</i>	176
• <i>MaryLee Allen Promoting Safe and Stable Families Programs.....</i>	177
• <i>Service Decision Making Process for Family Support Services.....</i>	177
• <i>Populations at Greatest Risk of Maltreatment.....</i>	178
• <i>Emergency Funding for Mary Lee Allen Promoting Safe and Stable Family Programs.....</i>	192
• <i>Kinship Navigator Funding.....</i>	192
• <i>Monthly Caseworker Visit Formula Grant.....</i>	193
• <i>Adoption and Legal Guardianship Incentive payments.....</i>	197
• <i>Adoption Savings.....</i>	198
• <i>Family First Prevention Services Act Transition Grants.....</i>	199
• <i>Family First Prevention Services Transition Act Funding Certainty Grant.....</i>	199
• <i>Chafee Foster Care Program for Successful Transition to Adulthood.....</i>	200
Consultation and Coordination Between States and Tribes.....	209
CAPTA.....	213
Statistical and Supporting Information.....	218

ARKANSAS AT A GLANCE

The overall population in Arkansas was estimated at 3,011,524, an increase of 95,606 from 2010, when it was a little over 2.9 million. Children under five years of age comprised 6.3 percent, whereas 23.3 percent of the population was under the age of 18. In 2019 the median household income was \$ 47,597 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 7,000 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 31,142 reports of child maltreatment. DCFS provided In-home services (Protective and supportive) to 2,470 families which involves 5,724 children a slight increase compared to a year ago. At the end of SFY 2020 there were 4,391 children in foster care. This a slight increase from the end of SFY 2019. 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 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 2021, the Assistant Director of Administrative Services directly supervised the Eligibility Unit and the Centralized Inquiry Program Manager directly supervised the 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.

- **Mental Health and Treatment Services**

Mental Health and Treatment Services provides technical assistance to field staff in this area, particularly working 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. Mental Health and Treatment 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 Practice
- 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 functions are 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).

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 2021. 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 Program Administrator for Planning and Practice and PCG's Manager meet with each area that includes the 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 2021, the Evident Change 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. Evident Change also continued to oversee 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. MidSOUTH Training Academy provides SafeMeasures orientations on a quarterly basis for new staff hired within the preceding quarter. In addition, Evident Change also launched an online SafeMeasures training during this reporting period that is now available to all staff. Over the last year DCFS opened the SafeMeasures training up to Program Assistant's whose supervisors' felt they would utilize the system in the scope of their job duties.

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.

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 provided updates to applicable stakeholders regarding the implementation of interventions included in the 2020-2024 Child and Family Services Plan (CFSP) (e.g., Baby and Me Program, Intensive In-Home Services Programs, Considered Removal TDMs, Supervised Independent Living Contracts development) and PIP related to its onsite Federal National Youth in Transition Database (NYTD) Review (e.g., development and implementation of an online TYS module within the New Staff Training online curriculum, CHRIS enhancements).

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. Two examples of this over this reporting period is the Safety Organized

Practice Implementation Team as well as the National Child Welfare Workforce Institute Implementation team and Action teams.

During this reporting period the Parent Advisory Council continued to meet and has 6 parents involved in the council. The council members spoke at a conference for Parent Attorney's in October but spent the remainder of the year supporting one another through some personal tragedies and through the COVID-19 pandemic. The Parent Advisory Council has contracted with the National Alliance of Children's Trust Funds to do support work, to assist in recruitment and planning.

The Foster Care Manager decided to put the Foster Parent Advisory Council meetings on hold due to the pandemic and due to the Foster Care Unit being understaffed. Participation on the council has been steady leading up to the pandemic, but the Foster Care Manager and other members feel the council thrives on in-person meetings.

During this reporting period, the DCFS Advocacy Council decided not to meet due to other stakeholder-involved meetings and due to the COVID-19 pandemic.

During this reporting period, the Youth Advisory Board (YAB) conducted their monthly meetings via Zoom, which made it difficult to maintain consistent participation. The YAB primarily focused the meetings around ways the Division can support youth/young adults who are currently in foster care and former foster care youth during the pandemic. The youth also participated in various youth-led discussions.

Some other key collaborative partnerships include:

- **Acute and Sub-Acute Psychiatric Facilities:** A residential childcare 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, CASA, and Court Improvement Project programs. The CIP Coordinator and DCFS Assistant Director for Infrastructure and Specialized Programs meet quarterly to share information about each agency's current initiatives and other updates and to ensure timely implementation of shared PIP strategies and activities such as the quarterly permanency discussions between the DCFS Director and juvenile judges as well as Children and the Courts Conference planning. Due to the COVID pandemic, this conference was a virtual event once again but still offered several sessions for legal professionals and other stakeholders involved in dependency-neglect and domestic relations cases across the state. The DCFS Director provided one of these virtual sessions to share updates with juvenile judges from across the state such as the status of the Safety Organized Practice roll-out. The National Center for Substance Abuse and Child Welfare (NCSACW) presented a session titled Understanding Substance Use Disorders, Treatment, and Recovery, which covered many of the same topics addressed in the NCSACW Online Substance Abuse Tutorial for Child Welfare Professionals that DCFS staff participated in during the summer and fall of 2020 and new Family Service Workers and Program Assistants continue to participate in as they are hired. For instance, participants learned about the brain chemistry of substance use disorders. The presentation also highlighted how professionals' thoughts, beliefs and words influence work with families. Increased understanding of the signs and symptoms of substance use and their effects on children and families was designed to provide participants a different lens to view families, improve service efforts, and critically think about reasonable efforts that will help a family be successful. The information and learning opportunities were designed to support family centered court, substance use treatment and child welfare practice with families.

- **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 family like settings to foster family homes. ABCH is housing several of our large sibling groups. ABCH is currently a Private Licensed

Placement Agency and hold this contract with DCFS. ABCH currently has 108 children placed under this contract. They also hold the Specialized Private Licensed Placement Agency contract with DCFS as of 2020 requiring their recruited foster homes to only accept placements of sibling groups of 3 or more, youth 12 and older, and youth transitioning out of QRTP. ABCH currently has 61 children placed under this contract. In 2020 ABCH expanded to Area 4 of our geographic area and Area 6 and 8 in 2021. ABCH has come along side DCFS in values of children and youth being in a family homes as ABCH resource parents are taking children and youth of all ages. They also value sibling connections and have partnered with DCFS in ensuring placements of siblings staying together in a foster family home. 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 Aging, Adult, and Behavioral Health Services is the lead agency for the ABHPAC. DCFS is a required partner with this group. Meetings occur every other month. 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 Children's Care Network (ACCN):** ACCN is the nation's first statewide pediatric Clinically Integrated Network to help measurably elevate the quality, cost effectiveness, and coordination of health care for children in Arkansas. Approximately twenty-five (25) pediatric physician groups, over 160 general pediatricians, over 350 pediatric specialists, Arkansas Children's Hospital (Little Rock and Northwest Arkansas campuses) participate in this network. ACCN provides Care Managers for children served by these clinics, physicians, and hospitals who have special and/or chronic health care needs as well as those children identified as otherwise having high cost/high utilization of health care services (e.g., hospital discharges, emergency room visits, etc.). The ACCN Care Managers connect families with services to meet both clinical and social needs and enhance the sharing of patient data for decision-making across the care continuum. DCFS has collaborated with ACCN over this last reporting period to determine how to improve communication and data-sharing between the two agencies when a child being served by ACCN also becomes involved with the child welfare system. This has resulted in allowing DCFS Health Services Workers to have access to Epicare as of May 2021. This is a web-based portal for referring providers and clinicians who are care coordinating with a hospital system using Epic software. It gives access to medical records of visits at services provided by that system including ER, OR, Inpatient, Outpatient, and Ambulatory visits which has already facilitated the process of accessing records for children in foster care.

- **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, 2021, 19,191 individuals completed this self-paced online curriculum in SFY 2021. In addition, the Commission has conducted 4 live trainings Zoom, Go to Webinar or other online platform on the topic of mandated reporting with a total of 465 participants in those trainings as of March 31, 2021.

The Commission has continued a partnership with the Arkansas Public Broadcasting System (PBS) to comprehensively revise curriculum to create a web-based mandated reporter training. The new training includes video, interview segments, scenarios with actors and animation for the online professional development portal utilized by licensed educators. The updated program will be released in time for fall in-service for the 2021-2022 school year. 2,715 licensed educators logged in to view the existing training during State Fiscal Year 2021 as of March 31, 2021 (though it should be noted that often one educator logs in and the video is then viewed by a group of educators).

- **Arkansas Department of Health:** 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 Workgroup and co-sponsored a two-day virtual Summit on ACEs with AFMC.
- **Arkansas Department of Health (WIC):** 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 Health Department to implement a

parenting education program in 18 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 Workgroup:** 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 Workgroup and co-sponsored a two-day Summit on ACEs with AFMC.
- **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 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.

- **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 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. SBCT has been active for several years in Judge Joyce Warren's court in Pulaski County. As of January 2021, Judge Warren retired, and Judge Shanice Johnson took the bench. Judge Johnson decided to also take on SBCT so those families who were in SBCT were able to continue.

SBCT had also been in Judge Smith's court room in Benton County. During SFY20, the Benton County group lost their Community Care Coordinator and was unable to fill it or find a partner to house that position. While they continued doing as many elements of the program as possible, without that position they were not technically a Safe Babies Court Team. However, in August 2020, DCFS was awarded a grant from Zero to Three to expand SBCT to three new court rooms and create a state advisory group to help support and sustain the work of SBCT in

Arkansas. DCFS is working with Judge Smith (Benton County), Judge Blatt (Sebastian County), and Judge Brown (Jefferson County) to bring SBCT to their court rooms. DCFS partnered with Zero to Three to have the new Statewide Coordinator and the three new Community Coordinators be Zero to Three employees so that it would be the same structure as Pulaski County. The DCFS In-Home Program Manager worked with the New Statewide Coordinator, Judges, and local DCFS staff to hire the three new community coordinators. All three new Community Coordinators started in January and participated in training through March. They began taking their first cases in April 2021. The Statewide Advisory Group, which has members from infant mental health, domestic violence, a parent with lived experience, substance abuse, MIECHV, and several other partners have their first quarterly meeting March 31st.

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 expedite 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. As part of the grant each new site has a Leadership team. This team replaces the stakeholder group and consists of the Judge, the community coordinator, a DCFS supervisor, and decision makers from local community partners.

Each site also has a learning collaborative that is made up of “boots on the ground” workers. This team also includes the community coordinator but then has the family service workers, the infant mental health therapist, the substance abuse counselor, etc. Each team has a unique makeup of members that works best for their community. These teams receive training and support from Zero to Three and collaborative calls with other sites across the nation who are doing this work. 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 mission is 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.
- **CarePortal**: In 2018, the Arkansas Family Alliance partnered with DCFS to bring the CarePortal to Sebastian County and the 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 6. 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. There continues to be ongoing collaboration between the churches that have signed up and joined CarePortal. However, COVID-19 has impacted the growth of this collaboration and current churches that are already involved. To this date the impact of CarePortal Arkansas is that 680 children have been served so far with a \$234,993 of economic impact in Arkansas. There are 32 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:

- 15 children have benefited from support, improving a child's well being
- 361 children have benefited from efforts to strengthen a biological family
- 7 children have benefited from support for youth aging out of foster care
- 210 children have benefited from preserving families / helping to prevent a child from entering foster care
- 27 children have benefited through help to preserve foster/provisional relative placement
- 13 children have benefitted through efforts to help identify a placement fo a child in foster/kinship care
- 46 more children have benefited from help provided to reunify a biological family

- **Children's Advocacy Centers of Arkansas and Local Children's Advocacy Centers:** The purpose of the not-for-profit Children's Advocacy Centers of Arkansas (CACA) is to promote, assist, and support the development, growth, and continuation of CACs (also known as Child Safety Centers) in the State of Arkansas so that every child victim has access to the services of a CAC. A Child Advocacy Center, CAC, is a community-based facility which uses a multidisciplinary approach to reduce trauma to child victims of physical abuse, sexual abuse, or neglect. Collaboration exists between medical, mental health, prosecutorial, child protective service, and law enforcement in an effort to serve the best interests of young victims. CACs conduct forensic interviews of alleged victims in a safe, child-friendly environment and offer a host of other services such as medical exams, family advocacy, and mental health services though certain services may vary from CAC to CAC. Per DCFS Policy II-D, DCFS staff are encouraged to bring child victims of Priority I reports involving sexual abuse, physical abuse, neglect, and witness to violence to the nearest Child Safety Center for the interview whenever available and appropriate. In some cases, it may also be appropriate to bring child victims of certain Priority II maltreatment reports to the nearest Child Safety Center for the interview. As a result of Act 975 of the 93rd General Assembly, Regular Session, the administration of Multidisciplinary Teams will now be overseen by CACs as well rather than the Commission on Child Abuse, Rape, and Domestic Violence. There are currently 17 CACs across the state. Local DCFS offices frequently support the work of CACs during fundraisers such as the Dragon Boat Races held each summer for the Children's Protection Center in Little

Rock in which a DHS team from Central Office participates in against other agencies and businesses to raise funds for this CAC's work.

- **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 over 1,600 families and supported over 900 adoptions.

DCFS continues to work with the CALL in regard 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 works with C4K through a Memorandum of Understanding. C4K has elected to not train families only recruit them and then the MidSOUTH partnership is completing the training, though over this last reporting period C4K has shifted its focus from resource home recruitment to identifying volunteers and mentors for youth who have aged out of foster care.
- **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 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. During COVID19, the panels have continued to meet virtually via Zoom. These meetings have occurred monthly.

- **COMPACT**: COMPACT, also known as Hillcrest Children’s Home, 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. COMPACT has 46 children and youth placed under the PLPA contract with this provider. COMPACT also holds the Specialized Private Licensed Placement Agency contract with DCFS requiring their recruited foster families to accept placement of children and youth ages 12 and older, youth transitioning out of QRTP and sibling groups of 3 or more. Currently, COMPACT has 20 children placed under this contract. 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, this group has been stagnant in part due to the public health emergency. However, the transition to virtual meetings as a result of the pandemic have, in many ways, filled the purpose of the Advocacy Council (e.g., planning around legislation, Safety Organized Practice implementation and the various meetings related to that (including the SOP Implementation Team that has many of the same representatives who make up the DCFS Advocacy Council), the monthly and quarterly discussions with judges). The DCFS Director is currently evaluating how to proceed with the DCFS Advocacy Council during the upcoming state fiscal year. Plan (PIP) and Child and Family Services Plan (CFSP).
- **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. DCFS also collaborates with DAABHS

regarding substance abuse services and funding for those services. Regular meetings and communication regarding mental health services are held to insure consistency in services for foster children. DCFS provided input on the contract that DAABHS has with community mental health centers to require crisis services for children in foster care. When issues arise related to crises services and mental health services, the Assistant Director for Mental Health and Treatment Services consults with DAABHS to resolve the issue.

- **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 has continued its partnership with DDS to procure for providers who recruit and train specialized DDS foster homes. Through this procurement process, DCFS gained five new DDS providers to serve children in state custody. There are a total of eight DDS foster home providers in the state. 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 is currently being 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. The Criminal Justice Institute holds quarterly meetings for the DEC Leadership team. The larger quarterly meetings have been held virtually. 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. The local meetings have continued to occur in person during COVID-19. The CDC's guidelines for social distancing and wearing masks were enforced.
- **Emergency Shelters:** Emergency shelters are available on a twenty-four hour basis for up to fourteen days 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.

DCFS protocol requires that any child age 12 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.

- **External Child Near Fatality and Fatality Review Team:** 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. The meetings have occurred virtually via during the COVID-19 pandemic.
- **Fetal Alcohol Spectrum Disorder (FASD) Workforce:** Now called the FASD Workgroup, 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 Aging, Adult, and Behavioral Health Services, 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 in meeting the needs of families affected by FASD 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 (DR) Program manager, who is the lead on FASD for the agency, does not hold any office within the FASD workgroup but meets monthly with the workgroup to collaborate on the above-mentioned tasks. The FASD workgroup 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 prenatal alcohol exposure and in paving the way for the states' first Specialty Diagnostic Resource Center for FASD.

- **Foster Parent Advisory Council:** This council is made up of resource parents from across the state and is guided by a charter developed by the group and the Foster Care Manager. The resource parents from across the state came together with “hot topics” that they feel need the agency’s attention. The Division also provides general updates on the Division’s goals, objectives and interventions and gives the council members the opportunity to ask questions and share their ideas and recommendations in regard to various Division plans and initiatives.

In 2020, the Resource Parent Advisory Council was put on halt due to the Pandemic, difficulty in participation, and struggle in finding a facilitator. Plans to restart the Council in 2021 with the hopes of finding a facilitator to facilitate these meetings.

- **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 a variety of activities. Immerse was also one of the providers involved in the launch of the Division’s Supervised Independent Living contracts on October 1, 2020. Immerse will also be launching a LifeBase Program in the upcoming year, supported by Temporary Assistance for Needy Families (TANF) funds via the Department of Workforce Services. The LifeBase model provides in-home and center-based tools and supports to foster and adoptive youth ages 14-18 and their families in the key domains of well-being, supportive relationships, placement stability, and job preparation for the youth.
- **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 Aging, Adult, and Behavioral Health Services (DAABHS), 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. In the past year, follow-up on the most complex cases are now scheduled to ensure that recommendations have been followed. Additional information or results of new services/supports are reviewed during the follow-up to determine if the case is progressing adequately with positive results. These follow-up reviews were a result of identified needs that could not be adequately addressed by one meeting.

Judicial Leadership Team: There are certain jurisdictions that have a Judicial Leadership Team or Court Team. These teams are designed to be collaborative efforts to facilitate communication and learning opportunities among various stakeholders involved in dependency/neglect cases. There are certain jurisdictions that have a Judicial Leadership Team or Court Team.

- **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 Mental Health and Treatment Services regularly attends meetings with community mental health centers and the Division of Aging, Adult, and Behavioral Health Services 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 DCFS Assistant Director for Mental Health and Treatment Services coordinates an intervention and response to either client-specific or systemic

issues. Throughout this last reporting period there has been a focus on developing a relationship between the PASSE entities in Arkansas and the Local Community Mental Health Centers.

- **MidSOUTH-Center for Prevention and Training:** DCFS worked with MidSOUTH to implement the Stewards of Children program, a child sexual abuse prevention program for adults. Their Project Coordinator coordinates the Steward of Children facilitator trainings and then assists those trained facilitators in setting up courses in their own local communities.
- **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. Act 975 of the 93rd General Assembly, Regular Session will remove MDTs from the administration of the Arkansas Commission on Child Abuse, Rape, Domestic Violence to that of the Children's Advocacy Centers (effective July 28, 2021).
- **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 24 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 six parents from different parts of the state on the council. The PAC created a 2019-2020 work plan with the goals of creating speakers' bureau to help educate the public about birth parent experiences in child welfare, developing Parent Partners and incorporating parent voices at all levels of DCFS, creating a collaboration with

the Foster Parent Advisory Council, and expanding HELP (a parenting support group). The group is kept abreast of the Division's initiatives and plans such as the implementation of Structured Decision Making and Safety Organized Practice and is encouraged to share their ideas regarding the implementation and monitoring of these plans. The PAC presented at the Parent Council Conference in October 2020. One parent shared her story and they advocated for quality legal representation for those parents involved with the Dependency/Neglect court system. The PAC has struggled to stay active and make progress on their own goals this past year due to several personal hardships exacerbated by the pandemic. The PAC and DCFS decided that it would be beneficial to shift focus for the time being and focus our energies on supporting each other, participate in trainings, and plan for recruitment of new members in June 2021. The plan is to be in a position in July to start back working on projects.

- **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 typically include: Disney Extravaganza, Back to School Bash, Dream Big. This year the events had to be cancelled due to the public health emergency, but Project Zero and DCFS came together to develop "Zooming for Zero" – weekly virtual recruitment events – to keep momentum going during the pandemic. Project Zero is funded by donations and volunteer service. In 2020, 107 children were matched with their forever families! Below is a recap of numbers from past years matches with Project Zero.

- 2014 – 74

- 2015 – 76
- 2016 – 124
- 2017 – 126
- 2018 – 167
- 2019 -- 196

Project Zero also continues to be responsible 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. As part of their partnership with DCFS, Project Zero has made a commitment to have a short film for every waiting child by the end of 2021. This supports the Division through the “Every Day Counts” initiative. 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 such as the Complex Trauma Assessment. This is a very comprehensive evaluation that assists in determining accurate diagnoses and provides recommendations for evidence-based treatment approaches. 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.
- **Public Guardian for Adults (PG) and Adult Protective Services (APS):** Act Arkansas law was updated in the 2021 legislative session to clarify that youth who do not have the capacity to transition to adulthood independently should be referred to the Office of Public Guardian, rather than Adult Protective Services. This was clean-up but should help eliminate confusion regarding the appropriate agency. For youth who fall into this category, the Office of Public should be invited to the youth’s staffing at least six (6) months prior to a child’s 18th birthday or upon entering foster care if the youth is already 17.5 years upon entering care. The DCFS liaison in Central Office continues to aid in the referral process to the Office of Public Guardian and providing general education around the purpose of a Public Guardian. This liaison also screens all Public Guardian referrals for quality and accuracy before forwarding to the Public Guardian office. There were six DCFS

applications submitted to date in SFY 2021 and one application was accepted by the Office of Public Guardian.

- **Qualified Residential Treatment Program QRTP:** Qualified Residential Treatment Programs are a result of the Family First Prevention in Services Act that went into effect on October 1, 2019. A QRTP is a specific category of a non-foster family home setting, for which title IV-E agencies must meet detailed assessment, case planning, documentation, judicial determinations and ongoing review and permanency hearing requirements for a child to be placed in and continue to receive title IV-E foster care maintenance payments (FCMP's) for the placement. The facility must meet the definitions of a childcare institution (CCI).
 - Has a trauma informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional and or behavior disorders or disturbances. Must be able to implement the treatment identified in the required 30-day assessment for said child/youth.
 - Facilitates participation of family members in the youth's treatment program when appropriate.
 - Facilitates outreach of the youth's family members including siblings and fictive kin. Maintains contact information of these individuals and documents how they are integrated into the treatment process.
 - Provides discharge planning and family – based aftercare support for at least six (6) months post – discharge.
 - Is licensed in accordance with the title IV-E requirements for childcare institutions (CCI).
 - Is accredited by any of the following Independent Not-for-Profit Organizations: The Commission on Accreditation of Rehabilitation Facilities (CARF), The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), The Council on Accreditation (COA, or any other Independent Not-for-Profit Accrediting Organization approved by HHS.
 - Has registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice as defined by state/tribal law, are on-site according to the treatment model, and are available twenty-four (24) hours a day and seven (7) days a week. 30-day Independent Assessment
 - Family and Permanency team requirements
 - Case Plan Requirements
 - 60-day Court Approval

- Ongoing Review and Permanency Hearing Requirements

Arkansas currently has 14 Qualified Residential Treatment Programs across the state. There are 198 beds allotted for this program.

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. Through the 100 Families Initiative, Restore Hope focuses on moving families from a place of crisis to an environment where they are thriving. This includes areas like housing, transportation, employment, education, addiction/recovery, and food stability. Restore Hope is currently active in Fort Smith, Arkansas (Sebastian County), Searcy, Arkansas (White County), and Hot Springs, Arkansas (Garland County). Each alliance is made up of about 15-20 people. Restore Hope is also planning to launch an alliance in Pulaski County within the next quarter.

- **Sparrow’s Promise (formerly known as Searcy Children’s Home):** SCH has been a Private Licensed Agency in Arkansas for many years. Searcy Children’s Home recruits, trains, and supports resource homes that accept placement of DCFS children. Searcy Children’s Home monitors these homes for compliance with licensing standards. Sparrow’s Promise also provides a visitation center for family time between parents and their children in foster care. Sparrow’s Promise currently has 13 resource homes. 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 – they have 1 foster home under this license. Southern Christian Children’s Home is working on recruitment of resource homes in Area 5 and will train and support each home they recruit. They will also monitor all their 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 DHS.

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 regard 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 DCFS.

- **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 has 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 has partnered with UAMS for an evaluation of our prevention services, specifically those services included in the state's Family First Five Year Prevention Plan. UAMS will initially be completing an outcome evaluation of Family Centered Treatment, Intercept, and SafeCare as well as a process evaluation of SafeCare. UAMS will also be completing an outcome evaluation of MidSOUTH's Triple P program (established July 2020). This evaluation aims to answer whether or not these programs reduce subsequent child abuse and placement in foster care while improving child well-being. UAMS has completed their second process evaluation of SafeCare. They are receiving CHRIS data from Deloitte and are currently working on how to identify families for comparison groups that meet baseline equivalence. UAMS will do their first outcome evaluation on SafeCare, to test their modeling, as they have the largest sample size and data that is already cleaned. Then they will do FCT and then Intercept. Triple P will be last in order to give time for a larger number of families to have gone through the program. As the first graduations from Triple P did not occur until November 2020.
- **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. This includes informing the YAB about the Division's progress as it relates to its numerous federal plans such as the Child and Family Services Review (CFSR) Program Improvement Plan (PIP), the National Youth in Transition Database (NYTD) PIP, and the Child and Family Services Plan (CFSP) goals, objectives, and interventions and allowing the youth to ask questions and make recommendations about these plans.

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. During this reporting period, the YAB meetings were held virtually which negatively impacted participation and overall membership. However, YAB meetings will once again resume in person beginning in July 2021.

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. Typically, 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. This has been a challenge during the pandemic since most Life Skills classes transitioned to a virtual format and fewer youth than usual participated in those online events.

The YAB is incorporated in planning, policy initiatives, and other program development efforts such as the roll out of Safety Organized Practice.

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 and achieve positive outcomes for children and families who are within the child welfare system.

Arkansas has also continued to work toward substantial, meaningful and ongoing collaboration with state courts and members of the legal and judicial community, including the Court Improvement Program in the development and implementation of the CFSP/APSR and its CFSR PIP. As previously referenced, quarterly discussions between the DCFS Director, CIP, and the juvenile judges began in September 2020. These quarterly discussions focus on permanency issues. In addition, in January 2021 the DCFS Director also implemented monthly “lunch and learn” style events open to all juvenile judges. These events are not trainings but allow DCFS and the juvenile judges to have open dialogue around specific topics such as relative placements.

As referenced in the bullet point above associated with CIP, the Assistant Director of Infrastructure and Specialized Programs and CIP Coordinator met on a quarterly basis during this reporting period to provide updates on each agencies’ initiatives, discuss common PIP activities and strategies, and how more coordination could occur.

Other examples of collaboration and communication include:

- Finalization of the Memorandum of Understanding between DCFS the Arkansas Commission for Parent Counsel (ACPC) to establish the financial relationship between the ACPC and the DCFS for attorney services provided by ACPC in the representation of parents in dependency-neglect cases.
- Continued sharing of monthly DCFS data charts with leadership of the different programs under the Arkansas Administrative Office of the Courts via a “oneshare” message that allows the DCFS Director to send these charts and any other information directly to juvenile judges in the state.

- Regular communication via email, phone calls, and meetings with the leadership teams of DCFS, ACPC, the Attorney Ad Litem Program, CASA, the DHS Office of Chief Counsel, and juvenile judges regarding the agencies' initiatives as well as addressing case specific issues.

Arkansas believes that parent, family, and youth voice is critical to understanding how well the child welfare system is achieving its goals. Ways in which families, children, youth, courts and other partners were involved in or otherwise made aware of DCFS initiatives and progress included presentations to or other forms of communication sharing with the Parent Advisory Council, Youth Advisory Board, and a variety of regular stakeholder meetings on applicable topics. This ranges from the various components of Safety Organized Practice to how to make operational changes to adapt to COVID.

CHILD WELFARE PROGRAMS SUPPORTING SERVICES IN THE FIELD

While collaboration with families, youth, the court system, and other outside stakeholders is critical to advancing the work of the child welfare system, the internal operations of DCFS of course play a key role in implementing, assessing, and enhancing programs and other activities designed to move the child welfare system forward. Below is a summary of the DCFS child welfare programs supporting services in the field, including updates, where applicable, from the summary included in the 2020-2024 CFSP:

- **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 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. The In-Home Services Unit is also responsible for 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 this reunification work. PSCs are staffings held between the worker, supervisor, and a neutral party (typically the Program Administrator), to review the progress of a foster care case. Other parties may attend, such as the Program Administrator or Area Director. During this reporting period the Division partnered with Public Knowledge to provide technical assistance to the Program Administrators to assist in reaching timely reunification more quickly. 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 continue to be held at three, six, and nine months of a child's placement in foster care provided reunification remains the case plan goal. The DCFS In-Home Specialists monitors the Permanency Safety Consultations as well as provide technical assistance to field staff regarding this effort as needed. During this reporting period, Public Knowledge, a national consulting firm that includes child welfare specialists, observed PSCs across the state and provided coaching to Program Administrators in an effort to strengthen the consistency and quality of PSCs in Arkansas. Public Knowledge collaborated with the Program Administrators during this progress to identify key behaviors linked to successful PSCs.

- **Central Registry and Notifications Unit:** The Central Registry Unit processes all Child Maltreatment Central Registry Checks for the State of Arkansas. The Notifications Unit serves 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. During this reporting period, the Child Maltreatment Central Registry Checks shifted to an online platform. Beginning July 2021, DCFS will no longer accept paper requests for the checks. The Notification Unit also 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.

- **Mental Health and Treatment Services**: 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)**: The grant for the ARCCC ended in 2018; however, the Arkansas Division of Children and Family Services has continued to implement targeted recruitment strategies statewide. Each of the ten (10) geographical areas in DCFS has developed a recruitment and retention plan specific for the needs of that area. These plans are currently being monitored by the Centralized Inquiry Unit's Program Manager. The plans are updated bi-annually (every six months). The recruitment and retention plans utilizes data from the Adhoc report which identifies the following:
 - The number of foster children in each area by age
 - The number of foster children in each area by gender
 - The number of foster children in each area by race
 - The number of approved foster homes in each area by race
 - The number of approved pre-adoptive families in each area by race
 - The bed-to-child ratio by area

This data helps to identify the need for specific foster home based on the demographics of the foster children in that particular area. Specific tasks are developed to recruit the desired type of foster homes needed. These plans also identify common barriers/issues reported by approved foster families. Tasks are developed to, hopefully, remedy the reported issues in effort to retain foster parents. The Community Engagement Specialist and Resource Supervisors takes leads on ensuring these tasks are completed by the identified target date.

- **Transitional Youth Services**: Each child in DHS/DCFS custody, age fourteen or older, in care for 30 days or more is provided with opportunities for instruction for development of basic life skills. Each child, beginning at 14 is assessed every six (6) months to determine the progress in acquiring basic life skills as well as planning for transition to adulthood until age 18 or as competency is achieved in the assessment score (90% or above). Services identified in the assessment to help the child achieve independence are provided directly by staff, foster parents or placement staff, through contract or through arrangement by staff. The Chafee Foster Care Program for Successful Transition to Adulthood provides services to youth in foster care that are often unavailable or unfunded through other program

funds such as Title IV-E-Foster Care. Services provided are those supports and services that will enhance the likely of a transition to a successful adulthood. Chafee also serves those youth adopted after age 16 and youth who are eligible for the Subsidized Guardianship. Chafee also provides services to youth leaving care after age 18.

- **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, and IV-E state plans. 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. The additional electronic reviews began in September 2019 with Area 10 and has been incorporated in each of the subsequent area reviews. Each year two counties are selected in each area to participate in the QSPR process, with different counties selected in subsequent years until every county has a chance to participate. Ten additional cases are reviewed in each service area, five in each of the additional counties. CQI/QA staff finds it helpful and attends legislative update trainings when they are offered by the Division. They also have trained another representative (who does the CQI supplemental reviews) so she can step in and help with the QSPR reviews if needed.
- **Policy:** The DCFS Policy Unit has responsibility for developing, revising, promulgating, and distributing DCFS policies, procedures, publications and forms. Various federal and state laws govern DCFS which requires the monitoring, updating, and developing rules and regulations to maintain compliance with these laws. The Policy Unit also ensures that all field staff receive training on new and revised laws that go into effect as a result of legislative sessions.

During this reporting period, the Policy Unit focused much efforts around creating and revising policy for the Implementation of Safety Organized Practice. The Policy Unit met weekly to develop SOP implementation policy which includes: TDM, maintaining connections in out of home placement, protection planning, investigations, and concurrent planning, among others.

Another major project for the Policy Unit during this reporting period was the development and implementation of the Supervisory Case Consultation Tools for Resource, Adoption, Investigations, Differential Response, and case work. The supervisors were trained on the use of the tools during the statewide supervisory training in October 2020 and the use of the tools began immediately following the training.

The Arkansas Legislature began meeting in January 2021 and immediately following the session the Policy Unit began developing legislative update trainings. The legislative update trainings will begin in June 2021 and will continue through July.

- **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 was closely involved with the National Child Welfare Workforce Institute's (NCWWI) Workforce Excellence site in Arkansas. This is a five-year grant project funded by the federal NCWWI to support DCFS and the University of Arkansas at Little Rock in efforts to transform the child welfare workforce. 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.

During this reporting period the DCFS Practice Improvement Trainer and Coach trained the supervisors in the NCWWI Leadership Academy. The trainings consisted of a one-day training once a month and they began in January 2021. Several members of Central Office, including those within PDU, began training Safety Organized Practice (SOP) two-day supervisor trainings in May 2021 and the SOP trainings will continue into the fall of 2021.

- **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.

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
- Foster and Adoptive Parent Portal – handle all registrations and log in issues
- 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/Specialized Private Licensed Placement Agencies and monitoring their compliance with licensing – there are at minimum quarterly meetings with each provider.

- Oversight of the Resource Parent Training Contract – annual 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 (monitored by the Kinship Connect Program Manager).
- Processing, approving, and monitoring of the Volunteer Program (as whole)
- 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.
- Oversight of the PACE evaluation contract, home study contract, and the Specialized Private Licensed Placement Agency contract.

The Foster Parent Support Specialist position is a part of the foster care unit and assist 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.

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

The HOPE Conference 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. The HOPE Conference was held virtually on April 16 and 17, 2021 due to COVID-19. DCFS hosted a breakout session called 'Navigating DCFS' – this was a 1-hour pre-recorded training session conducted by Foster Care Manager and Assistant Director of Placement Support and Community Outreach.

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. Due to the Covid-19 Pandemic, this year's Walk for the Waiting was switched to a 'virtual' walk held on May 1, 2021.

- **Adoptions:** All children have a right to a safe, permanent family. The Division of Children and Family Services develops and implements permanency plans for children. One option is to terminate parental rights to a child for adoptive placement, when it has been determined that reunification with the family is not a viable option. The court may consider a petition to terminate parental rights (TPR) if the court finds that there is an appropriate permanency placement plan for the child. It is not required that a permanency planning hearing be held as a prerequisite to the filing of a petition to terminate parental rights, or as a prerequisite to the court considering a petition to terminate parental rights.

Recruitment

As of May 5, 2021, there are approximately 381 children in Arkansas who have no permanent family to give them the stability, safety, and commitment they deserve. That is why Arkansas created the Arkansas Heart Gallery, partnered with Project Zero, our local CBS affiliate, THV11, 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.

Project Zero also puts on matching events with two of their biggest being Disney Extravaganza and Candyland Christmas. In previous years, these events have taken place in person; however, due to COVID-19, these events have been reimagined to become virtual matching events and a time to give hope to waiting children. Each of these recruitment activities are encouraging to waiting families and children. Project Zero and DCFS have partnered together to begin *Zooming for Zero*. This partnership features waiting children across the state in a zoom style setting for waiting families to learn more about waiting children. In 2020, 107 children were matched with their forever family because of the partnership with Project Zero!

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

Arkansas Mutual Voluntary Adoption Registry

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

Post-Adoption Services

Adoption is a major life event for families and affects them in many ways. Most adoptions are successful and endure. However, DCFS is aware that adoptive families may experience challenges after an adoption is final and may need support.

Support is key to achieving the goal of finding permanent, safe, stable, committed, and loving families for children. Parents need information that will strengthen their families and enable them to handle the challenges of adoptive parenting. These post-adoptive services are also 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 to Services
- Adoption Education & Training
- Respite Care
- Therapeutic Counseling
- Mental health services (in-home and out-of-home)
- Crisis Intervention Services
- Case Management
- Arkansas Mutual Consent Voluntary Adoption Registry

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

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

- Partner with KARK to begin “Wednesday’s Child.” This segment will feature a waiting child or sibling group that are in need of a forever family.
- Seek other partnerships and opportunities to recruit families for children within the target population.
- Provide respite for post adoption services.
- Continue to work closely with Project Zero and expand the partnership with new ideas.
- Explore ways to continue to strengthen post-adoption services.
- Assist with other services either not covered by Medicaid or for children who do not receive Medicaid and are permitted under Titles IV-E and IV-B.

As of May 2021, 592 adoptions were finalized for children during SFY 2021. The Adoption Unit also manages the Subsidized Guardianship Program. It is for children for whom a permanency goal of guardianship with a relative or fictive kin has been established that 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 or Fictive Kin 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 or Fictive Kin 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 or fictive kin 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 fifty (50) cases with one hundred (100) children receiving a subsidy of Subsidized Guardianships to date. The Permanency Specialist reviews each referral closely for the documentation, conducts a case review, and a consultation with the worker/supervisor. The challenge in regard to these referrals is assuring that the documentation that clearly reflects the ruling out of reunification and adoption is clear.

APSR 2022: UPDATE TO ASSESSMENT OF CURRENT PERFORMANCE

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 is currently conducting its fourth annual case review since the Round 3 CFSR utilizing an approved methodology change; this SFY 2021 QSPR review began in September 2020 and concluded in September 2021. Therefore, the SFY 2021 QSPR data reported herein represents the straight averages of the combined scores from the ten service areas reviewed during the SFY 2021 round of reviews. This data reflects 200 total case reviews (120 foster care cases, 79 in-home cases and one differential response (DR)) conducted between September 2020 and July 2021. The case reviews in eight of the ten service areas were conducted remotely in accordance with safety protocols due to the COVID-19 public health emergency; reviewers returned to the field for the final two service areas in June and July 2021. It should also be noted that unlike the SFY 2020 QSPR, the reviews conducted in all ten service areas for the SFY 2021 QSPR will be impacted by the ongoing COVID-19 pandemic for the entire review period.

It is critical that the assessment below also be read with the recognition that over the last year – which will include at least portions of the periods under review for the QSPRs to date - the number of children in foster care has steadily increased by approximately 400 children to reach over 4,800 children in care statewide. Please see APSR Attachment A: State Profile May 2021, page 2 for more information regarding number of children in foster care. The conjecture is that this increase in number of children in foster care is not tied to higher than average entries into foster care. Rather, it seems that challenges with discharging children from care during the public health emergency -- when staff and clients were frequently quarantined and services were often delayed or interrupted for a variety of reasons tied to the COVID-19 pandemic – is a significant contributor in this regard. APSR Attachment B: Every Day Counts Profile May 2021, pages 3 and 4 provide a visual for the most recent entry into and exit from foster care data. The challenges of the public health emergency and the rising number of children in foster care, among other reasons, have also seemingly led to a higher degree of staff turnover and a corresponding increase in the average statewide FSW caseload. In SFY 2020, the overall turnover rate for all DCFS staff was 38.61% whereas the SFY 2021 turnover rate to date for all DCFS staff is 48.54%, an increase of almost 10%. This rates include terminations, demotions, promotions, and transfers. APSR Attachment A: State Profile May 2021, page 3 provides for more details regarding average FSW caseload statewide. This information is not meant to dismiss declines in performance but provides an important lens, nonetheless.

A. SAFETY

Safety Outcome 1

	<i>SFY 2021 QSPR</i>	<i>SFY 2020 QSPR</i>	<i>SFY 2019 QSPR</i>	<i>Round 3 CF SR</i>
Safety 1: Children are first and foremost protected from abuse and neglect (N = SFY 2021)	79%	88%	87%	69%
ITEM 1: Timeliness of investigations (N=117)	79%	88%	87%	69%

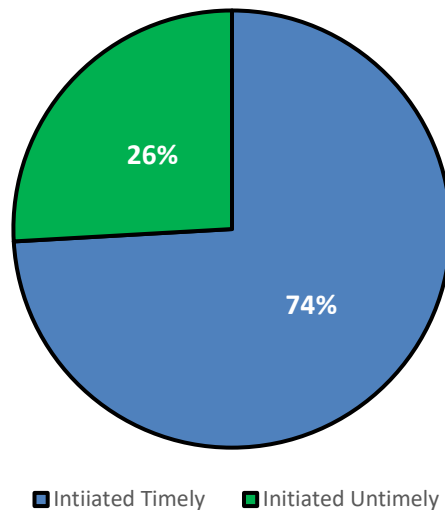
Timeliness of Initiating Investigations

Arkansas law requires reports of child maltreatment to be initiated within 24 hours of a Priority I referral (more severe allegations) and within 72 hours of a Priority II report (comparatively less serious allegations). Initiation occurs when all victim children are interviewed or observed (if too young for an interview) within the designated timeframes.

Timeliness of Initiating Investigations

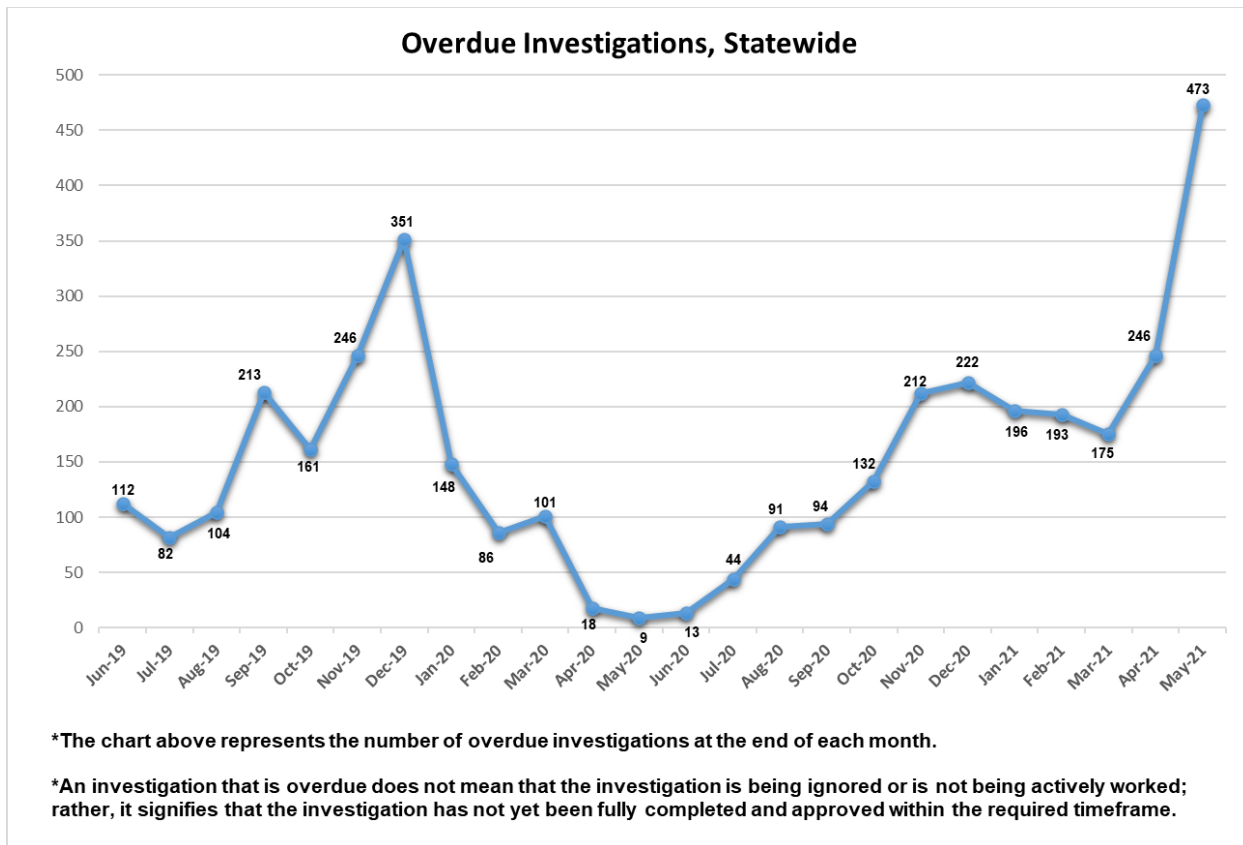
Reports of abuse and/or neglect were received during the twelve-month period under review in 117 of the cases reviewed during the SFY 2021 QSPR. Caseworkers initiated the investigations within the State mandated timeframes in 79 percent of these cases, a nine-percentage point decrease from the SFY 2020 QSPR, although still a ten percentage point increase from the Round 3 CF SR. Of the ten service areas reviewed for the SFY 2021 QSPR, only Areas 2 and 7 achieved substantial conformity with the initiation measure, with 100 percent of investigations initiated timely in the applicable cases reviewed.

Investigations Initiated Timely vs. Untimely May 2020 to May 2021



*Data pulled from SafeMeasures.

In addition to the timeliness of referral initiation, DCFS also closely monitors the extent to which child maltreatment investigations are closed within mandated timeframes (within 45 days of receipt of the report). The following chart demonstrates the number of overdue investigations in Arkansas, by month, for the period of June 2019 through May 2021. Overdue investigations peaked in December 2019 and then declined significantly over the next five months following concerted, coordinated efforts at the State and local levels. Despite continued focus and coordination, the number of overdue investigations began increasing again during the height of the COVID-19 public health emergency (June through December 2020), began to decline in calendar year 2021 in response to stabilization efforts, but have once again started climbing significantly in the last two months of SFY21, in part, due to higher than average staff turnover rates. Staff from Central Office were assigned to close out overdue investigations in Area 6, which accounts for the majority of overdue investigations in the state. Areas 3 and 5, which also had a high number of overdue investigations, developed their own corrective action plans that mostly included pulling staff from other counties in those areas to close out overdue investigations. Just with recent efforts, overdue investigations decreased by almost 32% from June 2021 to July 2021 as a result of these efforts. This administrative data was pulled from CHRIS and mirrors information which is monitored on at least a monthly basis by staff in both central office and the individual service areas. Corresponding data is pulled and disseminated on a rolling basis for each service area and the state as a whole.



Recurrence of Maltreatment

Arkansas’s Round 3 CFSR Data Profile from February 2021 provides that the state’s performance surrounding repeat maltreatment – utilizing the risk standardized performance (RSP) interval – is statistically no different than the national performance (NP). Of all children who were victims of a substantiated or indicated maltreatment report in Arkansas during federal fiscal year (FFY) 2018-19, only 9.00 percent were victims of another substantiated or indicated maltreatment report within twelve months.

Round 3 CFSR Data Indicator: Recurrence of Maltreatment			
Indicator	AR RSP	NP	Status
Recurrence of maltreatment	9.00%	9.50%	No Diff

The Division’s Quarterly Performance Reports and Annual Report Cards also consistently track Arkansas’s performance with regard to preventing repeat maltreatment, specifically abuse/neglect which occurs within six and twelve months of a founded maltreatment referral. In SFY 2020, five percent of the victim children involved in true investigations experienced a recurrence of maltreatment within six months, while eight percent experienced a recurrence of maltreatment within twelve months.

DCFS believes that one of the primary purposes of its interventions with children and families is to prevent future harm for children who have already experienced maltreatment. The Division recognizes the negative consequences associated with multiple episodes of abuse and neglect and continues to work to prevent the recurrence of maltreatment by adequately engaging children and families in assessing risk and safety and implementing services and supports to mitigate identified threats and strengthen parental capacity.

Maltreatment in Foster Care

Round 3 CFSR Data Indicator: Maltreatment in Foster Care			
Indicator	AR RSP	NP	Status
Maltreatment in foster care	11.06	9.67	No Diff

Similar to the Recurrence of Maltreatment safety indicator, Arkansas’s performance on the Maltreatment in Foster Care safety indicator was on par with the observed performance for the nation. The state’s performance, 11.06 victimizations per 100,000 days in care, was statistically no different than the national performance of 9.67 victimizations.

Arkansas is committed to protecting children and strives to maintain a child welfare system that prevents abuse and neglect and helps to improve the safety, permanency, and well-being outcomes of children involved with the Division. DCFS is working to prevent children in foster care from being abused and neglected while in care through quality recruitment, assessment, training and support of resource families; implementation of Safety Organized Practice across the state; and frequent, substantive caseworker visitation with all children in foster care.

Safety Outcome 2

	SFY 2021 QSPR	SFY 2020 QSPR	SFY 2019 QSPR	Round 3 CFSR
Safety 2: Children are safely maintained in their homes whenever possible and appropriate (N = SFY 2021)	79%	82%	83%	60%
Item 2: Services to Prevent Removal (N=74)	80%	91%	94%	55%
Item 3: Risk and Safety Assessment and Management (N=200)	77%	83%	83%	61%

Services to Prevent Removal

DCFS provided the necessary services to prevent children from entering foster care in 80 percent of the applicable cases reviewed to date during the SFY 2021 QSPR. Although performance on this measure during the SFY 2021 QSPR has decreased eleven percentage points from the SFY 2020 QSPR and fourteen percentage points from the SFY 2019 QSPR, it remains significantly improved from the Round 3 CFSR with an increase of 25 percentage points.

Assessing and Addressing Risk and Safety Concerns

During SFY 2021, sufficient efforts were not made to assess and address risk and safety concerns for children receiving services in just 23 percent of the reviewed cases. The deficient ratings once again largely 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 the SFY 2018, SFY 2019 and SFY 2020 QSPRs. Consistent contact with families in order to conduct ongoing assessments of risk and safety was further hindered by the COVID-19 public health emergency during the SFY 2021 QSPR. 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 2021 QSPR noted Arkansas once again maintained previous gains made in closing the gap between deficiencies in foster care and in-home services cases reviewed. While the State's performance on this item decreased by six percentage points from the SFY 2020 and 2019 QSPRs, it is, however, still a 16 percentage point increase over the Round 3 CFSR, and ongoing efforts toward improvement continue to be made.

B. PERMANENCY

Foster Care Re-Entry

Round 3 CFSR Data Indicator: Re-entry to Care in 12 Months			
Indicator	AR RSP	NP	Status
Re-entry to care in 12 months	6.10%	8.10%	Met

Arkansas exceeded the national standard (of 8.10 percent) on the permanency indicator regarding the proportion of children who re-enter care within twelve months of being discharged to reunification, relative placement or guardianship. Specifically, the Data Profile from February 2021 provides that, of all the children who entered care in FFY 2018 and who discharged within twelve months to reunification, live with a relative or guardianship, only 6.10 percent re-entered care within twelve months of their discharge.

Permanency Outcome 1

	SFY 2021 QSPR	SFY 2020 QSPR	SFY 2019 QSPR	Round 3 CFSR
Permanency 1: Children have permanency and stability in their living situations (N= SFY 2021)	44%	53%	48%	36%
Item 4: Stability of Foster Care Placement (N=120)	75%	73%	73%	70%
Item 5: Permanency Goal for Child (N=120)	77%	84%	79%	64%
Item 6: Achieving Reunification, Guardianship, Adoption or APPLA (N=120)	63%	79%	77%	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 2021 QSPR saw the State improve its performance in placement stability by two percentage points from the SFY 2020 and 2019 QSPRs. This represents a five-percentage point increase from the Round 3 CFSR, reflecting the State’s ongoing efforts to recruit and retain foster parents. Just one-quarter of the reviewed cases (25 percent) were rated as deficient on this measure during the SFY 2021 QSPR. While a few (four percent) of the deficient cases were deficient because the children’s current placement was not stable (e.g., the use of temporary shelters), most of the deficiencies 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; however, a continued increase in documented efforts by caseworkers to stabilize placements has again been noted during the SFY 2021 QSPR.

No service area to date has attained substantial conformity for placement stability where all twelve applicable cases were rated as a strength. It should be noted, however, that the ongoing COVID-19 public health emergency likely impacted performance on this measure as unplanned placement changes in several of the reviewed cases were due to foster parents’ health or concerns related to the pandemic. Area 1 has come the closest by earning a 92 percent strength rating with eleven of the twelve cases reviewed rated as a strength during the SFY 2021 QSPR, while Area 8 had the most difficulty with placement

stability, making efforts to provide placement stability in less than half of the cases reviewed (42 percent).

February 2021 Round 3 CFSR Data Indicator: Placement Stability			
Indicator	Performance	NS	Status
Placement stability	7.00	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 from February 2021. The permanency indicator related to placement stability showed a rate of 7.00 placement moves during FFY 2020 (September 30, 2020) compared to the national performance of 4.44 placement moves. However, the way in which certain placements are keyed in the state’s SACWIS system may also result in the number of placements moves for some children appearing higher than they actually are and, therefore, contribute to Arkansas’s placement stability rate being worse than the national performance rate. For example, when a child is placed in a provisionally licensed relative or fictive kin resource home that is keyed as a placement. When that provisional home then becomes a fully approved home, that change in approval status appears as a placement move for the child even though the child’s physical location and caretakers never change. DCFS plans to work to rectify this issue during the implementation of its CCWIS.

Timely and Appropriate Permanency Goals

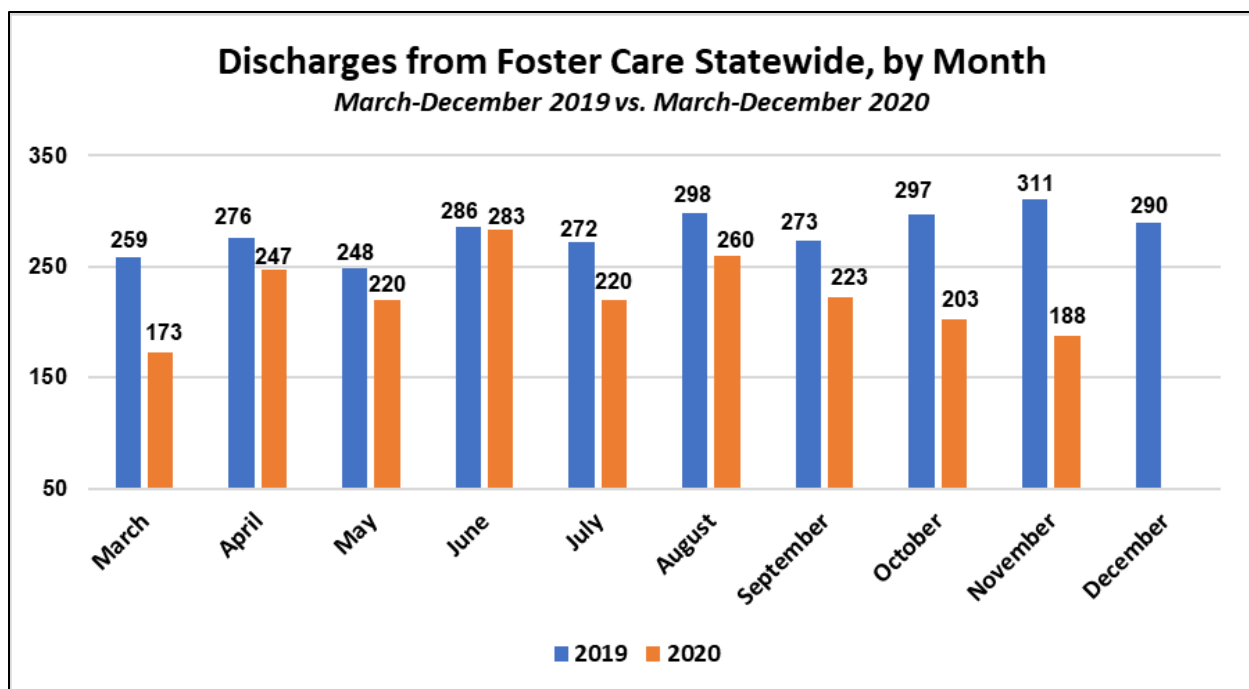
The permanency goals in 77 percent of the foster care cases reviewed to date during the SFY 2021 QSPR were appropriate and established on time. While the State’s performance on this measure demonstrated an seven-percentage point decrease from the SFY 2020 QSPR and a two-percentage point decrease from the SFY 2019 QSPR, it is still a 13-percentage point increase from the Round 3 CFSR. Barriers are also noted in the ASPR in the Permanency 1 section. As in previous reviews, most of the deficiencies are related to a lack of concurrent planning to timely change permanency goals or timely switch focus to the secondary goal, which is usually adoption. Many courts are wary of being seen as not giving parents a full 12-15 months and will not “allow” the Agency to file a petition for termination timely. It was noted that 25% of the deficiencies in the SFY 2021 review were due to a lack of efforts to timely file a petition for termination at 15 months when there was no exception to termination documented. Although no Area to date has achieved a strength rating on this item during the SFY 2021 QSPR, Areas 1, 2, 4, 5, 8 and 9 have had the most success, with all six making sufficient efforts in more than three-quarters of the cases reviewed (83 percent). Area 10 struggled the most, timely establishing appropriate permanency goals is a little more than half of the cases reviewed (58 percent). Difficulties were again related to insufficient efforts to utilize concurrent

planning early in the life of a case and to timely adjust permanency goals in response to changing circumstances. Additionally, a lack of efforts to timely file or join a petition for termination of parental rights in cases where there was no documented exception to termination was noted in one-quarter (25 percent) of the deficient cases.

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 37 percent of the cases reviewed during SFY 2021. The biggest challenge during the SFY 2021 QSPR again involved making sufficient efforts to achieve adoption in a timely manner, whether the sole or concurrent permanency goal. Successful efforts to achieve adoption timely were not made in more than half of the cases reviewed (53 percent), with many of the deficiencies again involving systemic issues with multiple continuations of termination hearings or delays due to pending appeals. The ongoing COVID-19 public health emergency also impacted efforts. During the SFY 2021 QSPR, it was noted that a few termination hearings were delayed due to a request by an incarcerated parent's attorney for an in-person hearing rather than virtual hearing. This was despite the fact that most prisons and jails were not transporting inmates for the majority of the review period due to the large number of COVID-19 cases in the corrections system.

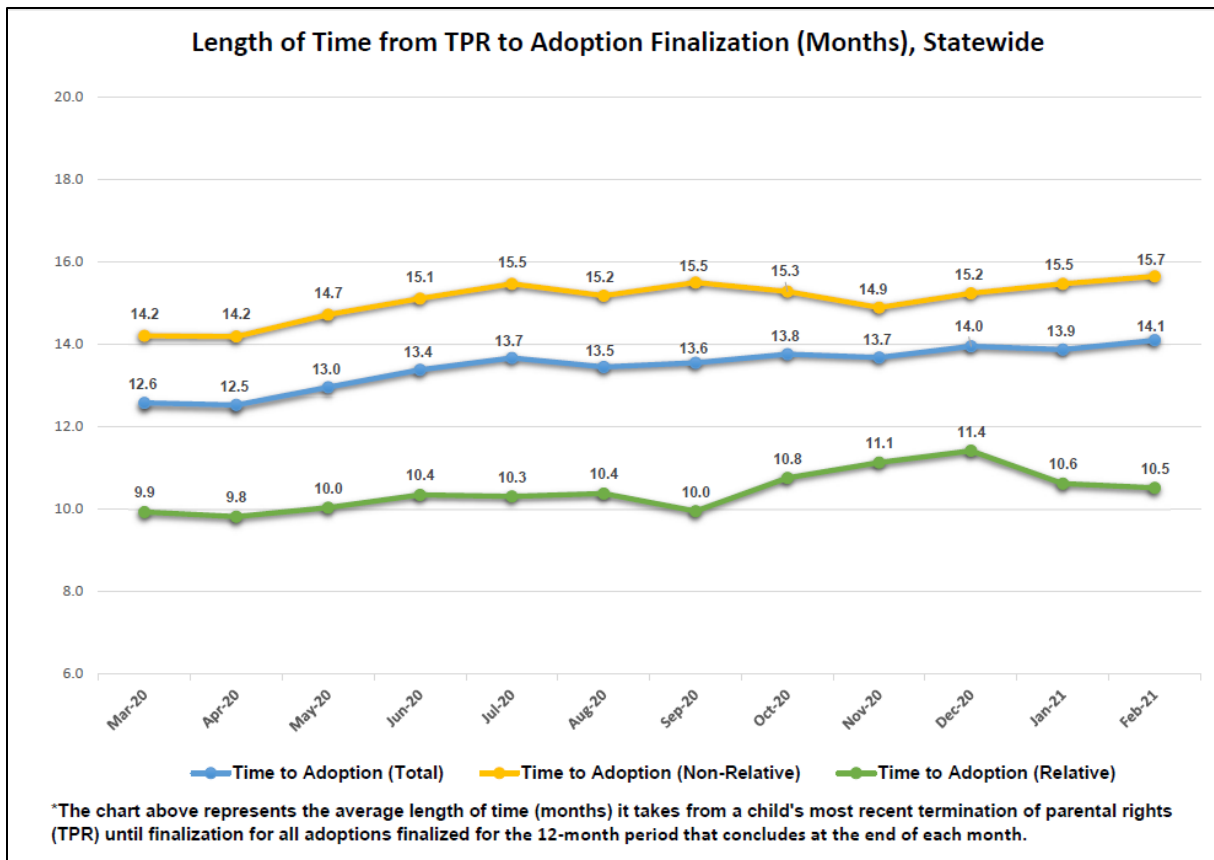
. This is also reflected in statewide data regarding discharges from foster care when comparing discharges between SFY 2019 and SFY 2020 as illustrated in the chart below.



The Agency also had difficulty making sufficient efforts to provide a living arrangement that could be considered permanent for children in half of the cases (50 percent) with a sole or concurrent goal of APPLA during the SFY 2021 QSPR. The majority of the deficiencies were due to a lack of a formal agreement with the foster parent or placement provider acknowledging responsibility for providing care until the child reached the age of majority. It was also noted in one case that the court authorized a concurrent goal of APPLA for a 14-year-old child.

Several areas also struggled with achieving adoption in a timely manner during the SFY 2021 QSPR, whether the sole or concurrent permanency goal. Many of the deficiencies continue to involve systemic issues such as multiple continuations of termination hearings, a number of which were due to the COVID-19 public health crisis. The comparison of the number of finalized adoptions in SFY 2019 versus SFY 2020 also bears this out with 749 adoptions finalized in SFY 2019 and only 500 adoptions finalized in SFY 2020.

However, the launch of the Division’s “Every Day Counts” initiative on March 1, 2021 is designed, among other goals, to improve the state’s efforts in achieving adoption in a timely manner. Every Day Counts was launched, in part, to Division leadership recognizing that the time from TPR to finalization was beginning to slowly increase statewide as illustrated in the graph below.



In response, Every Day Counts was born. This initiative has set new goals around relative and foster parent adoptions in particular. Specifically, the Division has charged staff to finalize all relative and foster parent adoptions within three months after termination of parental rights. If an appeal is filed, the expectation is that the adoption will be finalized within one month after the TPR appeal mandate is issued.

Strategies in place to help accomplish these goals include ensuring that adoption packets are given to adoptions staff within three days of the permanency planning hearing and having adoptive families selected and a disclosure scheduled within thirty days after TPR. Outside of relative and foster parent adoptions -- when recruitment is needed to find a child an adoptive family -- adoption staff members are required to notify Project Zero within five business days after TPR to place a child onto the Heart Gallery. Other best practices that are being promoted within the Every Day Counts initiative to accomplish these goals include:

- DCFS Staff (FSWs, Health Service Workers (HSWs), and Adoption Specialists) should communicate and work together;
- Health Service Workers now take the lead in completing the disclosure packet though other staff play support roles in this process;

- HSWs will use the updated disclosure packet checklist to gather needed items early;
- Staff will explore utilizing the statewide MOU with CASA which allows the CASA appointed to a child to assist in collecting items for the disclosure packet as resources allow (PIP Strategy 11, Key Activity 2).

The Every Day Counts initiative is also focused on achieving reunification timely when it is a safe and appropriate permanency option. The Division has identified a group of cases to dig deeper to see if there are ways to move children toward permanency more quickly while still ensuring safety. Cases with the following characteristics are being monitored for this purpose:

- Children in care for at least ten months with the goal of reunification; and,
- Children with at least three documented visits with their parents.

Examples of questions asked when reviewing these cases include:

- Should the goal remain reunification?
- What barriers are keeping the child from going home?
- How can judges help (e.g., flexibility in visitation orders)

The Division is currently tracking the success of this initiative through the Every Day Counts profiles described in Data Reports section under the “Updates to the Plan for Enacting the State’s Vision and f Made to Improve Outcomes,” though anticipates seeing the impact of this initiative ratings for Permanency Outcomes 1 and 2 in forthcoming periods under review for the QSPR.

Of the cases reviewed during the SFY 2021 QSPR, only Area 9 achieved a strength rating on this item, achieving timely permanency in 92 percent of reviewed cases. Area 2 had the most difficulty on this item, failing to achieve timely permanency in well over three-quarters of its reviewed cases (83 percent); the majority of the deficiencies involved insufficient efforts to achieve timely adoption. The target children in six of the ten deficient cases had sole goals of Adoption at the time of the review, and five of those children had been in care for over 24 months. Two of the remaining deficiencies were due to a lack of efforts toward timely reunification, one was due to a lack of efforts toward timely guardianship, and one was due to a lack of efforts to identify a permanent living arrangement for a child with a goal of APPLA. Of the cases where the child was in care over 24 months, two of those cases involved teens with significant behavioral challenges. The other three cases involved procedural delays, which should be remedied by the Every Day Counts initiative.

February 2021 Round 3 CFSR Data Indicators: Permanency in 12 Months			
Indicator	Performance	NS	Status
Permanency in 12 months (entries)	50.3%	42.7%	Met
Permanency in 12 months (12-23 mos.)	57.9%	45.9%	Met
Permanency in 12 months (24+ mos.)	36.7%	31.8%	Met

The February 2021 Round 3 CFSR Data Profile highlighted Arkansas's improved performance in making successful efforts to move children to permanency. The state again exceeded the national standard for discharging children in foster care to permanency within all three of the twelve-month periods being examined for length of stay, despite the State's challenge in achieving timely adoptions and APPLA noted in the SFY 2021 QSPR.

Permanency Outcome 2

	SFY 2021 QSPR	SFY 2020 QSPR	SFY 2019 QSPR	Round 3 CFSR
Permanency 2: The continuity of family relationships and connections is preserved for children (N= SFY 2021)	73%	79%	81%	43%
Item 7: Placement with Siblings (N=76)	74%	76%	74%	47%
Item 8: Visiting with Parents and Siblings in Foster Care (N=94)	85%	89%	85%	64%
Item 9: Preserving Connections (N=120)	63%	76%	75%	49%
Item 10: Relative Placement (N=118)	91%	94%	95%	70%
Item 11: Relationship of Child in Care with Parents (N=83)	53%	51%	55%	48%

Placement with Siblings

Seventy-six of the foster care cases reviewed during the SFY 2021 QSPR included sibling groups. Sufficient efforts were not made to ensure that the siblings were placed together in a little more than one-quarter of these cases (26 percent), similar to performance in previous reviews. 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. Additionally, there was once again 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. A few instances of a lack of placement options for sibling groups spanning a wide range of ages and mix of genders was again noted during the SFY 2021 QSPR. To date, only Area 5 has achieved

a strength rating for this item, successfully placing all siblings together when appropriate in 91 percent of the reviewed cases. Area 1 had the most difficulty, making successful efforts to place all siblings together when appropriate in just one-third of the reviewed cases (33 percent). It should be noted, however, that the target children in both deficient cases in Area 1 were placed with all siblings for at least a portion of the review period.

Visitation between Foster Children and Their Parents and Siblings

Arkansas strives to ensure that children are able to visit with their parents and siblings, making sufficient efforts in 85 percent of the cases reviewed to date during the SFY 2021 QSPR. Although this is a slight four percentage point decrease in performance from the SFY 2020 QSPR, it is a significant 21 percentage point gain from the Round 3 CFSR. Efforts continue to be made across the State, especially with regard to ensuring babies have sufficient visitation to encourage bonding and attachment (i.e., more than weekly). As in previous reviews, while some of the deficient ratings stemmed from a lack of visitation between the target children and their parents, issues were again 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 ensure that children's lack of proximity to their parents and/or siblings does not impede efforts to facilitate frequent, quality visitation. This will increase the chances of family reunification and subsequently decrease the need for continued placement outside of the home. Areas 1, 3 and 4 were wholly successful on this item measure, achieving substantial conformity in 100 percent of applicable cases during the SFY 2021 QSPR, while Areas 7, 5 and 10 achieved strength ratings of 90 percent. Area 6 again struggled most with this item; slightly less than one-half of the children in the applicable cases reviewed in the area (44 percent) did not receive adequate visitation with their parents and/or siblings, double the Area's rate of deficiency from the previous review.

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 slightly more than one-third of the cases reviewed during the SFY 2021 QSPR (37 percent). Performance has continued to decline on this measure, with efforts decreasing from the SFY 2020 and 2019 QSPRs by 13 and 12 percentage points, respectively; however, this is still a 14 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. Performance on this item measure continued to decline during the current review period despite the increased use of virtual visitations in response to the COVID-19 public health emergency. It was again noted that in several instances, the caseworkers did not put forth any extra effort to preserve or facilitate existing familial connections for the children once those relatives declined or were denied placement. This measure is typically a struggle for most service areas, and no service area achieved a strength rating or substantial conformity in the SFY 2021 QSPR.

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 91 percent of the cases reviewed, a slight three percentage point decrease from the SFY 2020 QSPR and a four percentage point decrease from the SFY 2019 QSPR. Despite the small decreases from the previous reviews, this still represents a 21 percentage point increase over the Round 3 CFSR. This performance improvement from the Round 3 CFSR continues after 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 10 and 4 were wholly successful, achieving substantial conformity in 100 percent of applicable cases, while Areas 1, 3, 6, 7, 8 and 9 each achieved conformity in 92 percent of applicable cases reviewed.

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 SFY 2021 QSPR review sufficient efforts were not demonstrated in almost half of the cases reviewed (47 percent). This represents a four percentage point decrease in performance from the SFY 2020 QSPR, an eight percentage point decrease from the SFY 2019 QSPR, and a one percentage point decrease from the Round 3 CFSR. While this continues to be an area of challenge for the State with all service areas reviewed to date failing to achieve

substantial conformity, several Areas demonstrated some improvement in practice from the SFY 2020 QSPR. 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 lack of additional efforts was especially true if the parents were deemed “non-compliant” with regular visitation and services, and further hindered when children were placed outside of their home county. While there were certain limitations on the number of caregivers who were allowed to attend medical appointments in person due to the ongoing COVID-19 public health emergency, there were few efforts noted to facilitate virtual participation for caregivers in the reviewed cases.

C. WELL-BEING

Well-Being Outcome 1

	<i>SFY 2021 QSPR</i>	<i>SFY 2020 QSPR</i>	<i>SFY 2019 QSPR</i>	<i>Round 3 CFSR</i>
Well-Being 1: Families have enhanced capacity to provide for their children’s needs (N= SFY 2021)	57%	71%	61%	39%
Item 12: Needs and Services of Child, Parents and Foster Parents (N=200)	62%	75%	64%	43%
Item 13: Child and Family Involvement in Case Planning (N=194)	68%	78%	76%	51%
Item 14: Caseworker Visits with Child (N=200)	78%	86%	84%	64%
Item 15: Caseworker Visits with Parents (N=167)	62%	71%	59%	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 slightly more than one-third of the cases reviewed during SFY 2021 (38 percent). While this is still a 19 percentage point increase over the Round 3 CFSR, it is a 13 percentage point decrease in performance from the SFY 2020 QSPR, thus eliminating the improvement in performance made that year from the SFY 2019 QSPR. The same ongoing systemic factors such as staff turnover and unavailable or inconvenient services were again noted as the underlying causes of deficiencies; however, these systemic factors were exacerbated by the ongoing COVID-19 public health emergency during the SFY 2021 QSPR. Efforts to address such systemic issues must continue to be made in all service areas.

In all three reviews since the Round 3 CFSR noted above, the State did a better job of assessing and addressing the needs of children than their parents, significantly more so in the cases reviewed during the SFY 2021 QSPR. During the SFY 2021 QSPR, accurate ongoing assessments of both children's and parents' needs were made at a higher rate than services were provided to address those identified needs, with a more significant discrepancy found in in-home cases, particularly for children and fathers, than was noted in the SFY 2020 QSPR. While the discrepancy between assessment and service provision in foster care cases was approximately 12 percent for children and less than ten percent for mothers and fathers, the discrepancy in in-home cases was 22 percent for children and 18 percent for fathers.

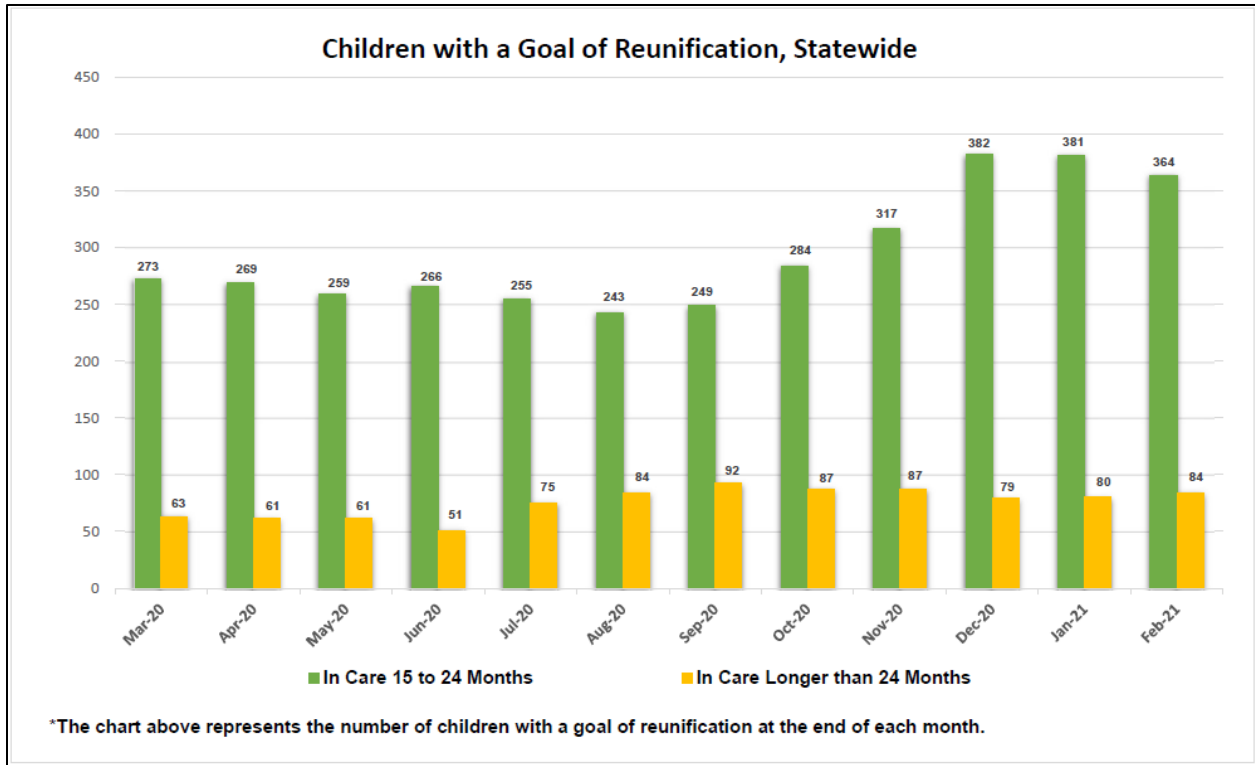
The ongoing COVID-19 public health emergency was likely a significant factor in the discrepancy between assessment of needs and provision of services to address those needs, as many service providers suspended services briefly in the early months of the pandemic and had lengthy waiting lists for appointments once services resumed. Additionally, a systemic issue involving the provision of services for substance use for parents with Medicaid was noted during the SFY 2021 QSPR. State Medicaid rules require a patient to obtain a referral from a primary care physician (PCP) before a service provider can conduct a substance use assessment to determine treatment. Many PCPs were either not accepting new patients, had lengthy waiting lists for appointments or declined to provide referrals for new patients, delaying provision of substance use assessments and treatment in multiple cases, particularly in-home cases. Efforts were made to mitigate the concern, as legislation was enacted in the last month of the review period that will allow a beneficiary to participate in up to ten counseling sessions for substance use treatment and/or mental health treatment without obtaining a referral from a PCP.

During the SFY 2021 QSPR, accurate ongoing assessments of parents' needs were conducted more consistently in foster care cases than in in-home cases, with a twelve percentage point discrepancy found in both foster care and in-home cases for both mothers and fathers; this is a return to the larger gap found in previous reviews. The primary reason for deficiencies in both case types remains a lack of ongoing contact by caseworkers or caseworker continuity to conduct assessments and monitor parental engagement in services. The SFY 2021 QSPR again noted a lack of discussion about case and referral/service status during caseworker transitions (i.e., caseworker turnover). While there continued to be significant staff turnover during the SFY 2021 QSPR, many

caseworker transitions were sudden and unplanned as a result of caseworkers having to quarantine due to exposure to COVID-19 or having to take medical leave.

In many service areas, it was again 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 County of Origin caseworkers (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. Provider staff turnover and a shortage of outpatient substance use counselors again delayed treatment in some service areas. In more than one service area, parents were given the option to complete a prescribed number of meetings in a specific 12-step program in lieu of a drug/alcohol assessment due to providers' backlog of assessment appointments. However, it was noted in a few cases that caseworkers failed to periodically check the parents' attendance sheet, and when these sheets were later misplaced after completing the series of meetings, the parents were forced to start the entire process again despite consistently negative drug screens and no other concerns preventing case closure. In addition to the previously mentioned issues with substance use treatment for parents with Medicaid, it was noted in several areas that it was difficult to get a timely appointment with a PCP to obtain a referral, and that some physicians were reluctant to make the referral based on one brief office visit. Caseworkers found it difficult to keep parents engaged due to the lengthy wait for appointments with local PCPs during the pandemic, resulting in stalled case progression in many in-home cases. To date, no Area has achieved substantial conformity (95 percent) while Area 1 struggled the most with assessing need and providing fitting services to parents by failing to meet standards in 60 percent of the cases reviewed; Areas 6 and 8 also failed to meet standards in more than half of the cases reviewed (53 percent for both Areas).

Some of the challenges with accessing timely and quality services may correlate with the study rise over recent months in the number of children who still have a goal of reunification but have been in care longer than 15 months as shown in the graph below.



However, specific to the PCP referral issue, in forthcoming reviews issues with requiring a primary care physician (PCP) referral for behavioral health services may improve somewhat due to the passage of Act 886 of the 93rd General Assembly, Regular Session. This Act prohibits the Arkansas Medicaid Program from requiring a beneficiary to first obtain a PCP referral before receiving any behavioral health services for the first ten visits of any behavioral health service (e.g., substance abuse treatment, counseling, etc.).

Engaging Children and Families in Case Planning

Children and/or their parents were excluded from the case planning process in 32 percent of the cases reviewed to date during SFY 2021. While this is a 17-percentage point increase over the Round 3 CFSR, it is a ten-percentage point decrease from the SFY 2020 QSPR and an eight percentage point decrease from the SFY 2019 QSPR. There is an ongoing effort in all service areas to reverse the downward trend in performance as the State continues to implement strategies to improve meaningful family engagement. The SFY 2021 QSPR to date has noted increased efforts to close the performance gap between case types when engaging all applicable family members in case planning activities, although there was slightly more effort to engage mothers than fathers found in in-home cases after the opposite was noted in the previous review. Many deficiencies again appear to stem from poor communication regarding the status of referrals and services during the transition between assigned County of Origin (primary) workers;

inconsistent documentation in CHRIS may have also been a factor. As in previous reviews, 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. These required services were often related to substance use assessment or treatment for parents who had initially tested positive for marijuana and had consistently tested negative after an in-home case was opened. Formal CANS/FAST assessments that were not timely or accurately updated to reflect progress were also found, as well as formal assessments with scant information or “cookie-cutter” comments for all children regardless of age.

It was noted in several cases that newly assigned caseworkers were unable to articulate the reason for case opening when asked by parents or were unable to rationalize why certain services must be completed or what was required for case closure. In some instances, the documented reason for Agency involvement in CHRIS contacts differed from the substantiated maltreatment findings, and occasionally even varied from contact to contact depending upon who in a string of assigned workers created the contact; thus, seemingly unrelated services were listed in case plans presented to families. There were also at least four in-home cases that were opened in a non-offending caretaker’s home simply to monitor the home (or a No Contact order), or to ensure a non-offending parent with physical custody of the children obtained legal custody. These caretakers reported cases were left open for months with no services provided and little explanation or contact from caseworkers.

No service area to date achieved substantial conformity or even a strength rating for this measure during the current review, with the same service areas that had the most difficulty with assessment and service provision to parents also struggling to engage them in case planning.

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 2021 QSPR, children did not receive frequent, substantive caseworker visits in 22 percent of the reviewed cases, a 14-percentage point increase from the Round 3 CFSR, although eight and six percentage point decreases from the SFY 2020 and 2019 QSPRs, respectively. While there was little disparity between case types in the quality of caseworker visits with

children, the current review noted caseworker visits with children were 16 percent less frequent in in-home cases as opposed to foster care cases.

Additionally, caseworkers failed to provide parents with sufficient visits in more than one-third of the reviewed cases (38 percent). During the SFY 2021 QSPR to date, performance regarding caseworker visits to parents decreased by nine percentage points from the SFY 2020 QSPR, although it is still a 14-percentage point increase from the Round 3 CFSR. Unlike the SFY 2020 QSPR, the SFY 2021 QSPR noted more disparity between the frequencies of caseworker visits with parents in the two case types, although mothers were again visited slightly more frequently than fathers in both case types. There was little disparity between case types in the quality of caseworker visits with parents in the current review. The quality of visits with fathers was virtually the same in both case types, while the quality of caseworker visits with mothers in in-home cases was less sufficient than visits in foster care cases. Furthermore, the quality of visits with mothers was just slightly better than with fathers in foster care cases, while fathers received more substantive caseworker visits in in-home cases. There has been substantially improved performance noted on both item measures regarding caseworker visits with families over the Round 3 CFSR; however, continued improvement is warranted as staff turnover remains a significant challenge in multiple service areas, impacting both the frequency and quality of worker visits with families.

The problems with visitation with parents in almost every service area were two-fold, infrequent contact as well as poor-quality communication, often due to the lack of sufficient contact to establish a relationship between caseworker and parents. As noted previously, 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 as newly assigned caseworkers were not always familiar with case circumstances. 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 service needs) or permanency being delayed or no reasonable efforts findings in foster care cases.

Caseworker visits with parents remains an issue although the majority of service areas reviewed had adequate contact with parents in at least half of the applicable cases reviewed, most substantially so. Area 6 had the most difficulty, making sufficient contact in slightly less than one-quarter of the reviewed cases (24 percent); this area also

continues to experience significant caseworker turnover. Area 1 also struggled with this item measure, making sufficient contact with parents in slightly less than half of the reviewed cases (47 percent). To date, only Area 9 achieved a strength rating on this item measure, making successful efforts in 90 percent of the reviewed cases. 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 when possible and must involve discussions of issues pertinent to safety, permanency and well-being as well as the achievement of case goals. “Drive-by” visits for compliance made by constantly changing caseworkers 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 and staffing strategies to ensure both children and their parents are provided frequent, quality visits while involved with the Agency.

Well-Being Outcome 2

	<i>SFY 2021 QSPR</i>	<i>SFY 2020 QSPR</i>	<i>SFY 2019 QSPR</i>	<i>Round 3 CFSR</i>
Well-Being 2: Children receive appropriate services to meet their educational needs (N=SFY 2021)	91%	92%	93%	85%
Item 16: Educational Needs of the Child (N=109)	91%	92%	93%	85%

Educational Needs of Children

Staff made concerted efforts during the SFY 2021 QSPR to assess and address the educational needs of children involved with the Division, successfully ensuring the provision of appropriate services in 91 percent of the reviewed cases. This score is four percentage points shy of substantial conformity (95 percent) with Well-Being Outcome 2.

Well-Being Outcome 3

	<i>SFY 2021 QSPR</i>	<i>SFY 2020 QSPR</i>	<i>SFY 2019 QSPR</i>	<i>Round 3 CFSR</i>
Well-Being 3: Children receive adequate services to meet their physical and mental health needs (N= SFY 2021)	71%	80%	76%	66%
Item 17: Physical Health of the Child (N=155)	80%	82%	81%	81%
Item 18: Mental/Behavioral Health of the Child (N=100)	75%	92%	85%	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 80 percent of the applicable cases, a two

percentage point decrease from the SFY 2020 QSPR, and a one percentage point decrease from both the SFY 2019 QSPR and Round 3 CFSR. As in previous reviews, 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 Academy of Pediatric Dentists. The Academy recommendation that children have their first dental visit after their first tooth appears but no later than their first birthday has been messaged to field staff for several years; however, these efforts continue to be contradicted by the PACE recommendation that children have their first dental visit after their third birthday.

A few deficiencies in the current review were due to the Agency's failure to provide timely, appropriate services to address identified physical health needs for children in foster care, often the result of a change in placement county and the need to establish a local PCP to address routine care and to make new service referrals. A delay in the reopening of physical and dental health providers for routine care in the wake of the COVID-19 public health emergency was also noted in a few instances, mainly in rural counties. To date, only Area 3 has achieved substantial conformity on this item, while Area 5 just missed achieving substantial conformity by one percentage point. Area 9 once again struggled the most with this item measure, making sufficient efforts in little more than half of applicable cases reviewed (59 percent). Since this item measure has been a challenge for Area 9 in the last three reviews, further root-cause analysis in the Area is warranted.

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 75 percent of the applicable cases reviewed to date, a 17 percentage point decrease from the SFY 2020 QSPR and a ten percentage point decrease from the SFY 2019 QSPR, although it is a seven percentage point increase from the Round 3 CFSR. Issues with the assessment of mental and behavioral health needs due to inconsistent caseworker contact was noted in in-home cases, while issues with the timely provision of appropriate services to address identified needs were found in both case types. As with the previous item measure, multiple deficiencies were the result of a change in placement county and the need to establish a local PCP to make new service referrals, as well as delays in resuming school-based counseling services or implementing teletherapy when schools transitioned to remote learning in response to the COVID-19 public health emergency. The Division has recently made efforts to implement guidelines for timely obtaining a new PCP for children in care after a change in placement county; as a result, improved performance may be seen in future reviews. Additionally, at least four deficiencies in the SFY 2021 QSPR were due to insufficient oversight of

prescription medication in foster care cases. Area 10 was again wholly successful on this item measure (100 percent), and Area 1 achieved a strength rating (92 percent). The remaining service areas reviewed successfully tended to children's mental and behavioral health needs in more than half of the cases reviewed.

SFY 2021 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 2021 QSPR has noted decreased performance on all seven overall outcomes as the COVID-19 public health emergency continued throughout the review period and most service areas experienced ongoing staffing and provider issues. Efforts to initiate investigations timely decreased by nine percentage points from the SFY2020 QSPR. Efforts to prevent removal and protect children in their homes decreased by nine percentage points, although efforts to effectively assess and address risk and safety concerns on an ongoing basis decreased just slightly by six percentage points as new assessment strategies were implemented in all case types. 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 to date, the State maintained or demonstrated approximately similar performance on a few of the permanency-related items during the SFY 2021 QSPR, including a two percentage point increase in performance from past reviews on efforts to provide children with placement stability. Additionally, the State again exceeded the national standard for discharging children in foster care to permanency within all three of the twelve-month periods being examined for length of stay. Despite these efforts, Arkansas continued to struggle somewhat in making consistent efforts to achieve timely permanency for children in care, specifically with regard to adoption, and to preserve children's important connections and support the relationship between children and their parents through efforts beyond visitation alone. Arkansas did not achieve substantial conformity with either combined Permanency Outcome during the SFY 2021 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 four 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 the State has been unable to maintain gains in performance from the SFY 2020 QSPR. In fact, insufficient caseworker visitation and a frequent change in assigned workers was once again the source of many of the Agency's problems with casework practice in SFY 2021. Caseworkers are not in clients' homes often enough and therefore

cannot sufficiently carry out many of their assigned responsibilities. Constantly changing caseworkers prevents the development of relationships with clients necessary to comprehensively assess needs and understand family dynamics. The lack of consistent and frequent visits with families often prevents caseworkers from developing meaningful case plans or arranging for needed services to guide case progression. Participation in services and case progression was slowed by frequently changing County of Origin caseworkers in many instances, although ongoing systemic issues with service providers also had an impact. In many instances, parents were unaware the assigned caseworker was no longer with the Agency or there had been so many caseworkers that the parents did not know who to contact with questions about their case.

Although Arkansas continued to make efforts to emphasize strategies to make casework more family-centered during SFY 2021, increased efforts and 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 regardless of family strengths or circumstances, often guided by compliance and past practice rather than the appropriateness of services, subsequently 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; staff in Arkansas continue to have difficulty establishing relationships with families necessary to utilize formal assessment tools effectively. Both formal and informal 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 SFY 2021 round of reviews underscored similar areas of challenge identified in previous reviews, but also noted maintained or at least some improvement in performance on the majority of item measures from the Round 3 CFSR. Many of the issues again stemmed from infrequent, inconsequential contact between caseworkers and clients as several service areas continue to face fallout from caseworker turnover which often results in onerous caseloads for supervisors and remaining staff. The SFY 2021 QSPR has again noted the impact of systemic issues such as turnover of Agency attorneys, changing service providers and Medicaid requirements, as well as new challenges arising from the ongoing COVID-19 public health crisis. In addition to a renewed 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 2021 QSPR. These recommendations remain similar to those made in previous years as the same underlying causes and systemic factors were found in the current review.

- **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 use and mental health issues.*

During this SFY 2021 review, the Agency's efforts in regard to assessing and managing risk and safety decreased from the past two reviews. Therefore, DCFS must continue to focus on prioritizing its workload based on risk and safety to protect children in order to make performance gains. This is especially significant as substance use and mental health issues continue to affect families across the state, both of which may be exacerbated by the continued COVID-19 public health crisis.

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 Safe Measures and other available tools such as removal consultations. The newly implemented Safe Measures dashboard as well as case review data should be used to monitor performance. These tools 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 on new practice initiatives 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.). One-time judicial trainings for new and current staff conducted in prior years were well received, with many staff members requesting annual "refresher" trainings in addition to specific trainings for new caseworkers.

- **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 during the pandemic, impacted caseworkers and supervisors' ability to comprehensively assess family strengths and needs, monitor participation in services and promote case progression. DCFS continues to struggle with maintaining consistent contact with and providing timely services to children and families in both case types, failing to achieve substantial conformity with Well-Being Outcome 1.

As noted previously in the report, frequent, quality caseworker visitation is the cornerstone of effective practice in child welfare from which all other practice builds. If children and

families are not seen regularly then risk, safety, strengths and needs cannot be assessed; families cannot be actively involved in case planning; safety, permanency and well-being cannot be ensured; case goals are not likely to be achieved; and cases are likely to be left open longer than needed.

Supervisors must not only ensure that caseworkers are regularly visiting children, parents and foster parents; they must also ensure such visits are substantive. 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, especially when the supervisor is the only consistent staff person with knowledge of the case. During the SFY 2021 QSPR, reviewers found that caseworkers were often not assigned to a case long enough to build a rapport with a parent in order to conduct quality visits. When possible, a consistent caseworker must visit parents in their homes when possible, or other private, comfortable locations with the intent of building a relationship and spending time discussing relevant case issues. If workers are not having private, quality interactions with parents in their homes, it is unlikely they can make adequate decisions about when it is safe for children to be reunified, 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, a shift toward determining the appropriate frequency of caseworker visits based on case circumstance rather than minimum compliance with policy remains a need. 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 still understandably a challenge given the lack of consistent caseworker contact with families seen in the current and previous reviews but should continue to 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 dashboards and 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, and supervisors may wish to utilize the CANS/FAST approval process and frequent case consults to ensure accurate needs assessment, engagement and service provision. Insufficiently updated CANS and FASTs continue to be an issue across the state. It should be noted that most staff interviewed during the latter part of the SFY 2021 QSPR reported being eager to learn more about Safety Organized Practice and ways to make home visits more family centered, and documentation of use of the three house model and family strengths were noted in the last few areas reviewed.

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 such as the move to Safety Organized Practice when conducting QSPR case reviews and will participate in all applicable trainings.

Statewide QSPR/CF SR Comparisons (Round 3 CF SR – SFY 2021 QSPR) N= SFY 2021- 10 Service Areas				
	SFY 2021 QSPR	SFY 2020 QSPR	SFY 2019 QSPR	Round 3 CF SR
Safety 1: Children are, first and foremost, protected from abuse and neglect	79%	88%	87%	69%
Item 1: Timeliness of Initiating Investigations (N=117)	79%	88%	87%	69%
Safety 2: Children are safely maintained in their homes whenever possible and appropriate	75%	82%	83%	60%
Item 2: Services to Prevent Removal (N=74)	80%	91%	94%	55%
Item 3: Risk and Safety Assessment and Management (N=200)	77%	83%	83%	61%
Permanency 1: Children have permanency and stability in their living situations	49%	53%	48%	36%
Item 4: Stability of Foster Care Placement (N=120)	75%	73%	73%	70%
Item 5: Permanency Goal for Child (N=120)	77%	84%	79%	64%
Item 6: Achieving Reunification, Guardianship, Adoption or APPLA (N=120)	63%	79%	77%	58%
Permanency 2: The continuity of family relationships and connections is preserved for children	73%	79%	81%	43%
Item 7: Placement with Siblings (N=76)	74%	76%	74%	47%
Item 8: Visiting with Parents and Siblings in Foster Care (N=94)	85%	89%	85%	64%
Item 9: Preserving Connections (N=120)	63%	76%	75%	49%
Item 10: Relative Placement (N=118)	91%	94%	95%	70%
Item 11: Relationship of Child in Care with Parents (N=83)	53%	51%	55%	48%
Well-Being 1: Families have enhanced capacity to provide for their children's needs	57%	71%	61%	39%
Item 12: Needs and Services of Child, Parents and Foster Parents (N=200)	62%	75%	64%	43%
Item 13: Child and Family Involvement in Case Planning (N=194)	68%	78%	76%	51%
Item 14: Caseworker Visits with Child (N=200)	78%	86%	84%	64%
Item 15: Caseworker Visits with Parents (N=167)	62%	71%	59%	48%
Well-Being 2: Children receive appropriate services to meet their educational needs	91%	92%	93%	85%
Item 16: Educational Needs of the Child (N=109)	91%	92%	93%	85%

Well-Being 3: Children receive adequate services to meet their physical and mental health needs	71%	80%	76%	66%
Item 17: Physical Health of the Child (N=155)	80%	82%	81%	81%
Item 18: Mental/Behavioral Health of the Child (N=100)	75%	92%	85%	68%

SYSTEMIC FACTORS UPDATE

The section below provides updates, where applicable, to the assessment of how the systemic factors operate, to include strengths and concerns. The description below of each of the systemic factors is not as comprehensive as the one provided in Arkansas's 2020-2024 CFSP. This is because, in several instances, there have not been changes to certain elements associated with the systemic factors or related data has already been provided in the section above.

Statewide Information System

DCFS continues to operate the **CH**ildren's **R**eporting and **I**nformation **S**ystem (CHRIS), CHRIS is a fully longitudinal database that permits tracking of children from the time they enter the child welfare system through the time they leave the system. DCFS Policy I-D, Official Record Keeping and Access to Official Records, provides that CHRIS maintains "the official record of child welfare information for DCFS" ([DCFS Policy and Procedures Manual](#), pg. 13).

During this reporting period enhancements to CHRIS included:

- Find directory screen to help track Family First Prevention Services Act (FFPSA) services for the Form CB-496: Title IV-E Programs Quarterly Financial Report
- Two picklist values added to the service provided picklist: Specialized Private Agency Foster Family Home and Specialized DDS Emergency Program. The new values were added to ensure proper placement of CHRIS clients.
- The following services were moved from the "placement" radio button on the Find Provider Search to the "non-placement" radio button: Intensive In-Home-St. Francis, Intensive In-Home-Youth Advocate Program, Intensive In-Home-Youth Villages
- Differential Response Closure block added when a DR case is open more than 14 days with a closure reason of "Service referrals/linkage complete and Informal Supports Identified" when the FSNA and Case plan have not been completed.
- Case: Client General Information Screen services added to the "living arrangement" picklist: Qualified Residential Treatment Program (QRTP), SRP-Qualified Residential Treatment Program (SRP-QRTP), Supervised Independent Living, Therapeutic Foster Care L1, Therapeutic Foster Care L2, Therapeutic Foster Care L3, and therapeutic Foster Home was made inactive.
- A correction was made so that only Childcare Facilities show on the "Find Childcare Provider" search results that have an open Participant Agreement Date within the Childcare Referral Effective Beginning and Ending Dates.
- The web survey has been corrected to show a block message if the date entered for the questions "What Date was the NYTD Survey answers provided by the Youth?" is prior to the 'initial survey email sent date.'
- A correction was made so the Living Arrangement field shows on the Client General Information Screen.

- The Adoption Benefits picklist value of 'Deferred Subsidy with Medicaid-State' was changed to 'Deferred Subsidy No Medicaid-State,' which provides a right and proper description of the adoption benefit value.
- Changes were made to ensure Foster Care Trust Fund Accounts do not go into a negative balance as Social Security requires a hold of \$30 a month be reserved for personal needs for each client receiving benefits for which DCFS is the payee. The changes ensure the \$30 balance remains in the account even when Board and Contract Recoupment scripts are processing.
- A new checkbox was added under the investigation screen titled 'Safe Sleep was discussed when there are children under the age of 2?'
 - If the checkbox is not selected a message appears stating, "There are children under the age of 2 and the Safe Sleep details have not been added"
 - The Investigation Close report was updated to reflect the new checkbox
- The Central Registry Release Letter to Requestor and List to Offender Letter obtained from CHRIS have been updated to reflect correct contact information.
 - An option was added to provide letters as a PDF attachment to an email
 - A history of the letters sent by mail or email was added with a feature that enables viewing and printing copies of the letters sent.
- The following contact purpose types were added in the Differential Response cases: Review Tool Consult, Triple P Consultation, Triple P Referral, Triple P Session.
- Life Connection added as a picklist choice in the "Relation" as well as in the "Relationship to Family" section.
- The abuse/neglect information screen was enhanced to accommodate the linking of allegations and findings on behalf of Agency (institutional) and Childcare facility service providers.
 - Automatic emails are sent to DCFS A/N allegation link notification distribution group and CC: to the PRCHRIS Alert Inbox for Agency linked allegations and to the CCCRHS Alert inbox for Childcare Facility linked allegations.
- Triple P added as a new service type on the Prevention Plan Screen
- Appeal Information (read only) was expanded to view all information.
- Triple P was added as a Case Plan Service Type list of values on the CANS/FAST identified needs or strengths.
- Extended Foster Care titled Supervised Independent Living (SIL) was added as placement types as level 1 or 2.
- Arkansas began using the computer system, Arkansas Integrated Eligibility System (ARIES) in five pilot counties. There is now an interface with ARIES and CHRIS which auto populates as an ARIES Medicaid Category.

The Division also continued its contract with Evident Change (formerly National Council on Crime and Delinquency (NCCD)) for reporting of the information entered in the CHRIS system to include a series of dashboards called SafeMeasures. The dashboards refresh daily so the information being presented is real time data. SafeMeasures is a web-based reporting service that transforms case management data into actionable information.

Agency staff use SafeMeasures reports and dashboards to monitor performance, plan upcoming work, and review completed work. The SafeMeasures Core Team has worked throughout this reporting period alongside NCCD to add new reports to the SafeMeasures dashboards.

During this reporting period, the following reports were added to SafeMeasures:

- Children in foster care without a current documented placement
- Annual Resource Family unannounced contact
- Family biological history compliance

The following reports are being considered or are proposed:

- Daily child welfare dashboard
- Children in foster care have birth family background information documented
- Childcare renewal

The original CCWIS anticipated project start date as November 2, 2020. However, based on the numerous qualified responses received to the original CCWIS RFP (#710-20-0041), DCFS added additional time to the procurement schedule for the State Evaluation Team to review all proposals to ensure they were able to complete a thorough analysis and an independent scoring assessment. As a result, DCFS extended the overall timeline, and this shifted the anticipated DDI vendor start date to January 4, 2021. DCFS began contract negotiations with Vendor # 1 in the fall of 2020 however the State received a protest by another vendor which was ultimately upheld by the Arkansas State Procurement office. The protest lead to Vendor # 1 being disqualified from the selection process and DCFS moved onto Vendor # 2. Contract negotiations began in the winter of 2020 and continued early into January 2021. After much thought and consideration, DCFS decided to do a “No Award” of the CCWIS RFP and pulled the procurement in February 2021.

DCFS made several changes to the RFP and the revised documents were submitted to ACF for approval in April 2021. The second approved RFP was posted online in May 2021. DCFS is currently in the process of accepting questions from potential vendors and the evaluation process is expected to start in July 2021. The Division has contracted with Project Management Office (PMO) and Independent Validation & Verification (IV&V) vendors who will be providing guidance and reports to ACF on the overall project goals. DCFS continues to focus on the overall planning, implementation, and system readiness efforts to ensure risks are identified, documented, and mitigated -- including financial, schedule, resource, and overall quality and compliance constraints. The new CCWIS DDI vendor contract start date is scheduled for January 2022.

Case Review System

Case Planning

Arkansas continues to use the QSPR case reviews to assess the current functioning of the case review systemic factor. Results of QSPR reviews from the baseline scores obtained during the Round 3 CFSR and the subsequent reviews conducted in SFY 2021 have shown steady improvement in almost all areas. Please see the synopsis under Well-Being 1 in the “Update to Assessment of Current Performance” section above for more detailed information regarding engaging families in assessment and case planning.

In addition, CANS/FAST reviews conducted by DCFS staff continue to indicate the instruments were not being completed thoroughly and with fidelity to the model. Each month ten CANS/FAST and the associated case plans are reviewed and are randomly selected. Some trends identified in the CANS/FAST reviews include; assessments being completed within 30 days, but having little information; some assessments not having an actionable item despite having a true child maltreatment finding; and the FSW thoroughly documenting in the contacts screen, but not moving the information over to the CANS/FAST. It is unclear if the lack of documentation in the CANS/FAST was due to insufficient time or lack of knowledge as to how much detail to include in the assessment.

Similarly, the Transitional Youth Services (TYS) case reviews that were implemented as part of the Division’s National Youth in Transition Database Program Improvement Plan (for more information, see the John F. Chafee section of this report) have provided additional evidence that there is a lack of engagement with older youth in terms of the completion of the CANS assessment as well as overall case planning. In some cases, the lack of regular communication between the youth and the primary worker is severely lacking (though, in others the amount of engagement and other efforts by the TYS Coordinator or other staff is notable). A lack of documentation in CHRIS is often a re-occurring issue in the TYS cases, which makes it difficult to determine if the medical needs of the youth are being met along with exploration of possible relative placements. Individual case concerns are addressed with staff as soon as possible, to include calling Interdivisional Staffings as necessary. In order to address this issue from a more systemic perspective, the TYS Unit is currently in the process of developing an aid for staff to improve practice with older youth to include, among other issues, engagement in the assessment and case planning process.

In summary, data continues to describe a complex picture of the challenges with family engagement in needs assessment. Based on Round 3 CFSR and root cause analyses

around assessment and case planning, there are multiple strategies in the CFSR PIP aimed at addressing the concerns. Strategies in the PIP will address family engagement and case planning (Goal 2, Strategies 6, 8, and 9); concurrent planning and relative placement to improve timeliness of permanency (Goal 3, Strategies 10 & 12); and reduce barriers to timely adoptions (Goal 3, Strategy 11). Arkansas has also implemented Permanency Safety Consultations at 3, 6, and 9 months post-removal to discuss the progress of the case and discuss next steps to move the case forward.

Periodic Reviews

Data regarding periodic reviews can be pulled to a certain extent from the Contexte Case Management System (CMS). Contexte is a web-based system that was chosen and adopted by the Arkansas Supreme Court and has been implemented in certain circuit and district courts in Arkansas. That said, hearing information is not required by courts to enter into Contexte. As such, the hearing data that is available is mostly from courts that choose to track this information on their own. To find the information the review hearing dates were pulled from the Contexte hearing table. If no hearing record was found, the date the review hearing order was filed was pulled, if available.

Contexte is being used statewide for recording at minimum the statistical data which is the information on the coversheet and disposition sheets that are filed with the circuit clerks. There are some courts that use Contexte for all of their case management, and then others use it just for the statistical requirement and use another system for their case management. CIP has an ongoing project with pilot jurisdictions to enter more detail elements of DN cases, with the goal of eventually having all hearing data required and added to the disposition sheets.

Regarding the sample below:

- A. Some courts do not track hearing information **at all** in Contexte.
- B. A court may not track the hearing info in the hearing table, but they are recording the hearing order. When the order is not being recorded using the standard codes, the query will not be able to identify the info.
- C. The TPR data is pulled from the TPR coversheet and TPR disposition sheet. If either the coversheet or disposition sheet is not filed, or there is a delay in the filing the file date will affect the time periods.

Review Hearings

- Out of 1842 cases filed between 06/01/2020 - 6/1/2021, 257 of the cases closed within the time frame, leaving 1,585 cases to be analyzed for the results below:

- Of the 1,585 open cases, 864 cases, or 54.5%, had review hearing info available, 721 cases had no review hearing info available. Regarding cases that had review hearing information available, this is an increase of slightly more than six percentage points from SFY 20 when only 48% of cases filed had review hearing available.
- Of the 864 cases, 88% had review hearings within 6 months, and 12% of the same set had a review hearing within 12 months. A decrease in performance is seen for this rating when compared to SFY 20 when 91% of cases filed had review hearings within 6 months and 47% of the same set had review hearings within 12 months. It is likely that the ongoing public health emergency impacted these numbers somewhat.
- Of the 721 cases where no review hearing information was found, 508 of the cases, or 70.4%, opened after 12/31/2020, so their review hearing may not have occurred or waiting to be entered. In SFY 20, 60% of the cases filed that had no review hearing at the time of that APSR had opened after 12/31/2019. With a higher percentage of cases opening after 12/31/2020 as compared to the previous year, this most likely also accounts for some of the lower percentages for review hearings within 6 and 12 months as noted above.

This data was gathered/pulled from Contexte. At present, OCC's Rocket Matter is unable to supplement or verify data available through Contexte, but OCC plans to continue to work to enhance the utility of Rocket Matter. Arkansas concludes that overall periodic reviews occur regularly as the attorneys have an ethical responsibility to ensure petitions are filed timely. In addition, OCC supervisors conduct random file reviews which also helps to ensure timeliness, among other issues.

Anecdotally there continues to be consensus amongst the stakeholders that periodic reviews occur regularly and include the required provisions. For the most part, cases are reviewed every three months, and if things are going well, then every six months. In some areas, the judge schedules reviews for five months to give leeway in ensuring they occur every six months.

Permanency Hearings

- Out of 1842 cases filed between 06/01/2020 - 6/1/2021, 249 of the cases closed within the time frame, leaving 1,593 cases to be analyzed for the results below:
 - Of the 1,593 open cases, 250 cases had PPH hearing info available and 1343 cases had no PPH hearing info available.

- Of the 250 cases, 100% had PPH hearings within 12 months.
- Of the 1343 cases where no PPH hearing info was found, all of the cases have been open for 12 months or less, with 20 of the cases being exactly 12 months old. So, their PPH hearing may not have occurred or waiting to be entered.

Permanency Planning Hearing data that is available is mostly from courts that are already tracking this information on their own without any involvement from CIP. The PPH hearing date information is from either the hearing record, or from the date the hearing order was filed. At present, there is not another data source to supplement or verify data available through Contexte, but OCC plans to continue to work to enhance the utility of Rocket Matter to help in this regard.

Generally, the consensus among stakeholders continues to be that the effectiveness of the case review system ensures that each child has a permanency hearing within twelve months of entry into foster care, and no less frequently than every twelve months thereafter. Communication and diligent monitoring of timeframes between DCFS staff, attorneys and judges result in the majority of permanency hearings being scheduled and held timely, especially initial permanency hearings.

Office of Chief Counsel (OCC)'s requests for custom modifications to Rocket Matter were deployed in May 2021. OCC is working on training and implementation on the use of more refined granular permissions and capabilities which will increase the quality of data entry. This will allow OCC to fully utilize reporting features to track efficiencies and productivity, including permanency hearings.

Termination of Parental Rights Hearings

On the whole, the case review system continues to work effectively to ensure the timely TPR proceedings in accordance with federal and state statutes. Untimely termination of parental rights are generally associated with the timeliness in which TPR hearings were held (e.g., because of continuances) and not on the filing of the petitions.

TPR Data

- Out of 444 TPR petitions filed between 06/01/2020 & 06/1/2021, 269 petitions, or 60.6%, had a disposition recorded. This is a slight increase from SFY 20 when 58.9% of TPR petitions had a disposition on record.
- Of the 444 TPR petitions filed:

- 51% were filed within 12 months of case opening, as compared to SFY 20 when 60% of TPR petitions were filed within 12 months of case opening
- 24% within 15 months as compared to SFY 20 when 15% were filed within 15 months
- 21% within 24 months as compared to SFY 20 when 25% were filed within 24 months.
- Of the 269 petitions that had a disposition, 14 were dismissed (whereas 8 were dismissed in SFY 20), 255 were granted (where as 181 were granted in SFY 20).
- Of the 255 that were granted:
 - 12% were finalized within 30 days of the original TPR petition, which is a decrease from the 20% that were finalized within 30 days of the original TPR petition in SFY 20 (though it must be noted that only 181 TPRs were granted in SFY 20 so there is also a significant difference in the overall amount of TPRs granted between the two years)
 - 15% within 60 days of the original TPR petition whereas 23% were granted within 60 days in SFY 20
 - 34% within 90 days of the original TPR petition whereas 29% were granted within 90 days in SFY 20
 - 39% were over 90 days of the original TPR petition whereas 28% were granted over 90 days of the original TPR petition in SFY 20.
- Of the 175 petitions with no disposition, the disposition sheet may not have been filed or the disposition has not been entered yet.

Other notable updates that correspond to the case review process systemic factor include the implementation of a Memorandum of Understanding with the Arkansas Commission for Parent Counsel (ACPC) that will allow ACPC to claim IV-E Foster Care administrative funds to improve legal preparation and representation for parents involved in dependency-neglect cases. In addition, the passage Acts 814 and 815 of the 93rd General Assembly, Regular Session should further improve legal representation for parents. Act 814 has expanded the definition of parent to include any man who is listed as the parent on the birth certificate of the child, thereby potentially expanding the initial pool of legal parents to be notified when their child enters foster care and subsequent considerations for legal representation. Act 815 will expand the circumstances under which a court may appoint an attorney to represent a putative or non-custodial parent.

Notice of Hearings and Reviews to Caregivers

DCFS policy states that the Department shall provide the foster parent(s) of a child, and any pre-adoptive parent(s) or relative caregiver(s) notice of any proceeding held with

respect to the child and the opportunity to be heard. The method of notification varies across DCFS county offices depending upon what has proven most effective for a particular community and the practices of the local judge. Act 814 of the 93rd General Assembly, Regular session – effective July 28, 2021 – will also require foster parents, pre-adoptive parents, and relative caregivers to be called as a witness when providing evidence to be considered by the court in an effort to create consistency in what evidence is admissible.

The value of ‘Notification of Court Hearing to Foster Parent(s)/Pre-Adoptive Parent(s)/Relative caregiver(s)’ in the ‘Purpose’ pick list on the Case Contact screen in CHRIS continues to be used inconsistently to document when notice is given to caregivers. However, feedback from resource parents has been positive regarding the enhancement to the Foster Parent Care Portal that allows them to review the most current approved court report for the children residing in their homes, which has the court date information on it. If the caseworker fails to notify the foster parent, they can see this information through accessing the portal.

DCFS does not have quantitative data to track adherence for the notification requirement, but anecdotally Family Service Workers in most counties provide notice by calling or texting the foster parent(s), pre-adoptive parent(s) or caregiver(s), and also remind them in person of upcoming court dates during home visits. In addition, it has been noted in recent conversations with staff that notification of court hearings may be provided to resource parents in different ways and/or documented on alternate screens (i.e., rather than selecting the Notification of Court Hearing to Foster Parent(s)/Pre-Adoptive Parent(s)/Relative caregiver(s) in the ‘Purpose’ pick list on the Case Contact screen) such as providing the CFS-343: Notification of Court Appearance or documenting the notice on the provider screens in CHRIS rather than the case screens themselves. The use of the contact purpose type of “Notification of Court Hearing to Foster Parent(s)/Pre-Adoptive Parent(s)” on the case side in CHRIS was only selected 14 times during SFY 21. Staff may still document court notification in CHRIS on the case side, but just during a home visit contact as opposed to making a separate contact related to court hearing notification. In addition, feedback from staff has been that resource staff will sometimes document within provider contacts, which is different from the case side. Unfortunately, there is not a corresponding “Notification of Court Hearing to Foster Parent(s)/Pre-Adoptive Parent(s)” contact purpose type on the provider side in CHRIS, so the Division is unable to pull a standard report from the provider side as to when resource staff notify resource parents of upcoming court dates. For staff who may use the paper CFS-343 to

provide notice, this will also be difficult to assess frequency since they may or may not track when this form is actually sent.

Some resource parents continue to rely on the attorney ad litem (AAL) or CASA (Court Appointed Special Advocates) volunteers to remind caregiver(s) of upcoming hearings. In addition, the majority of judges announce upcoming hearing dates in court and include the information in the court order and will inquire of the Department if/how a foster parent or caregiver was given notice and their reason for not attending if none are present at a hearing. In instances where a foster parent or relative caregiver cannot attend, the attorney ad litem most often provides the court a status update and raises any issues or concerns to be addressed on behalf of the caregivers.

Overall, the case review system is functioning well regarding notice of hearings and reviews and right to be heard for foster parents, pre-adoptive parents and relative caregivers. DCFS will continue to message to staff the importance of documenting when notice is given to caregivers and will continue to meet with foster parents, adoptive parents and relative caregivers to ensure that they are notified of, and have a right to be heard in, any hearing held with respect to the children placed with them.

Quality Assurance System

As described on pages 63 through 65 of Arkansas's 2020-2024 Child and Family Services Plan, the Division of Children and Family Services continues to utilize the Quality Services Peer Review (QSPR) process as a central component of its Quality Assurance and Continuous Quality Improvement system. The process is used as a monitoring tool to evaluate Arkansas's child welfare system; it constitutes DCFS' qualitative case review process. The reviews are designed to help individual service areas, and the Division as a whole, improve child welfare services and subsequently outcomes for children and families.

The standards outlined in the QSPR support the principles promoted in other review tools employed by DCFS as well as the Arkansas Practice Model, including family-centered practice, community-based services, individualizing services that address the unique needs of families and strengthening the capacity of parents to protect and provide for their children. The QSPR is administered by the Service Quality and Practice Improvement (SQPI) Unit, a public-private partnership between the Division and Public Consulting Group, Inc. (PCG), which is comprised of both State and contracted quality assurance reviewers as well as a PCG manager.

Arkansas's QSPR process employs the federal Child and Family Services Review's Onsite Review Instrument (OSRI) for its reviews. Each review utilizes information gathered from the state's SACWIS, physical case files, and interviews with various case participants and providers, e.g., children, parents, foster parents, caseworkers, and other professionals involved with the child(ren)/family. DCFS adopted the Round 3 OSRI for use in the QSPR process in State Fiscal Year (SFY) 2016 and, since then (including for the Round 3 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. Quality assurance is an integral component of the QSPR process; all reviewed cases undergo two levels of QA. The initial (first-level) QA ensures that reviewers are accurately rating cases and properly applying the federal instructions within the OSRI, while the secondary (second-level) QA ensures consistency among all cases reviewed across reviewers and throughout all service areas within the state.

The SFY 2021 QSPR utilized the approved methodology in which 20 cases (12 foster care and 8 in-home cases) are reviewed in each of DCFS' ten service areas over the course of the fiscal year, for a total of 200 cases (200 foster care and 80 in-home cases) statewide. The reviewed cases were selected using the same stratified, random sampling technique and from the same three counties per service area as were reviewed for the Round 3 CFSR. Additionally, the QSPR process was expanded beginning in SFY 2020 to include case reviews in counties/offices not currently used for Performance Improvement Plan (PIP) monitoring. Each year, two additional counties are selected in each service area, with different counties selected in subsequent years until every county has a chance to participate in the QSPR process. Ten additional cases are reviewed in each service area during these supplemental reviews, divided between the two counties selected for the year. The additional cases are randomly selected as they are for the traditional QSPR process and focus on the same twelve-month review period, and the same OSRI is used for rating the cases. However, instead of interviewing all case participants and providers, only the caseworkers and/or supervisors are interviewed for the additional case reviews. The results from the expanded reviews are aggregated and reported separately from those from the traditional reviews to safeguard the integrity of the QSPR process. The SFY 2021 QSPR began in September 2020 and the reviews in all ten service areas were completed and finalized in August 2021.

Once all the cases in the sample have been reviewed, finalized, and gone through both levels of QA, the findings are compiled and analyzed and a service area-specific report (e.g., Area 1 QSPR Synopsis) is issued describing the performance, highlighting the

strengths and areas needing improvement. These reports are initially shared with Executive Staff and the pertinent Area Director via email, which each Area Director then shares with their supervisory staff via email. The Program Administrator for Planning and Practice and the PCG Manager then schedule an in-person meeting with the Area Director and the supervisors from the Area to go over the findings of the review and brainstorm ideas for development of practice improvement plans to address the areas identified as needing improvement in an effort to improve future performance and services to families. Currently, these meetings are being held via Zoom due to the COVID-19 public-health emergency.

The SQPI Unit continue to issue an annual Statewide QSPR Performance Report outlining Arkansas's performance following the review of the entire state. These reports combine the results of the individual service areas' reviews to provide an overall summary of the child welfare system's performance pertaining to the goals of safety, permanency and well-being for children receiving services. The Statewide QSPR Performance Report is emailed to Executive Staff by the PCG Manager and then disseminated throughout the Agency, including to the Area Directors via email.

In February 2021 the Capacity Building Center for States began providing technical assistance to the SQPI Unit and focused on the case review and quality assurance process in Arkansas. The Center for States Subject Matter Expert (SME) worked closely with the PCG case review team leader as well as the review team. Written progress reports were provided in May and June 2021 and the TA concluded in August 2021. The following are some findings from the TA:

- Despite training and engaging in one-on-one feedback calls with PCG team lead, CQI Manager and SME, reviewers continue to demonstrate an inability to gather information from all applicable screens in CHRIS allowing them to comprehensively and accurately complete a case review.
- SME noted in case consultations that reviewers were missing critical information that was easily located in CHRIS and other file documents.
- Time management was an issue throughout the TA process and remained an issue at the conclusion of the TA.
- Reviewers struggle to identify the reason for the agency's involvement.
- The team demonstrated an inability to "dig" deeper into cases and look outside the period under review, when appropriate and necessary.
- Many of the reviewers continue to have several QA notes on many items, when given the years of experience, the reviewers should not have this many notes.

However, PCG submitted a response to the final CBC report to DCFS citing concerns with the findings. For example, one finding that the Center for States continued to note which PCG determined was addressed immediately. Since the final report, PCG has offered the following trainings to their Arkansas staff:

- The Court/Agency termination/permanency process as suggested by the Capacity Center (**Items 5/6**). Item 5 addresses whether the Agency made efforts to file a petition for termination at the 15-month mark (from adjudication) or an exception was documented in court orders/case plan, where to find the petition filing date in CHRIS, what adoption efforts can happen prior to termination, how an appeal impacts the rating/process (systemic issue with court system that usually results in an ANI) and how to best rate an item if a petition for TPR was not filed timely and there was no exception. Discussion included how the Agency does not have to wait for the court to “authorize” or allow a petition. In an effort to achieve timely permanency, DCFS should file a petition at 15 months when there are no exceptions and reunification is uncertain, so the Agency is on record for making efforts for Item 5 purposes.
- Efforts to provide safety services to prevent removal and monitoring of participation in safety services and safety plans (**Items 2/3**). This training focused on what are considered “safety” services (services to address the immediate safety concerns identified in the investigation so children can remain in the home), where to find this information in CHRIS, whether the referrals were made timely and services in place quickly, and whether an appropriate formal or informal safety plan was developed in the meantime.
- What types of needs/services for children are captured in **Item 12A**, since it is for needs other than educational, physical/dental health and mental/behavioral health. Discussion included needs by age group that are appropriate for this item (social-emotional development and attachment for young children, peer relationships/social skills/self-esteem for older children, TYS/IL services for teens, normalcy for children in foster care. Discussion also focused on the types, how to incorporate comments from formal FAST/CANS assessments, what makes an assessment comprehensive, how to best document.

DCFS will continue to work closely with PCG on the QSPR reviews over the next few months. DCFS also plans to ask the Children’s Bureau to consider implementing secondary reviews once again to help monitor for improvements or continued challenges. Following the TA from this past year, the additional training and oversight through PCG, and potential secondary reviews over the next months, Arkansas believes PCG can sustain these efforts to a level that will allow Arkansas to have a state-led CFSR Round 4.

In addition to the QSPR process, multiple reviews continue to be conducted at the Central Office level. Each of the Program Managers or staff in the Prevention and Reunification Unit, Child Protective Services (CPS, also referred to as Investigations), Differential Response (DR), CANS/FAST, In-Home, and Team Decision Making (TDM), review cases for quality of practice using standardized review tools that are in survey monkey. The Central Office Quality Assurance Coordinator completes ten TYS case reviews each month. If concerns are noted in the case review, they are sent to the Area Director, Supervisor, TYS Coordinator, and the assigned Family Service Worker.

Staff Training

Initial Staff Training

As has been the case in the past, SFY 2021 data to date shows that the vast majority of staff successfully complete the required initial training hours. Hiring and training completion details for various positions within DCFS are listed below.

Family Service Workers (FSWs)

276 Total FSWs were hired with a position start date between 07/01/20 and 05/31/21, which is almost a 30% increase of FSWs hired within the same timeframe in the previous year. Of those 276, 219 remain employed with the agency, which is a 79.3% retention rate as compared to a 86.8% retention rate in the preceding year for the same timeframe. The detailed breakout for 07/01/20 through 05/31/21 is as follows and gathered/pulled from UALR MidSOUTH's AceWare Student Manager.

:

- 200 Active Regular FSWs
- 2 Active FSW Adoption Specialists
- 7 Active FSW Extra Helps
- 1 Active FSW Stipend
- 2 Active FSW Clinical Specialists
- 7 Active FSW Specialist
- 51 Inactive FSWs
- 6 Inactive FSW Extra Helps

187 Foundation Completions were completed between 07/01/20 and 05/31/21, as compared to the 180 Foundations Completions for 07/01/19 through 05/31/20. Some active FSWs may not have completed Foundations to date given that Foundations spans several weeks so often crosses reporting periods or staff may currently be registered for an upcoming Foundations Training that has not yet started while a limited

number of staff hired during this period either did not start or never finished Foundations Training before leaving the agency. Regarding Foundations completion, details are as follows:

- 126 Active FSWs completed Foundations between 07/01/20 and 05/31/21
- 1 Active DHS Program Administrator completed Foundations between 07/01/20 and 05/31/21
- 8 Active FSW Supervisors completed Foundations between 07/01/20 and 05/31/21
- 46 Inactive FSWs completed between 07/01/20 and 05/31/21
- 3 Inactive FSW Supervisors completed between 07/01/20 and 05/31/21
- 27 Active FSWs have completed Foundations training after 05/31/21
- 29 Active FSWs are currently in Foundations training
- 1 Active FSW Supervisor is currently in Foundations training
- 5 Active Extra-Helps hired between 07/01/20 and 05/31/21 are currently on the Wait List to attend training
- 6 Active FSWs are currently on the waitlist for Foundations Make-Up training
- 2 Active FSWs with a start date before 05/31/21 are currently on the waitlist to begin Foundations training
- 15 Inactive FSWs hired between 07/01/20 and 05/31/21 either never started or did not finish Foundations Training as compared to 7 inactive FSWs hired between 07/01/19 and 05/31/20 who never started or did not finish Foundations Training

Program Assistants (PAs)

115 PAs were hired with a position start date between 07/01/20 and 05/31/21, which is about a 13.9% increase in the number of PAs hired for the same timeframe in the previous year. Of the 115 who were hired between 07/01/20 and 05/31/21, 79 remain employed with the agency. This is a 68.7% retention rate as compared to the 85.2% PA retention rate for the period of 07/01/19 through 05/31/20. The detailed breakout for the most recent timeframe is as follows:

- 79 Active PAs
- 2 Active PA - Extra Help
- 5 Active Family Service Assistants
- 25 Inactive PAs
- 1 Inactive PA Extra Help
- 3 Inactive Family Service Assistants

81 Program Assistants completed their New Staff Training between 07/01/20 and 05/31/21. Details are as follows:

- 52 Active PAs completed PA Training between 07/01/20 and 05/31/21
- 3 Active Family Services Assistants completed PA Training between 07/01/20 and 05/31/21
- 21 Inactive PAs completed PA Training between 07/01/20 and 05/31/21
- 1 Inactive PA Extra-Help completed PA Training between 07/01/20 and 05/31/21
- 1 Inactive Family Service Assistant completed PA Training between 07/01/20 and 05/31/21
- 3 Active FSWs completed PA Training between 07/01/20 and 05/31/20
- 17 Inactive PAs hired between 07/01/20 and 05/31/21 either never started or never completed PA Training as compared to the 11 Inactive PAs hired for the preceding year that either never started or never completed PA Training
- 16 Active PAs are currently on the waitlist to begin or make-up PA Training
- 16 Active PAs hired between 07/01/20-05/31/21 are currently in PA Training

Supervisors

38 Supervisors were hired with a position start date between 07/01/20 and 05/31/21 as compared to 29 Supervisors who were hired between 07/01/19 and 05/31/20. Of the 38 who were hired for this reporting period, 34 remain active with DCFS for a retention rate of 89.5% as compared to the newly hired Supervisor retention rate of 82.8% for the period of 07/01/19 through 05/31/20. The breakdown for 07/01/20 through 05/31/21 is as follows:

- 4 Active FSW County Supervisors
- 30 Active FSW Supervisors
- 4 Inactive FSW Supervisors
- 17 Supervisors completed New Staff Training between 07/01/20 and 05/31/21
- 16 Active Supervisors completed Supervisor Training between 07/01/20 and 05/31/21
- 1 Inactive Supervisor completed Supervisor Training between 07/01/20 and 05/31/21
- 2 Active Supervisors with a start date between 07/01/20 and 05/31/21 completed Supervisor NST before the date range (re-hires)
- 1 Inactive Supervisor with a start date between 07/01/20 and 05/31/21 completed Supervisor NST before the date range
- 8 Active Supervisors hired between 07/01/20 and 05/31/21 are currently on the Wait List to attend Supervisor NST
- 2 Active Supervisors hired between 07/01/20 and 05/31/21 are currently on the Wait List to make-up Supervisor NST
- 7 Active Supervisors are currently in Supervisor Training
- 2 Inactive Supervisors hired between 07/01/20 and 05/31/21 either never started or never completed Supervisor NST as compared to 1 Inactive Supervisor hired in the preceding year that either never started or never completed Supervisor NST.

There were 475 total DCFS employees (all positions) hired with a position start date between 07/01/2020 and 05/31/21, which is an approximately 19.6% increase from the total DCFS employees hired with a position start date of 07/01/19 and 05/31/20.

A survey conducted by the University of Arkansas at Little Rock (UALR) MidSOUTH Training Academy in the spring of 2021 to evaluate how training did or did not prepare FSWs for their initial period of employment with the agency and to determine what could

be done to improve NST. Of the 163 surveyed, 64 responded. This represents a 39% return rate. This return rate reflects a decrease from 2020 when the return rate was 41%. Fifty-eight percent (58%) of the FSWs who participated in the survey indicated the initial training was either “excellent” or “good” when asked to rate the helpfulness of the classroom training in learning the FSW job duties from the date of employment until the time of the survey. This is a decrease from the previous year’s rating of 70% of FSWs who completed the survey and rated the initial training as “excellent” or “good.”

Based on the associated comments provided as part of this survey, it seems reasonable to conjecture that this decrease in satisfaction is related to the transition to a virtual training platform. The trainees surveyed during this time experienced only virtual training whereas the vast majority of those surveyed in the previous year still completed training in-person prior to the onset of the public health emergency. To address some of the “Zoom fatigue” and with the introduction of the COVID vaccine over the last several months, New Staff Training Concentration courses will return to in-person settings beginning August 2021. New Staff Training Foundations courses will remain virtual for the time being; however, DCFS and MidSOUTH have altered the delivery format in that staff in NST will no longer be on the Zoom trainings for three full days during each of the NST weeks. Rather, new FSWs will participate in the Foundations trainings Monday-Friday from 9:00 a.m.-12:30 p.m. only. The Division and MidSOUTH will continue to assess the pandemic situation to determine when NST Foundations classes will also return to the classroom setting.

Ongoing Staff Training

All DCFS employees are required to have a minimum number of annual continuing education training hours based on an employee’s specific job function. Any continuing education provided by UALR MidSOUTH or the Academic Partnership in Public Child Welfare (i.e., “the IV-E Partnership”) is reported directly to DCFS on a quarterly basis.

Each year direct service DCFS staff must complete the mandated *Managing Difficult Encounters with Families* and *A Comprehensive and Compassionate Approach to Trauma Assessment* trainings. The hours for both trainings, provided by the Academic Partnership for Public Child Welfare, are applied to the annual ongoing training requirement. The specific training objectives within those two mandated trainings are adjusted annually based on feedback from the previous year’s training and input collected during quarterly Regional Team Meetings between DCFS and the Academic Partnership in Public Child Welfare as well as monthly meetings with DCFS Area Directors, the IV-E University Coordinators, and the DCFS Professional Development Unit Manager.

During this reporting period, the National Center for Substance Abuse and Child Welfare's Online Substance Abuse Training for Child Welfare Professionals also became part of the ongoing staff training system. All FSWs are now required to participate in this 4.5 hour online curriculum approximately six months after they complete the entirety of New Staff Training (Foundations and Concentrations). All Program Assistants are required to take the online training approximately two months after their hire date. Both FSWs and PAs participate in a facilitated wrap-up conversation after completing the online portion. Please see the State Training Plan Update for more information.

Beyond these three standard mandated trainings, DCFS employees may satisfy their remaining continuing education requirement in a multitude of different ways. For instance, DCFS staff may elect to access continuing education opportunities offered through other community organizations and collaborations, educational institutions, and in-state and out-of-state conferences.

There are also typically trainings mandated by DCFS Central Office throughout the year for DCFS staff related to new programs or initiatives, or areas identified as needing additional training to improve practice. DCFS has collaborated with the National Center on Substance Abuse and Child Welfare (NCSACW) regarding the development and format of the wrap up conversations held with all staff following the completion of the NCSACW Online Tutorial for Child Welfare Professionals. NCSACW provided several talking points regarding certain segments of the training and has also provided feedback regarding additional training topics that have been requested by field staff as a result of the Online Tutorial such as the development and implementation of sobriety plans. Given the current impact of COVID-19 on staff and other training development efforts, it is unlikely that additional trainings related to substance abuse will be offered before the end of the PIP so may need to be rolled into the APSR. Arkansas can provide updates in the next PIP Progress Report as well. At the end of September 2020, information from the NCSACW regarding sobriety plans was shared with the DCFS Area that had specifically requested this information.

In January 2021 the Safety Organized Practice (SOP) Orientations were held to introduce the new SOP practice that DCFS began adopting. In May 2021 the 2-day SOP Supervisor Trainings began being held and will continue over the next few months. The SOP Trainings are being conducted via Zoom.

In addition, the COVID-19 pandemic has forced many ongoing trainings to shift to a virtual platform. The majority of the initial feedback has been positive. However, there are some challenges for staff who do not have speakers, a microphone, and/or a camera on their computers at work. Staff have been encouraged to either download the Zoom application to their state-issued iPhones (recognizing that this is not the preferred method). Other options have included, when possible, allowing staff to participate in trainings from their home computers or travel to one of the five MidSOUTH Training Academy labs if no more than five people will be present in order to allow for social distancing in the lab. In addition, the Division has purchased webcams with microphones for staff to use in the county offices.

For additional updates and details regarding ongoing training for staff, please see the attached SFY 2021 Training Plan Update.

Service Array

The Family Advocacy and Support Tool (FAST) and Child and Adolescent Needs and Strengths (CANS) continue to serve as the state's family assessment tools used in in-home and foster care cases, respectively. The purpose of the CANS/FAST tools are to engage the family and other team members in the assessment process, to help staff prioritize the highest area of need and identify strengths within the child/family, and to provide a communication tool to help the family, DCFS, and other team members to discuss the progress, or lack thereof, the family is making in terms of strengths and needs and related behavior change. The Division works to ensure services that assess the strengths and needs of children and families are available statewide at all stages of the system.

Once the strengths and needs are identified through the CANS/FAST assessment, staff are required to develop a comprehensive case plan with the services identified to address the specific needs or build upon an individual's strengths in conjunction with the family and other team members. These services allow children to safely remain in the home, work towards reunification, or achieve timely permanency. All case plans address the safety, permanency, and well-being of the families of Arkansas. The case plan is monitored by staff to help them determine if services provided are assisting the parents or other caregivers achieve the desired behavior change needed to rectify the issues that brought the family to the attention of the agency. The case plan is also revised as needed in order for a child to safely remain in the home or achieve permanency on a timely basis. Arkansas has a high number of cases where the court will order "standard services" for every family even if that service is not identified as a need. DCFS complies with those

orders of the court and develops a specific area within the case plan to note if the services were court ordered.

QSPR reviews suggest that truly individualizing or tailoring of services to meet the unique needs of children and families is still a challenge for the state. However, progress is evident in the expansion of successful services and development such as Intensive In-Home Services and the SafeCare Home Visiting Program. The state's specialized interventions provided through the Differential Response and Team Decision Making continue to individualize the investigation process and safety planning around the particular needs of children and families.

DCFS delivers some of the services directly to clients while others are provided through a contract with specific providers. Division-delivered services are available statewide while some contracted services are only available in limited jurisdictions. Services gaps are usually addressed through the development of a Purchase Order for needed services not available by contract.

Programs and services of other Divisions within the Department are also available to clients of DCFS. Delivery of such services is coordinated with other Divisions administering TEA/TANF Medicaid, SNAP, Social Services Block Grant, and other federal entitlement programs. The state Community-Based Child Abuse Prevention Program (CBCAP) funded under Title II of CAPTA to develop child abuse prevention programs is housed within DCFS. For information on how the agency has also initiated collaboration with public housing authorities in certain areas through the Foster Youth to Independence initiative, please see the Chafee section of this report.

Service accessibility and resource development across the state is an area that continues to need improvement. Based on last year's feedback collected through the facilitated wrap-up conversations with staff following their participation in the online Substance Abuse Tutorial for Child Welfare Professionals, Arkansas continues to have an overall lack of services or at least limited access to quality mental health and substance abuse treatment services, especially in the more rural parts of the state. Complaints included infrequent and/or extremely short therapy or substance abuse sessions with not enough community wraparound services to help maintain sobriety in between outpatient sessions. As also noted in the "Update to Assessment of Current Performance" section above, some of the areas have also complained about clients having to obtain a PCP referral prior to Medicaid paying for substance abuse treatment. Many PCPs will not provide a referral as they do not feel qualified to assess whether an individual needs substance

abuse services. Act 886, also previously described, may help to mitigate this barrier somewhat. During this year's Legislative Update Trainings, DCFS staff have also been encouraged to work with the parents on their caseloads to schedule a visit with their PCP or identify a new PCP as needed.

While challenges remain, the Division's Intensive In-Home Services programs – still available to 37 counties in the state – have been a bright spot over the last year. The positive feedback from staff and clients has been phenomenal. The data also shows the success of these programs with a collective decrease of 16.6% in the foster care population and a 44% decrease in the number of entries into foster care in the last two years in the counties served by Family Centered Treatment (FCT) alone (as of October 2020). An adhoc report was pulled from CHRIS for this data pull. This is in direct contrast to counties without FCT or Intercept (the state's other Intensive In-Home Service model) where there has been an increase of 9% in the FC population.

Increased oversight on service contracts to improve quality and responsiveness to client needs has also continued during this reporting period. Program Managers are responsible for service specific to their programs (e.g. the Foster Care Manager provides oversight on home study contracts and adoption summary contracts, In-Home Program Manager provides oversight for Triple P Parenting, Intensive In-Home, and Intensive Family Services (IFS) contracts, etc.)

The DCFS Intensive Family Services (IFS) Program – which exists in 20 counties (31% of the state) that do not have Intensive In-Home Services Programs -- 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. The In-Home Program Manager also approves exceptions on a case-by-case basis to provide this service to help keep a child in foster care stabilized in a resource home to prevent multiple moves/disruption and to prevent a child from going to a more restrictive placement if unnecessary. 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.

Each IFS provider utilizes the pre and post North Carolina Family Assessment Scale (NCFAS) for each family they serve. The NCFAS continues to be a valuable tool for IFS, especially for the 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 was put in place in Oct. 2019 to measure

the outcomes of several of the state's prevention services, this was to include IFS. It was subsequently decided that this evaluation would not include IFS in the first year but would wait until IFS was officially a part of the state's Five-Year Prevention plan and following an evidence-based model.

At this time, IFS has not been added to Arkansas's Five-Year Prevention Plan. In SFY20, DCFS attempted to do a pilot program of Homebuilders to determine if it could replace IFS. However, no proposals met the minimum requirements for the procurement. DCFS extended the current contracts for SFY 21, with one provider opting to take three less counties due to staffing issues and will extend them again for SFY22. A Homebuilders pilot is still being considered along with other alternatives such as Strengthening Families or The Teaching Family Model for SFY22 as possible pilot programs to implement in place of our current IFS model.

The Division also offers several intervention and treatment services to children and families, including but not limited to: Anger Management, Parenting Education, Interpreter Services, Psychological Evaluations, Respite Care, and Counseling to safely maintain children in their own home. Additional information about service providers and statewide coverage follow below.

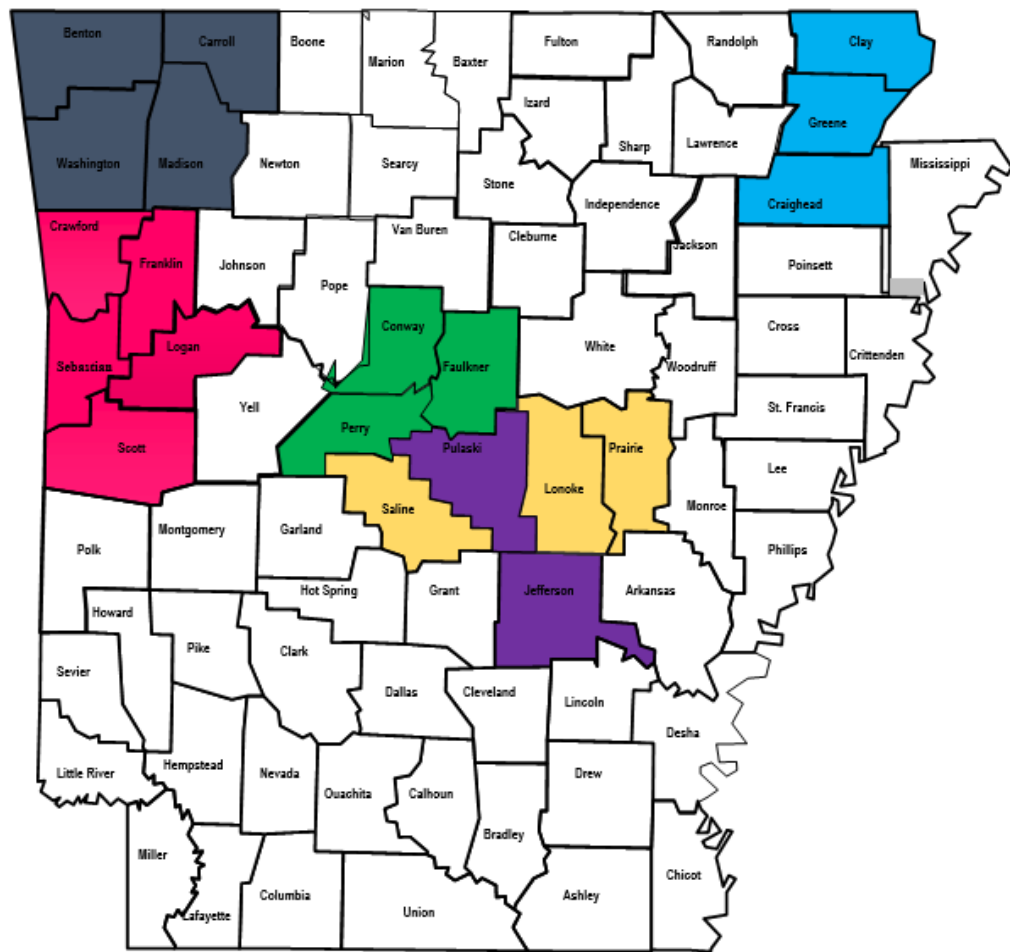
SFY 2021 INTENSIVE FAMILY SERVICES PROVIDERS

- Housley Counseling – Area 1 (Benton, Carroll, Madison, & Washington)
- Counseling Associates, INC. –Area 3 (Perry), Area 5 (Conway, Faulkner)
- HLH consultants, LLC – Area 6 (Pulaski) Area 7 (Jefferson)
- Life Strategies Counseling, INC. – Area 8 (Clay, Craighead, & Greene)
- Martin Counseling Services – Area 3 (Saline) Area 7 (Lonoke & Prairie)
- Western AR Counseling & Guidance – Area 2 (Crawford, Franklin, Logan, Scott, Sebastian)

SERVICE AND IFS PROVIDER MAPS FOR SFY 2021

AR DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN AND FAMILY SERVICES

Intensive Family Services, SFY 2021-Arkansas had slight changes to counties served compared to SFY 2020 as mentioned above in IFS services update.

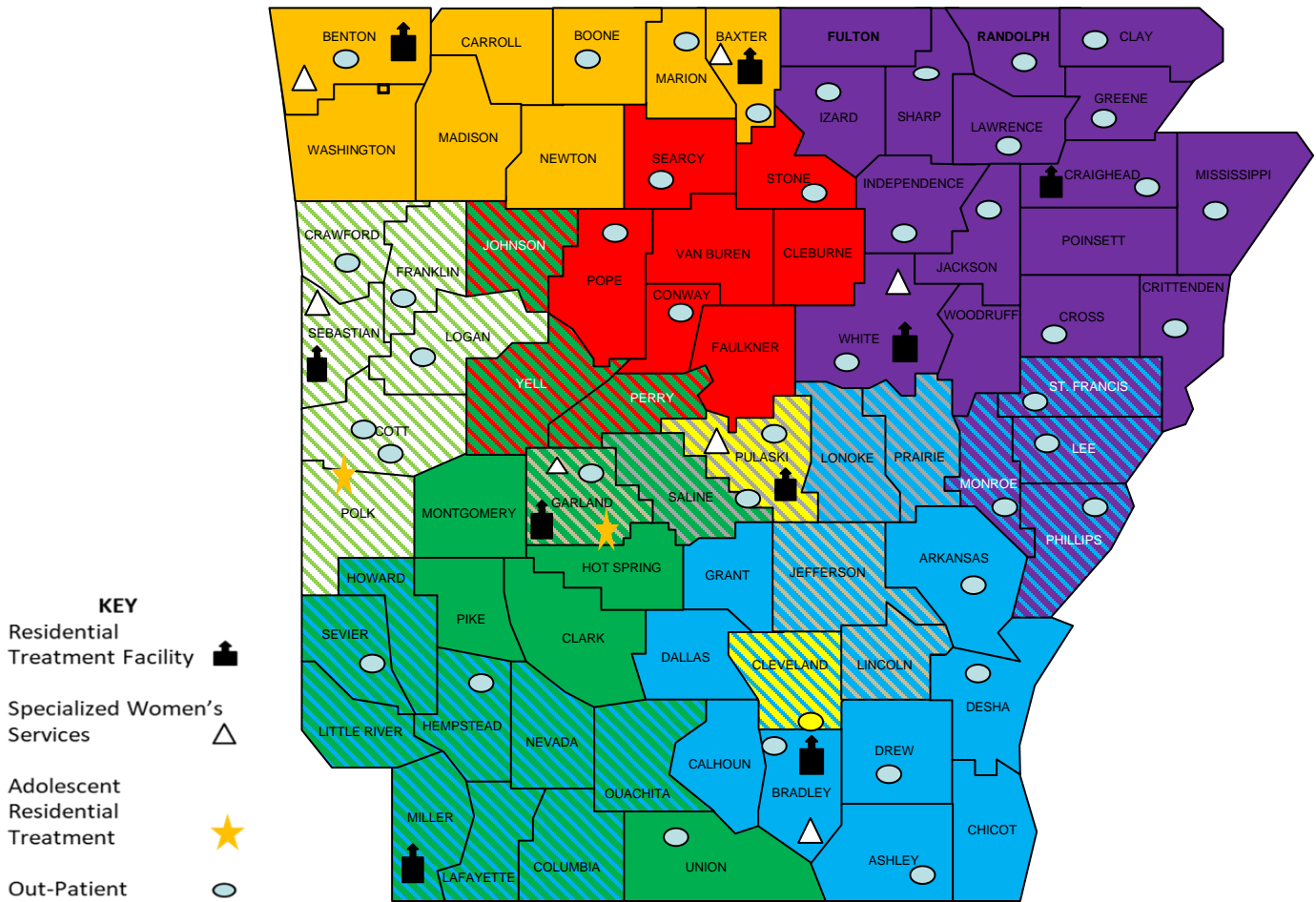


KEY

Provider		DCFS Areas/Counties
1	Housley Counseling	Area 1 (Benton, Carroll, Madison, & Washington)
2	Counseling Associates	Area 3 (Perry); Area 5 (Conway, Faulkner)
3	HLH Consultants	Area 6 (Pulaski); Area 7 (Jefferson)
4	Life Strategies	Area 8 (Clay, Craighead, and Greene)
5	Martin Counseling Services	Area 3 (Saline); Area 7 (Lonoke and Prairie)
6	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, SFY 2021-Arkansas had some changes to counties served and providers compared to SFY 2020 due to contract updates for new fiscal year



1. Orange – Ozark Guidance Center
2. White – Western AR Counseling and Guidance Center
3. Gray – Recovery Centers for Arkansas
4. Blue – Tenth District Substance Abuse Program (New Beginnings)
5. Red- Counseling Associates
6. Purple – Northeast Arkansas Community Mental Health
7. Yellow – The PAT Center
8. Green – Harbor House

- **Western Arkansas Counseling and Guidance has a contract for- Adult residential, Adolescent Residential, Specialized Women’s Services, and Outpatient (all), and RADD Observation Detox (Crawford, Franklin, Logan, Polk, Scott, Sebastian)**
- **10th District – Adult Residential, Outpatient, RADD Observation Detox (no adolescent services) (Area 4 all except Union, Area 7 and Area 10)**
- **Counseling Associates – Outpatient (Adult and Adolescent) (Johnson, Yell, Perry, Conway, Faulkner, Pope, Searcy, Van Buren, Cleburne, Stone)**
- **Harbor House – Adult Residential, Adolescent Residential, Outpatient (all), Specialized Women’s Services, RADD Observation Detox (All Area 2, 3, and 4)**
- **Northeast AR CMH – Adult Residential, Adolescent Residential, Outpatient all, Specialized Women’s Services, RADD Observation Detox Area 8, Crittenden, Cross, Independence, Jackson, Poinsett, White, Woodruff, Lee, Monroe, Phillips, St. Francis)**
- **Ozark Guidance Center – Adult Residential, Outpatient (all), Specialized Women’s Services, RADD Observation Detox (Area 1, Baxter, Boone, Marion, Newton)**
- **Recovery Centers of AR with Subcontractors - Adult Residential, Adolescent Residential, Outpatient (all), Specialized Women’s Services (Garland, Saline, 6, Jefferson, Lincoln, Lonoke, Prairie)**
- **The PAT Center – Outpatient (all) (Cleveland, Pulaski, Jefferson)**

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

**ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF
CHILDREN AND FAMILY SERVICES**
**Psychological Evaluation Services-Arkansas saw no changes in
Psychological Evaluation Services from SFY 2020
by County
State Fiscal Year 2021**

Provider		DCFS Areas/Counties
1	Dr. Martin T. Faitak	Area 1 (Benton, Carroll, Madison, and Washington)
2		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)
No contracts for psychological evaluations were procured in these counties. If specific client needs include a psychological evaluation, referrals are made to other contracted psychologists in an adjacent area or a purchase order is established for a local provider.		Area 9 (Crittenden, Cross, Poinsett, and Woodruff)
		Area 10 (Lee, Monroe, Phillips and St. Francis)

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

**Home Study Services By County - SFY 2021-Arkansas had some
changes in counties served and providers compared to SFY 2020**

PROVIDER	DCFS AREA/COUNTIES
Winn Counseling, PA	Area 1 (Benton, Carroll, Madison, and Washington)
Serenity Counseling, LLC	Area 2 (Crawford, Franklin, Logan, Scott, and Sebastian)
Libby Slatton LCSW, PA	Area 3 (Clark, Hot Springs, Montgomery, Perry, Pike, and Polk)
Southern Counseling Services	Area 4 (Columbia, Hempstead, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier, and Union Area 7 (Bradley, Calhoun, Cleveland, Dallas, Grant, Jefferson, Lincoln, Lonoke and Prairie Area 8 (Clay, Craighead, Fulton, Greene, IZard, Lawrence, Mississippi, Randolph, and Sharp Area 9 (Clebune and Stone Area 10 (Arkansas, Ashley, Chicot, Desha, Drew, Lee, Monroe, Phillips, and St. Francis)
Ozark Behavioral Health	Area 5 (Conway, Faulkner, and Pope)
HLH Consultants, LLC	Area 6 (Pulaski)

SFY 2021 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

Agency Responsiveness to the Community

DCFS continues to use a number of forums to share and gather information from stakeholders across the state as described in the Collaborations section for this report.

Ongoing monitoring of activities and progress related to the implementation of the CFSP and various PIPs was provided by stakeholders participating on the state planning team as well as the Parent Advisory Council and Youth Advisory Board. The Division has also continued to encourage provider engagement throughout its ongoing implementation of the Family First Prevention Services Act, building upon the initial discussions with placement providers that began in July 2018. One example was the Building Bridges Initiative which provided training and technical assistance to the QRTP programs. All of the QRTP providers participated in the BBI training over the dates of January 21 and 28, 2021 and February 4 and 11, 2021. DCFS staff and stakeholders were also encouraged to register and attend. Sessions featured national experts as well as Arkansas youth in care sharing their experiences with QRTPs in an effort to ensure providers and staff are listening to the youth served by these placement providers. The following topics were also discussed:

- Best Practices in Residential Intervention
- Addressing Permanency within Residential, Intervention
- Strengthening Partnerships with Families
- Aftercare: Linkages to Community

BBI is also providing Quality Improvement Collaborations (QIC) for five (5) of the QRTP programs and monthly webinars for all of the programs.

In addition, DCFS continues to work alongside its sister agency, the Division of Medical Services and the new managed care companies that participate in the Provider-led Arkansas Shared Savings Entity (PASSE).

Other forums or strategies used to gain input and support from the community include presenting at conferences and workshops, conducting and sharing information from surveys such as a recent survey developed and administered by Evident Change that gathered information on knowledge and attitudes pertaining to Safety Organized Practice, court preparation, and Safe Babies Court Teams DCFS also holds meetings with targeted audiences as needed. As a few examples, there have been policy changes made, new data reports developed, increased messaging efforts, etc. One specific example of a change was info gathered from an education workgroup. As a result, DCFS worked with OCC to change the language in the Emergency Custody Order form to give DCFS more discretion regarding a parent's access to school records and participation in school activities in an effort to improve engagement between parents and their children as appropriate. Regarding the survey administered by Evident Change, program managers are still sorting through that data to determine possible next steps. DCFS will continue to develop reports and data that are simple in presentation and can be understood in many venues. In fact, new dashboards have

been added to the DCFS SafeMeasures site within the last year. Please see the Statewide Information System above for more details.

Information gathered from stakeholders is shared with DCFS' Executive staff on an ongoing basis which is then used to brainstorm and strategize on needed changes to enhance the support and supervision provided to direct services staff, help them to enhance their skills, and develop improved practices with families and relationships with community partners. The Division is also reinstating monthly Program Manager meetings to increase information sharing and collaboration across programs.

Continuous Quality Improvement meetings with Service Area staff are also conducted no less than annually. Findings from the Quality Services Peer Review (QSPR), examination of child protective services practices, are used to identify promising practices and areas where practice improvement is needed. After the QSPR report is presented to the area, the Program Administrator for Planning and Practice provides feedback to the Area Director, which assists them in developing improvement plans. Area Directors are encouraged to develop and implement the goals and objectives of DCFS' CFSP through development of individualized Program Improvement Plans.

The Assistant Director of Community Services holds monthly meetings with the Area Director's and discusses state data. The AD's are expected to share the information with the supervisors in the area at their monthly meetings. Each month Evident Change provides statewide and areawide charts which include: number of children in foster care, average caseload, placements in emergency shelters, foster children 12 and under placed in congregate care, placements in family-like settings, recruitment of foster homes for ages 10-17, number of foster homes, foster care monthly visits, monthly In-Home visits, and overdue investigations. Director Martin frequently highlights different data sets (e.g., statewide monthly data charts, Every Day Counts charts, human resources data) during her weekly Zooms to which all DCFS staff are invited. Data is also shared with other groups such as the NCWWI Implementation Team and the monthly meetings to which all juvenile judges are invited.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Diligent Recruitment of Foster and Adoptive Homes

As of June 1, 2021, there were nearly 4,810 children in the State's custody, which is an increase of almost 390 children in care from June 1, 2020. Over latter half of the SFY, there was a small but steady increase in the number of children in foster care. While the

number of entries into foster care has remained relatively consistent, it seems children are not exiting care as quickly as they once were, resulting in the increase in number of children in foster care.

There are currently approximately 3,000 beds in 1,560 homes licensed to accept children in care (see APSR Attachment A: State Profile May 2021, page 8 for more information). This is still almost 300 homes under the Division's goal for available foster homes statewide and, more tellingly, results in only roughly 0.70 foster home beds per child in care across the state, which is down from the June 2020 rate of 0.76 foster home beds per child in care.

Through the agency's contract with MidSOUTH Training Academy, there 879 individual PRIDE completions between July 1, 2020-May 31, 2021. Of those 879 completions, there 525 unique households that completed the PRIDE Training through MidSOUTH.

With less than one licensed, approved foster home bed for each child in care, DCFS staff are often forced to place children based on the availability of placements versus on the individual needs of children. The goals and objectives of the recruitment and retention plan are to identify, process, and maintain permanent homes for children placed in foster care. These families will be able to meet all standards required for approval as an adoptive resource in Arkansas as well. While DCFS still has not reached its goal in terms of number of approved foster homes statewide, it is notably that as of May 2021, 88.1%% of children in foster care were in some sort of family-like setting. Given the Division's ability to consistently maintain a high percentage of children in a family-like setting over the last several years, DCFS recently increased its goal of children placed in family-like settings from 85% to 90%. Family-like settings include 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). Please see APSR Attachment A: State Profile May 2021, page 6 for more information.

The grant for the ARCCC ended in 2018; however, the Arkansas Division of Children and Family Services has continued to implement targeted recruitment strategies statewide. Each of the ten (10) geographical areas in DCFS has developed a recruitment and retention plan specific for the needs of that area. These plans are currently being monitored by the Centralized Inquiry Unit's Program Manager. The plans are updated bi-annually (every six months).

Community Engagement Specialist's (CES) are assigned to 9 of the 10 service areas. Previously, Area 10's CES position was taken and placed in the Central Office to assist

with the pilot project in the Centralized Inquiry Unit. Since the last reporting period, a new CES position was given to Area 10 to begin recruitment and retention work, however they are still in the process of hiring the position. The CES in Area 8 left the agency and the position was re-purposed as an FSW in Mississippi County. Area 8 is still responsible for foster home recruitment and retention even though they no longer have a CES position. The CES staff are responsible for developing and implementing recruitment and retention strategies within their assigned areas and report them each month.

The recruitment and retention plans utilize data from the Adhoc report which identifies the following:

- The number of foster children in each area by age
- The number of foster children in each area by gender
- The number of foster children in each area by race
- The number of approved foster homes in each area by race
- The number of approved pre-adoptive families in each area by race
- The bed-to-child ratio by area

This data helps to identify the need for specific foster home based on the demographics of the foster children in that particular area. Specific tasks are developed to recruit the desired type of foster homes needed. These plans also identify common barriers/issues reported by approved foster families. Tasks are developed to, hopefully, remedy the reported issues in effort to retain foster parents. The Community Engagement Specialist and Resource Supervisors takes leads on ensuring these tasks are completed by the identified target date.

The procurement and implementation of the Division's Specialized Private License Placement Agency contracts in July 2020 also helped to increase the number of licensed foster family homes in the state. This particular type of placement prioritizes sibling groups and youth who are discharging from QRTP programs. 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.

Centralized Inquiry Unit

Centralized Inquiry Unit (CIU) continues to strengthen its process by communicating with applicants with a sense of urgency and maintaining engagement until the family has been

assigned to the Resource Worker. The Central Inquiry Unit (CIU) is made up of 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. During this initial phone screening, the agency's need for provider families willing to accept children ages 6 and older, sibling groups, and children with disabilities is also communicated. The background checks are run, and the family is sent to the field staff to complete the application process.

Implementation of Centralized Inquiry Unit has shown to effectively reduce the time it takes to process applicant's background checks and initial application forms needed to assess the family prior to field assignment. For example, prior to Centralized Inquiry Unit full implementation during state fiscal year 2016, the average number of days it took to process an applicant prior to field assignment to a Resource Worker was 74.6 days. That number includes applicants that initiated the process prior to CIU and during the time of implementation. Since implementing the Lean Six Sigma method the CIU has consistently been under the goal of having applicants assigned to the field for their IHC within 30 days. The FSWs continue to call applicants back within ten days if they have not submitted their packets. By calling the families the CIU has identified families that decide they are no longer interested in becoming foster parents or failed to receive the paperwork. This communication has also served as a reminder that the packet needs to be returned to the CIU in order for the applicants to proceed. The CIU is also now giving the families the option to have their packets emailed to them as opposed to the family having to wait on the packet to be mailed back and forth. The shortened length of time it now takes to become a foster parent has encouraged new applicants to begin the process. The CES share data and information about the progress and changes DCFS has worked towards which has in turn has improved the overall customer service experience. The CIU assesses families on the front end and share information with the resource workers prior to the scheduling of the in-home consultation.

Targeted Recruitment Tools:

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

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

- Recruitment Planning Tool
- Resource Family Applicant Tracker Report
- Resource Family Home Inquiry Report

UPDATE TO THE PLAN FOR ENACTING THE STATE’S VISION AND PROGRESS MADE TO IMPROVE OUTCOMES

State’s Vision

DCFS along with the legal system and community partners and providers will actively engage to ensure every child has a safe, stable, and nurturing family.

Revisions to Goals, Objectives, and Interventions

During this reporting period, Arkansas has made strides toward achieving the vision set forth above through its ongoing implementation of its Program Improvement Plan (PIP) that will be completed in October 2021 as well as activities associated with Family First. The Division also continued, albeit with challenges, its foray into more primary prevention services which are described in the activities update under Goal 1. As noted in the state’s 2020-2024 CFSP, the plan below and related updates must be read in conjunction with the CFSR PIP, the NYTD PIP, and the attached targeted plans associated with the CFSP and their respective progress update reports to gain a more comprehensive of the work occurring in Arkansas to ensure that every child has a safe, stable, and nurturing family every day.

The Division has currently chosen not to revise any of the goals, strategies, or activities in the table below (as compared to what was submitted as a part of the 2020-2024 CFSP) due to:

- The relatively early stage of implementation of the CFSP five-year strategic plan.
- Complicating factors resulting from the COVID-19 public health emergency, increased staff turnover, and implementation of Safety Organized Practice; and,
- Prior achievement of all stated CFSR PIP measures.

That said, as the Division approaches the half-way mark of the implementation of its CFSP 2020-2024 during the upcoming reporting period, DCFS anticipates amending, at a minimum, some of the completion timeframes, but most likely some of the activities as well for the 2023 APSR submission.

In order to maintain consistency in how the Goal and Progress Measures in the “Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes,” are provided for both the 2021 and 2022 APSR periods, those data are based on State Fiscal Year (i.e., with SFY 2019 data provided for the APSR 2021 Goal and Progress Measure updates and SFY 2020 data provided for the APSR 2022 Goal and Progress Measure updates). However, while SFY 2021 data are not yet fully represented for the state’s

QSPRs and other data reports, it is clear that even once all SFY data are collected there will be a measurable decline in most Goal and Progress Measures associated with QSPR outcomes and individual items as well as other statewide data points. As previously covered in this report, the impact of the COVID-19 pandemic and the steady rise of the number of children in foster care over the last year (please see APSR Attachment A: State Profile May 2021, page 2 for more information) likely correspond to these declines and other concerns. Increased turnover in SFY 2021 to date -- with 57.07% turnover in the FSW population and 59.71% turnover in Program Assistants and Family Service Assistants population – have compounded the issues, resulting in higher average caseloads statewide (please see APSR Attachment A: State Profile May 2021, page 3 for more detail) and, once again, likely contribute to these lower ratings.

The initial assessment is that the Division may need to continue to focus on Safety Organized Practice implementation but pause or even forfeit implementation of other activities listed in the “Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes” in an effort to mitigate stress for staff and to allow them to more fully concentrate on applying concepts learned from SOP which may help increase QSPR ratings in the upcoming periods under review. These decisions will be made over the course of the upcoming year.

For information regarding how feedback loops were used to support progress made to improve outcomes, please see the Collaborations section as well as the Agency Responsiveness to the Community portion of the Systemic Factor Updates.

Several updates to the goal and progress measures provided in the table were gleaned from the state’s CQI/QA system to include, but not limited to, QSPRs, the Annual Report Card, Program Manager Monthly Monitoring Reports, and DHS Human Resources Dashboards. A more complete list and associated descriptions of the multitude of data resources to help assess progress measures and overall performance and practice statewide are found in the bulleted list below. These reports account for the major quality assurance and evaluation activities undertaken in Arkansas during SFY 2021 that have also provided insight when assessing the goals, strategies, and activities within the Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes:

Data Reports

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.

- **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 include the (1) number of children in foster care, average family service worker caseload, (2) number of children who have been placed in an emergency shelter for longer than 14 days, (3) number of children ages 12 and younger who are placed in congregate care, (4) percentage of children in foster care who are placed in a family-like setting, (5) percentage of children ages 10 to 17 who are placed in foster homes, (6) number of foster family homes, (7) percentage of required monthly visits that were completed to see children in foster care, (8) percentage of required monthly visits to see families in in-home protective services cases, and (9) number of overdue investigations. These charts are made available and disseminated to all agency staff.
- **Every Day Counts Profiles** – Similar to the Monthly Profiles, DCFS reviews data indicators over a rolling 12-month period on a statewide, Area-wide, and county-specific level. These indicators include the (1) number of entries into foster care during the month, (2) number of discharges from foster care during the month, (3) number of children with a goal of reunification, (4) number of children who have been in foster care for 24 months or longer, (5) percentage of children coming into foster care whose first placement is with a relative, (6) percentage of all children in care who are placed with relatives, (7) number of adoptions finalized during the month, (8) length of time from the termination of parental rights until adoption finalization, and (9) number of discharges from foster care to guardianship. 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®** – DCFS implemented SafeMeasures, a state-of-the-art reporting service that helps the Division’s field staff transform data into actionable information, statewide during SFY 2020, and for SFY 2021 the agency continued making enhancements to the service. SafeMeasures allows the agency to assess the performance of DCFS caseworkers by county and/or regional areas with respect to casework or case-related activities. At monthly intervals the agency incorporates feedback from field staff to help make modifications and enhancements to SafeMeasures. Reconciliation is routinely completed on existing reports, while new reports are being researched, developed, and produced as well.
- **CANS/FAST 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.
- **Transitional Youth Services Case Reviews** – Two sets of TYS Case Reviews are completed approximately monthly. The TYS Unit conducts a review of nine to ten cases each month of children ages 14-19 who have been in foster care for at least nine months. Cases pulled include a variety of ages and placement types. A standardized review tool is used for this process. Results of the reviews and associated follow-up questions are shared with the primary worker, supervisor, and TYS Coordinator for each selected case.

In each of its Area QSPRs, the SQPI Team also conducts provides supplemental information specific to TYS services for at least two target children age 14 or older that were included in the QSPR. These supplemental reports focus on transitional youth services provided, permanency efforts provided, and any noted systemic issues affecting this population.

- **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 (2018, 2019, 2020) 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 2017 through SFY 2020. 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.

Updates to the specific activities under each strategy have been added to the far-right column in the table below. Updates on progress made to improve outcomes have also been inserted into the table below in **red font**.

Update on Progress Made to Improve Outcomes (Progress Measures, Benchmarks, etc.)

Goal 1: Promote and increase primary prevention efforts and coordination with community and federal programs so families are diverted from the child welfare system.

Rationale: Coordinated and robust primary prevention efforts are critically important to strengthen families and prevent both the initial occurrence of child abuse and neglect and ongoing maltreatment; prevent unnecessary family disruption; reduce family and child trauma; interrupt intergenerational cycles of maltreatment; and build a well-functioning child welfare system. The Division has been fortunate to have the State's Community-Base Child Abuse Prevention (CBCAP) Grantee as part of DCFS since July 2017. This has given the agency the ability to implement true primary prevention programs in coordination with other child welfare stakeholders. The strategies and activities below will allow the Division to build upon those as well as begin working toward additional primary prevention efforts. *Primary prevention is not a goal addressed through CFSR PIP; CFSR PIP focuses on secondary and tertiary prevention so there are no related CFSR PIP strategies that apply.*

Goal Measures:

- Decrease the number of maltreatment reports to Child Abuse Hotline (SFY 2018: 35,867 reports received).
 - Year 1: 1% decrease from SFY 2018 **APSR 2021 Update: Achieved. SFY 2019: 34,296 reports received or 4.4% decrease**
 - Year 2: 2% decrease from SFY 2018 **APSR 2022 Update: Achieved. SFY 2020: 31,142 reports received or 15.2% decrease**
 - Year 3: 4% decrease from SFY 2018
 - Year 4: 5% decrease from SFY 2018
 - Year 5: 7% decrease from SFY 2018
- Decrease the number of children entering foster care (SFY 2018: 3,289 entries).
 - Year 1: 2% decrease from SFY 2018 **APSR 2021 Update: Not achieved but progress still made from SFY 2018. SFY 2019: 3,236 children entered care or 1.6% decrease**
 - Year 2: 3% decrease from SFY 2018 **APSR 2022 Update: Not achieved but entries still lower than SFY 2018. SFY 2020: 3,255 children entered care or 1% decrease**
 - Year 3: 5% decrease from SFY 2018
 - Year 4: 8% decrease from SFY 2018
 - Year 5: 12% decrease from SFY 2018

CFSR measures non-applicable to primary prevention.

Strategy 1: Strengthen and increase involvement with existing primary prevention programs: Baby and Me, Predict-Align-Prevent, and the Arkansas Home Visiting Network.

Rationale: Infants and very young children are the most vulnerable population due to long-term effects of early child abuse and neglect. Research shows that parenting education programs for children ages 4-8 show significant benefits for parents, caregivers, children, and families. ¹ Research shows that home visiting programs such as Healthy Families and Nurse Family Partnership showed favorable impacts on primary measures of child development, school readiness, and positive parenting practices. ²

In addition, DCFS wants to strengthen and expand upon some of its first efforts at primary prevention, the Baby and Me Program offered through the Department of Health’s Women, Infant, and Children (WIC) clinics and begin utilizing data collected through the Predict-Align-Prevent Program.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures	APSR Update
A1: Develop strategies to improve initial intake numbers of Baby and Me Program	CBCAP Lead/Baby and Me Advisory Committee and staff	Ongoing	<ul style="list-style-type: none"> • Higher post-test results • Strengthened parent/ child attachment • Increased protective capacity • Parent understands developmental milestones • Increased safe sleep/Decrease co-sleeping deaths • Decreased incidents of shaken baby • Decreased maltreatment 	<p>Year 1: Achieve 80% intake rate from recruitment population.</p> <p>Year 2: Achieve 82% intake rate from recruitment population.</p> <p>Year 3: Achieve 83% intake rate from recruitment population.</p> <p>Year 4: Achieve 84% intake rate from recruitment population.</p> <p>Year 5: Achieve 85% intake rate from recruitment population.</p>	<p>APSR 2021: An advisory committee for Baby and Me meets weekly to discuss the progress of the program, to troubleshoot any issues, and suggest any necessary changes or additions. The advisory committee includes: The Children’s Trust Fund director, the director of Child and Adolescent Health for the Department of Health, the statewide director of the WIC program, a Regional director of the Department of Health, members of the UAMS RED Team, and staff from the MidSOUTH Training and</p>

¹ Child Welfare Information Gateway, February 2019: [Parent Education and Strengthening Families and Prevent Child Maltreatment](#)

² Sama-Miller, Emily, et. al, October 2018: [Home Visiting Evidence of Effectiveness Review: Executive Summary](#); OPRE Report # 2018-113

					<p>Prevention Center. This group is working on developing improved data tracking and evaluation procedures.</p> <p>APSR 2022: The advisory committee for Baby and Me continues to meet weekly to discuss the progress of the program, to troubleshoot any issues, and suggest any necessary changes or additions.</p>
A2: Develop strategies to improve program completion rates of Baby and Me Program	CBCAP Lead/Baby and Me Advisory Committee and staff	Ongoing	See above.	<p>Year 1: Achieve 15% completion rate.</p> <p>Year 2: Achieve 18% completion rate.</p> <p>Year 3: Achieve 23% completion rate.</p> <p>Year 4: Achieve 25% completion rate.</p> <p>Year 5: Achieve 28% completion rate.</p>	<p>APSR 2021: As of the April monthly reports from Baby and Me, 383 individual Baby and Me modules had been completed since March 2020. The Baby and Me Advisory Committee is working on developing improved data tracking and evaluation procedures.</p> <p>APSR 2022: As of June 2021 monthly reports from Baby and Me report that there have been 4,569 individual Baby and Me modules (months 0-6) completed. There have been 930 recruitment forms filled out. The Baby and Me Advisory Committee is working on developing improved data tracking and evaluation procedures as implementation supports to promote successful</p>

					implementation of this activity. The evaluation report is due on June 30, 2021.
A3: Work with DCFS Data Management & Analysis vendor (Evident Change) to develop way to track subsequent maltreatment at 6 and 12 months for those who participated in Baby and Me	DCFS Deputy Director, Asst. Director of Prevention and Reunification, NCCD	Spring 2020	<ul style="list-style-type: none"> CHRIS/NCCD data report showing subsequent maltreatment at 6 and 12 months for those who participated in Baby and Me. More data to inform Baby and Me program improvement efforts. 	No baseline data at present. To be determined.	<p>APSR 2021: Not yet completed. The Children’s Trust Fund Program Manager position is currently vacant. Once filled, the Division plans for this position to take lead with the Baby and Me Advisory Committee and NCCD to determine next steps.</p> <p>APSR 2022: This task has not yet been completed. The Children’s Trust Fund Program Director was hired in November 2020 after being vacant for 8 months. The position took the lead with the Baby and Me Advisory Committee and Evident Change to determine next steps. Now that the Children’s Trust Fund Program is on board, fully trained, and acclimated to her new position, her role can act as an implementation support. Additional resources related to data systems may also be needed to promote successful implementation of this activity.</p>
A4: Depending on data results, develop a data-informed plan to approach AR Health Department or other partners to propose	CBCAP Lead/Baby and Me Advisory Committee	2023-2024	<p>More families to be positively impacted by Baby and Me:</p> <ul style="list-style-type: none"> Higher post-test results 	N/A	APSR 2021: N/A – Proposed completion timeframe beyond 2021 APSR report date

<p>investment in Baby and Me. Data will include:</p> <ul style="list-style-type: none"> • Numbers served; • Pre/post test results; • Number of enrollees who had report of maltreatment within one year of service 			<ul style="list-style-type: none"> • Strengthened parent/child attachment • Increased protective capacity • Parent understands developmental milestones • Increased safe sleep/Decrease co-sleeping deaths • Decreased incidents of shaken baby • Decreased maltreatment 		<p>APSR 2022: N/A – Proposed completion timeframe beyond 2022 APSR report date</p>
<p>B1: Through staff training, message importance of considering referrals to applicable Arkansas Home Visiting Network (AHVN) programs particularly as part of plan of safe care for infants who are not found to be neglected but who have reports to hotline of prenatal exposure to drugs, as appropriate</p>	<p>Differential Response Manager, Assistant Directors of Prevention and Reunification and Infrastructure and Specialized Programs, Federal Compliance Officer, AHVN Director</p>	<p>Starts July 2019 and then ongoing</p>	<ul style="list-style-type: none"> • Strengthened parent/child attachment • Increased protective capacity • Parent understands developmental milestones • Increased safe sleep/Decrease co-sleeping deaths • Decreased incidents of shaken baby • Decreased maltreatment 	<p>Acceptance of reports of infants with prenatal exposure to drugs but who are not neglected will be a new type of report for DCFS, so no baseline data exists from which to base benchmarks and associated timeframes. Over the next five years the Division will:</p> <ul style="list-style-type: none"> • Track number of prenatal substance exposure referrals from the hotline; • Track number of referrals of non-neglected substance exposed infants from DCFS to AHVN programs and related intake numbers once MOU with AHVN is 	<p>APSR 2021: The importance of considering referrals to a home visiting programs (outside of SafeCare since these infants would not meet SafeCare criteria) through AHVN has been messaged to staff during the 2019 Legislative Update Trainings, Transitional Youth Services and Resource Staff meetings, coaching sessions where applicable, and the newly developed Facilitated Wrap Up Conversations that take place following staff completion of the National Center on Substance Abuse and Child Welfare’s Online Substance Abuse Tutorial for Child Welfare Professionals.</p> <p>To date, 9 referrals have been received for infants with prenatal exposure to drugs but</p>

				<p>developed. See following activity.</p>	<p>who are not neglected (CARA). An MOU has not yet been established with AHVN so there is not yet a systematic way to track whether these infants were referred to an AHVN program.</p> <p>APSR 2022: During July 1, 2020-present reporting period there were 24 CARA referrals for infants with prenatal exposure to legal drugs. Home visiting referrals are listed as a possibility on the CFS-101: Plan of Safe Care document that is required to be completed with the family and healthcare providers for all CARA referrals. However, because these referrals are not considered maltreatment, participation in such services is optional for these families. More to the point, the specific referral services that may be completed as part of the CARA referrals are not specifically documented in CHRIS unless a Supportive Services case is open for the family upon their request. Messaging around home visiting has also continued to staff via Virtual Supervisor Meetings and the DCFS Director's weekly Zoom</p>
--	--	--	--	---	--

					meetings. Realignment of existing staff duties to focus on coaching around the development of the Plans of Safe Care may be needed as implementation supports to ensure the successful implementation of this activity.
B2: Develop MOU with AHVN that would allow AHVN and DCFS to develop tracking and information sharing protocols to better assess short and long-term outcomes of substance exposed infants who are referred to and participate in home visiting programs	Assistant Directors of Prevention and Reunification and Infrastructure and Specialized Programs, Assistant Director of Infrastructure and Specialized Programs	Summer 2020	MOU	TBD	APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date APSR 2022: Due to the COVID-19 pandemic and other agency initiatives such as the implementation of Safety Organized Practice, the Division’s Five Year IV-E Prevention Plan, and CFSR Round 4 PIP, the agency has not yet explored this MOU.
C1: Through Predict-Align-Prevent Geospatial Risk Analysis for Child Maltreatment in Little Rock, create maps of child maltreatment and environmental risk factors	CBCAP Lead and Predict-Align-Prevent Director and staff	Ongoing	Predict-Align-Prevent maps	For all five years, annual progress updates on use of data and enhanced services/programs in applicable communities/neighborhoods as determined by future Predict-Align-Prevent maps and potential surveys of neighborhood/community residents.	APSR 2021: Over the past year, Predict Align Prevent and partners at the University of Arkansas at Fayetteville have worked to acquire the address level data from multiple sources and began mapping the data. The acquisition of address level data was slow, in order to assure partners that the data will be protected. Once the address level data was plotted, a grid was laid over the map that breaks the city in to 1000 by 1000 square foot cells. Then

					<p>each cell was assigned a risk score based on the number of adverse events that were present. This process de-identified the data and began to give a clear picture of the specific areas of the city where the most abuse occurs. The team is now ready to drill down into the data of those high maltreatment areas and see what else is happening in that location.</p> <p>The final report from PAP was expected in April of 2020, but it has been delayed due to complications of the COVID19 pandemic. The tentative release date is now August 2020.</p> <p>APSR 2022: The final Predict-Align-Prevent report was completed and approved in September 2020. The report identified areas of potential risk for child maltreatment in the city of Little Rock. This allows us to implement targeted intervention strategies in those areas of greatest risk per the report.</p>
--	--	--	--	--	--

<p>C2: Convene advisory group to review results of risk analysis and develop recommendations to address concerns identified in data analysis</p>	<p>CBCAP Lead and Predict-Align-Prevent Director and staff</p>	<p>Fall 2020</p>	<p>Advisory group recommendations</p>	<p>For all five years, annual progress updates on use of data and enhanced services/programs in applicable communities/neighborhoods as determined by future Predict-Align-Prevent maps and potential surveys of neighborhood/community residents.</p>	<p>APSR 2021: In the upcoming year, DCFS with the support of CAPTA funding will bring together representatives from state and community-level service providers as well as parents/families from across the state to create the Strengthening Families Advisory Board (SFAB). The primary purpose of establishing the SFAB is to assist DCFS in developing a child abuse prevention plan for Arkansas and to advise the Children’s Trust Fund in implementing the plan. The SFAB will begin by reviewing state level data relevant to child maltreatment, to include data gathered through the Predict-Align-Prevent project, to gain a better understanding of the issues facing our state. The SFAB will also assist DCFS in conducting an environmental scan to determine what services are already available for families in our state and what types of programs or services are missing. Finally, the SFAB will make recommendation about evidenced-based strategies that are needed to address identified issues and gaps in services. This Advisory</p>
--	--	------------------	---------------------------------------	--	---

					<p>Board will support collective learning and shared resources, inform data collection, and offer solutions to address the prevention of child maltreatment.</p> <p>APSR 2022: A decision was made to hold off on convening the advisory group due to the COVID-19 Pandemic as it was thought the group would work best with in-person meetings.</p>
C3: Work with stakeholders in local communities/neighborhoods to implement recommendations to address identified needs/risks	CBCAP Lead and Predict-Align-Prevent Director	Summer 2024	<ul style="list-style-type: none"> • Increased community involvement and collaboration • Decreased child maltreatment • Increased community protective factors 	For all five years, annual progress updates on use of data and enhanced services/programs in applicable communities/neighborhoods as determined by future Predict-Align-Prevent maps and potential surveys of neighborhood/community residents.	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2021 APSR report date</p> <p>APSR 2022: N/A – Proposed completion timeframe beyond 2022 APSR report date</p>

Strategy 2: Increase support to pregnant and parenting teens in foster care as a primary prevention strategy for their children.

Rationale: Feedback from staff, providers, and youth in care is that support for pregnant and parenting teens is lacking but much needed given the vulnerable populations in which both mother and baby fall. DCFS is also committed to implementing primary prevention strategies and activities aimed at the children of teenagers who are in foster care to prevent future maltreatment of those young children. On average, there are between 30-40 pregnant or parenting youth in the foster care system in Arkansas, so this is a reasonable initial goal for DCFS’ foray into primary prevention. Safety showers are a mechanism to provided needed safety information to expecting mothers but in a non-threatening and supportive environment. Research

shows that home visiting programs, such as Healthy Families and Nurse Family Partnership showed favorable impacts on primary measures of child development, school readiness, and positive parenting practices.³

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures	APSR 2020 Update
<p>A1: Refer parenting teens who do not qualify for other home visiting programs to Positive Parenting Program (Triple P) (or in addition to home visiting, as applicable based on specific case) DCFS ended Nurturing Families of Arkansas and had the provider switch to the Triple P Model on July 1, 2020.</p>	<p>Messaging from Assistant Directors of Prevention and Reunification and Infrastructure and Specialized Programs to staff about change in NFA PIs to accept referrals for this population; Family Service Worker (FSW) caseworkers and Transitional Youth Services (TYS) Coordinators for referrals</p>	<p>July 2019 and then ongoing</p>	<ul style="list-style-type: none"> • Higher post-test results • Strengthened parent/child attachment • Increased protective capacity • Parent understands developmental milestones • Increased safe sleep/Decreased co-sleeping deaths • Decreased incidents of shaken baby • Decreased maltreatment 	<p>Year 1: 50% referral rate of designated population, of those, no maltreatment referrals during teen’s remaining time in foster care Year 2: 75% referral rate of designated population, of those, no maltreatment referrals during teen’s remaining time in foster care. Year 3: 80% referral rate of designated population, of those, no maltreatment referrals during teen’s remaining time in foster care Year 4: 90% referral rate of designated population, of those, no maltreatment referrals during teen’s remaining time in foster care Year 5: 98% referral rate of designated population, of those, no maltreatment referrals during teen’s remaining time in foster care</p>	<p>APSR 2021: Initial messaging regarding the ability to refer teens in foster care who are also parents to NFA was limited. The Division has the additional challenge of not having a way to consistently track teens in foster care who are pregnant and parenting. There is a check box in CHRIS to denote when a youth is pregnant, but this is rarely used and, when it is used, it is generally not updated when the baby is born. With the forthcoming implementation of CCWIS, the Division plans to explore better ways to track this sub-population of youth in care to help ensure successful implementation of this activity.</p> <p>APSR 2022: Triple P Parenting Program began July 1, 2020 and direct messaging was provided to the staff about the new program. Even with extensive messaging around Triple P, the referrals for parenting teens are still low and there is no mechanism in CHRIS to track the information. As such, it is not possible to report on the</p>

³ Sama-Miller, Emily, et. al, October 2018: [Home Visiting Evidence of Effectiveness Review: Executive Summary](#); OPRE Report # 2018-113

					specific progress measures given the unreliable data in CHRIS regarding teens in care who are pregnant as well as parenting teens who may have been referred to Triple P. Developing a way to better track this sub-population in CCWIS is an implementation support that the Division will explore as its CCWIS is developed.
A2: Implement Safety Showers for pregnant teens in foster care.	Assistant Director of Infrastructure and Specialized Programs	Fall 2019 and then ongoing	<ul style="list-style-type: none"> • Increased knowledge of infant and home safety • Increased safe sleep/decreased co-sleeping deaths 	<p>Year 1: 75% completion rate, of those no incidents of unsafe sleep related deaths</p> <p>Year 2: 80% completion rate, of those no incidents of unsafe sleep related deaths</p> <p>Year 3: 90% completion rate, of those no incidents of unsafe sleep related deaths</p> <p>Year 4: 98% completion rate, of those no incidents of unsafe sleep related deaths</p> <p>Year 5: 100% completion rate, of those no incidents of unsafe sleep related deaths</p>	<p>APSR 2021: Safety Showers for pregnant teens were implemented in mid-October 2019. The Transitional Youth Services Coordinator is trained in this curriculum. She leads the Safety Shower and relies on assistance from local staff to help coordinate the location and purchase of refreshments for the event. During the Safety Shower the pregnant mother is also presented with a box of diapers and wipes, a Halo sleep sack, and a board book about safe sleep from the Division. The COVID pandemic has made hosting the safety baby showers challenging. The TYS Coordinator is currently trying to design a way to potentially host them virtually for two youth who are currently pregnant in the Central Arkansas area. Between the</p>

					<p>mid-October 2019 implementation date and March 11, 2020 (date an emergency was declared in Arkansas due to COVID) two safety showers were held. Once again, the limited ability of the Division to track pregnant and parenting youth makes it challenging to accurately determine the completion rate for Safety Showers. However, given that only two were held, it is assumed that the Division did not achieve the 75% completion rate. There have been 0 deaths related to unsafe sleep environment for this population.</p> <p>APSR 2022: During this reporting period three Safety Showers were held. The FSWs were present during the showers and the TYS Coordinator provided the safe sleep information to the pregnant teens via Zoom. It is not possible to report on the specific progress measures given the unreliable data in CHRIS regarding teens in care who are pregnant. The Division is currently in the process of hiring a TYS Program Specialist who may be able to take on some of the duties described in this activity or at least focus on increased tracking of pregnant and parenting youth which could serve as an</p>
--	--	--	--	--	---

					<p>implementation support for this activity. In addition, developing a way to better track this sub-population in CCWIS is an implementation support that the Division will explore as its CCWIS is developed over the next several years.</p> <p>There have been 0 deaths in this population due to unsafe sleep.</p>
<p>B1: Through staff training and other messaging platforms, message importance of considering referrals to applicable Arkansas Home Visiting Network (AHVN) programs, for pregnant and parenting teens in foster care.</p>	<p>Assistant Director of Infrastructure and Specialized Programs for messaging, FSWs and TYS Coordinators for referrals</p>	<p>Fall 2019 and then ongoing</p>	<ul style="list-style-type: none"> • Strengthened parent/child attachment • Increased protective capacity • Parent understands developmental milestones • Increased safe sleep/Decreased co-sleeping deaths • Decreased incidents of shaken baby • Decreased maltreatment 	<ul style="list-style-type: none"> • Cannot establish desired referral rate because referrals depend on whether mom was also referred to NFA (see Activity A1 above) and what AHVN programs are available in a specific county and, from there, whether a program has open slots. • Of those referred and accepted to AHVN program, no maltreatment referrals during teen's remaining time in foster care. 	<p>APSR 2021: The importance of considering referrals to a home visiting programs through AHVN has been messaged to staff during the 2019 Legislative Update Trainings, Transitional Youth Services and Resource Staff meetings, coaching sessions and other conversations with field staff where applicable, and the newly developed Facilitated Wrap Up Conversations that take place following staff completion of the National Center on Substance Abuse and Child Welfare's Online Substance Abuse Tutorial for Child Welfare Professionals. There is not yet a way to systematically track parents who have been referred to an AHVN home visiting program (outside of SafeCare) so data regarding</p>

					<p>maltreatment referrals after participation in a home visiting program is not yet available.</p> <p>APSR 2022: Messaging regarding the importance of considering referrals to applicable Arkansas Home Visiting Network for pregnant and parenting teens in foster care has continued in forums such as DCFS Supervisor Meetings, TYS Case Review Summaries, through individual staffings, etc. The Division is currently in the process of hiring a TYS Program Specialist who may be able to conduct a more targeted focus on this messaging effort which could serve as an implementation support for this activity, though training for this individual – as an implementation support -- would also be required to gain more knowledge about each home visiting model under the Arkansas Home Visiting Network. That said, it should be noted that not all counties have a home visiting program and that even counties that have home visiting models may not be appropriate (i.e., criteria referral do not apply) for this population.</p>
--	--	--	--	--	--

					There have been 0 deaths in this population due to unsafe sleep.
C1: Explore possibility of contracting with University of Arkansas for Medical Sciences (UAMS) to create service coordinator position to assist pregnant and parenting teens in foster care navigate various services such as home visiting, high-quality childcare.	Assistant Director of Infrastructure and Specialized Programs, AR Children's Hospital Executive Director of Child Advocacy and Public Health, Associate Director of Research and Evaluation Division for Department of Family and Preventive Medicine at UAMS	Fall 2020	<ul style="list-style-type: none"> • Increased service coordination for pregnant and parenting teens in foster care • Improved parent-child well-being • Decreased maltreatment • Increased knowledge of FSWs and TYS Coordinators regarding services for pregnant and parenting teens 	N/A	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2021 APSR report date</p> <p>APSR 2022: This activity has not yet been explored due to other Division initiatives such as the implementation of Safety Organized Practice, responding to various challenges presented by the public health emergency, and the implementation and monitoring of the Supervised Independent Living Provider contracts. The Division is currently in the process of hiring a TYS Program Specialist who may be able to take on some of the duties described in this activity or at least focus on increased tracking of pregnant and parenting youth.</p>
C2: Contingent upon funding, develop interagency contract for service coordinator for pregnant and parenting teens in foster care.	Assistant Director of Infrastructure and Specialized Programs, AR Children's Hospital Executive Director of Child Advocacy and	Spring 2021	<ul style="list-style-type: none"> • Increased service coordination for pregnant and parenting teens in foster care • Improved parent-child well-being • Decreased maltreatment • Increased knowledge of FSWs and TYS Coordinators regarding 	Contract developed as applicable.	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date</p> <p>APSR 2022: N/A – See Strategy 2, Activity C1 Progress Update above.</p>

	Public Health, Associate Director of Research and Evaluation Division for Department of Family and Preventive Medicine at UAMS		services for pregnant and parenting teens		
C3: Contingent upon funding, hire service coordinator for pregnant and parenting teens in foster care.	Assistant Director of Infrastructure and Specialized Programs, AR Children's Hospital Executive Director of Child Advocacy and Public Health, Associate Director of Research and Evaluation Division for Department of Family and Preventive Medicine at UAMS	Fall 2021	<ul style="list-style-type: none"> Increased service coordination for pregnant and parenting teens in foster care Improved parent-child well-being Decreased maltreatment Increased knowledge of FSWs and TYS Coordinators regarding services for pregnant and parenting teens 	<ul style="list-style-type: none"> 100% referral rate of pregnant and parenting teens to service coordinator. Evaluation measurements TBD as part of contract development. 	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date</p> <p>APSR 2022: N/A – See Strategy 2, Activity C1 Progress Update above.</p>

Goal 2: Strengthen response to maltreatment allegations and increase and improve services to protect children in their homes and prevent entry/re-entry into foster care.

Rationale: Research shows that entry into foster care is yet another trauma for children and that children do best with their own families. As such, if at all safely possible, the Division strives to safely maintain children in their own homes. The CFSR identified challenges with initial and ongoing safety and risk assessment, and a lack of adequate safety planning and monitoring, particularly when substance use is an issue in the home. The Parent Advisory Council also made several recommendations in relation to services to prevent removal.

This goal is supported by CFSR PIP Strategies 1, 2, 3, 4, 5, 6, 7, 8, 15, and 16.

Goal Measures:

- Decrease the number of children entering foster care (SFY 2018: 3,289 entries).
 - Year 1: 2% decrease from SFY 2018 **APSR 2021 Update: Not achieved but progress still made from SFY 2018. SFY 2019: 3,236 children entered care or 1.6% decrease**
 - Year 2: 3% decrease from SFY 2018 **APSR 2022 Update: Not achieved but progress still made from SFY 2018. SFY 2020: 3,255 children entered care or 1% decrease**
 - Year 3: 5% decrease from SFY 2018
 - Year 4: 8% decrease from SFY 2018
 - Year 5: 12% decrease from SFY 2018
- CFSR Safety 2 (SFY 2018: 70%)
 - Year 1: 85% **APSR 2020 Update: Not achieved but progress still made from SFY 2018 Statewide QSPR. SFY 2019: 83%**
 - Year 2: 87% **APSR 2021 Update: Not achieved but progress still made from SFY 2018 Statewide QSPR SFY 2020: 82%**
 - Year 3: 90%
 - Year 4: 92%
 - Year 5: 94%

Strategy 3: Implement and expand Considered Removal Team Decision Making Statewide.

Rationale: While QSPR results indicate that safety and risk items have improved for all case types since the CFSR, there is still room for improvement. QSPR 2018 data shows that necessary services to prevent children from entering foster care in 75% of the reviewed cases. During SFY 2018, sufficient efforts were not made to assess and address risk and safety concerns for children receiving services in more than a quarter of the reviewed cases (29 percent). The deficient ratings once again stemmed from problems with conducting ongoing assessments of risk and safety and with safety management.

The final IV-E Waiver Evaluation results showed that families who participated in TDM meetings were satisfied with the openness and non-judgmental atmosphere of the meeting. Staff also appreciated the family having a voice and their ability to highlight strengths and available resources. The TDM meeting also helped the worker to better identify services the families needed, and the families felt improved engagement and more positive relationships with DCFS as a result. The Parent Advisory Council also recommended expanding Team Decision Making statewide.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures	APSR Update
A1: Complete revised TDM policy for considered removals	Infrastructure and Specialized Programs, Program Administrator	August 2019	<ul style="list-style-type: none"> Policy completed reflecting new TDM triggers and considered removal framework 	<ul style="list-style-type: none"> Policy completed 	APSR 2021: Completed. (Please see attachment, TDM Protocol.)
A2: Train all Team Decision Making (TDM) facilitators, back-ups, and TDM supervisor on Anne E. Casey 3-day considered removal curriculum	TDM Manager	September 2019	<ul style="list-style-type: none"> All necessary staff trained in new triggers and considered removal framework. 	<ul style="list-style-type: none"> 100% completion rate 	APSR 2021: Completed. (Please see attachment, Training Curriculum.)
A3: Train all Area 8 staff that currently have TDM in their counties (not yet area-wide) on TDM, highlighting new triggers	TDM Manager	September 2019	<ul style="list-style-type: none"> All necessary staff trained in new triggers and considered removal framework. 	<ul style="list-style-type: none"> 100% completion rate 	APSR 2021: Completed. By September 2019 all Area 8 staff (a total of 78) was trained by the TDM Manager that had TDM in their counties on new triggers.
A4: Provide Considered Removal TDM orientation to applicable county Office of Chief Counsel (OCC) and external stakeholders (e.g., court, legal, CASA, schools, mental health providers, community partners)	TDM Manager, OCC Area 8 Supervising Attorney for OCC portion, AECF staff	September 2019	<ul style="list-style-type: none"> Majority of applicable stakeholders have knowledge about Considered Removal TDM values, goals, and processes. 	<ul style="list-style-type: none"> 75% completion rate 	APSR 2021: This orientation for external stakeholders was not held. However, all eight OCC attorneys in the area were trained and a meeting with one local judge also took place to provide her with an overview of Considered Removal TDMs. A training for Parent Counsel and Attorneys Ad Litem is currently in development.

<p>A5: Go-live with Considered Removal TDMs in existing TDM counties in Area 8</p>	<p>TDM Manager</p>	<p>October 2019</p>	<ul style="list-style-type: none"> • Decreased removals • Increased relative placements • Increased family engagement • Increased placement stability • Increased time to permanency within 12 months • Improved relationship with domestic violence prevention/intervention programs 	<p>For all five years, all applicable families receive Considered Removal TDM</p>	<p>APSR 2021: Completed as of October 2019. The Go-Live date for Area 8 was launched on October 7, 2019. “Potty Posters” were placed in the restrooms. There were four different posters that were ran over a month’s time. A “Jimmy Kimmel” skit was performed at the Area 8 Education meeting before the GO LIVE date.</p>
<p>A6: Train Area 8 resource families on Considered Removal TDM and their roles within it</p>	<p>TDM Manager, AECF staff</p>	<p>October 2019</p>	<ul style="list-style-type: none"> • Majority of resource families have knowledge about Considered Removal TDM values, goals, and processes. 	<ul style="list-style-type: none"> • 75% completion rate 	<p>APSR 2021: Not completed. The focus on training was to train Judges and Parent Counsel first before training resource families. All trainings were put on hold due to COVID. A meeting was held with Judge Halsey from Area 8 back in January 2020. At that time, she informed that she would be retiring, and several new judges would be starting in the new term. We still plan on getting this completed in the future and</p>

					<p>will keep you all abreast of any new updates.</p> <p>APSR 2022: Since Considered Removal TDMs happen prior to the placement of a child in a resource home, the TDM Program determined a meeting with resource families was not needed at this time.</p>
A7: Begin scheduling quarterly meetings court team to check-in on progress, concerns, etc. and address concerns as needed	Area 8 Director, Area TDM Facilitator	November 2019	<ul style="list-style-type: none"> Improved communication and ability to strengthen CQI processes. 	<ul style="list-style-type: none"> For all five years, court team meetings occur quarterly and are reported to Assistant Directors of Community Services and Prevention and Reunification in monthly reports. 	<p>APSR 2021: Completed. The Prevention and Reunification Unit is in the process of establishing a workgroup comprised of frontline managers, supervisors, and caseworkers; agency leadership; TDM facilitators; QA/performance staff. This will be a monthly meeting to discuss TDM-related data and practice that is guided by TDM Self-Evaluation Discussion Guide. This Discussion Guide was developed by the National Council on Crime and Delinquency Children’s Research Center. As per the recommendations of the TDM Self-Evaluation, external partners are brought into these meetings after the self-</p>

					evaluation process is well-established.
A8: Create protocols to ensure all newly hired staff in Area 8 receive training as part of onboarding	TDM Manager and Supervisor	November 2019	<ul style="list-style-type: none"> All necessary staff trained in new triggers and considered removal framework. 	<ul style="list-style-type: none"> 100% of newly hired staff receive Considered Removal TDM training. 	APSR 2021: Completed. Quarterly Zoom meetings are held to train incoming staff on Considered Removal TDMs.
A9: Evaluate progress of Area 8 Considered Removal TDMs	TDM Manager and Supervisor, Assistant Director of Prevention and Reunification	Ongoing	<ul style="list-style-type: none"> Data analysis to inform CQI processes and statewide expansion plan. 	<ul style="list-style-type: none"> Establish baseline rates for current TDM counties' removal rates, time to permanency, relative placements and establish progress measures based on that data. 	<p>APSR 2021: Ongoing. See APSR Attachment E: TDM Meeting Summary Data for more information.</p> <p>APSR 2022: In order to evaluate progress of Area 8 Considered Removal TDMs, a monthly meeting is held in Area 8 with the Area Director, staff, and Evident Change Consultant to review Area 8 pilot progress. The TDM Summary Report in CHRIS Net and the monthly charts are reviewed during the meeting. The report captures the number of TDM meetings that involved a considered removal or removal. The Summary Report is being revised by the IT team to provide a better analysis of the data that is being collected. The TDM Program Manager reviews the TDM Summary Plans for Area 8 and documents the information in Survey Monkey.</p>

<p>B1: Using data and consideration of county/area readiness per implementation science, develop statewide expansion plan using roll-out plan described in “A” activities above to ensure 100% coverage of TDM (currently TDM is implemented in 40% of the state).</p>	<p>TDM Manager and Assistant Director of Prevention and Reunification</p>	<p>Spring 2020</p>	<ul style="list-style-type: none"> Statewide expansion plan informed by quantitative and qualitative data. 	<p>Year 1: Expand Considered Removal TDMs to remaining Area 8 counties Year 2: Expand Considered Removal TDMs to ensure 70% of state has TDM Year 3: Expand Considered Removal TDMs to ensure 100% of state has TDM Year 4: Sustain TDMs statewide Year 5: Sustain TDMs statewide</p>	<p>APSR 2021: Completed. All counties within Area 8 are now TDM considered removal counties as of October 2019. Currently expansion beyond Area 8 is on hold due to COVID pandemic concerns and related budget constraints.</p> <p>APSR 2022: Work has started to launch Considered Removal TDMs in Area 2 (TDMs under the state’s initial TDM model already take place in Area 2). Monthly meetings with DCFS staff and the Evident Change TDM consultant started in Spring 2021. An initial training on the Considered Removal TDMs triggers has also been completed with Area 2 supervisors and staff. An implementation workplan has also been developed. A tentative launch date for Considered Removal TDMs in Area 2 is late fall 2021, though subject to change based on the continued SOP implementation and staff turnover challenges. Once Considered Removal TDMs are launched in Area 2, a little over 21% of the state will have Considered Removal TDMs.</p>
--	---	--------------------	---	---	---

Strategy 4: Expand Intensive In-Home Services statewide contingent on FFPSA funding and clearinghouse approval (currently in 37 counties).

Rationale: The CFSR identified concerns with the overall service array and accessibility of services, especially in the rural areas of the state that affected service provision. According to information in the Statewide Assessment, parenting classes often are not individualized, and counseling

and mental health services are rarely effective. In addition, the Intensive In-Home Services Program is what the Division hopes will be its first IV-E prevention service program pursuant to the Family First Prevention Services Act (FFPSA), so the Division has selected to place this FFPSA-related service into its CFSP. The Division has had traditional Intensive Family Services (IFS) within its service array for many years. However, while the traditional four to six-week IFS model is sufficient for many families experiencing relatively short-term crises needing intensive intervention, the traditional IFS model is not suited for families with generational child maltreatment issues and trauma. Due to this gap in the child welfare service array, the Division determined that a program that was similar to IFS, but stayed involved long enough to do crisis intervention and long term stabilization was needed: one that would address mental health and parenting, but also help the family create a natural social support system, navigate individualized educational plans, address housing issues, employment, problem solving skills, etc. To that end, DCFS put out an RFQ for Intensive In-Home Services (IIHS). The RFQ included the parameters for how the service would be provided including length of time, caseloads allowed, expectation for supervision, 24/7 availability, crisis intervention, who they were expected to serve, what issues they were expected to address, outcomes expected, the requirement that the intervention model they would use be evidenced based, and that they had experience in delivering that model. From the responses to the RFQ, the Division chose Youth Villages to deliver Intercept, St. Francis to deliver Family Centered Treatment, and Youth Advocate Program to deliver Strengthening Families. Below are some of the reasons we chose these three providers:

St. Francis

- Doing this work in 2 states already;
- Experience in rural, impoverished areas;
- Using a Family Centered Treatment model that is already promising on California Clearinghouse and is working towards well-supported;
- Included in proposal statistics and understanding of poverty levels in communities that they bid on.

Youth Advocate Program

- Using the Strengthening Families model that will hopefully qualify for well-supported on Federal Clearinghouse;
- Provides similar service in 12 other states with over 40 years’ experience;
- Success rate of 84%;
- Has a “No Reject – No Eject” policy.

Youth Villages

- Using a program based off of MST;
- Providing this service in 11 states;
- 88% success rate 2 years post discharge.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures	APSR Update
----------	-------------------	----------------------	---	-------------------	-------------

<p>A1: Continue to analyze data/evaluations from providers of current Intensive In-Home Services (currently in 37 counties so 49.3% statewide coverage) and related CHRIS data</p>	<p>In-Home Services Manager</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> • Increased family stability and functioning • Decreased child maltreatment • Decrease in foster care entries 	<p>For all five years (contingent upon FFPSA funding and clearinghouse approval):</p> <ul style="list-style-type: none"> • 95% of families shall not have confirmed abuse/neglect within 6 months of intervention • 90% of families shall not have confirmed abuse/neglect within 12 months of intervention • 85% of families shall not have confirmed abuse/neglect within 24 months of service • 95% of children shall remain safely in their homes during intervention • 90% of families receiving intervention in a foster care case must successfully reunify during intervention • 95% of families receiving intervention through Protective Services Case shall not have a child removed during intervention • 92% shall not have a child removed within 6 months of intervention • 90% shall not have a child removed within 	<p>APSR 2021: The Prevention and Reunification Unit is still working with UAMS to get their designated staff access to the correct data so that UAMS can begin establishing baseline data. Access has successfully been granted for the UAMS team to CHRIS and SafeMeasures. The contract calls for a yearly report. The first one is set to be completed by November 2020.</p> <p>Monthly IIHS Provider meetings are also held (though during the initial weeks of the COVID pandemic these meetings actually took place on a weekly basis). Process data is provided to the In-Home Services Manager from each IIHS Provider monthly. See attached excerpt for a summary example of such data.</p> <p>APSR 2022: UAMS is now receiving monthly data tables from Deloitte. The In-Home Program Manager is working with UAMS to ensure the data is being categorized correctly and that tables are being identified and are being added to the data exchange. While progress is being made, UAMS is still working on propensity matching and choosing the correct variables from CHRIS to ensure reliable baseline data</p>
--	---------------------------------	----------------	---	--	---

				<p>12 months following intervention</p> <ul style="list-style-type: none"> 85% shall not have a child removed within 24 months of intervention 	<p>matching for establishing equivalent comparison groups. They are committed to conducting an evaluation that will meet the requirements of the Title IV-E Clearinghouse in order to contribute to the research base that qualifies programs for “promising, supported, or well supported” as defined by the Title IV-E Clearinghouse Handbook. These requirements are stricter than the general “well designed and rigorous evaluation” required for the state’s Five-Year Prevention Plan. While UAMS does not have a written report yet for either IIHS program, Public Consulting Group (PCG) has completed their first round of CQI that looked at Family Centered Treatment (FCT) provided by St. Francis. FCT provided by Youth Advocate Program was not included in this first round because they did not start providing FCT until the end of the SFY 20 and were not fully providing FCT until September 2020.</p> <p>Regular IIHS Provider meetings were held weekly during the initial weeks of the COVID-19 Pandemic. The meetings are</p>
--	--	--	--	---	--

					now taking place every other month.
A2: Expand Intensive In-Home Services statewide contingent on FFPSA funding and clearinghouse approval to include evaluation and CQI strategies to continuously assess implementation.	In-Home Services Manager	TBD contingent upon FFPSA funding and clearinghouse approval and RFQ process	<ul style="list-style-type: none"> • Increased family stability and functioning • Decreased child maltreatment • Decrease in foster care entries 	Contingent upon FFPSA funding and clearinghouse approval: Year 1: 60% of state to have Intensive In-Home coverage Year 2: 75% of state to have Intensive In-Home coverage Year 3: 90% of state to have Intensive In-Home coverage Year 4: 100% of state to have Intensive In-Home coverage Year 5: 100% of state to have Intensive In-Home coverage	<p>APSR 2021: Beyond the existing 37 counties that are served by IIHS providers (providing 49.3% coverage rate for the state), any plans to expand are currently on hold as a result of the COVID pandemic and related budget constraints.</p> <p>APSR 2022: Currently 49.3% of the state continues to be covered by IIHS providers. Expansion was put on hold during this reporting period due to the uncertainty of the COVID-19 pandemic. However, in January 2021, discussions around expansion of IIHS began taking place. IIHS was to expand to the remaining counties in Area 8, additional counties in Area 7, and to Area 3. However the expansion plans had to be put on hold given that the Title IV-E Clearinghouse did not rate Family Centered Treatment (FCT) as a “promising, supported, or well-supported” practice. Contingency plans have been put into place for the continued funding of FCT for the time being since the Division has seen many positive outcomes associated with FCT (e.g., collective decrease of 16.6% in the foster care population and a 44% decrease</p>

					in the number of entries into foster care in the last two years in the counties served by FCT). However, alternate funding streams or transition to a different modality may be needed as an implementation support for long-term sustainability of IIHS.
--	--	--	--	--	---

Strategy 5: Continue implementing Evident Change-Children’s Research Center (CRC) Safety Organized Practice (SOP) implementation plan years 3-5 per Evident Change-CRC proposal (this will be a continuation of CFSR PIP Strategy 2 past the completion of the PIP itself).

Rationale: During SFY 2018, sufficient efforts were not made to assess and address risk and safety concerns for children receiving services in more than a quarter of the reviewed cases (29 percent). The deficient ratings once again stemmed from problems with conducting ongoing assessments of risk and safety and with safety management.

For more than 20 years, CRC has partnered with child welfare agencies nationally and internationally to implement the SDM assessment system. The SDM system includes a series of evidence-based assessments used at key points in child protection casework to support staff in making consistent, accurate, and equitable decisions throughout their work with a family. Additionally, the SDM system allows an organization to better understand its data, better manage limited resources, and better direct its resources to families that are most in need. DCFS currently uses an older locally modified version of our older risk assessment mixed with other assessments.

Additionally, CRC integrates a family-centered, strengths-based social work practice alongside the SDM assessments known as SOP. This is an approach to day-to-day child welfare casework designed to help all key stakeholders involved with a child—parents; extended family; child welfare worker; supervisors and managers; lawyers, judges, and other court officials; and the child him/herself—to meaningfully participate in assessment activities and to develop culturally responsive collaborative plans that keep a clear focus on enhancing child safety at all points in the case process. Combining the SDM system and SOP connects an evidence-based analytic system to rigorous, collaborative social work practice to support better outcomes for children and families. Evident Change-CRC has implemented SDM and SOP in multiple jurisdictions in the United States as well as in Canada and Australia.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures	APSR Update
A1: SOP Initial Launch to include orientation sessions,	Assistant Director of Prevention and Reunification,	Fall 2021	<ul style="list-style-type: none"> Improved initial and ongoing risk and safety assessments 	TBD	APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date

foundational trainings, and supervisor trainings.	Assistant Director of Community Services, NCCD-CRC		<ul style="list-style-type: none"> • Decreased foster care entries • Increased permanency in 12 months 		<p>APSR 2022: SOP Orientations for all DCFS staff were completed in January 2021. The two-day SOP Supervisor Trainings began in May 2021 and were completed in June 2021 all via Zoom. DCFS worked closely with Evident Change and MidSOUTH to convert what was the three-day SOP Foundations training into a series of nine eLearnings (each approximately 30 minutes) broken into three units (with three eLearnings in each unit) with each unit followed by a facilitated wrap-up conversation that highlight important points, provide supplemental information not included in the eLearnings, and allow staff to ask questions. The first three eLearnings were provided to all DCFS staff in June 2021 and the first set of facilitated wrap-up conversations begin the last week of June over Zoom. Staff have been encouraged to begin “trying on” concepts and tools introduced in the SOP Supervisor Training and eLearnings.</p>
A2: SOP Implementation activities to include SOP intensive practice series, working across differences trainings, and coaching institute.	Assistant Director of Prevention and Reunification, Assistant Director of Community	Fall 2022	<ul style="list-style-type: none"> • Improved initial and ongoing risk and safety assessments • Decreased foster care entries 	TBD	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date</p> <p>APSR 2022: SOP “Deep Dives” (i.e., intensive practice series) are scheduled to begin in October 2021. Identifying and</p>

	Services, NCCD-CRC		<ul style="list-style-type: none"> • Increased permanency in 12 months 		training local staff to assist with co-facilitation alongside already identified IV-E field trainers will be a needed implementation support for successful implementation of this activity. Several members of Central Office have already participated in the Working With and Across Differences Training as an introduction. The SOP Coaching Institute is scheduled for Spring 2022.
A3: SOP Sustainability activities include the training integration activities and fidelity review.	Assistant Director of Prevention and Reunification, Assistant Director of Community Services, NCCD-CRC	Spring 2024	<ul style="list-style-type: none"> • Improved initial and ongoing risk and safety assessments • Decreased foster care entries • Increased permanency in 12 months 	TBD	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2021 APSR report date</p> <p>APSR 2022: N/A – Proposed completion timeframe beyond 2022 APSR report date</p>
B1: DCFS with support from Evident Change will implement associated training of the SDM Safety and Risk Assessment Tool.	Assistant Director of Prevention and Reunification	Spring 2022	<ul style="list-style-type: none"> • Improved initial and ongoing risk and safety assessments • Decreased foster care entries • Increased permanency in 12 months 		DCFS is currently working on possible contract negotiations with the University of Arkansas at Little Rock MidSOUTH Training Academy to assist with the SDM Safety and Risk Tool in January-March 2022.
B2: Evident Change will develop clear policy, procedures, needed	Assistant Director of	Spring 2022	<ul style="list-style-type: none"> • Improved initial and ongoing risk and safety assessments 		The policy, technology, and fidelity measures have already been developed and will be

technology, and fidelity measures for the SOP practices to implement them uniformly across the state.	Prevention and Reunification		<ul style="list-style-type: none"> • Decreased foster care entries • Increased permanency in 12 months 		implemented alongside the Safety and Risk Assessment Tool trainings.
B3: Following implementation, Evident Change will conduct remote or onsite case readings related to the safety and risk assessment tool within three to six months after each set of tools is implemented to gain early view of fidelity of assessment implementation and to provide feedback as needed. Feedback will be presented verbally onsite and be followed with a written memo summarizing the findings with recommendations for strengthening implementation.	Assistant Director of Prevention and Reunification	Fall 2022	<ul style="list-style-type: none"> • Improved initial and ongoing risk and safety assessments • Decreased foster care entries • Increased permanency in 12 months 		
B4: Evident Change will customize an updated set of the SDM assessments to enhance DCFS's ability to make case planning and reunification decisions with accuracy and consistency across the state with the training and implementation of these backend tools	Assistant Director of Prevention and Reunification	Fall 2022	<ul style="list-style-type: none"> • Improved case planning, ongoing risk assessments, and reunification planning • Increased permanency in 12 months 		

<p>B5: Evident Change will develop clear policy, procedures, needed technology, and fidelity measures for the SOP practices to implement them uniformly across the state specific to the backend tools.</p>			<ul style="list-style-type: none"> • Improved case planning, ongoing risk assessments, and reunification planning • Increased permanency in 12 months 		
<p>B6: Following implementation, Evident Change will conduct remote or onsite case readings of the backend tools within three to six months after each set of tools is implemented to gain early view of fidelity of assessment implementation and to provide feedback as needed. Feedback will be presented verbally onsite and be followed with a written memo summarizing the findings with recommendations for strengthening implementation.</p>			<ul style="list-style-type: none"> • Increase permanency in 12 months • Improved case planning, ongoing risk assessments, and reunification planning 		

Goal 3: Improve the foster care system for children who cannot remain safely in their homes.

Rationale: According to the 2014 [In-Home Services in Child Welfare](#), Child Welfare Information Gateway, “Removing children from their families is disruptive and traumatic and can have long-lasting, negative effects. There are a number of stressors for a child that are associated with removal and can add to the initial trauma of maltreatment, including dealing with the substantiation of abuse and/or neglect findings and having to cope with parental loss (Schneider & Phares, 2005).” However, if a child must be removed from home

due to child abuse or neglect, research and [federal legislation](#) (42 U.S.C 675(5)) supports the notion that a child should be placed in the least restrictive, most family-like environment available.⁴

CFSR PIP strategies that support this goal include Strategies 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 16. The Kinship Connect Program will also impact this goal.

Goal Measures:

- CFSR Permanency 1:
 - Year 1: 45% **APSR 2021 Update: Achieved. SFY 2019: 48%**
 - Year 2: 50% **APSR 2022 Update: Achieved. SFY 2020: 53%**
 - Year 3: 55%
 - Year 4: 60%
 - Year 5: 65%
- CFSR Permanency 2:
 - Year 1: 80% **APSR 2021 Update: Achieved. SFY 2019: 80%**
 - Year 2: 82% **APSR 2022 Update: Not Achieved, SFY 2020: 79%**
 - Year 3: 84%
 - Year 4: 85%
 - Year 5: 87%

Strategy 6: Support building relationships between foster and biological families to increase child and family well-being and improve permanency within 12 months.

Rationale: Research shows that children, youth, and families benefit when foster parents and birth parents are supported by an agency culture that encourages meaningful partnerships and that provides quality support.⁵ This is general recommendation as well as some of the specific activities below came from the Foster Parent Advisory Council and the Parent Advisory Council. There are also strategies and activities in the Foster Adoptive Diligent Recruitment Plan that will integrate into this strategy (See Strategy E).

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures	APSR Update
----------	-------------------	----------------------	---	-------------------	-------------

⁴ National Conference of State Legislatures, 2016: [The Child Welfare Placement Continuum: What’s Best for Children?](#)

⁵ Child Welfare Information Gateway, May 2019: [Partnering with Birth Parents to Promote Reunification.](#)

<p>A1: Establish joint meetings between Parent Advisory Council (PAC) and Foster Parent Advisory Council (FPAC) to work on relationships.</p>	<p>Foster Care and Adoptions Program Administrator, CBCAP Lead</p>	<p>Spring 2020</p>	<ul style="list-style-type: none"> • Increased understanding between biological and resource parents. • Increased collaboration on resource parent and DCFS staff training strategies/development of training. 	<ul style="list-style-type: none"> • Establish annual meeting schedule • For all five years, at least two joint meetings between the Parent Advisory Council and the Foster Parent Advisory Council each year. 	<p>APSR 2021: This has not yet occurred. The Children’s Trust Fund within the DCFS Prevention and Reunification Unit are still planning on this taking place. However, a determination was made that this first joint meeting would work best as a face-to-face rather than a Zoom meeting or similar platform. As such, the face-to-face meeting is on hold for an in determinant amount of time due to the COVID pandemic.</p> <p>APSR 2022: This joint meeting between the two groups continues to be put on hold due to the public health emergency as well as the Foster Care Unit being understaffed for different reasons at different points in time.</p>
<p>A2: During selected, separate PAC and FPAC meetings, assess effectiveness of joint meetings.</p>	<p>CBCAP Lead, FPAC facilitators, Foster Care and Adoptions Program Administrator</p>	<p>Summer 2020 and then ongoing</p>	<p>See above.</p>	<ul style="list-style-type: none"> • Establish once these assessments will occur during separate meetings. 	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date</p> <p>APSR 2022: During this reporting period, the FPAC did not meet due to the COVID-19 pandemic as well as the Foster Care Unit being understaffed for different reasons at different points in time. The PAC did meet on a virtual platform and</p>

					focused primarily on supporting one another through the pandemic.
B1: Research other foster parent training curricula and make recommendations to DCFS Exec Staff.	Foster Parent Advisory Council, Parent Advisory Council, Foster Care and Adoptions Program Administrator, Training Manager, MidSOUTH Training Academy	Spring 2021	<ul style="list-style-type: none"> Summary of review and recommendations completed 	Year 1: N/A Year 2: Review and recommendations completed Years 3-5: See 'B' activities below.	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date</p> <p>APSR 2022: During this reporting period, the Foster Care Manager explored new training curriculum for resource parents. The National Training and Development Curriculum (NTDC) staff met with DCFS to learn more about the training and assessed if the training would be beneficial for Arkansas resource parents. The training has online portions and has more up to date material than the current training curricula. Arkansas plans to explore implementation in depth in 2022. It was decided to wait until 2022 due to the development of the Kinship Training for relatives and fictive kin families, which has been the primary focus during this reporting period and is scheduled to launch in August 2021.</p>
B2: Develop implementation plan for revised foster parent training curriculum.	Foster Parent Advisory Council, Parent Advisory Council, Foster Care and Adoptions Program	Fall 2021	<ul style="list-style-type: none"> Implementation plan completed and associated implementation supports determined 	Year 1: N/A Year 2: N/A Year 3: Implementation plan completed and associated implementation support determined Years 4-5: See 'B' activities below	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date</p> <p>APSR 2022: N/A – See progress report for Strategy 6, Activity B1 above.</p>

	Administrator, Training Manager, MidSOUTH Training Academy				
B3: Implement revised foster parent training curriculum.	Foster Care and Adoptions Program Administrator, Training Manager, MidSOUTH Training Academy	Summer 2022	<ul style="list-style-type: none"> Foster parents better prepared for their role to both child and child's family Increased understanding of impact of trauma 	Years 1-2: See 'B' activities above Year 3: CFSR Item 11: 62% Year 4 CFSR Item 11: 65% Year 5 CFSR Item 11: 70%	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2021 APSR report date</p> <p>APSR 2022: N/A – Proposed completion timeframe beyond 2022 APSR report date though given progress updates in Activities B1 and B2 above, it is highly unlikely that the revised curriculum for traditional resource parents will launch in Summer 2022. In addition, NTDC is still in the pilot phase in several states and will not be ready for mass implementation until 2022. Arkansas will review information from the NTDC pilot phase before making a decision about implementation in this state.</p>
B4: Develop surveys and/or focus groups to evaluate effectiveness of new foster parent training curriculum.	Foster Care and Adoptions Program Administrator, Training Manager, MidSOUTH Training Academy	Fall 2022 and then ongoing	<ul style="list-style-type: none"> Foster parents better prepared for their role to both child and child's family Increased understanding of impact of trauma 	Years 1-2: See 'B' activities above Year 3: CFSR Item 11: 62% Year 4 CFSR Item 11: 65% Year 5 CFSR Item 11: 70%	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2021 APSR report date</p> <p>APSR 2022: N/A – Proposed completion timeframe beyond 2022 APSR report date</p>

Strategy 7: Increase quality of parent-child visits in an effort to improve relationship of child in care with parents and permanency within 12 months.

Rationale: Research shows consistent and frequent visitation between parents and their children in out-of-home care can reduce trauma for children (Smariga, 2007; Mallon & Hess, 2005; Haight, Kagle & Black, 2003). Visitation is crucial to strengthening and maintaining family relationships – it’s also important for parent-child attachments and can decrease the sense of abandonment that children often experience when they are removed from their home and placed into out-of-home care. Family visitation is linked to positive outcomes, including improved child well-being, less time in out-of-home care, and faster reunification when it is in the best interest of the child (Mallon & Hess, 2005; Hess, 2003). Throughout the 2018 root cause analysis focus groups, there were often concerns expressed about both the frequency and quality of parent-child visits. This strategy and some of the activities listed below are also recommendations from the Parent Advisory Council. In terms of the frequency/amount of parent-child visitation, this strategy may also be impacted by Act 558 of the 92nd General Assembly, Regular Session which mandates that if the court orders supervised visitation, the parent from whom custody was removed will have a minimum of four hours of visitation each week unless the court orders less than four hours each week because it determines that it is not in the best interest of the child or that it will impose an extreme hardship on one of the parties.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures	APSR Update
A1: Develop and implement best practice guide for family visitation and support field staff in creating quality family visitations.	Parent Advisory Council; CBCAP Lead; Infrastructure and Specialized Programs, Program Administrator;	Fall 2020	<ul style="list-style-type: none"> Increased knowledge of components of quality family visitation. 	Year 1: Practice guide developed and implemented Year 2: CFSR Item 8: 86% Year 3: CFSR Item 8: 88% Year 4: CFSR Item 8: 90% Year 5: CFSR Item 8: 92%	APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date APSR 2022: A draft of the best practice guide for family visitation has been developed; however, the implementation and dissemination of this document was put on hold given that the family time approach and associated visit coaching is a component of Safety Organized Practice. Decisions regarding the family time approach as a component of SOP are still being made so it was deemed prudent to pause the dissemination of the family visitation best practice guide to ensure it fully aligns with SOP.

					<p>Arkansas is currently researching visit coaching models it may implement as part of the larger SOP roll-out.</p> <p>For SFY 2020, CFSR Item 8 was rated at 89%. For SFY 2021 to date, CFSR Item 8 has decreased to 83%, but this is not surprising given the impact of the public health emergency on children and families as well as, specific to this activity, that the best practice guide has not yet been launched.</p>
B1: Research visit coach strategies and programs in conjunction with community partners such as community centers, high-quality childcare centers, emergency shelters, private child welfare agencies, etc.	Foster Care and Adoptions Program Administrator,	Fall 2020	<ul style="list-style-type: none"> Summary of research and recommendations. 	<p>Year 1: N/A</p> <p>Year 2: Develop recommendations</p> <p>Years 3-5: See following 'B' activities</p>	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date</p> <p>APSR 2022: The Reunification Specialist within the Prevention and Reunification Unit is currently researching visit coaching models that may be implemented as part of the Division's SOP implementation. DCFS Central Office Staff also met with representatives from Vermont who implemented the Marty Beyer's visit coaching model several years ago as part of their SOP implementation.</p>
B2: Contingent upon funding and staffing and needed MOUs or contracts, develop implementation	Foster Care and Adoptions Program Administrator; Assistant	Spring 2022	<ul style="list-style-type: none"> Implementation plan and associated MOUs or contracts, as applicable. 	<p>Year 1: See 'B' activities above</p> <p>Year 2: See 'B' activities above</p>	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2021 APSR report date</p>

plan for visit coaching program.	Director of Community Services; DCFS Deputy Director; Leads of selected community partners			Year 3: Implementation plan and associated MOUs or contracts developed. Years 4-5: See 'B' activities below.	APSR 2022: N/A – Proposed completion timeframe beyond 2022 APSR report date
B3: Contingent upon funding and staffing, pilot visit coaching program in selected counties to include evaluation and CQI strategies to continuously assess implementation.	Foster Care and Adoptions Program Administrator; Assistant Director of Community Services; DCFS Deputy Director	Fall 2022	<ul style="list-style-type: none"> Increased frequency and quality of family visitation Increased family engagement Improved relationship of child in care with parents Increased time to permanency within 12 months Increased parent and child well-being 	Year 1: See 'B' activities above Year 2: See 'B' activities above Year 3: CFSR Item 8: 88% Year 4: CFSR Item 8: 90% Year 5: CFSR Item 8: 92%	APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date APSR 2022: N/A – Proposed completion timeframe beyond 2022 APSR report date
B4: Contingent upon funding and staffing and results of pilot visit coaching program, develop expansion plan to include evaluation and CQI strategies to continuously assess implementation of plan.	Foster Care and Adoptions Program Administrator; Assistant Director of Community Services; DCFS Deputy Director	Spring 2024	<ul style="list-style-type: none"> Increased frequency and quality of family visitation Increased family engagement Improved relationship of child in care with parents Increased time to permanency within 12 months Increased parent and child well-being 	Year 1: See 'B' activities above Year 2: See 'B' activities above Year 3: CFSR Item 8: 88% Year 4: CFSR Item 8: 90% Year 5: CFSR Item 8: 92%	APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date APSR 2022: N/A – Proposed completion timeframe beyond 2022 APSR report date

Strategy 8: Increase number of Therapeutic Foster Care (TFC) homes to help improve placement stability for children in foster care.
Rationale: As Arkansas prepares for the implementation of the Family First Prevention Services Act (FFPSA), the need for more family-like settings for children who may not be appropriate for a Qualified Residential Treatment Program (QRTP) but who also may not be able to maintain in a traditional foster home will continue to increase; or, for children who may have had a QRTP placement but need to step-down to a more structured family like setting than a traditional foster home.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures	APSR Update
<p>A1: Develop strategy to communicate baseline data associated with new TFC performance-based contracts (this will also intersect with Targeted Foster Adoptive Parent Diligent Recruitment Plan Strategy C) to include evaluation and CQI strategies to continuously assess implementation of strategy.</p>	<p>Assistant Director of Placement Support & Community Outreach; Chapin Hall</p>	<p>Summer 2020</p>	<ul style="list-style-type: none"> Improved communication between DCFS and providers Increased knowledge regarding strengths and areas needing improvement for TFC providers Increased knowledge about strengths and needs of children in TFC settings 	<ul style="list-style-type: none"> Communication strategy developed. Meeting schedule with providers TBD 	<p>APSR 2021: Completed. Baseline data was gathered through the TFC performance-based contracts supported by Chapin Hall and this initial data was reviewed with DCFS and the TFC placement providers. However, the Division has made the decision to eliminate this work with Chapin Hall and potentially pursue a similar method of performance-based contracting with its existing NCCD contract.</p>
<p>A2: Develop recruitment/retention plan in collaboration with existing TFC providers (this will also intersect with Targeted Foster Adoptive Parent Diligent Recruitment Plan Strategy B, Item 6 and all of Strategy C in that plan) to include evaluation and CQI strategies to continuously assess implementation of plan.</p>	<p>Assistant Director of Placement Support & Community Outreach; TFC Providers</p>	<p>Fall 2020</p>	<ul style="list-style-type: none"> Increased placement options Improved placement stability 	<p>Year 1: N/A (plan not developed until year 2) Year 2: 2% increase in the number of TFC homes Year 3: 4% increase in the number of TFC homes Year 4: 5% increase in the number of TFC homes Year 5: Sustain the number of TFC homes</p>	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date but the timeframe will need to be pushed back since the Division is considering NCCD taking on this work.</p> <p>APSR 2022: The president of the Family Focused Treatment Association is currently working on a proposal for recruitment funding. The plans have been discussed at the</p>

					Family Focused Treatment Association monthly meetings where updates are provided. The associated progress measures have not been achieved for APSR 2022. As of June 30, 2021 there are 245 TFC resource homes where as there were 264 TFC homes on June 30, 2020. Both the public health emergency as well as closure of TFC homes due to adoptions have contributed to this decrease.
--	--	--	--	--	--

Strategy 9: Develop and implement Supervised Independent Living Contracts for 40 beds/program openings to provide more placement options and wraparound support for older youth.

Rationale: Feedback from staff and stakeholders is resounding regarding the need for more placement options for youth who elect to stay in extended care. Arkansas plans to take advantage to claim IV-E dollars for youth 18 and older in foster care who reside in a Supervised Independent Living setting.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures	APSR Update
A1: Develop scope of work and contract deliverables	Assistant Director of Infrastructure and Specialized Programs, DHS Procurement Office	Fall 2019	<ul style="list-style-type: none"> Additional placement options for youth 18 and older Additional support/wraparound services to help young adults prepare for transition to adulthood 	Scope of work and PIs completed	APSR 2021: Completed. The scope of work and contract deliverables for the Supervised Independent Living contracts were submitted to the DHS Office of Procurement in November 2019.
A2: Request for Proposal (RFP) Posted	Assistant Director of Infrastructure and Specialized Programs, DHS	Winter 2019-2020	<ul style="list-style-type: none"> Additional placement options for youth 18 and older Additional support/wraparound 	RFP posted	APSR 2021: Completed. The RFP for the Supervised Independent Living Contract was posted in February 2020 and closed on March 4, 2020.

	Procurement Office		services to help young adults prepare for transition to adulthood		
A3: RFPs awarded, and Supervised Independent Living services begin	Assistant Director of Infrastructure and Specialized Programs, DHS Procurement Office	Summer 2020	<ul style="list-style-type: none"> Assistant Director of Infrastructure and Specialized Programs, DHS Procurement Office 	<p>For all five years:</p> <ul style="list-style-type: none"> Youth placed in these settings stay in foster care until age 21; Youth have secured housing prior to leaving Extended Care; Youth have some type of employment prior to leaving care; Youth have identified support system outside of DCFS and Supervised Independent Living provider prior to leaving care; Pre-exit surveys indicate youth feels prepared prior to leaving care 	<p>APSR 2021: Due to the COVID pandemic, the RFP review process was temporarily put on hold to allow the Division time to assess its options regarding moving forward with the Supervised Independent Living contracts. The anticipation to award these contracts was posted in June 2020. Eight providers were awarded statewide with a total of 37 beds between them. The contract start date is set for September 1, 2020. The TYS Unit is currently working with the DHS Communications Team on a messaging strategy to help encourage youth to consider this as a placement option.</p> <p>APSR 2022: The Supervised Independent Living (SIL) contracts went live on October 1, 2020. The total number of SIL beds available statewide has increased to 40. As of June 28, 2021, 77.5% of these beds are currently full. All youth placed in an SIL setting are either enrolled in school and/or employed.</p>

Goal 4: Build a strong child welfare workforce.

Rationale: The CFSR states that positive outcomes for children and families involved in the child welfare system are directly affected by the workers and supervisors in the field. Arkansas has historically struggled to maintain a strong workforce and has regularly faced high rates of turnover and vacancies with a turnover rate at 46% in SFY 2019. As a result, workers are not able to ensure the safety of children, comprehensively assess families' needs, or effectively engage them in case planning to achieve timely and appropriate permanency. The Parent Advisory Council also made several suggestions regarding creating and retaining quality staff.

CFSR PIP strategies that support this goal include Strategies 14, 15, and 16.

Goal Measures:

- CFSR Well-Being 1 (SFY 2018: 51%):
 - Year 1: 62% **APSR 2021 Update: Not achieved but progress still made from SFY 2018 Statewide QSPR. SFY 2019: 60%**
 - Year 2: 65% **APSR 2022 Update: Achieved SFY 2020: 71%**
 - Year 3: 68%
 - Year 4: 70%
 - Year 5: 75%
- DCFS Turnover Rate (SFY 2019 FSW Turnover Rate: 46% (includes resignations, terminations, promotions, demotions, and transfers):
 - Year 1: Decrease staff turnover rate to 45% **APSR 2021 Update: Achieved. SFY 2019 FSW Turnover Rate: 42.9% (includes resignations, terminations, promotions, demotions, and transfers).**
 - Year 2: Decrease staff turnover rate to 43% **APSR 2022 Update: Achieved. SFY 2020 FSW Turnover Rate: 39.83% (includes resignations, terminations, promotions, demotions, and transfers)**
 - Year 3: Decrease staff turnover rate to 40%
 - Year 4: Decrease staff turnover rate to 35%
 - Year 5: Decrease staff turnover rate to 33%

Strategy 10: Ensure child welfare staff have the support and tools to allow them to reach full potential.

Rationale: In the Statewide Assessment, stakeholders reported that in areas with high turnover or vacancy rates, caseworkers are assigned cases before completing initial training and the state has difficulty implementing the mentoring and coaching aspects of initial training. The graduated caseload is designed to provide on the job training opportunities for new hires to practice the skills learned in formal training but without an overwhelming amount of cases assigned and provide casework support to existing staff through secondary case assignments.

The current Compliance Outcome Report (COR) shows data after the fact and is not an effective tool for workers to use as an ongoing monitoring tool. Safe Measures is a web-based reporting service that transforms case management data into actionable information. Agency staff will use Safe Measures reports and dashboards to monitor performance, plan upcoming work, and review completed work.

The addition of more case reviews of counties other than the counties reviewed as a part of the Quality Services Peer Review (QSPR) for PIP purposes has been a request from staff for years. Area directors have felt that the QSPRs do not present an accurate portrayal of services provided from their areas with only three counties reviewed for the QSPR when the average area is comprised on nine counties (with the exception of Area 6 which is made up only of Pulaski County and Area 1 which is comprised of four counties). The addition of more reviews for counties outside of the PIP counties should increase staff buy-in of the QSPR process and provide a more balanced picture of services provided in each area.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures	APSR Update
A1: Continue monitoring and enforcing graduated caseload.	Assistant Director of Community Services, Area Directors, Program Administrators	Ongoing	<ul style="list-style-type: none"> Improved worker retention Improved casework practice with families 	For all five years, 95% compliance rate with graduated caseload.	APSR 2021 and 2022: The Executive Staff team continue to monitor graduated caseloads on a monthly basis.
B1: Implement Office of Chief Counsel (OCC) case management system to track key metrics related to DCFS legal representation.	Office of Chief Counsel Senior General Counsel and supervising attorneys	July 2019 and then ongoing	<ul style="list-style-type: none"> More effectively and efficiently monitor and redistribute attorney caseloads to meet DCFS changing needs across the state. 	New contract for case management system goes into effect July 2019, subsequent progress measures TBD once system in operational.	APSR 2021: Completed. APSR 2022: Rocket Matter was implemented statewide in December 2019. The database allows CLO leadership to access cases electronically. Rocket Matter allows leadership to monitor work product and provides immediate access to cases when attorneys are covering for one another.
C1: Continue implementation of SafeMeasures.	DCFS Deputy Director, Training Manager	Spring 2020	<ul style="list-style-type: none"> Better prioritize work and meet deadlines at FSW level. 	Year 1: Complete initial training roll-out. Year 2: Finalize plan for sustaining SafeMeasures	APSR 2021: Completed. Initial training roll-out completed in November 2019. MidSOUTH Training Academy now holds

			<ul style="list-style-type: none"> Utilize tool to coach staff regarding best practices and identify and correct issues early at supervisor level. 	<p>Training in New Staff Training and as a refresher when needed and conduct surveys of staff to get feedback regarding use of SafeMeasures. Years 3-5: Sustain SafeMeasures.</p>	<p>quarterly SafeMeasures Orientation Trainings for staff hired during that quarter.</p> <p>APSR 2022: During SFY 2021, an online Safe Measures training through Evident Change was also made available to all staff as another training option.</p>
<p>D1: Enhance PCG Contract for Quality Services Peer Reviews (QSPRs) to review of 100 additional cases per year so that team reviews cases in all 75 counties (additional cases to be primarily electronic reviews supported by interviews).</p>	<p>DCFS Deputy Director, Federal Compliance Officer</p>	<p>Summer 2020</p>	<ul style="list-style-type: none"> Better inform finding for area directors and DCFS Executive Staff and improve buy-in 	<p>Year 1: Update PCG contract deliverables and budget. Year 2: Implement revised contract and begin additional reviews. Year 3: Sustain additional reviews. Year 4: Sustain additional reviews. Year 5: Sustain additional reviews.</p>	<p>APSR 2021: Completed. The additional electronic reviews began in September 2019 with Area 10 and has been incorporated in each of the subsequent area reviews. Each year two counties are selected in each area to participate in the QSPR process, with different counties selected in subsequent years until every county has a chance to participate. Ten additional cases are reviewed in each service area, five in each of the additional counties. The additional cases reviewed from each county are randomly selected as they are for the QSPR reviews and focus on the same 12-month review period. While the same case review instrument is used, only the caseworker and/or supervisor will be interviewed for the additional case reviews. Results from the expanded reviews are summarized in a</p>

					<p>separate “Continuous Quality Improvement” section of each area’s QSPR report. Initial reactions to the addition of the non-QSPR counties has been positive since it is a more inclusive approach. The QSPR presentations for each area were re-initiated in June 2020 due to a vacancy of several months but the agency looks forward to gleaning more from these additional reviews.</p> <p>APSR 2022: The additional electronic reviews of other non-QSPR counties continued during this reporting period.</p> <p>The QSPR team has also been receiving technical assistance to increase the state’s capacity regarding the CQI/QA system. Please see Technical Assistance section for more information.</p>
--	--	--	--	--	---

Strategy 11: Continue as National Child Welfare Workforce Institute (NCWWI) Workforce Excellent site (see below for more information regarding NCWWI grant).

Rationale: DCFS has the organizational capacity to address its workforce issues but needs the enhanced university partnership and the NCWWI capacity-building services offered through this initiative to meet its goals. With the support of the governor and legislature, DCFS received 187 new positions and funding for those positions in the past two years, but turnover for frontline staff remains around 46 percent. DCFS has implemented strategies to address caseload size and retention, but a more holistic approach is needed, to include the Comprehensive Organizational Health Assessment (COHA), because DCFS needs the workforce framework and expertise offered through this initiative in order to make system change that will be sustained for the Arkansas child welfare workforce.

Activity	Party Responsible	Completion Timeframe	Expected Outcomes/Elements of Services Delivery	Progress Measures	APSR Update
B1: Monthly meetings with NCWWI Project Team and Implementation Teams to include university partner	NCWWI, Implementation Teams, DCFS Exec Staff	July 2019 and then ongoing	<ul style="list-style-type: none"> Increased staff buy-in 	Monthly progress updates provided to NCWWI and Infrastructure and Specialized Programs' Program Administrator.	<p>APSR 2021: Monthly Implementation Team Meetings began in July 2019 with the exception of December 2019 due to the holidays and March 2019 due to the onset of the COVID pandemic. Staff participation has been high and the overall feedback positive.</p> <p>APSR 2022: Monthly Implementation Team Meetings continue, and participation remains strong. The meetings are held each month except for December due to the holidays. The Implementation Team developed several goals and strategies upon which the local Action Teams are now focusing and selecting specific activities designed to achieve the strategies and goals.</p>
B2: Select NCWWI stipend students (this activity will then occur the following spring/summer of each year of the NCWWI grant)	NCWWI, UALR, Assistant Director of Infrastructure and Specialized Programs, Training Manager	July 2019	<ul style="list-style-type: none"> Improved staff capacity 	Students selected and enrolled in BSW program and interviews conducted throughout process to assess student support and other program components.	APSR 2021: There were four DCFS Program Assistants who were selected as the inaugural NCWWI Stipends. One of these stipends graduated with her BSW in May 2020 and was selected by her peers in the School of Social Work to deliver their class's commencement address. She is now in a Family Service Worker position. The remaining three NCWWI stipends are set to graduate in May 2021. One new NCWWI stipend will begin

					<p>the BSW program at UALR in Fall 2020.</p> <p>APSR 2022: In May 2021, three NCWWI Stipend Students graduated with their BSW degree and have now been placed in FSW positions with DCFS. There is one NCWWI stipend who will be entering her second year of the program. The University Partnership NCWWI grant lead is currently trying to identify two stipend candidates for the fall semester. This will be the last cohort for the NCWWI grant.</p>
B2: Review National Child Welfare Workforce Institute (NCWWI) Comprehensive Organizational Assessment (COHA) analysis	NCWWI, DCFS Executive Staff	November 2019	<ul style="list-style-type: none"> • Increased staff buy-in • Improved organizational climate 	TBD based on results of COHA.	APSR 2021: Completed. The Implementation Team has used the COHA data to determine.
B3: Train the Trainers for Leadership Academies	NCWWI, Implementation Teams, DCFS Exec Staff	Spring 2020	<ul style="list-style-type: none"> • Enhanced leadership capacity • Improved supervision and support to frontline staff 	100% of applicable population trained.	<p>APSR 2021: Not yet completed. The Train the Trainers for Leadership Academies is currently set to take place in August 2020.</p> <p>APSR 2022: The Train the Trainer Trainings for the Leadership Academy took place in August 2020. The trainers began training the Leadership Academy participants in January 2021 and the trainings were completed in June 2021. Discussions are underway as to</p>

					when the next Leadership Academy cohort may take place and who will be recruited for that cohort. Recruitment will not be immediate as the Division is currently focusing on SOP implementation and struggling with staff turnover.
B4: Facilitated Theory of Change process that leads to logic model and implementation plan	NCWWI, Implementation Teams, DCFS Exec Staff	Fall 2020	<ul style="list-style-type: none"> • Increased staff buy-in • Improved organizational climate • Enhanced leadership capacity • Improved supervision and support to frontline staff 	Creation of logic model and implementation plan.	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date</p> <p>APSR 2022: The logic model for and implementation plan was developed. The Implementation Team meets monthly and facilitates all aspects of the NCWWI projects. Each month a NCWWI project is highlighted and updates are provided by those team members.</p>
B5: Deliver Leadership Academy to DCFS supervisors and managers	NCWWI, Implementation Teams, DCFS Exec Staff, Training Manager, Infrastructure and Specialized Programs' Program Administrator	Fall 2021	<ul style="list-style-type: none"> • Increased staff buy-in • Improved organizational climate • Enhanced leadership capacity • Improved supervision and support to frontline staff 	100% of applicable population trained.	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date</p> <p>APSR 2022: Completed. See progress update in Strategy 11, Activity B3 above.</p>
B6: Provide coaching and support for Training and Action Team Liaison	NCWWI	Spring 2024	<ul style="list-style-type: none"> • Increased staff buy-in • Improved organizational climate • Enhanced leadership capacity 	TBD	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date</p> <p>APSR 2022: This activity is ongoing. There are currently three Action Teams and one</p>

			<ul style="list-style-type: none"> Improved supervision and support to frontline staff 		<p>workgroup in place. The Division set up purchase orders for Action Team Facilitators in an effort to provide a neutral individual who had training or background in facilitation to help guide these meetings. NCWWI has provided support to the Action Teams as a whole as well as to the Action Team Facilitators.</p>
B7: Use Rapid Cycle Assessment and other CQI strategies to support implementation	NCWWI, DCFS Executive Staff, Implementation Teams	Spring 2024	<ul style="list-style-type: none"> Increased staff buy-in Improved organizational climate Enhanced leadership capacity Improved supervision and support to frontline staff 	TBD	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2021 APSR report date</p> <p>APSR 2022: N/A – Proposed completion timeframe beyond 2022 APSR report date</p>
B8: Use evaluation and CQI strategies to continuously assess project implementation	NCWWI, DCFS Executive Staff, Implementation Teams	Spring 2024	<ul style="list-style-type: none"> Increased staff buy-in Improved organizational climate Enhanced leadership capacity Improved supervision and support to frontline staff 	TBD	<p>APSR 2021: N/A – Proposed completion timeframe beyond 2020 APSR report date</p> <p>APSR 2022: N/A – Proposed completion timeframe beyond 2022 APSR report date</p>

While DCFS did not meet all of its established benchmarks and progress measures for this reporting period, overall, the Division is pleased with progress made. The COVID-19 pandemic forced DCFS to make changes and begin training on virtual platforms, which have been largely successful. A recent rise in staff turnover as well as an increase of number of children in foster care have also presented additional challenges for some of the activities and strategies within the strategic plan, but the Division is working to actively address these challenges.

Implementation Supports

The Division has worked hard to ensure that implementation supports are aligned across the CFSR PIP, the NYTD PIP, and the CFSP. Many of the implementation supports needed to achieve the strategies and goals within these plans are included in the activities under each strategy and include associated timelines. These implementation supports include training and coaching, improvements to data systems, revisions to policy, and budget considerations as the impact of COVID-19 is continually being assessed. The amount of resources that have been dedicated to the implementation of Safety Organized Practice over the last reporting period is also significant.

The most recent challenges to implementation supports are the increased level of staff turnover and rising number of children in foster care. The average number of DCFS vacancies in the field peaked in January 2021 at 150 vacancies. As of June 1, 2021, that had decreased to 144 vacancies. By way of comparison, from January 2019-July 2020 the average number of vacancies per month was 104.7, with some months below 100 vacancies. From another perspective, DCFS field staff turnover (all positions) for SFY 2021 to date is at 49.74% whereas field staff turnover was 45.31% and 39.7% during SFY 2019 and 2020, respectively.

Meanwhile, as referenced in other sections in this report, the number of children in foster care has steadily grown during this reporting period from 4,392 children in care in June 2020 to 4,832 children in care as of June 25, 2021 making appropriate placements an increasing challenge. Over the last two months, DCFS has made concerted efforts to delve into the data and individually review cases to rebalance placement types and identify capacity needs regarding placement. Attention to and analysis of DHS human resources data has also taken place over the last two months regarding the ongoing staff turnover challenges. There have also been a variety of activities discussed and developed to help address the staff turnover issue. However, these are all still in development and are not yet ready for release.

For more information please refer to the agency's CFSR PIP, NYTD PIP, and updated CFSP Strategic Plan above.

Training and Technical Assistance Narrative

Some of the implementation supports needed for the Division's various activities included in its federal plans have included training and technical support. The Technical Assistance Plan outlined in the table below 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 Family First initiatives, sustained IV-E Waiver initiatives, and the Program Improvement Plan. During this reporting period, no TA was needed or requested specific to COVID. That said, certainly COVID has impacted the DCFS workforce, so some of the work with NCWWI has involved conversations regarding strategies to bolster the workforce during the ongoing pandemic.

TECHNICAL ASSISTANCE (TA) PLAN

<u>DATE REQUESTED</u>	<u>TA DESCRIPTION</u>	<u>NRC/Provider</u>	<u>APPROVED</u>	<u>TA PLANNED FOR FY 2022</u>
7/1/2017-6/30/21	CFSR and PIP Planning	Region 6 Cedeline Samson/Janis Brown	N/A	Yes
02/01/2021-07/31/2021	QSPRs regarding improved timeliness and increased quality of these reviews	Capacity Building for States, Kay Massler and Anne Graham	Yes	Yes
7/1/13-6/30/21	Organizational, Strategic, Programmatic Consultation	Casey Family Programs- Shemeka Sorrells, Consultant	Yes	Yes
1/1/21-6/30/21	Permanency Coaching	Casey/Public Knowledge	Yes	Yes
7/1/20-6/30/21	Safety Collaborative to Reduce Child Fatalities	Casey/National Partnership on Child Safety/University of Kentucky	Yes	Yes
9/1/2018-6/30/21	Statewide expansion of Team Decision Making Meetings (TDM)	Evident Change	Yes	Yes
4/1/19-6/30/21	Workforce Excellence sites in the NCWWI	National Child Welfare Workforce Institute (NCWWI)	Yes	Yes

Casey Family Programs provides TA to Arkansas through several initiatives. Please see below for updates:

Casey Family Programs provides technical assistance and support through contract with Evident Change (formerly the National Center on Crime and

Delinquency) to implement and expand evidence-based Team Decision Making (TDM)

DCFS Prevention and Reunification Unit receives technical assistance from Evident Change on statewide expansion of Team Decision Making (TDM). DCFS implemented a pilot program with the traditional TDM triggers in one of the current TDM Areas, and efforts in the last fiscal year included expanding the pilot to other counties in Area 8. TA has involved planning and supporting the implemented counties, facilitating workgroup meetings and trainings, and ongoing quality assurance efforts. During the fiscal year, TA also included data analysis and reporting on the impact of the evidence based TDM model. The held TDM Facilitator positions were released for hiring during the fiscal year, with a plan in place to utilize TDM facilitator staff for SOP/SDM training prior to TDM implementation in their area. TA will continue with monitoring the current counties and helping DCFS expand to other areas.

Casey Family Programs provides technical assistance and support through contract with Public Knowledge (formerly Center for the Support of Families) to provide practice coaching for identified DCFS employees

Public Knowledge is providing permanency coaching tailored to ensure safety and well-being of children and families in Arkansas. During the second half of the fiscal year, DCFS staff were selected and introduced to the Public Knowledge coaches. Selected DCFS staff include the area Program Administrators and five Central Office Program Managers. Next, the Public Knowledge coaches shadowed the PAs as they facilitated Permanency Safety Consultations. The skill development work is focused on safety assessment and planning within the existing practice model and forthcoming SOP framework, but also how attending to safety issues in a family-focused way also impacts permanency outcomes. The coaching for the five selected Central Office program managers is aimed at developing skills and capabilities regarding ensuring safety and promoting permanency for all children from the agency's first interaction with the family and thereafter.

Casey Family Programs provides technical assistance and support through contract with National Partnership on Child Safety (NPCS)/University of Kentucky (formerly led by Chapin Hall) to reduce child fatalities

The mission of the safety collaborative is to improve safety and prevent child maltreatment related fatalities by strengthening families and promoting innovations in child protection. Arkansas joined the collaborative in the beginning of the fiscal year and as a member, now receives TA on collecting and sharing data as well as how to implement a set of strategies informed by safety science and other innovations to build

technical excellence for a 21st Century child protection system. During the fiscal year, DCFS worked with NPCS to look at ways to improve the division's Internal Child Death and Near Fatality Review Process. Consultants with NPCS/University of Kentucky observed internal reviews and provided feedback on ways to implement safety science, instead of focusing solely on case workers' practice. This systemic perspective is needed to make strides in the areas the Arkansas child welfare system is trying to improve.

NON-CASEY FAMILY PROGRAMS TECHNICAL ASSISTANCE

National Child Welfare Workforce Institute (NCWWI)

DCFS and its university partner, University of Arkansas at Little Rock School of Social Work, were selected to be in the cohort of Workforce Excellence sites in the NCWWI and are receiving technical assistance from 2019-2023 as part of the WE Initiative. NCWWI staff provide TA for each aspect of the WE project, including overall initiative leadership. During this fiscal year, the Implementation Team selected the following four workforce priorities to focus on: recruitment and selection, racial equity and inclusion, supervision, and worker safety. Two regional action teams, a statewide action team, and a statewide workgroup were formed during the fiscal year to tackle the priorities. Action teams are led by external facilitators. The first cohort of Leadership Academy supervisors were nominated, selected, and began, and they will complete the leadership modules and their change projects by the end of the fiscal year. During the fiscal year, three of the stipend students completed their BSW, and the fourth completed her first year as a NCWWI stipend. Recruitment for the next cohort has been ongoing.

Capacity Building Center for States

The Capacity Building Center (CBC) for States has been working with the Division's contractors – the Public Consulting Group (PCG) – for the state's Quality Service Peer Reviews (QSPRs) regarding improved timeliness and increased quality of these reviews. CBC has developed several recommendations for PCG and DCFS that are currently being implemented to enhance quality assurance and refine business processes in an effort to sustain Arkansas's ability to conduct a State Case Review Process for CFSR Round 4. The Center provided TA around the following identified areas needing improvement: guidance for the review teams through case review process and clarifying the application of the instrument to cases being reviewed, applying professional judgement appropriately to reconcile the information gathered and resolve disagreements about the case ratings fairly and accurately, identify topics to be further explored in reviewer training and guidance, cultivate confidence in the results of the case review. Provide support in building expertise confidence in reviewers in the use of the On-Site Review Instrument to effect: use of the OSRI instrument and instructions so that each

questions and sub-question is answered correctly, documentation that supports strength or area needing improvement (ANI) alleviating erroneous information in rating summary.

EVALUATION REPORTS AND PROJECTS

In addition to the data and evaluation reports listed on pages 108-112 of this document, the Division also implemented several evaluations as part of its IV-E Prevention Program Five-Year Plan. For example, the Department of Family and Preventative Medicine, Research and Evaluation Division of the University of Arkansas for Medical Sciences has contracts with the Division for the following programs and services: Baby and Me, SafeCare, YVIntercept (Intensive In-Home Program), and Family Centered Treatment (Intensive In-Home Program).

In addition to DCFS' contracted evaluation, many of these services also have fidelity measures to which they must adhere in order to administer the program. For instance, SafeCare is a model that requires oversight and accreditation from the national SafeCare office. Family Centered Treatment requires licensure through the Family Centered Treatment Foundation which provides training, coaching, and certification to allow agencies to implement this model. Intercept was created by Youth Villages which has strong fidelity measures to ensure appropriate implementation.

UPDATE ON SERVICE DESCRIPTION

Stephanie Tubbs Jones Child Welfare Services

Services for Children Adopted from Other Countries

For children adopted from other countries who come to the attention of DCFS, 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. The case plan documents needed services and holds 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.

Services for Children Under the Age of Five

Arkansas has developed and/or accesses an array of services to ensure the well-being needs of the children under the age of five are served and to reduce the length of time they 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 childcare 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:

- 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);
- Continued use 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.
- Continued use 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. [ARC SFY 2020 - FINAL.pdf \(arkansas.gov\)](#)

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

Currently the SBCT is implemented in the 10th Division of Pulaski County and in Judge Smith's court in Benton County. An expansion grant was awarded and SBCT began taking cases in Jefferson and Sebastian Counties in April 2021. In addition, the DCFS In Home Services Program Manager, who oversees reunification efforts, continued to attend 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 childcare settings by building the skills of childcare providers and family members.

Project PLAY activities include:

- Outreach to Better Beginnings approved childcare 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 childcare 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 childcare when the child is transitioning between homes, or if a change in childcare cannot be avoided, assist with the transition.

Child Care & Child Welfare Partnership Toolkit

This toolkit is designed to enhance the important partnership between childcare 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 childcare 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.

Healthy Relationships Workgroup formerly referred to as Natural Wonders/Home Visiting Services

The Healthy Relationships Workgroup was convened by Arkansas Children's Hospital (ACH) to identify the health needs of the state's children and to construct a strategic plan for improving their health needs and quality of life. The workgroup is composed of organizations that serve children and is comprised of educators, business leaders, government officials, physicians, among many others. The group meets regularly to review work under way to improve Arkansas' children's well-being, specifically healthy relationships. ACH has funded the information-gathering stage of the workgroup's work. The report, created by the Natural Wonders Partnership Council, incorporates traditional indicators of health such as mortality and chronic disease rates as well as social factors that influence health including economics and education. When combined these determinants provide a detailed examination of the children's health. The workgroup meets monthly for the purposes of identifying groups, organizations and other resources that provided programs that promote "Healthy Relationships," research gaps in services, write a statewide strategic plan and implement a collaborative effort to increase resources and enhance services that promotes healthy relationships.

SafeCare

SafeCare is available to IV-E prevention plan foster care candidates which includes, among others, infants involved in Garrett's Law referrals if not removed from the home. Exceptions can be made for children on a trial home placement if additional services are needed to stabilize the placement of the children in the home. 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.

Garrett's Law reports were selected as foster care candidate trigger 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 this evidence-based home visiting program to provide enough support and services in the home to ensure the child's safety and prevent removal.

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 childcare providers licensed through the DHS Division of Child Care and Early Childhood Education and who participate in the Better Beginnings Program. TIPS parenting is offered via a phone application that is a free download to all DCFS staff. There is also an online training that is offered for TIPS. DCFS was in the process of re-launching a pilot in Area 1 for TIPS, however the COVID-19 Pandemic began, and the pilot was put on hold.

Arkansas Children’s Trust Fund Programs

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. The Children’s Trust Fund is in the process of writing the CBCAP Application and when the funds become available, new programs will begin. Until the funds are available the following activities and programs include:

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.

Baby and Me WIC Clinic Project – The Children’s Trust Fund supports Parent Support Mentors in seventeen 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 worked with Predict-Align-Prevent to conduct a three-phase project. The contract with Predict-Align-Prevent came to an end during this reporting period, however the workgroup continues to meet to work through the phases of the project.

The following is a breakdown of children in foster care four and younger and their average length of stay for SFYs 2016 through 2021. 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, 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. During the previous reporting period of SFY 2020, the number of children in foster care ages four or younger increased slightly as did their average length of stay. During this reporting period there was an 8.1% increase in the number of children in foster care ages four and younger and the length of stay increased 5.8%.

- As of **06/30/2016**, there were 1,848 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 1,920 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**.
- As of **5/31/2020**, there were **1,596 children in foster care ages four or younger**. The average length of stay in foster care for those children as of 5/31/2020 was **293.5 days**.
- As of **5/31/2021**, there were **1,725 children in foster care ages four or younger**. The average length of stay in foster care for those children was **311.3 days**.

Removal Conditions Cited for the 1,510 Children who were Ages 4 or Younger when they Entered Care between 6-1-2021 to 5-31-2021

Removal Reason	Number	Percentage (%) of Removals that Cited this Reason
Drug Abuse (Parent)	843	55.8
Neglect (Alleged)	841	55.7
Incarceration of Parent(s)	213	14.1
Physical Abuse (Alleged)	187	12.4
Inadequate Housing	186	12.3
Alcohol Abuse (Parent)	47	3.1
Sexual Abuse (Alleged)	43	2.8
Caretaker ILL/ Unable to Cope	37	2.5
Abandonment	22	1.5
Drug Abuse (Child)	16	1.1
Death of Parent(s)	11	0.7
Child's Behavior Problem	7	0.5
Child of Teen Parent in Foster Care	6	0.4
Child's Disability	4	0.3
Truancy	3	0.2
Relinquishment	2	0.1
Alcohol Abuse (Child)	2	0.1
Court Ordered Foster Care in FINS Case	1	0.1
Total Removal Reasons Cited	2,471	N/A

*Note: Since the creation of this chart, the removal reason for Child of Teen Parent in Foster Care has been removed as a sole reason for removal.

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. For several years' substance abuse was increasingly cited as a removal reason among these children. For example, substance abuse was cited as a removal reason for the percent of children in care (ages 4 and young) increased to 60.3% in 2020 and in 2021 there was a slight decrease to 55.8%.

While the number of children in this age range has increased by approximately 8.1% from 2020 and an increase of 5.8% in length of stay perhaps the reason for the increases can be tied to, though not necessarily caused by, the increase in the statewide average caseload and the increase in staff turnover. As of May 2021, the average statewide caseload was 23, which is an increase of 5 cases from this time last year.

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:

Date	Number of Children in Care, Ages 4 and Younger	Number of Children, Ages 4 and Younger, for which Substance Abuse was Cited as a Removal Reason	Percentage (%)
6/30/2016	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
5/31/2020	1,596	962	60.3
5/31/2021	1,725	1,047	60.7

Efforts to Track and Prevent Maltreatment Deaths

Below are the fatalities for SFY 2021 (July 1, 2020 – May 10, 2021). These are not fatalities in which children necessarily had prior involvement with DCFS, but all fatalities that were investigated within a context of a child maltreatment report.

True Fatality Reports for SFY 2021:	30
Unsubstantiated Fatality Reports for SFY 2021:	2
Pending Fatality Reports for SFY 2021:	8
Exempt (No Risk) Fatality Reports for SFY 2021:	1
Unable to Locate Reports for SFY 2021:	1

Fatalities of Children in Foster Care Who Did Not Receive a Maltreatment Investigation for SFY 2021: 4

Information regarding child fatalities and near fatalities is compiled by DCFS in the first three quarters of the SFY 2021 Report Card.

DCFS also exchanges information with its partners in order to improve outcomes for children and families.

Arkansas receives information on child maltreatment fatalities through the referral of the child abuse hotline. Most of these referrals are from mandated reporters such as law enforcement, coroners, medical examiners, members of child death review teams, and physicians. Referrals involving fatalities are documented in the National Child Abuse and Neglect Data System (NCANDS).

Steps to Track and Prevent Child Maltreatment Deaths

The three groups and their related efforts described below comprise Arkansas's current plan for tracking and preventing child maltreatment deaths.

DCFS Internal Child Death Review Committee

The Agency reviews reports on all deaths from all cases of children with whom the agency has been involved in any way during the twenty-four months prior to the child's death. The DCFS Internal Child Death Review Committee reviews DCFS actions and prior involvement in order to make recommendations to improve child safety and investigative practices both locally and statewide. The standing committee consists of the DCFS Assistant Director of Prevention and Reunification, the DCFS Assistant Director of Community Services, and the Prevention and Reunification Administrator, but the Area Director and all pertinent field staff are engaged throughout the review process. The DCFS Director reviews all recommendations from the Committee and assigns them to the appropriate staff within his/her administrative team for implementation. Upon approval and implementation of the recommendations, the Director reports the implementation of the recommended actions to the DCFS Executive Staff. In addition, DCFS policy and procedures are updated to reflect any needed changes identified through these reviews. As a result of the internal child death review process, additional training has been provided to investigators and supervisors to improve the quality of the investigations and to ensure timely documentation and disposition.

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

The External Child Near Fatality and Fatality Review Team, has continued to meet throughout this reporting period to review applicable near fatalities and fatalities and worked to make some revisions the DCFS Child Near Fatalities and Fatalities Policy.

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

- DCFS Director or designee;
- DCFS Assistant Director of Community Services or designee;
- DCFS Family Service Worker (FSW) Supervisor designated by the DCFS Director;
- DCFS FSW Investigative Supervisor designated by the DCFS Director;
- Crimes Against Children Division Commander or designee;
- Arkansas Commission on Child Abuse, Rape, and Domestic Violence Executive Director or designee;
- Children's Advocacy Centers of Arkansas Director or designee;
- Arkansas CASA Association Director or designee;
- Arkansas Children's Hospital's Team for Children at Risk and Arkansas Children's House Director or designee;
- Dependency-Neglect Attorney Ad Litem Director or designee;
- Office of Chief Counsel Director or designee;
- The Governor's Senior Advisor for Child Welfare
- A member of the Arkansas Child Death Review Panel;
- A member of the Arkansas Department of Health;
- A member appointed by the chair of the House Subcommittee on Children and Youth of the House Committee on Aging, Children and Youth, and Legislative and Military Affairs;
- A member appointed by the Chief Justice of the Arkansas Supreme Court.

Arkansas Infant and Child Death Review Program

The Arkansas Infant and Child Death Review Program was created within the Arkansas Department of Health. It is now administered by the Department of Pediatrics of the University of Arkansas Medical Sciences and Arkansas Children's Hospital and supported by a contract with the Arkansas Department of Health, Family Health Branch.

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

To date, there are eleven active local level review teams that review infant and child deaths covering all 75 counties in Arkansas. All child fatalities meeting the local child death review team's criteria are entered into the Arkansas Child Death Review data system. The results and recommendations from the local child death review teams are submitted to the Arkansas Child Death Review Program for follow up and implementation. The DCFS Area Directors serve as core team members of the review teams in their areas.

The Arkansas ICDR Panel and the local child death review teams consist of the representatives listed below:

- The Arkansas Medical Examiner's Office.
- A coroner who is registered with the National Board of Medico legal Death investigators.
- The Center for Health Statistics of the Department of Arkansas State Police.
- The Division of Children and Family Services of the Department of Human Services.
- The Crimes against Children Division of the Department of Arkansas State Police.
- The Arkansas Child Abuse/Rape/Domestic Violence Commission.
- A physician who specializes in child abuse.
- The College of Public Health at the University of Arkansas for Medical Services.
- The Office of the Prosecutor Coordinator.

Supplemental Appropriations for Disaster Relief Act

To date the Division's Supplemental Appropriations for Disaster Relief Act have not yet been obligated or liquidated. The Division will continue to explore ways to use the funds prior to the September 30, 2021 deadline, but, at present, the Division plans to return these funds. The specific counties for which this funding is designated combined with the period of time for which the funds may be used have presented challenges in expensing this supplemental appropriation.

Supplemental Funding to prevent, prepare for, or respond to COVID-19

Arkansas has been able to positively impact its workforce and the children and families it serves in the last year by using the supplemental Title IV-B, Subpart 1 funds provided under the CARES Act to prevent, prepare, and respond to the challenges resulting from COVID-19. Arkansas has spent CARES funds on direct assistance for children and families and on technology allowing staff to carry out essential child welfare functions. Concrete assistance has been provided to care for children in foster care, including by supporting provisional relatives and fictive kin, and to help stabilize families who have their children at home or are working to reunify with their children. Over 100 children have been impacted by using CARES funds, including in the following ways: caring for children

in foster care who test positive for COVID-19; helping families who are facing housing instability maintain housing in a hotel until a more stable option is identified; paying for utility bills, housing deposits, groceries, and cleaning supplies for provisional relatives who step up to take care of their family members but face economic insecurity; and providing furniture such as appropriate beds for children and AC units during the hot summer months.

Arkansas made additional efforts to support relatives by increasing access to technology. One of the transitions during the last year included resource parent training changing to a virtual format. To respond to this change and help support our provisional relative placements who need to go through training in order to be eligible for a board payment, CARES funds were also used on iPads. If a relative or fictive kin provisional needed access to technology to become trained, the iPads were able to be used for that purpose.

With the initial transition to remote work, need for virtual contact access when in person was not safe or possible, and a workforce that was more on-the-go than ever before, we were able to use CARES funding to purchase laptops for half of our frontline Family Service Worker staff. This ensured case management, assessment, and supervised family time could still occur even in the midst of new demands and stresses being faced during the pandemic. The need for access to virtual communication was immediate, and Arkansas spent CARES funds on Zoom accounts, providing statewide access to accounts which allowed staff to carry out essential functions. We have used the Zoom platform to host case consultations and staffings, supervise family time, visit with parent or child, and coordinate sibling visits.

MaryLee Allen Promoting Safe and Stable Families Program

Promoting Safe and Stable Families (title IV-B, subpart 2) helps to fund Division quality assurance activities and also includes services such as Diagnostic Services, Clinical Testing Services, Counseling, Home Studies, Drug Kits, Medical Services, and Psychological Evaluations. Services are available statewide to any family who needs and is referred for the service. Refer to service maps to show providers in each area/county. Percentages of title IV-B, subpart 2 funds will be expended on service delivery as follows:

- Family Preservation: The State normally expends all of the federal funding and backs this up with state funding.
- Community-based family support: The state only receives a limited amount of funding and once this is used, then State General Revenue is used to supplement services.

- Family reunification: The state spends much of the funding (federal and state) on trying to keep families together and sometimes may fall short of the 20% but services are still being provided.
- Adoption promotion and support services, and on planning and service coordination: The state uses Adoption Incentive funds when available for these services.

Service Decision-Making Process for Family Support Services

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. State procurement law and regulations are followed whenever selecting agencies and organizations for funding to provide family support services. Applicant criteria within each RFP is set to ensure that family support services are community-based.

POPULATIONS AT GREATEST RISK OF MALTREATMENT

In the 2020-2024 CFSP, Arkansas designated two specific populations as being at the greatest risk of maltreatment: Garrett's Law/Substance Exposed Infants and Children Affected by Domestic Violence. Updates on efforts to reduce the risk of maltreatment to each of these populations follow.

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 be 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 continues to consider 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. With the implementation of the state's Title IV-E Prevention Program, GL infants not removed from the home are considered foster care candidates to substance exposed infants will continue to benefit from this program following the implementation of Family First in Arkansas.

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. This is one of the Division's Child and Family Services Review Program Improvement Plan strategies (Goal 1, Strategy 4) that has now been completed with the roll-out of the online Substance Abuse Tutorial for Child Welfare Professionals developed through the National Center on Child Welfare and Substance Abuse began in Summer 2020 and the call-back of this training that is now part of the intermediate training level

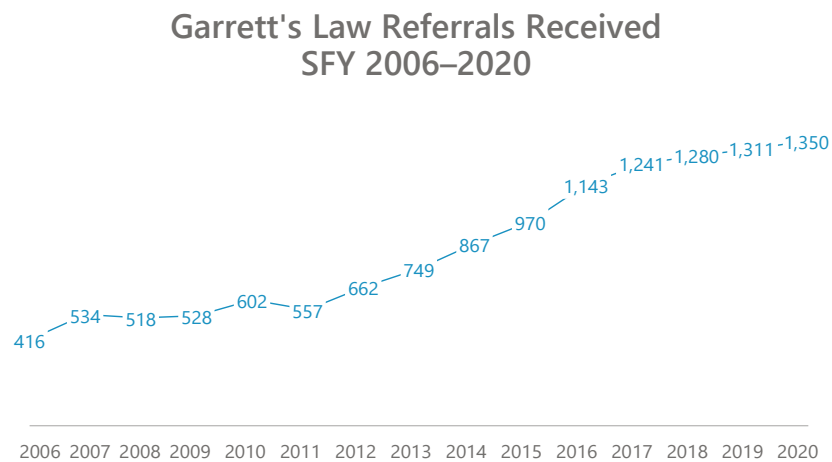
for Family Service Workers and Program Assistants (See Training Plan Update for more information).

Following is information on GL reports received during state fiscal year (SFY) 2020. As in previous years' reports, many of the data for 2020 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 15 years ago. During SFY 2020, 1,350 GL reports were received, a 3% increase 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. The number of GL reports increased at more than twice that rate (an average of 15% per year) from SFY 2012 through SFY 2016 before increasing at a lower rate from SFY 2017 onward (an average of 4% per year; Figure 1).

Figure 1



¹ Throughout this report, “GL reports” refers only to GL reports accepted for an investigation.

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.

- Ages of mothers involved in the reports
- Types of illegal substances to which newborns were allegedly exposed
- Estimated gestational ages of newborns
- Any health problems observed in newborns

Although age distribution of mothers involved in GL reports fluctuates some from year to year, 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 for SFY 2020 (not shown). The age distribution of the mothers cited in GL reports was similar to previous years.

Table 1
Age Distribution of Mothers in GL Reports
SFY 2017–20

Mother's Age	2017	2018	2019	2020
Younger than 20 years	7%	6%	6%	7%
20 to 24 years	32%	32%	32%	31%
25 to 29 years	33%	31%	30%	32%
30 to 34 years	20%	23%	21%	22%
35 to 39 years	7%	7%	10%	7%
40 years or older	1%	1%	1%	1%
Total	100%	100%	100%	100%
Number of Reports	1,241	1,280	1,311	1,350

Of the 1,350 mothers cited in GL reports for SFY 2020, 268 (20%) were prior offenders of child maltreatment; of the same 1,350 mothers, 172 (13%) were prior offenders of GL.

Marijuana, including THC and cannabis, by far was the most commonly cited drug in GL reports for SFY 2020 (73%; Table 2). The second most commonly cited drug was amphetamines/methamphetamines (27%). Opiates (e.g., heroin, morphine, codeine, and oxycodone) were the third most commonly cited drug (11%). Benzodiazepines (e.g., prescription drugs such as Xanax and Valium) were the fourth most commonly cited drug (6%), followed by cocaine (4%). Barbiturates, hallucinogens, and non-categorized prescription drugs (e.g., tricyclics) are seldom identified in GL reports.

Table 2
Percentage of GL Reports in Which Drug Was Cited
SFY 2017–20

Type of Drug	2017	2018	2019	2020
Marijuana	66%	65%	70%	73%
Amphetamines/methamphetamines	25%	26%	27%	27%
Opiates	18%	18%	11%	11%
Benzodiazepines	10%	10%	8%	6%
Cocaine	5%	4%	4%	4%
Barbiturates	1%	1%	1%	2%
Hallucinogens	1%	1%	1%	1%
Prescriptions†	1%	<1%	<1%	1%

Number of drugs cited*	1,552	1,616	1,602	1,659
Number of reports	1,241	1,280	1,311	1,350

*Multiple drugs can be mentioned in a given report.

† Includes drugs not categorized elsewhere.

Regarding the gestational age distribution of newborns in GL reports, nearly 23% were born prematurely during SFY 2020, similar to previous years (Table 3).²

Table 3
Gestational Age Distribution of Newborns in GL Reports
SFY 2017–20

Gestational Age	2017	2018	2019	2020
Full term*	73%	76%	77%	77%
Premature†	27%	24%	23%	23%
Total	100%	100%	100%	100%
Number of Reports	1,241	1,280	1,311	1,350

*Defined as a gestational age of at least 37 weeks.

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

Among newborns reportedly exposed to substances in utero, 75% did not have any reported health problems, similar to the previous year (Table 4). About 13% required treatment in a neonatal intensive care unit (NICU), 9% suffered from respiratory distress or other respiratory problems, and 5% exhibited drug-related withdrawal symptoms.

Table 4
Percentage of GL Reports in Which Health Problem Was Cited
SFY 2017–20

Health Problem Reported*	2017	2018	2019	2020
No health problems	70%	70%	76%	75%
Neonatal intensive care required	14%	16%	13%	13%
Respiratory distress	13%	11%	11%	9%
Drug-related withdrawal symptoms	5%	6%	6%	5%
Child died	<1%	<1%	<1%	<1%
All other problems†	14%	11%	10%	10%
Number of Reports	1,241	1,280	1,311	1,350

*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, heart complication and/or defects, anemia, physical deformity, feeding difficulties, hypoglycemia, and syphilis.

² Reports in which the newborn’s gestational age was unknown are excluded from this breakdown.

Among the mothers cited in GL reports, those who allegedly used benzodiazepines were the most likely to give birth to children with a documented health problem (48%), followed closely by those who used opiates (46%). Health problems were also found to varying extent among newborns whose mothers allegedly used amphetamines /

methamphetamines (39%). Mothers who allegedly used marijuana were the least likely (19%) to give birth to children with a health problem. Newborns whose mothers allegedly used opiates were more likely to spend time in the NICU (23%) or experience drug-related withdrawal symptoms (23%) than those whose mothers used any other drug.

IV. DCFS RESPONSES TO GARRETT’S LAW REPORTS

This section presents information regarding Arkansas Division of Children and Family Services’ (DCFS) 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.

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

In SFY 2020, 94% of the GL reports received statewide were substantiated, similar to previous years. The substantiation rate among individual service areas ranged from 82% in Area 1 to 98% in Area 4 (Table 5).

Table 5
Substantiation Rate of GL Reports by Area
SFY 2017–20

Area	2017	2018	2019	2020
1	88%	84%	86%	82%
2	95%	92%	94%	97%
3	95%	97%	97%	97%
4	92%	96%	93%	98%
5	92%	93%	99%	97%
6	96%	96%	96%	97%
7	83%	96%	90%	90%
8	92%	92%	91%	91%
9	91%	92%	98%	96%
10	96%	82%	89%	94%
State	93%	92%	94%	94%

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 2020, similar to the rates observed

in recent years. Whether caseworkers responded to a substantiated GL report by opening a CPS case varied only slightly among individual areas, ranging from 92% in Areas 5 and 6 to a high of 98% in Area 4 (Table 6).

Table 6
Case Opening Rates for Substantiated GL Reports by Area
SFY 2017–20

Area	2017	2018	2019	2020
1	95%	96%	93%	95%
2	94%	96%	99%	95%
3	97%	98%	97%	95%
4	91%	88%	95%	98%
5	96%	96%	93%	92%
6	93%	94%	95%	92%
7	95%	90%	94%	94%
8	98%	97%	97%	94%
9	96%	93%	99%	96%
10	95%	84%	82%	94%
State	95%	94%	95%	94%

Note: In addition to CPS cases opened due to the GL referral, percentages include cases opened prior to the referral and 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.

Statewide, in SFY 2020 just over 13% of substantiated GL reports resulted in removing the newborn from the mother’s custody, lower than the rate observed in previous years (Table 7). The removal rate varied considerably among DCFS service areas. Children in Area 10 were the least likely to be removed from their homes as a result of a substantiated GL report (8%), followed by Areas 6 and 8 (9% each). For the fifth straight year, Area 9 was, by far, the region most likely to have children removed in response to a substantiated GL report (24%); the next closest was Area 4 (18%).

Table 7
Child Removal Rate for Substantiated GL Reports by Area
SFY 2017–20

Area	2017	2018	2019	2020
1	14%	19%	13%	14%
2	20%	16%	15%	11%
3	9%	7%	13%	15%
4	19%	15%	13%	18%
5	26%	15%	14%	11%
6	18%	8%	12%	9%
7	21%	16%	15%	14%

8	22%	13%	16%	9%
9	29%	28%	25%	24%
10	13%	19%	8%	8%
State	18%	15%	14%	13%

The rate at which children were removed in response to a substantiated GL report also fluctuated somewhat at the county level. The relatively high removal rate observed in Area 9 can largely be attributed to the decisions made in Cross, Jackson, and White counties, which collectively removed 45% (19 of 42) of the children involved in substantiated GL reports. In comparison, less than 13% (11 of 88) were removed in response to substantiated GL reports in the rest of Area 9. Additionally, children were removed at rates noticeably higher than the statewide average in Carroll County (five of 13 removed) in Area 1, Saline County (seven of 22) in Area 3, Miller (seven of 29) and Sevier (six of 10) counties in Area 4, and Greene County (six of 19) in Area 8.

Overall, most counties exhibited restraint with respect to removing children in response to a true report. For instance, newborns from Pulaski, Garland, Washington, Sebastian, Benton, Craighead, and Crittenden counties—the seven counties that substantiated the highest number of GL reports during the year—were removed at a rate either below or just slightly above the statewide average.

An analysis of the substantiated GL reports received during SFY 2019 revealed that 31% of the children who were removed from their homes returned home or were discharged to relatives within 12 months, slightly lower than the rate observed for the previous year (33%).⁵ Among children involved in substantiated GL reports who were not removed from the home immediately, 6% were removed within 12 months, and 4% were cited in a subsequent substantiated maltreatment report over the same period. These figures were similar to those reported for the previous year (5% and 4%, respectively).

V. SUMMARY

This report reviewed select characteristics of GL reports and the DCFS response to those reports for SFY 2020 and several preceding years, as appropriate. The highlights of this report are presented below:

- The number of GL reports accepted for investigation has steadily increased since the law's inception 15 years ago. During SFY 2020, 1,350 GL reports were accepted for investigation, a 3% increase from the previous year.

- Marijuana was the most commonly mentioned illegal substance in GL reports. For SFY 2020, 73% cited marijuana use, either separately or in combination with other drugs, followed by amphetamines/methamphetamines (27%) and then opiates (11%). Benzodiazepines were cited in 6% of the reports, while cocaine was cited in 4%.

4 Specifically, the percentage of newborns removed in response to a true report was 9% for Pulaski, 10% for Washington, 15% for Garland, 14% for Sebastian, 13% for Benton, 4% for Craighead, and 5% for Crittenden.

5 The analysis was limited to SFY 2019 to allow a sufficient follow-up period of 12 months for all children cited in GL reports. Sufficient time has not passed for the affected newborns for whom a report was received during SFY 2020.

- During SFY 2020, 94% 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 2020, similar to the rates observed for the previous three years.
- Compared with recent years, DCFS demonstrated greater restraint during SFY 2020 with respect to removing newborns from the mother's custody in response to a true GL report. Among the 10 DCFS service areas, Area 10 exhibited the lowest rate of removing children in response to a substantiated GL report, followed by Areas 6 and 8. 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 2019, 31% either returned home or were discharged to relatives within 12 months. Among those not removed initially, 6% were removed within 12 months and 4% were cited in a subsequent substantiated maltreatment report over the same period.

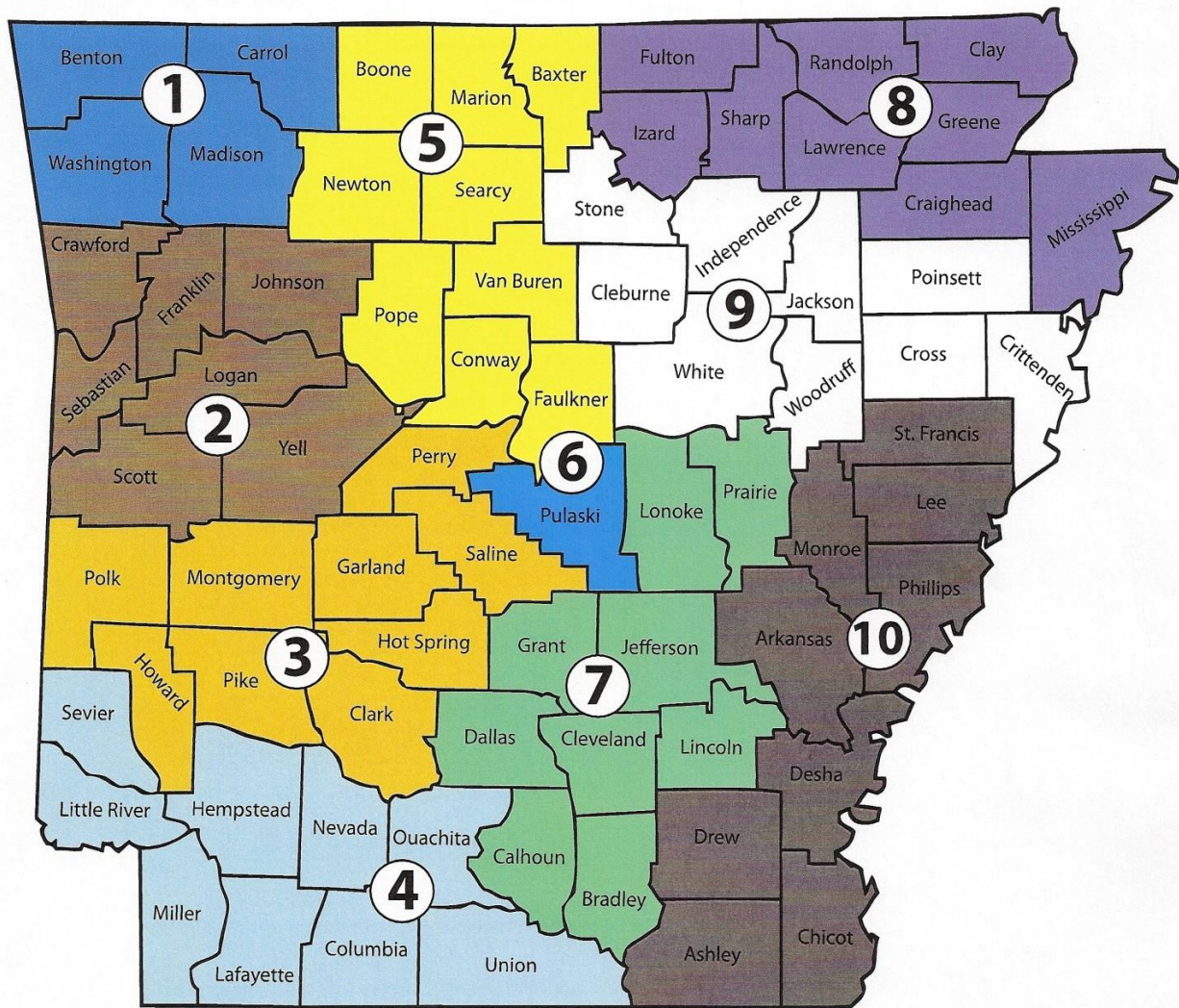
Table A in the appendix lists the number of GL reports received by county and service area. A map outlining the counties that make up each service area is shown in Figure A in the appendix.

Table A		
GL Reports Received During SFY 2020 by County and Area		
Area	County	Number of Reports
1	Benton	81
	Carroll	14
	Madison	11
	Washington	99
Area 1 Total		205
2	Crawford	34
	Franklin	3
	Johnson	2
	Logan	9
	Scott	3
	Sebastian	74
	Yell	9
Area 2 Total		134
3	Clark	17
	Garland	81
	Hot Spring	23
	Howard	8
	Montgomery	6
	Perry	1
	Pike	4
	Polk	10
	Saline	22
Area 3 Total		172
4	Columbia	6
	Hempstead	14
	Lafayette	1
	Little River	9
	Miller	31
	Nevada	4
	Ouachita	19
	Sevier	10
	Union	14
Area 4 Total		108

Table A		
GL Reports Received During SFY 2020 by County and Area		
Area	County	Number of Reports
5	Baxter	27
	Boone	15
	Conway	4
	Faulkner	46
	Marion	21
	Newton	1
	Pope	23
	Searcy	1
Van Buren	6	
Area 5 Total		144
6	Pulaski	141
Area 6 Total		141
7	Bradley	6
	Calhoun	3
	Cleveland	1
	Dallas	2
	Grant	2
	Jefferson	24
	Lincoln	4
	Lonoke	25
	Prairie	5
Area 7 Total		72
8	Clay	2
	Craighead	59
	Fulton	11
	Greene	21
	Izard	8
	Lawrence	5
	Mississippi	32
	Randolph	3
	Sharp	13
Area 8 Total		154

Table A		
GL Reports Received During SFY 2020 by County and Area		
Area	County	Number of Reports
9	Cleburne	5
	Crittenden	45
	Cross	12
	Independence	15
	Jackson	8
	Poinsett	16
	Stone	5
	White	21
	Woodruff	4
Area 9 Total		131
10	Arkansas	9
	Ashley	6
	Chicot	4
	Desha	4
	Drew	5
	Lee	9
	Monroe	8
	Phillips	17
	St. Francis	27
Area 10 Total		89
TOTAL		1,350

Map of DCFS Service Areas



Children Affected by Domestic Violence

Local staff and community stakeholders have continued to voice a concern about being adequately equipped to recognize and address issues of domestic violence, particularly as it affects children in the home. This population can be particularly difficult for staff given that domestic violence in and of itself is not defined as child maltreatment in Arkansas. This is why the Division selected this population as a focus in terms of improving both assessment of and service provision over the next five years.

Team Decision Making (TDM) has continued to allow the counties in which TDM operates to make some initial headway in improving relationships with local domestic violence shelters and prevention programs. Over the next five years, DCFS plans to build on those relationships. In addition, the agency has hypothesized that the roll-out of the Evident Change Structured-Decision Making suite of tools and Safety Organized Practice (SOP) will also help it improve risk and safety assessments of families where domestic violence is an issue (among others) and improve planning around domestic violence issues. A representative from the Arkansas Coalition Against Domestic Violence (ACADV) joined the SOP Implementation Team in January 2020. In addition to the ACADV representative's input during the SOP Implementation Meetings, the SOP Program Manager has now also consulted with this representative several times throughout the development of the SOP eLearnings and SOP Practice Model regarding appropriate language to be used as well as other domestic violence considerations.

The agency has not yet been able to fully focus on this greatest risk of maltreatment population beyond what is described above. This is, in part, due to coping with the ongoing public health emergency during the first half of SFY 2021 and then increased turnover as well as a rise in the number of children in foster care during the last six months that may be, if not a result of, certainly impacted by the COVID-19 pandemic. The SOP implementation in Arkansas has also required significant resources. However, the Division intends to keep children affected by domestic violence as one of its greatest risk of maltreatment populations and plans to more fully focus on developing strategies to better identify and serve this population for the remainder of the five-year strategic plan implementation.

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. 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.

Emergency Funding for the MaryLee Allen Promoting Safe and Stable Families Funding

The Division is still determining how this additional appropriation will be used.

Kinship Navigator Funding

The Arkansas Division of Children and Family Services was one of the states awarded Kinship Navigator Funding in SFY 2021 for Arkansas Kinship Connect. Kinship Connect still abides by 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.

DCFS partnered with 366 Gathering LLC to provide monthly kinship support groups. Groups are offered statewide via zoom every third Tuesday. The 366 Gathering LLC host 2-hour groups with an hour of talking about specific topic and the last hour being a Q&A and voicing session. Feedback from the support groups is extremely positive and helpful for Arkansas kinship families. Support groups have been a great way for kinship families to talk share experiences and provide a safe space to voice concerns.

DCFS still has a partnership with Assemblies of God Family Services/COMPACT to case mine and deliver detailed kinship information for either placement, a visiting/respice source, or provide any family/medical information using COMPACT FINDS. Approximately eleven cases were sent to COMPACT to re-establish connections with siblings and parents whose rights were terminated over three years. No permanent placements were found with the FINDS. The FINDS helped DCFS staff get creative with placement options-establish connections and support specific family needs with the COMPACT Permanency Contract.

In addition, when a child in foster care achieves permanency through a guardianship or an order of permanent custody, there are times when the child's relative or fictive kin guardian or custodian may wish to adopt the child at a later date. The guardian or custodian may now request that DCFS provide services to assist the guardian or custodian with the subsequent adoption. This is because during this reporting period, DCFS amended an existing contract it holds with a local law firm for legal representation (needed for issues not related to dependency-neglect) to add a performance indicator to handle the legal proceedings for these adoptions when appropriate. Kinship Navigator

funds are being used to support this new contract performance indicator in an effort to further enhance permanency for children in these situations.

Kinship Connect made great strides in creating a training for Arkansas kinship families called ARKinship Connect Training. Foster parent classes for relatives and fictive kin have been condensed from a 27-hour training to 12-hour training and shortening the licensing process to three months to receive a board payment. ARKinship Connect Training will start in August of 2021.

The kinship navigator program Kinship Connect will start hosting kinship support groups more than once a month due to popular demand. The Division will also collaborate with agencies to help local staff in searching for relatives and fictive kin placements as children enter and exit foster care. Kinship Connect also wants to explore different ways to use technology on sharing resources and information to kinship families.

Monthly Caseworker Visit Formula Grant

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

- **FFY 2020: 87.94% (for FFY 2019: 90.09%**
 - Number of monthly visits made to children in the reporting population (Numerator) – **41,008**
 - Number of such visits that would occur during the FFY if each such child were visited once per month while in care (Denominator) – **46,632**

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

- **FFY 2020: 95.87% (for FFY 2019: 95.20%**
 - Number of monthly visits made to children in the reporting population that occurred in the residence of the child (Numerator) – **39,314**
 - Number of monthly visits made to the children in the reporting population (Denominator) – **41,008**

The aggregate # of children in the data reporting population is: **6,363 for FFY2019: 6,323)**

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)

Due to the COVID-19 Pandemic virtual home visits were counted as a completed home visit.

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 which remains a consistent issue. The COVID pandemic did impact the work that DCFS staff across the state did while shifting quickly to virtual there was still a continually battle to retain staff and maintain workloads. The number of children in foster care has continued to increase during this pandemic.

Arkansas continues to monitor and assess the frequency and quality of worker visits. During monthly Area Director meetings, the Assistant Director over Community Services will discuss with the Area Director's monthly home visit numbers which is also reported in their monthly reports to the Assistant Director of Community Services.

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 and Assistant Director of Community Services. One county has been especially hit hard with staff turnover and completing case visits. The Assistant Director of Community Services began sending out to each County Supervisor their data for monthly caseworker visits to bring to their attention the issue. Also, the Area Director implemented a plan for improvement.

Through this planning, monitoring, and tracking the Division believes there will be more focus around monthly caseworker visits, so numbers should improve. The statewide level data from the monthly charts and also on our new SafeMeasures tool has also been discussed in DCFS All Statewide Zoom meetings that have been done on a weekly bases by the Director/Deputy Director of DCFS during the COVID-19 pandemic.

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 and were at 87.94% with foster children per federal guidelines Arkansas is slowly pivoting back to "normal" business with caseworker monthly visits face to face and we are hopeful that the completion number will begin to rise for completion.

The Division continues to assess what strategies are working for those areas and share with other areas for consideration during discussions held at Area Director's meetings. 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 will continue to ensure that this is a priority area for 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 monthly charts and now SafeMeasures usage that are now part of data that helps in monitoring compliance all the way to the local county and even worker level.

The DCFS Director continues to hold weekly DCFS ALL Zooms and continues to provide stories of success for DCFS staff who are out serving families safely with social distancing, wearing masks and top priority ensuring that our children and families have their needs/services met. These are stories are providing the hope of return to normalcy for DCFS but shine the light on the hard work that our staff across the state are doing. These meetings also provide a time for the DCFS Director to reinforce DCFS practice.

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# - AIPP16 – Amount - \$478,378.00 + \$754,122.00 = \$1,232,500.00

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. A total of \$375,291.00 remains to be used by 09/30/2021

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

CFDA#93.603 – Adoption and Legal Guardianship Incentive Payments Program

Grant Award #AIPP10-1901ARAIPP-Amount \$601,538.00 (09/18/19) and \$540,462.00 (10/24/19) = \$1,142,000.00

Grant Period: 10/01/2018 - 09/30/2022

These funds must be obligated by 09/30/22 and liquidated no later than 12/31/2022. No funds have been used from this grant.

CFDA #93.603 – Adoption and Legal Guardianship Incentive Payments Program

Grant Award # AIPP20 – 2001ARAIPP – Amount \$1,995,500.00 total. These funds are for the period of 10/01/2019 – 12/31/2023. The funds must be obligated by 09/30/2023 and expensed by 12/31/2023.

The funds can be used for the same expenses indicated above.

Adoptions Savings

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

- Cover cost of acute or other inpatient care when there are no other payment sources and an adoption is in danger of disruption or dissolution and adoptive family is willing to continue participating in treatment with child.
- Cover cost of counseling when there are no other payment sources and an adoption is in danger of disruption or dissolution and adoptive family is willing to participate in counseling.
- Provide respite for adoptions in danger of disruption or dissolution when adoptive family is committed to continue to work with the child.

The state is still redirecting any unused funds toward the previous stated activities.

The State uses available funding to cover activities where there is no other source of funding or funding has been exceeded, the funding would be used on a yearly basis until expensed.

As there are currently no actual funds available, we can't access them only expense what we can cover from other sources. There are no plans at present to change the Adoption Savings methodology.

Family First Prevention Services Act Transition Grants

During the reporting period, Arkansas used the Family First Prevention Services Act (FFPSA) Transition Grant in two ways: 1) to continue an in-home service that was not yet eligible for IV-E prevention funding, and 2) to strengthen the state's Qualified Residential Treatment Programs (QRTPs) to better improve quality of treatment and outcomes for children and youth in foster care.

Part of Arkansas's plan for its statewide prevention program includes moving from the current Intensive Family Services (IFS) model that is only available in some counties to an evidence-based model that is available statewide and eligible for IV-E prevention funding. Arkansas has worked in the past two years to develop a procurement and implementation strategy to expand access to this service for our families, but more planning is still needed to move forward. The FFPSA Transition Grant has been used in

the last year to continue funding IFS providers in the selected counties, and the state will continue to use the grant funds in the next fiscal year in this way.

In the reporting period, each youth who has been served in a QRTP program received the QRTP Assessment to ensure QRTP was the appropriate level of care. Approximately 185 youth who need behavioral health treatment and cannot currently function safely in a family setting are placed in QRTP in Arkansas. By strengthening the trauma-models, quality of treatment, and discharge planning abilities of the QRTPs, children and youth in foster care are receiving better care and treatment in order to prepare them to transition to a lower level of care, ideally in a family setting.

Family First Transition Act Funding Certainty Grant

Arkansas received the Family First Transition Act Funding Certainty Grant for FY20 earlier this year. The state has not spent any funds yet and does not plan to spend any by the close of this reporting period. Arkansas plans to spend a portion of the FY20 grant in the next year on family reunification services, pursuant to the specific IV-B, subpart 2 purpose of “addressing the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997.” Arkansas has implemented and expanded intensive in-home services through its IV-E prevention program through the Family First Prevention Services Act. We will be able to use these grant funds in the next year to provide the same service for families who do not qualify for the prevention program under candidacy, but who will still benefit from the service to safely reunify children with their families.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)

The Division of Children and Family Services (DCFS) is the state agency with the responsibility and authority to administer, supervise, and directly deliver or arrange for the delivery of the programs identified as the Chafee Foster Care Program for Successful Transition to Adulthood and the Educational and Training Vouchers (ETV), generally referred to in Arkansas as the Transitional Youth Services (TYS) Program. DCFS provides transitional services to youth 14 and older with the guidance of policy and procedures. All children with Indian heritage who otherwise qualify for Chafee and/or ETV, are eligible for Chafee (transitional youth) services and the ETV program. These services are provided by internal and external staff determined by the assessment of transitional needs of the youth in foster care as well as other case plan requirements as described

below. DCFS agrees to cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee.

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

Throughout this reporting period, the Transitional Youth Services (TYS) Unit in Central Office is staffed by the TYS Program Specialist and the TYS Fiscal Support Specialist. However, as of June 14, 2021, the TYS Unit now has Program Manager position as well that will focus on program development, monitoring, and community partnerships designed to better support youth in foster care ages 14-21.

The TYS Fiscal Support Specialist position processes all Driver's License Program and Car Insurance Reimbursement Program applications, responds timely to questions from field staff, youth, and resource parents regarding these applications and programs, enters driver's license numbers for youth into CHRIS and other contacts as applicable. The TYS Fiscal Support Specialist also processes all Chafee funding requests for start-up items, after care, and other TYS purchases including gathering additional needed information and documentation, processing accordingly, and logging information for record-keeping purposes, and documenting approved funding requests into CHRIS.

The TYS Program Specialist position processes all Education and Training Voucher applications, trouble-shoots issues related to ETV, and enters approved ETV awards into CHRIS. In addition, the TYS Program Specialist oversees Supervised Independent Living (SIL) contracts and serves as primary point of contact for SIL referrals, questions, and concerns. The TYS Program Specialist collaborates with local TYS Coordinators and Supervisors to ensure best practice by responding to questions submitted by TYS Coordinators and otherwise providing guidance about the TYS Program and monitoring TYS Coordinator monthly reports.

The TYS Program Specialist also leads, coordinates, and supports the Youth Advisory Board in their activities and leadership development. The Youth Advisory Board (YAB) is

a group of youth in foster care from across the state who represent their peers in foster care at various conferences and events, advocate on their behalf, and inform the Division's policy and plans as they relate to youth ages 14 and older in foster care. The TYS Specialist schedules and facilitates the monthly Youth Advisory Board meetings along with providing technical and logistical support to Youth Advisory Board officers and members. The TYS Program Specialist works with the YAB to develop the annual Senior Recognition/Educational Achievement event and the annual Youth Leadership Conference as well.

Since transitioning to virtual YAB meetings due to the public health emergency, it has been a challenge to maintain consistency in YAB membership and participation throughout this reporting period. However, there has still been participation from a small number of YAB members. The YAB has led discussions surrounding efforts the Division can support youth/young adults who are currently in foster care and former foster care youth during the pandemic. The YAB has also participated in various youth-led discussion, roundtable discussions such as the Children's Bureau's Virtual Roundtables, the Jim Casey Youth Opportunity Initiative Activating Youth Engagement Summit, and the Building Bridges Initiative in Arkansas that is described in the updates to the Agency Responsiveness to Community section within the Systemic Factor Updates. Information collected during some of these forums have been used to hold discussions with DCFS Program Managers who oversee placement contracts to explore possible changes to contract performance indicators related to racial equity and inclusion considerations. The TYS Specialist followed-up with youth after their participation in these events to thank them for their time and input and inform them of any relevant next steps as a result of the youth sharing their feedback.

As it relates to efforts the Division has made to support older youth during the pandemic, the Division has offered additional services and supports to youth currently participated in the Extended Foster Care program as well as youth formerly in foster care. For example, the Division has provided utility support, rent support, housing assistance, purchased groceries, etc. for the youth population described above. The Division has also worked with its internal Office of Communications and Community Support to create an infographic describing and advertising Division X services. The publication was sent out to community partners that typically serve youth who have aged out of foster care, current placement providers (including resource parents), former foster youth, attorneys ad litem, CASA, parent counsel, the Court Improvement Program, and posted to the Department's social media outlets. In addition, the TYS Unit worked internally with the DHS data team

to retrieve email addresses for former foster youth who would be eligible to receive support. The TYS Fiscal Support Specialist contacted each youth who had an email address entered into CHRIS in order to share information with them about Division X, including the additional ETV funding and flexibility in program requirements. The Division is currently collaborating with its IT team to create a website for eligible youth to apply for direct payments that will be processed through a one-time payment mechanism. The state is also developing a Request for Applications that will allow DCFS to expand contracts or provide small grants to service providers who are currently working with youth and young adults formerly in foster care to provide services through the agencies to which such youth are already connected (e.g., supportive housing providers and Runaway and Homeless Youth grantees). Finally, the TYS Specialist and members of the DCFS Finance Team participated in regional team meetings, round table discussions, and other webinars provided to states on how to appropriate the Division X funds.

The TYS Unit receives and reviews a monthly report provided by each Transitional Youth Services Coordinator throughout the state. These monthly reports allow the unit to determine whether appropriate services are provided to transition aged youth with consistency throughout the state. Additionally, this report provides information on the number of transition-aged youth participating in Life Skills Classes. Life Skills Classes cover topics that include but are not limited to banking basics, hygiene and general health, budgeting, the college application process, creating a resume, job interview preparation, meal planning and shopping, basic cooking skills, etc. The TYS Coordinators are currently the staff responsible for providing Life Skills Classes to youth in foster care, but may, as needed, coordinate other presenters, panels, community leaders, etc. to provide some of the Life Skills Classes as needed.

In SFY 2021 to date (July 1, 2020 through May 31, 2021) 1,570 participated in Life Skills classes offered by DCFS staff, which is a significant decline from the 2,166 youth (includes duplicate counts) who participated in Life Skills Classes in SFY 2020. This decrease is largely tied to the fact that all Life Skills Classes were transferred to a virtual platforms which was not an effective way to reach most youth. There were several challenges with youth access to technology to be able to participate, connectivity issues, and general Zoom fatigue, particularly from youth who were already attending school virtually. However, a partnership between the DCFS Area 1 TYS Coordinator and CASA in Northwest Arkansas was somewhat successful. The CASA Youth Specialist from this chapter was able to upload the Life Skills Classes onto Vimeo which worked well for many youth. Please see the chart on the following page for a breakdown of youth participating in Life Skills Classes by area. These numbers include duplicated counts.

Area	# of youth
1	51
2	416
3	96
4	160
5	78
6	170
7	271
8	207
9	44
10	288
Total	1,781

Board payments for IV-E eligible youth may be made through title IV-E funds. Board payments for youth who are not IV-E eligible are paid using State General Revenue funds. The Division also offers several other financial supports to assist youth with achieving normalcy while in foster care as well as helping them to transition to adulthood. Arkansas claimed IV-E funding for contract payments to youth placed in our Supervised Independent living program who are IV-E eligible as allowed under Family First Prevention ACT. Part of the contract payment includes a stipend for the youth for clothing, food, etc.

Historically Arkansas has limited placement options for youth in Extended Foster Care. However, over this last reporting period, the Supervised Independent Living placement contracts went into effect in October 2020. There are currently eight providers statewide with a total of 40 contracted beds across the state with 31 beds full as of June 28, 2021.

This SIL placement option for youth over the age of 18 has been a much-needed addition to the state's placement continuum, particularly in regards to SIL Level 2 settings -- designed for youth with a higher-level needs -- which have overall been a helpful transition option for youth previously in QRTP settings. However, both SIL Level 1 and Level 2 settings have bolstered the overall placement continuum. Prior to the implementation of SIL, there were only three placement providers that would regularly accept youth over the age of 18. While these three were strong partners that offered significant wrap-around support to youth participants, the capacity of these programs was limited due to funding issues. With the SIL contract payments, these financial issues have since been ameliorated.

In addition, the SIL providers have assisted the state with achieving the overall Chafee program goal of supporting a successful transition to adulthood for these youth as well as make additional strides to reaching its CFSR PIP Goal 3 of increasing permanency and stability for children in foster care. For instance, some of the SIL providers have cultivated notable community connections for the youth in their placement setting who have helped to transport the youth to jobs, welcomed them into church communities, or resulted in job placement opportunities designed to meet the interests and skills of the youth. One example is of a young man who had earned his welding certificate and is currently working with a local landscaper utilizing those skills. Another SIL provider has helped youth with an interest in cosmetology to secure an internship at Johnson Dermatology and another secure a job with Boyd Metals. It is reported that at Boyd Metals the youth has learned to operate a crane and a saw on his own. Reports also state that he “comes out of work dirty everyday but loves how hands on it is. He loves that they offer benefits and a 401k, and he said he could see himself working here long term.” These are just a few instances of the work SIL providers have done regarding linking youth to valuable educational and employment opportunities.

The additional case management through the SIL providers have also benefitted this population that often do not get the one-on-one support many of them require. For example, SIL providers have helped to ensure that youth who have been behind on school credits have sufficiently caught up on school credits, have earned their driver’s licenses, and have helped youth navigate challenging situations with their biological families.

As with any new program, there have been learning curves with the new SIL Program. However, the TYS Unit has been quick to respond to concerns and questions from SIL Providers. The TYS Specialist also reviews weekly summaries for each youth placed in an SIL setting (these summaries are also provided to the youth’s FSW, FSW Supervisor, and TYS Coordinator) and monthly programmatic reports to identify challenges and successes on the individual client and program levels. During the pre-implementation stage and initial launch, group meetings with all SIL providers present were held to gather feedback and answer questions. However, given that the group was fairly reticent, the TYS Unit has found meetings with individual SIL providers more useful. Six months into the SIL contracts, the TYS Specialist and Assistant Director for Infrastructure and Specialized Programs set meetings with each SIL provider to talk through and learn from program barriers and highlights to date that will be used to amend next year’s contract performance indicators. The next step is for the TYS Specialist to schedule meetings with the youth participating in each of these programs to gather their perspective on the SIL programs so far.

Regarding other placement issues for older youth in foster care, the Division is encouraged that there has been a slow but steady increase in resource homes where children ages 10-17 are placed. Please see APSR Attachment A: State Profile 2021, page 7 for more detail.

As part of the Division's NYTD PIP, during this reporting period the agency continued to use a case review tool for Transitional Youth Services (TYS) cases. The Division's data management and analysis contractor pulls 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 nine months as of the end of the preceding month. Nine to ten of these are selected each month to review. Two areas are reviewed each month with a relatively even breakdown of cases between those two areas. A mix of placement types and range of ages are considered when pulling the cases. With this set number reviewed each month, a little over 10% of the TYS cases in Arkansas are reviewed over the course of the SFY.

Feedback regarding the reviews is provided directly to TYS Supervisors and Coordinators as well as to Area Directors to share with their other staff. To date, these reviews have helped ensure photos in CHRIS are up-to-date which is crucial if youth go missing. These TYS case reviews have also identified some concerning case specific practices and issues, such as shortage of educational credits and medication management, that have since been addressed in Interdivisional Staffings. Please see APSR Attachment C: NYTD PIP Progress Report January 2021 for more information. As noted in this attached document, significant progress made on the NYTD PIP includes the release of CHRIS enhancements to improve the data collection capability related to NYTD and the implementation of a new TYS module within the online New Staff Training as of January 2021.

Other changes and additions in services or programs for SFY 2021 include:

- Expansion of services and supports to pregnant and parenting teens by offering funding for doula services, if desired.
- Collaboration with Foster Club to offer a 2021 Virtual Youth Leadership Conference for youth in foster care that will be held in August 2021.
- Continued surveying of how the COVID-19 pandemic is affecting youth and what additional services or supports they may need during the public health emergency.

In addition to the plans laid out above, several of the agency's Child and Family Services Review Program Improvement Strategies will impact youth participating in the TYS Program. All of the goals and strategies in the CFSR PIP, if achieved, will affect the experience of older youth in foster care and the Transitional Youth Services Program given that the CFSR PIP impacts the entire child welfare system for the family's first point of contact with the agency to prevention services where applicable to achieving timely permanency for youth who enter the foster care system.

During this reporting period, the state also continued to implement its NYTD Program Improvement Plan. Much of the work over the last year has focused on strengthening the collection of high-quality data through NYTD by making CHRIS enhancements that were recommended as a result of Arkansas's Onsite NYTD Review that occurred in April 2018. For more information, see APSR Attachment C. In terms of how the state is integrating NYTD data into the state's quality assurance system, the state is still struggling to pull county-level data from NYTD that would be more helpful to families and youth; tribes; courts; and other partners versus a statewide snapshot that is currently available. However, the hope is that this may be accomplished with the implementation of the state's CCWIS over the next few years. The TYS case reviews, however, (see above), have continued to be helpful in terms of services provided and other practice issues. CQI manager actually provides a separate write-up on 2 TYS specific cases for each area. reviews for these cases selected sometimes have youth involvement. A summary of those cases are sent for review.

The Division has also continued work during this reporting period to refer youth to public housing authorities with whom the Division has standing Memoranda of Understanding (MOUs) regarding the Foster Youth Independence vouchers. The Division worked with its Office of Communication and Community Engagement to develop a flyer to advertise this opportunity to youth and stakeholders in applicable DHS County Offices. This flyer was provided to a number of community partners who serve youth aging out of foster care or the general homeless population. Finally, it was also provided to the Central Arkansas Library System to post in their various library branches. To date, at least fifteen youth have been referred by DCFS to the Foster Youth to Independence Program.

Aside from the specific activities described in this section of the APSR regarding Chafee services that involve different public and private stakeholders, the state also involves the public and private sectors in helping youth to achieve independence throughout the various collaboration described in the Collaborations section of this report. With the new addition of the TYS Program Manager position during the last month of SFY 2021, the

TYS Unit hopes to cultivate more public and private sector partnerships to help youth achieve independence over the coming year. The first area to explore in this regard is developing partnerships to provide mentors to older youth in foster care.

Regarding other goals for the Transitional Youth Services Program set forth in the Division's CFSP, the TYS Program has not yet focused on those goals due to other efforts and the ongoing impact of the COVID-19 pandemic. Remaining goals include the creation of a video to be used for foster home recruitment and expansion of Youth Advisory Boards at the state and local level. The passage of Act 316 of the 93rd General Assembly, Regular Session will make the development of the aforementioned video more attainable. Act 316 clarified that youth in foster care are not prohibited from sharing, at their own discretion, information concerning their experiences with DCFS after they have consulted with their appointed attorney ad litem. In the past there have been hesitations related to incorporating youth voice into system planning and practice improvement efforts due to confidentiality concerns. However, this piece of legislation that was developed by DCFS is designed to elevate youth voice for the purpose of improving and enhancing the child welfare system.

Act 791 of the 93rd General Assembly, Regular Session is a piece of legislation that will directly benefit the population served by the Chafee Program. Specifically, this new law will streamline the process for youth re-entering care by allowing DCFS to re-open the case as soon as a youth submits a request in writing or in person to DCFS for his or her return to foster care. Act 791 also makes clear that participation in extended foster care does not impede or otherwise alter any right afforded to the youth by virtue of his or her age of majority such as the right to consent to medical treatment or enter into contracts.

Education and Training Voucher Program

Youth in care, emancipated youth, youth who exited foster care at age 18 or older, and youth who exited foster care and entered into an adoption or guardianship at 16 and older may apply for assistance through the Educational and Training Voucher (ETV) program. ETV is available to eligible youth in these populations up until the age of 26 as long as ETV is not accessed by an individual for more than five years. First-time college applicants only require either a high school diploma OR a GED. For youth who have already been awarded ETV, they must re-apply for ETV each semester. To re-qualify for ETV once a youth has started college, he/she must be in good academic standing and making progress toward a degree (though this requirement has temporarily been waived

through September 30, 2021 per the Supporting Youth and Families Through the Pandemic Act).

Arkansas currently manages the ETV program. Youth, who apply and are deemed eligible for participation in the program receive up to \$5000 each state fiscal year. However, due to the Supporting Foster Youth and Families Through the Pandemic Act, ETV funds were increased to up to \$12,000 each state fiscal year through September 30, 2022. These funds are usually treated much like a scholarship and typically dispersed in \$2,500 increments each Fall and Spring semester. During this reporting period, ETV funds have been utilized to assist youth with tuition, fees, books, housing, laptops, etc. ETV can be utilized to pay for summer school as long as the limit is not exceeded in any state fiscal year. ETV is paid directly to the post-secondary institution. If there are remaining ETV funds available to the youth after all post-secondary institution tuition and fees have been paid, the ETV funds may be used for other costs of attendance as long as the other items do not exceed the total cost of attendance for a particular school (though under the Supporting Foster Youth and Families Through the Pandemic there is currently even more flexibility in terms of what ETV can cover if it will help the youth stay enrolled in post-secondary educational settings; this has allowed the Division to work with youth to identify other needs and use ETV funding received through Division X to help the youth remain enrolled in school and, in some cases, has helped youth to re-enroll in schools now that they have this additional financial support). Other costs of attendance are paid either directly to the provider of those goods or may be paid directly to the youth on a reimbursement basis provided the appropriate documentation is submitted by the youth.

The ETV approval process takes place within the TYS Unit including tracking of ETV amounts awarded in CHRIS, which is how the state provides an unduplicated number of ETVs awarded each school year.

In order to access any federal funding youth must complete the Free Application for Federal Student Aid (FAFSA). The FAFSA is the key to federal Pell Grants, the Arkansas Academic Challenge Scholarship, and the DCFS Educational and Training Voucher (ETV). Assuming a youth successfully completes the FAFSA, almost all youth in foster care will qualify for a federal Pell Grant (typically almost \$6,000 for the entire academic year). This is the first source of financial aid applied to a youth's cost of attendance for college.

Services provided through ETV since the submission of the 2020-2024 CFSP have not changed with the exception of messaging the increased funding amounts and

programmatic flexibility offered through the Supporting Foster Youth and Families Through the Transition Act to youth and stakeholders. The previously mentioned flyer that summarizes benefits through Division X includes information regarding ETV. The TYS Specialist has spoken with several youth who had to drop out of school during the onset of the pandemic but have been able to re-enroll in school thanks to Division X support.

To engage and re-engage students whose post-secondary education has been disrupted by the COVID-19 pandemic and national public health emergency, Arkansas contacted youth who previously submitted an ETV application to identify barriers, offered funding to assist with current and past due balances, and offered to connect youth to student supportive services to address any academic challenges

The TYS Program continued to receive and process ETV applications for youth pursuing post-secondary educational goals. ETV continued to be applied to the cost of attendance for youth enrolled in an accredited institution of higher education. The financial assistance provided through ETV complements additional funding the youth receive through Pell Grants and other local scholarships and programs. During this reporting period, 129 youth were awarded ETV funding.

Consultation and Coordination Between States and Tribes

Please refer to the earlier section regarding Consultation and Coordination between States and Tribes for information regarding how the states consult Indian tribes and efforts to coordinate programs with these tribes. This information applies to sharing information regarding Chafee and ETV.

Benefits and services under Chafee and ETV have objective criteria, so these programs are available to Indian children and youth on the same basis as to other children in the state. All Chafee and ETV benefits described above are available to Indian children and youth.

CONSULTATION AND COORDINATION BETWEEN STATES 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 **one (1)** cases that was moved to tribal court:

- One to Rosebud Sioux Tribe Court in South Dakota

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

All children ages 14 and older in Arkansas are referred to the Transitional Youth Services (TYS) (Independent Living) program and eligible to participate in the TYS program. The program allows youth to actively participate in life skill classes, the development of their Life Plan, and to actively participate in the planning of their future. The limitations of APPLA as a permanency goal (i.e., only available as appropriate to youth ages 16 and older) applies to ICWA children as well. If a current ICWA child reaches the age of 14 during this year, they will be referred to the TYS Coordinator in their area, and we will begin offering independent livings services will be offered to them.

Some examples of case management activities that DCFS provides include:

- *Providing updates and/or notification on placement moves*
- *Conduct home studies on potential relative/fictive kin placements*
- *Work with ICPC on any cross-jurisdictional placement requests*
- *Ensuring all educational needs are met*
- *Notifications of court hearings, case plan staffings, mediations*
- *Providing a schedule of the parent/child visits*

Some examples of case activities the Tribal Liaison representatives might provide include:

- *Attending & participating in court hearings*
- *Ensuring that the legal language is in the court orders*
- *Recommending services/placements specifically for Native American children*
- *Transporting parents*
- *Providing parents various contacting information*
- *Advocating the child and/or parent*
- *Provide expert witness testimony*

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 2021:

For **SFY 2021** CHRIS reflects for foster children American Indian and Alaskan Native Data:

Unique count of children in foster care during SFY 2021 between July 1, 2020 - May 31, 2021: **165**

- **97** Current foster children who are identified as American Indian and Alaskan Native (AIAN)
- **67** Children who left foster care between July 1, 2020 - May 31, 2021
- **41** Children who are identified as American Indian and Alaskan Native (AIAN) and entered foster care between July 1, 2020 - May 31, 2021

Some of the Tribes represented in the number of children entering care were: Cherokee Nation of Oklahoma, Choctaw (Mississippi Band), Choctaw Nation of Oklahoma, and Creek Nation.

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, 2020 - May 31, 2021, that child is counted one time. There was one youth during the time period who did leave foster care and later was removed a second time. If the duplicate client count is needed that would be:

- **68** Children who left foster care between July 1, 2020 - May 31, 2021
- **42** children who are identified as American Indian and Alaskan Native (AIAN) entered care between July 1, 2020 - May 31, 2021

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.

There continues to be two primary Cherokee field caseworkers working here in Arkansas. The tribe decides which cases are assigned to each worker and they continue to have a good rapport with the local office staff. DCFS Central Office Tribal liaison are always available to assist these caseworkers with any issues that may arise. Tribal liaison has assisted with caseworks with assignments such as a relative placement issue, conducting CHRIS searches for case history and provide policy clarification around visitations through ICPC. The two Cherokee Nation field caseworkers continue to provide ongoing training to DCFS field staff in the Northwest region of Arkansas as needed. They are invited to staff meetings and continuing education seminars where they provide information on ICWA policies and the importance of what active efforts mean to each case.

The DCFS tribal liaison continues to participate in 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.

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 2021, 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 2021 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
- 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

- 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
- Regina Shelton, Modoc Tribe of Oklahoma
- Doug Journeycake, Peroria Tribe of Indians of Oklahoma
- Pamela Satepauhoodle, Caddo Nation of Oklahoma

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 the two Central Office liaisons will continue to help strengthen its collaboration/partnership with Tribal agencies.

CAPTA STATE PLAN REQUIREMENTS AND UPDATES

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.lafferty@dhs.arkansas.gov P.O. Box 1437 Slot S563-Little Rock, AR 72203.

There were no substantive changes to state law or regulations relating to the prevention of child abuse and neglect that could affect the state's eligibility for the CAPTA State Grant. Several activities previously funded by CAPTA remain, but the Division also began using CAPTA to help fund Safety Organized Practice Training and implementation in Arkansas, which was not previously supported by CAPTA. All activities, services, and initiatives funded by CAPTA support various program areas enumerated in section 106(a) of CAPTA. More detail is provided below.

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 that continue to 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.
- Three Citizen Review Panels that review investigations and work to improve child welfare related practices and systems. These panels operate in Pope, Logan and Ouachita Counties. The citizen review panels play an 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;
 - information on pending child maltreatment investigations;
 - Making recommendations for services on each investigation reviewed at the CRP meeting and submitting to DCFS.
- Continued work with the FASD Workgroup and Strengthening Families work.
 - The FASD Workgroup is comprised of a wide range of stakeholders, including the DCFS Differential Response Program Manager, who meet monthly. The workgroup has served in an advisory capacity to meet the needs of families affected by FASD 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 annual conference. The FASD workgroup 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 prenatal alcohol exposure and in paving the way for the states’ first Specialty Diagnostic Resource Center for FASD.
 - Strengthening Families Advisory Board (SFAB) was developed to assist DCFS in developing a child abuse prevention plan for Arkansas and to advise the Children’s Trust Fund in implementing the plan. Please see “Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes” Strategy 1, Key Activity C2 for more information.

Developing, strengthening, and facilitating training topics through:

- Research-based strategies and Differential Response (DR) to promote collaboration with the families.
- Training and certification for DCFS Program Assistants MidSOUTH in Parenting Education (i.e., Active Parenting curriculum).
- Additional parenting training resources that will be made available to field staff for guidance in providing services to families.
- Safety Organized Practice (SOP) and Structured Decision-Making (SDM) Training and implementation activities for all DCFS Staff. Please see p. 36 of the State Training Plan Update for more information regarding the SOP Training and associated implementation. There is also a Safety Organized Practice Implementation Team that meets monthly and is supported through the Evident Change contract which is funded with CAPTA dollars. The team consists of stakeholders and DCFS staff from across the state and has been working on DCFS's Practice Model and a logic model to help create a Continuous Quality Improvement process. The team will have also sub-committees for community outreach, CCWIS development, and legal considerations. More information on Safety Organized Practice roll-out is also included in APSR Attachment D: Arkansas's Program Improvement Plan Progress Report for Quarters 5 and 6.

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

- Social, health, and financial 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. 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.

- Prevention website updates. 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.

Update on Services to Substance-Exposed Newborns

There are no major updates regarding the state's continued efforts to support and address the needs of infants born with and being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder (e.g., no updates regarding changes made to policy or practice or multi-disciplinary outreach, consultation, or coordination the state has taken to support implementation).

That said, even though there was no associated legislation related to CARA referrals or substance-exposed infants during the most recent legislative session in Arkansas, DCFS Central Office has included additional messaging in the 2021 Legislative Update Trainings for DCFS staff regarding how CARA referrals and subsequent plans of safe care operate in the state due to several questions regarding these referrals in the recent past.

The DCFS Policy Unit is currently working to enhance the form for plans of safe care by creating a standardized packet of resources that will be printed with the form each time. These resources include infographics on safe sleep, information on resources for women who may be suffering from maternal depression, an overview of developmental milestones for young children, and strategies for coping with crying. The hope is this packet will help facilitate conversations between DCFS and the caregiver when developing the plan of safe care for all substance-exposed infants. CAPTA State Grant funding may be used to support this plan of safe care resource packet. Aside from that activity, there are not currently any plan for using CAPTA State Grant funding to support the development, implementation, and monitoring of plans of safe care for substance-exposed infants.

Information on the current monitoring processes of plans of safe care are covered in DCFS policy which can be accessed [here](#).

More specifically, please refer to:

- Policy II-D: Child Maltreatment Investigations, p. 47 under "Investigation Initiation Timeframes" as well as pp. 62 under "Investigation Closures and Resulting Referrals and Case Openings"
- Procedure II-D7: Other Child Maltreatment Investigation Activities," Item C, pp. 70
- Policy II-F: Substance-Exposed Infants Referral and Assessment, p. 91
- Policy II-G: Team Decision Making, pp. 96

- Procedure VIII-D4: Fast Track Adoption Under Garrett's Law, p. 361

Regarding continued multidisciplinary coordination and services for substance-exposed infants, SafeCare is one example. SafeCare is an evidenced based contracted service through Arkansas Children's Hospital/Arkansas Home Visiting Network that is now statewide as of June 2020. The 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.

In SFY 2021, 24 FASD/CARA referrals have been received. The Differential Response Unit continues to monitor these referrals to provide technical assistance to DR field staff as needed. There have not been any changes made to policy or practice to date based on the implementation of the plans of safe care for infants experiencing withdrawal but not considered neglected under the Arkansas Child Maltreatment Act. The state does not currently require technical assistance to support the implementation of the CAPTA/CARA provisions.

Supplemental CAPTA Funding (American Rescue Plan)

Broad plans:

1. Survey monkey accounts for Prevention & Reunification Unit - SOP/SDM implementation & DR case reviews/practice coaching
2. Public Knowledge proposal, if we commit to a larger plan for the fiscal year

DCFS is currently making plans for how to spend the supplemental CAPTA State Grant provided under the *American Rescue Plan Act of 2021*. We have not spent any funds from this grant during the reporting period. Consistent with the program purposes of CAPTA, Arkansas is exploring using the funding to enhance the child protective system by improving the use of differential response and by implementing Safety Organized Practice (SOP) and Structured Decision Making (SDM). These funds may be used on technology enhancements related to these programs, such as survey technology for case reviews and monitoring used in coaching and for feedback loops with field staff across the state on SOP and SDM implementation. We are also exploring using the supplemental funds to strengthen division leaders on leading with a permanency and safety lens, including through the use of Permanency Safety Consultations for ongoing case monitoring.

STATISTICAL AND SUPPORTING INFORMATION

Juvenile Justice Transfers

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 DHS at the time of this transfer, DCFS continues involvement in lieu of a parent. DCFS has a Memorandum of Understanding with DHS so that a smooth transfer of custody upon entering and discharging from the DHS 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 DHS on youth and the custody.

For SFY 2021 (July 1, 2020 to May 31, 2021) there were **14** distinct DHS Clients with custody cases who were committed to DHS during that time frame.

This data was obtained from the DHS RiteTrack system and provided by the DHS Data Unit Manager.

Education and Training Vouchers Awarded

Name of State/ Tribe: ARKANSAS

	<u>Total ETVs Awarded</u>	<u>Number of New ETVs</u>
<u>Final Number: 2019-2020</u> <u>School Year</u> <u>(July 1, 2019 to June 30, 2020)</u>	<u>102</u>	<u>56</u>
<u>2020-2021 School Year*</u> <u>(July 1, 2020 to June 30, 2021)</u>	<u>129</u>	<u>40</u>

Comments: *The numbers above reflect ETV awards through June 04, 2021*

Inter-Country Adoptions

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

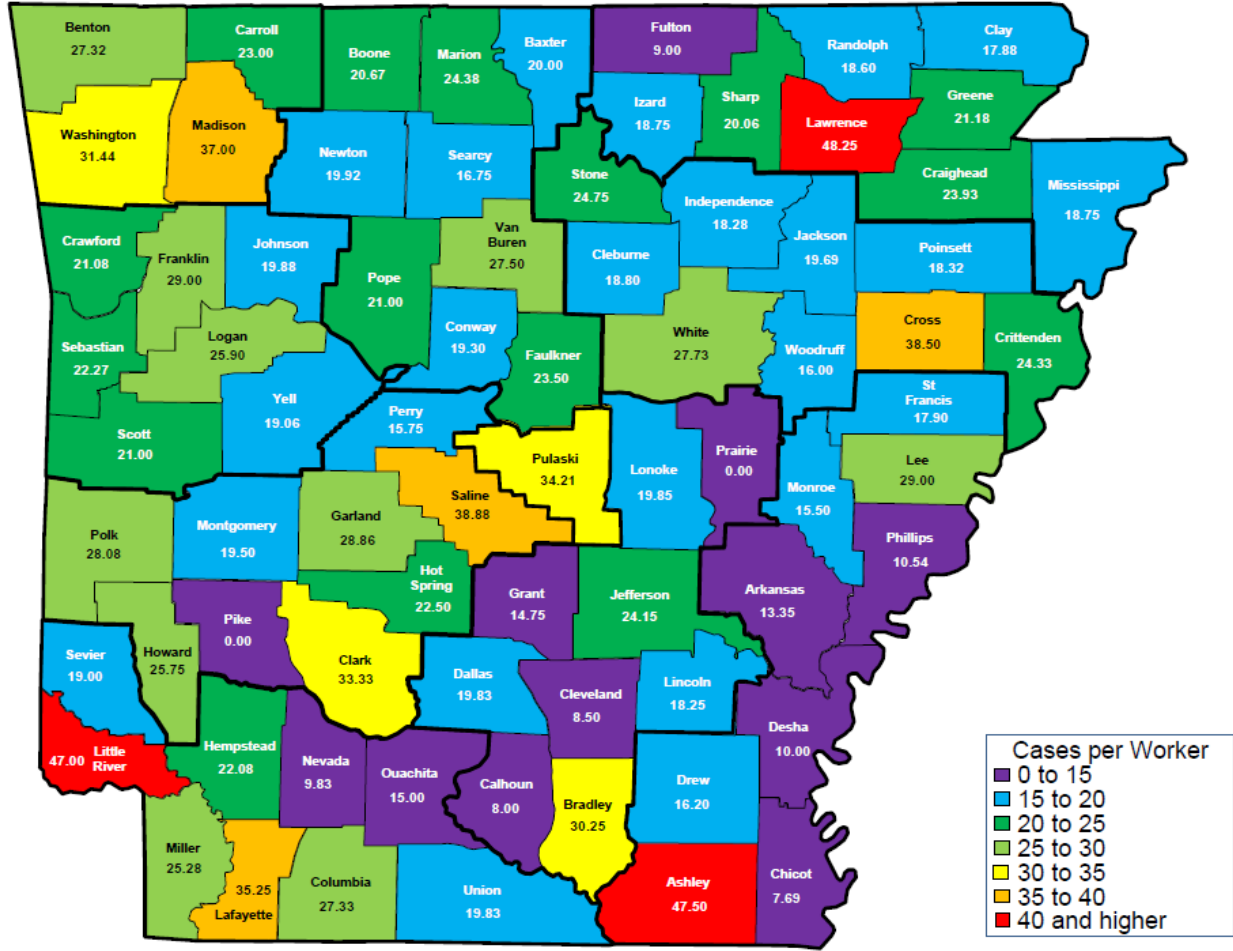
WORKFORCE DEMOGRAPHICS

Information on Child Protective Service Workforce as of June 2021

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

<i>DCFS averages:</i>		<i>CACD averages:</i>		<i>Hotline Operator averages:</i>	
Female	89%	Female	88%	Female	81%
Male	11%	Male	12%	Male	19%
<i>Race:</i>		<i>Race:</i>		<i>Race:</i>	
Caucasian	59%	Caucasian	81%	Caucasian	56%
African American	40%	African American	16%	African American	40%
Hispanic	1%	Hispanic	3%	Other	4%
Asian	Less than 1%				
<i>Ages:</i>		<i>Ages:</i>			
20's	27%	20-30	18%		
30's	26%	31-40	31%		
40's	25%	41-50	30%		
50's	18%	51-60	19%		
60+	4%	61-70	2%		
<i>Educational Level:</i>		<i>Educational Level:</i>		<i>Educational Level:</i>	
BSW	12.3%	BSW	.08%	Related degree	8%

Related Degree	50.47%		Related Degree	87%	BS/Master's Degree related field	92%
MSW	1.26%		MSW	0%		
Associate	4.80%		Associate	0%		
No Degree	18.87%		No Degree	.05%		
Doctorate	.25%					
Non-Related Degree	12.04%					



ATTACHMENTS LISTING

- AP SR Checklist
- Annual Progress and Service Report (APSR)
 - APSR Attachment A: State Profile, May 2021
 - APSR Attachment B: Every Day Counts Profile, May 2021
 - APSR Attachment C: Arkansas NYTD Progress Report January 2021
 - APSR Attachment D: Arkansas PIP Progress Report for Quarters 5 and 6
 - APSR Attachment E: Adoption Call to Action Summit Plan
 - APSR Attachment F: Area QSPR reports
- SFY 2021 Citizen Review Annual Report and Responses
- SFY 2021 Health Care Oversight and Coordination Plan Updates
- SFY 2021 Disaster Plan
- SFY 2021 Foster and Adoptive Recruitment and Retention Plan Updates
- SFY 2021 Training Plan Updates
 - Training Plan Attachment 1: Training Matrix