

# SEMI-ANNUAL PROGRESS REPORT

## Title IV-E Waiver Demonstration Project

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## OVERVIEW

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Arkansas is four years into its Title IV-E Waiver Demonstration Project. The Arkansas Department of Human Services, Division of Children and Family Services (DCFS) initiated the State's Waiver in August 2013 to accomplish three goals:

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

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

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

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

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

## **DEMONSTRATION STATUS**

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### **Program Improvement Policies**

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

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

Through the Waiver, DCFS decided to implement programs designed to prevent children from entering foster care, programs focused on providing permanency for children in foster care and programs focused on the recruitment and retention of high quality foster homes. Although there is still room for improvement, the ensuing implementation and evaluation sections for each intervention show that the Division has been successful in implementing these program improvement policies over the past four years.

Differential Response, Team Decision Making and the Nurturing Parenting Program have been implemented to protect children and prevent them from entering foster care, just as Arkansas's Creating Connections for Children (ARCCC) program is working to provide permanency for children in care. The Child and Adolescent Needs and Strengths (CANS) and Family Advocacy and Support Tool (FAST) functional assessment tools support each of these goals by providing comprehensive assessments of families' needs and family-centered service planning. ARCCC is a statewide diligent and targeted recruitment program designed to recruit and support high quality resource families and volunteers. Permanency Round Tables are another intervention intended to provide permanency for children in care; however, this strategy has not yielded the results anticipated so this intervention has been discontinued.

## Differential Response

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

### *Differential Response Data:*

- DR referrals worked: **3,077**
- DR referrals screened out: **309**
- DR referrals re-assigned to investigations: **558**

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

### *Summary of Differential Response Activities:*

#### *February 2017*

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

#### *March 2017*

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

#### *April 2017*

- 1-day DR training held in Area 4
- DR Program Unit attended CHRIS meetings to discuss upcoming program updates
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- Met with new Waiver lead to discuss DR program
- Met with MidSOUTH Partnership to discuss incorporation of DR training into new worker training module

- Spoke at the Crimes Against Children Division and provided information on the DR program
- Held ½ day training for Area 6 investigators
- Attended a meeting at the Pulaski County Special School District regarding the DR Program
- Held a ½ day refresher training in Area 2 for DR supervisor

*May 2017*

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

*June 2017*

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

*July 2017*

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

*August 2017*

- Waiver Core Team Meeting
- CHRIS Enhancement Meeting

**CANS & FAST Functional Assessment Tools**

As reported in previous Semi Annual Reports, the Division initially implemented the Child and Adolescent Needs and Strengths (CANS) and Family Advocacy and Support Tool (FAST) intervention in two counties (Pulaski and Miller) in November 2014 followed by all remaining counties on February 12, 2015.

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

During a previous reporting period, the larger CANS/FAST Implementation Committee was 'put on hold' to allow the Program Manager to focus on more specific work to occur in various other workgroups/sub-committees. These other targeted efforts have included the Program Manager holding workshops with the identified CANS Champions across the state; serving on an In-home Workgroup to ensure focus on best practice use of FAST with in-home cases; working extensively with the MidSOUTH curriculum writers to develop

appropriate training surrounding CANS/FAST for workers, supervisors, and community stakeholders; and beginning to work within the CANS/FAST Annual Revision workgroup to look at necessary changes and improvements to the Arkansas tools.

The CANS/FAST Program Manager also continues to attend meetings across the state with various stakeholder groups to introduce CANS/FAST and answer questions, including Court Improvement Team Meetings in several counties and the Statewide Court Appointed Special Advocates Meeting. Supervisors across the state who have been identified as CANS/FAST Champions in the area have also been reaching out and providing education at the local level to stakeholders as needed/requested.

Arkansas also developed and implemented a CANS/FAST Stakeholder Orientation, which is being conducted quarterly by MidSOUTH with support of the Program Manager at each of the five MidSOUTH training academies across the state. All stakeholders are invited and encouraged to attend the Stakeholder Orientations (the targeted audience is providers, foster parents, CASA volunteers, and attorneys/court teams). The orientation explains the AR DCFS history and background with CANS/FAST, the agency goals for CANS/FAST, and goes in depth about the actual tools (item review, how to determine ratings, what action levels mean, etc.). Participants are educated on how to interpret the CANS/FAST so that they can be involved in the process and give appropriate feedback on the CANS/FAST for clients with whom they are working. They also complete a CANS in small groups with a practice vignette and review a case plan based on that CANS/practice vignette. The Program Manager attends these sessions to offer support and answer any DCFS-specific questions. Local area Champions also attend whenever possible to provide stakeholders a contact at the local level and answer any area specific questions that might come up. Announcements of these trainings are sent by various avenues to stakeholders, and the Program Manager has also participated in the quarterly conference calls with various DCFS providers to encourage attendance and discuss how providers can use the CANS/FAST in their work with clients. There have been seven rounds of these trainings conducted to far, holding a training at each of the five MidSOUTH sites across the state, for a total of 35 Stakeholder Orientations to date. The feedback from the stakeholder trainings has been positive overall, and partners have shared that they are excited to be a part of the CANS/FAST process and use the assessments as they work with DCFS clients.

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

The supervisors are encouraged to use the practice scenarios completed on the call to then do inter-office trainings with their staff to improve fidelity and reinforce workers' understanding of the tools. There were no coaching calls that took place during this

reporting period. Previous coaching call topics have included 'Meaningful Use of the CANS,' 'CANS as a Communication Tool,' an in depth review of the six key characteristics of the CANS and how to determine appropriate ratings, and case reviews from a supervisor's perspective on a real (but de-identified) DCFS FAST and CANS.

With turnover and hiring new supervisors, many supervisors had not received the previous coaching call materials. As such, the Program Manager has attended the Quarterly Statewide Supervisors Meetings in each area of the state and presented some of the material previously covered in coaching calls including best practice in supervision of CANS/FAST, how to determine quality CANS/FAST and steps in the review/approval process, and coaching to best practice and supporting fidelity of the model including providing structured coaching materials/activities for supervisors to take back and facilitate with their staff.

The full CANS/FAST Family Engagement Tool was provided to workers and supervisors across the state in April 2015. This tool goes domain by domain and provides suggested questions and conversation starters to help workers gather the information needed to complete the CANS/FAST, as well as general tips for engaging families and ways to engage stakeholders and collaterals to obtain a more comprehensive assessment of families' needs. The Program Manager continues to share this at various meetings and specifically with staff who seem to be struggling with engagement and gathering all the necessary information for the CANS/FAST, as identified during case reviews.

Dr. Lyons has also been available for consultation as Arkansas looks at potential changes to the current tools and future development of new tools. During a previous reporting period, Dr. Lyons approved changes to the rating scale for the trauma section of the CANS (which was implemented in August 2016) and expressed support of Arkansas beginning the process of converting to a hybrid CANS/FAST modeled after Utah's UFACET for both in-home and out-of-home cases (any modules specific to foster care/out-of-home case would just be triggered). A condensed version of this hybrid tool will then be employed for use in investigations/differential response. Arkansas's research suggests that most states that utilize multiple different tools use CANS for a level of care recommendation for children in foster care (which Arkansas is not currently doing) or use FAST in investigations/DR (which Arkansas would still like to do). The Division believes that if the tools are combined (like Utah has done with great success) so that the basic assessment is the same regardless of case type (but additional modules would be completed for out-of-home cases) then that will increase ease of use for staff and, therefore, also augment fidelity to the model.

In fact, the number one complaint from the field has been that it is too time consuming to do a single CANS for every child when there are so many cases with multiple children in them, and that it is complicated to switch back and forth between CANS and FAST based on case type (e.g., when a child is taken into foster care or returned home). Arkansas's CANS and FAST do not directly align, so caseworkers must start over with the new instrument when the case type changes, which impacts their ability to track a child's or family's progress on individual items. The Division believes that staff buy-in and fidelity to the tool will increase if they don't see it as such a burden. Once Arkansas has transitioned to a more



finely-honed single assessment tool, it should be easier for DCFS to develop and implement the modified/shortened version that the investigator/DR worker would conduct during the assessment phase. Dr. Lyons will be available for consultation throughout this process and will approve any changes that Arkansas makes. Arkansas has also included strategies surrounding this goal in the Program Improvement Plan with a goal of finalizing changes by August 2018, and full implementation by January 2019.

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

The CANS/FAST Program Manager continues to provide the field with recertification coupons as needed, enter certifications into the CHRIS system to enable access to the CANS/FAST tools, assist the field with technical issues regarding both the CANS training site and CANS/FAST/Case Plan in CHRIS. Additionally, an extra-help position dedicated exclusively to reviewing CANS/FAST has been added.

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

During this review period, the extra-help reviewer completed case reviews on a specific population of children identified as difficult to place by the placement team who are currently on contract in acute or sub-acute facilities. The agency hoped that by getting a thorough and accurate assessment on these children, the placement team/central office can then work with the field to identify the most appropriate placements for these children and successfully step them down from their current placement setting. Many youth in this population have now been placed in less-restrictive settings. The agency is currently working with Casey Family Programs to do a larger data review of all the CANS for this identified population.

During this review period, the CANS Unit also began a new project of reviewing initial assessments and case plans within a week of approval to provide feedback quickly at the beginning of a case. The agency hopes that if the quality and accuracy of the initial family assessments and case plans can be improved, then families will receive the most appropriate services timely, resulting in improved outcomes for the children and families that we serve. The CANS Unit receives a report weekly that includes all approved initial case plans across the state that were approved within the last seven days. The Program Manager then identifies which cases will be reviewed each week based on various factors, for example, recently the Assistant Director over Community Services requested the CANS Unit identify workers that have lower workloads across the state (15-20 cases or less) and

review off of those cases to see if the quality of work the staff are able to do improves with lower workloads.

Additionally, the Program Manager speaks with the Area Directors at their monthly meetings and to supervisors at each Quarterly Statewide Supervisor Meeting to provide updates and address any concerning trends in practice. For example, many workers seem to only be looking at the “true finding” in the case and the CANS item that correlates with that is often rated a 2 or 3, but the rest of the assessment is rated all 0s. The concern is that staff are not truly doing a thorough assessment of all areas. This has been addressed and is continuing to be monitored, in part by providing the individual, thorough case reviews to the field and continued messaging to supervisors about approving only quality CANS/FAST that follow fidelity. The Program Manager also continues to reiterate at these meetings the importance of using CANS as a communication tool and sharing it with family teams and ensuring collaterals (providers, foster parents, school personnel, court teams, etc.) are involved during the completion of the initial and subsequent CANS/FAST assessments so that any changes or improvements being made by the family as a result of the services can be accurately reflected in the updated assessment.

DCFS decided to conduct full refresher trainings prior to recertification in year two instead of just allowing staff to use the CANS training website to recertify. The refresher trainings focused on best practice and highlighted some of the issues identified to date. The CANS/FAST Family Engagement Tool was also shared again at the CANS/FAST Refresher/Recertification Trainings and staff were encouraged to use them as they complete the CANS/FAST. These trainings were mandatory for all staff that directly work with CANS and FAST and all supervisors. These trainings reviewed all aspects of CANS and FAST and focused on what it means to use CANS as a communication tool (and what that should look like in real practice), what makes up a ‘quality’ CANS/FAST, the importance of proper engagement with families and how the CANS/FAST should be guiding case decisions and driving the case plan. The Refresher Trainings are now held every few months or as needed for any staff that wish to come back through, staff promoted to a new position that would benefit from a refresher, or staff that supervisors require to come as they seem to be having difficulty with CANS/FAST and completing them thoroughly and accurately.

During a previous review period, the Program Manager began shadowing in Pulaski County during case staffings to observe (and model when necessary) the proper use of CANS in a staffing scenario and how to use the CANS to guide the decisions surrounding services and building the case plan as a family team. The Program Manager has continued this and is specifically working with the Pulaski County Zero To Three Safe Babies Court Team (SBCT) Coordinator to ensure that the CANS is being utilized in those facilitated staffings as a decision support tool and to identify and prioritize services for the families. During this review period, the Program Manager worked with the SBCT liaison and the Family Team Meeting (FTM) facilitator to make modifications to the staffing agenda and forms that are used during these staffings to include CANS items and language when identifying families strengths and needs and beginning at the staffing to connect specific CANS-identified needs to services.

During a previous review period, the Program Manager also worked with MidSOUTH and the Partnership who developed the federally mandated Human Trafficking Trainings to incorporate a CANS/FAST component to these trainings to ensure workers are making the connection of where to document various case details in the assessment and how to utilize those identified needs to determine appropriate services for this population. In the activity developed, the workers practice with case scenarios that involve human trafficking and identify where various details would be reflected and documented in the CANS or FAST assessment for the child/family, and then go on to discuss service options based on these identified needs.

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

CANS/FAST Champions have been identified across the state. These individuals are field supervisors who oversee Protective Service and/or Foster Care cases who were identified as a leader in the area by the Area Director. Their role is to be a peer in the field who staff can go to if they have questions or need help and to help achieve buy-in at the county and service area level. The Program Manager has worked with the champions to build their skills and knowledge around CANS/FAST so they can truly be leaders of CANS/FAST in their respective areas. The Program Manager has provided additional trainings and support, and the Champions have taken on assignments in their areas to do presentations/small group trainings with staff or engage stakeholders regarding CANS/FAST.

So far, seven champions have also had the opportunity to participate in a site visit to another state using CANS or go to the Annual CANS Conference and bring that knowledge learned back to the field. The CANS Champions have also been working with the Program Manager to identify coaching tools that can be shared among supervisors for CANS. At this time, many of the supervisors originally identified as CANS Champions have moved into new roles. The CANS Program Manager is currently utilizing the case review process to identify supervisors who seem to be promoting best practice with CANS/FAST and looking for fidelity of the model to identify some additional/new Champions across the state.

CANS/FAST has been implemented statewide for almost two years now (since February 2015). As of August 7, 2017, there were 11,923 children in 6,486 cases assessed in a CANS, and 27,792 children in 12,653 cases assessed in a FAST.

*Summary of CANS/FAST Activities:**February 2017*

- Attended CHRIS/Exec Meeting to discuss ITN prioritization and March CHRIS release
- Participated in ongoing CHRIS Meeting on CANS specific ITNs including automating due dates for CANS/FAST/Case Plan to comply with policy and promote compliance
- Held CANS/FAST Annual Revision Workgroup Meeting
- Co-trained refresher CANS Trainings in Jonesboro, Little Rock, Arkadelphia, Fayetteville, and Monticello
- Participated in CANS Stakeholder Orientations in Little Rock and Monticello
- Participated in ongoing Waiver Core Team Meetings
- Presented at Statewide Supervisors Meetings in Stuttgart, Fort Smith, and Arkadelphia
- Provided CANS and case plans to Safe Babies Court Team (SBCT) liaison in preparation for upcoming SBCT Family Team Meetings

*March 2017*

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

*April 2017*

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

examples of quality case planning and reiterated importance of developing case plan with all parties input. Provided examples of how the CANS/FAST should develop the case plan with collaboration of all parties. Also discussed court reports and other issues

- Attended as speaker at Jonesboro Foster Parent Conference regarding CANS and a foster parent's role

### *May 2017*

- Compiled (and provide to extra-help reviewer) list of resources to share with CANS/FAST reviews as they go out. These include examples of quality FAST and CP, example of quality CANS and partial case plan, handouts from Dr. Lyons/Praed on making difficult rating decisions, understanding strengths scoring, and family engagement, communication flyer, flyer to use to introduce CANS/FAST at staffings/to families, engagement tools, etc. These will be sent out along with reviews based on the areas identified that the worker need some extra coaching
- Sent flyer with upcoming CANS Stakeholder trainings out to AOC, OCC, and CASA email groups, and also sent to providers
- CANS Unit will begin focusing 'Initial Review Project' on Area 2 intake unit workers to determine quality, per request from Community Services Assistant Director
- Attended Procurement Training
- Began discussions with Chapin Hall regarding this year's contract/budget and sent proposed budget based on needs for this year
- Monthly CHRIS/Exec Meeting
- Met with CHRIS (Evangeline/Alicia) on outstanding CANS ITNs and issues related to recent ITN release
- Sent out monthly reports to ADs with all CHRIS Net reports and other general updates such as upcoming Refresher Trainings and Stakeholder Orientations
- Sent flyer with Stakeholder Orientations to Foster Care Manager to send out to foster parent emails
- Waiver Core Team Meetings; reviewed sponsor form and draft of form for hybrid CANS/FAST tool with group. Per request, will also identify case workers with lower workloads from CANS Unit report to select reviews from to see if lower case loads are doing better quality work
- Sent out CANS for all upcoming SBCT FTMs to liaison and facilitator to use to develop agendas. Emailed Area 6 Director with concern that despite multiple requests for the CANS and updated Case Plans on these cases Pulaski staff did not provide these to the team
- CANS Refresher Training-Fayetteville; Area 2 intake unit in attendance per request as well as 2 PS workers from Sebastian in attendance per request-this is due to issues identified in case reviews
- Foster Parent Training in Springdale

- Attend Safe Baby Court Team Family Team Meetings
- Attended and provided session at New Supervisor Training at MidSOUTH (reviewed supervision of CANS/FAST, coaching, provided coaching activities and tools)
- Sent request to HZA to add a column showing the primary workers workload # on weekly CANS report we are reviewing from to identify lower workloads for review

### *June 2017*

- CANS Stakeholder Orientations held in Little Rock, Arkadelphia, Fayetteville, Jonesboro, and Monticello
- Ongoing meetings with CHRIS team on outstanding ITN's for CANS
- CHRIS testing for upcoming release
- Attended Area 2 supervisor's meeting with case manager for the private licensed foster homes that will be opening through Arkansas Baptist Children's Homes. The Case Manager has certified in CANS/FAST and has met with the Program Manager for training and will be assisting in gathering information for the case workers on the children placed in their foster homes; Program Manager and Case Manager introduced this concept to the supervisors
- Attended legislative trainings in Fayetteville, Arkadelphia, and Jonesboro with the Policy Manager to offer support and insight on the bills that will affect the assessment and case planning process
- Attended Area 6 Foster Parent Conference and presented on CANS and the foster parents' role in the assessment process
- Ongoing Waiver Core Team Meetings
- Provided CANS to the 0-3/SBCT Facilitator in order to develop agendas for upcoming staffings
- Attended SBCT Family Team Meetings
- Continued to work with the SBCT Community Coordinator and Facilitator to incorporate CANS into the Family Team Meetings and agendas
- Provided monthly updates to Area Directors on all available CHRIS Net reports regarding CANS
- Continued to review initial CANS/FAST case plans, currently focusing on cases from workers across the state with lower workloads

### *July 2017*

- Ongoing meetings with CHRIS team on outstanding ITNs for CANS, as well as new SSRS reports for supervisors (new report identified will list all cases whose most recent assessment has no actionable items; supervisors should be able to use this to staff with workers about why the case is open if there is no further action to take or

if the assessment needs to be updated to accurately reflect the current needs of the family as actionable)

- Finalized and completed data export to Casey Family Programs from 'Stuck' Kids Project
- Trained additional case manager from ABC Homes on CANS/FAST as they will be assisting in information gathering for the assessment for children placed in their foster homes
- Attended SBCT staffings and provided assessments to the facilitator beforehand to aid in developing agendas based on the families' current strengths and needs
- Casey Family Programs made a request for some additional data on the children identified for review in the 'Stuck' Kids Project (age, sex, age at removal, whether there has been TPR, what the true findings of child maltreatment were, etc.)
- Attended legislative trainings in Little Rock with the policy manager to offer support and insight on the bills that will affect the assessment and case planning process
- Co-presented at the Annual Youth Conference put on by the Youth Advisory Board on youth's rights in foster care, how they play an active role in their assessment and case planning, and why that would benefit them
- Identified additional attendee to go with Program Manager to the Annual CANS/TCOM Conference where Arkansas will be presenting a session; a family service worker from the field who is doing quality CANS/FAST was identified through case reviews.

#### *August 2017*

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



identified to participate in the hiring committee for the new SBCT Community Coordinator position

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

## **Team Decision Making**

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

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

In October 2016, the Area 6 and Area 8 Facilitators turned in their letters of resignation, both effective in November 2016, to accept different positions. At that time, hire freeze approval requests were submitted to fill the upcoming vacant positions. Bowen Law School mediators and the TDM Supervisor have acted as back-ups for Area 8. The Facilitators from Areas 3 and 4 and the TDM Supervisor have acted as back-ups for Area 6. In December 2016, the freeze approval requests were approved to fill the vacant positions. A selection

was made on the first hire registers. The Area 6 Facilitator started on January 30, 2017. The Area 8 Facilitator started on February 6, 2017.

Even after expanding the number of counties in each area covered by the TDM facilitators, referrals for TDM meetings have remained low due to the number of protection plans being implemented. The Waiver Core Team previously made the decision to include all investigations accepted by the Child Abuse Hotline for Substance Exposed Infants, also referred to as Garrett's Law, as a new TDM trigger. This allegation is accepted if there is the presence of an illegal substance in a child or its mother at the time of birth resulting from the mother knowingly using the substance. The number of Garrett's Law referrals accepted for investigation has consistently increased in recent years. There were 1,143 Garrett's Law referrals for SFY 2016. This represents an 18 percent increase from SFY 2015.

DCFS policy mandates that a protective services case be opened to establish a plan of safe care for the infant and the family which aligns with the Child Abuse Prevention and Treatment Act (CAPTA) requirement. The TDM meeting will serve as an opportunity to begin developing the Plan of Safe Care and initiating services on the front end during the investigation prior to the protective services case opening. Substance abuse was present in 61 percent of the families who experienced a child death in SFY 2015, a decrease from 74 percent from SFY 2014. In SFY 2015, marijuana and methamphetamines were the most commonly used drugs by families who experienced a child death. This data from the Summary of Garrett's Law Referrals and Child Fatality Reviews was used for the decision to include Garrett's Law as a TDM trigger. The Waiver Core Team also discussed adoption disruptions as a potential trigger for a TDM. The Annie E. Casey Foundation (AECF) was consulted about this potential trigger and advised that a TDM meeting at the point of disruption would likely not be successful. It was suggested by AECF that TDM meetings would better serve the family at the time when the children are being placed in the adoptive home. The decision was made to have an interdivisional staffing rather than a TDM meeting for adoption disruptions. Waiver Core Team continues to look at triggers for TDM.

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

In November 2016, changes were made to the text boxes in the CHRIS TDM screen to lengthen the number of characters that may be included in the text box. In December 2016, an enhancement was made to Document Tracking to add TDM-specific forms, including the CFS-354, CFS-355, and PUB-35. Automatic emails continue to be sent to the Area Director and TDM supervisor when the Child Abuse Hotline accepts an investigation for Garrett's Law. It is required that a TDM meeting be held for all Garrett's Law referrals accepted for investigation in the TDM implementation counties, except for Pulaski County, a requirement which went into effect on July 27, 2015.

Pulaski County receives 20 percent of all the Garrett's Law reports received by the Hotline statewide. Due to the high volume of Garrett's Law reports in Area 6 and the staffing issues created by the TDM Facilitator covering both Areas 5 and 6 at that time, it was decided by Waiver Core Team not to implement Garrett's Law in Pulaski County. In December 2015 and January 2016, all supervisors, caseworkers, and investigators in Pulaski County went through the Garrett's Law TDM policy training. Garrett's Law was implemented in Pulaski County on February 1, 2016.

On May 25, 2016, Garrett's Law was suspended in Pulaski County due to high number of staff resignations, investigators carrying 60 or more investigations, the TDM Facilitator vacancy and training requirements, as well as the number of Garrett's Law referrals assigned to Pulaski County. Area 6 has requested a few Garrett's Law TDM meetings since the temporary suspension. On December 1, 2016, TDM was suspended in Crawford County due to staff resignations and high caseloads. Garrett's Law TDM meeting resumed in Pulaski on July 3, 2017. Protection plan TDM meetings resumed in Crawford County in March of 2017, and Garrett's Law TDM meetings resumed on July 10, 2017.

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

As of July 13, 2017, there have been 1,397 TDM meetings in the 28 implementation counties and these meetings have involved 3064 children. Of these 1,397 meetings:

- 43% were triggered by a protection plan and 56% were triggered by a Garrett's Law referral.
- 60% of the TDM recommendations were to Maintain Children in Own Home/No Court Involvement.
- 33% of the TDM recommendations were to File for Court Intervention Not Involving Removal.

- 7% of the TDM recommendations were to file for any Type of Custody that Includes Removal. Of these children that were removed at the time of the TDM, 40% were on a Garrett's Law TDM and 60% on a Protection Planning TDM.
- 7% of the children involved in a TDM were removed within 30 days of the meeting.

Once the technical assistance from Annie E. Casey Foundation ended in May 2015, the monthly Case Consultations continued and are led by the TDM Sponsor and TDM Lead on the second Wednesday of each month. The Case Consultations provide peer-to-peer learning, live case consultation, and guest speakers from the Community/Service Providers. In November 2016, the TDM Supervisor and Area 3 TDM Facilitator attended the International Conference on Innovations in Family Engagement in Fort Worth, Texas. At the conference, several new techniques and skills were shared that would benefit TDM meetings and practice in Arkansas. The TDM Supervisor and Area 3 TDM Facilitator co-facilitated TDM meetings with each of the other TDM facilitators to model the new techniques and skills to expand learning across the state.

As reported previously, A Training of Trainers (TOT) was held in April 2015 with the TDM facilitators, Supervisor, Manager, MidSOUTH trainer, and one back-up facilitator. The sustainability plan is to partner a TDM facilitator with a MidSOUTH trainer for future training needs as TDM is implemented. The TDM Facilitators have been leading all TDM policy and procedure trainings for DCFS staff. The MidSOUTH trainer, TDM Sponsor, TDM Supervisor, and a TDM facilitator have combined the One-Day Staff orientation and the TDM policy training into one training for field staff. One-Day Orientations were scheduled and any new staff in the existing implementation counties and newly expanded counties were required to attend. Joint trainings with the MidSOUTH trainer and the TDM Supervisor and the area facilitator are hosting mock TDMs with staff to help them gain a better understanding of the TDM process. Mock TDMs will take place in each of the implemented counties. Area 8 mock TDMs were held in August 2016 and Area 3's was held in September 2016. Area 2 and Area 5's mock TDM training were held in March of 2017. The mock TDM training for Areas 4 was held in April of 2017. Area 6 Mock TDM training will need to be scheduled. Area 6 has gone through a refresher training on TDM policy. New staff in Area 3, 5, and 6 were provided with a One-Day TDM orientation training.

When the TDM facilitators are not conducting TDM meetings, they continue community/stakeholder engagement and identifying available services within each of their respective communities, e.g., drug treatment providers, home visiting programs, domestic violence shelters, etc. The TDM facilitators have developed a community/stakeholder resource list and will send out invitations for TDM stakeholder sessions in each of the implementation counties. Stakeholder meetings for Crawford, Sebastian, Franklin, Logan, Saline, Garland, Perry, Hot Springs, Clay and Sharp Counties had to be rescheduled for 2017 due to facilitator and staff shortages. This three-hour curriculum is designed to introduce and familiarize key community stakeholders/partners with the goals of Team Decision Meetings (TDM) and the important role that stakeholders play in the TDM process.

Previously data for TDM could only be gathered manually and there was no automated mechanism for tracking and monitoring TDM implementation. TDM Facilitators were

responsible for creating and maintaining spreadsheets of all their TDM meetings and submitting them weekly to the TDM Sponsor. Annie E. Casey Foundation, CHRIS staff, and Wildfire Associates held multiple meetings to discuss the TDM quarterly report. The Quarterly Report is designed to help guide a data-informed implementation for TDM. Due to priority enhancements needed for each waiver intervention; CHRIS staff were not able to start development of the TDM quarterly report and the CHRIS Net report for monitoring until May 2015. Both reports were developed and tested for errors in August 2015 and were moved to production on CHRIS Net reports in September 2015.

The previous semi-annual report identified concerns with the impact of Act 1017 of 2015, which required a dependency/neglect petition be filed with the court for all protection plans. Interviews with DCFS staff reveal that the threat of courts overturning the protection plans coming out of TDMs has diminished their likelihood to use those plans. CHRIS data confirms that the Agency is implementing fewer protection plans since Act 1017 was enacted in July 2015. DCFS completed an average of 172 protection plans per month from October 2013 through June 2015, compared to just 84 protection plans per month from July 2015 through March 2016.

During the 2017 legislative session, the piece of Act 1017 of 2015 requiring all protection plans to be filed with the court was repealed. The new law only requires a protection plan to be filed with the court if after 30 days of the implementation of a protection plan the safety factor still exists. This new law went into effect July 30, 2017.

### *Summary of TDM Activities:*

#### *August 2016*

- CHRIS enhancement was requested to add "Other" meeting type to the trigger box
- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Met with CHRIS Staff concerning CHRIS enhancements for TDM
- Conducted Individual and Group Supervision
- Conducted conference call with Facilitators
- TDM Supervisor conducted Mock TDM role play with Facilitators
- Area 3 Facilitator presented TDM to Saline County Workforce, AR Career Education Center, and Saline Memorial Hospice
- Area 4 Facilitator presented TDM to Hope Community College and City Hall at Prescott
- Conducted Mock TDM Training with Area 8 field staff and supervisors

#### *September 2016*

- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Conducted Individual and Group Supervision
- Conducted Mock TDM Training with Area 8 field staff and supervisors
- TDM Facilitator conference call with AECF to discuss possible triggers
- TDM Supervisor met with Area 2 supervisors and facilitator to discuss TDM plans

- TDM Supervisor attended Leadership Training
- Area 2 Facilitator presented TDM to Mercy Hospital and Crawford County Parent's as Teachers
- Area 2 Facilitator confirmed meeting rooms at Mercy Hospital
- Area 3 Facilitator presented TDM to Birch Tree Communities Inc.
- Area 4 Facilitator presented TDM and discussed the possibility of host TDM meetings with Salvation Army, Kiddie College of Arkansas, Developmental Center of South Arkansas, HUB, and the Healing Place

#### *October 2016*

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

#### *November 2016*

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

#### *December 2016*

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

- TDM Supervisor and Area 2 Facilitator attended training on Motivational Interviewing

### *January 2017*

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

### *February 2017*

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

### *March 2017*

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



*April 2017*

- TDM Supervisor attended Subsidizes Guardianship Training
- TDM case consultation was canceled for April 12, 2017
- TDM Supervisor met with Joylyn Humphries about upcoming TDM trainings at MidSOUTH
- TDM Supervisor attended a Judge's meeting in Ash Flat and conducted coaching and supervision with Area 8 Facilitator
- A conference call was held with the TDM Facilitators, Back-up Facilitators, and was led by TDM Sponsor and TDM Lead to discuss barriers and strengths within TDM
- TDM Supervisor conducted Individual Supervision in Area 2
- TDM Facilitators completed community engagement to learn of resources and possible meeting locations.
- Policy refresher training and Mock TDM training was held in Area 4

*May 2017*

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

*June 2017*

- Policy refresher training was held in Area 3, 5, and 6 on June 5 and 23, 2017
- TDM Supervisor conducted TDM One-Day Orientation Training in Crawford County for new workers on June 13, 2017
- TDM case consultation was held June 14, the meeting will include TDM Facilitators, Back-up Facilitators, and was led by TDM Sponsor and TDM Lead
- TDM Supervisor conducted Individual and Group Supervision
- TDM Supervisor conducted coaching and supervisor with Facilitators in Area 3, Area 5, and Area 6
- TDM Supervisor completed Policy refresher training with Area 4 Supervisors June 26, 2017
- TDM Facilitator in Area 2 completed community engagement with New Visions Medical Detox Center to learn of resources for families and availability to attend TDM meetings
- TDM Facilitator in Area 3 completed community engagement with Ouachita Behavioral Health and Wellness to learn of resources for families



- TDM Facilitator in Area 8 completed community engagement with Pleasant Grove Baptist Church in Lawrence County to learn of resources for families and availability to host TDM meetings

### *July 2017*

- Garrett's Law was reinstated in Pulaski County on July 3, 2017
- TDM Supervisor conducted TDM One-Day Orientation Training in Crawford County for new workers on July 5, 2017
- Garrett's Law was reinstated in Crawford County on July 10, 2017
- TDM Supervisor and Facilitators attend Legislative training
- TDM Supervisor conducted coaching and supervision with Facilitators in Area 5 and Area 6
- TDM Supervisor and Facilitators from Area 3 and Area 6 attended Safe Care Training on July 14, 2017
- TDM Supervisor met with Joylyn Humphries about TDM Training curriculum on July 14, 2017
- TDM case consultation was held July 19, the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Sponsor and TDM Lead
- TDM Supervisor conducted Individual and Group Supervision
- TDM Supervisor and Facilitators attended Time Management and Productivity Training on July 19, 2017
- TDM Supervisor conducted coaching and supervision with Facilitators in Area 5 and Area 6
- TDM Facilitator in Area 3 completed community engagement with Little Rock Fire Department to learn of resources for families (Fan give away for the elderly)
- TDM Facilitators in Area 2, 3, 4, 5, 6, and 8 contacted local hospitals within their areas to locate resources for car seats and pack and plays for infants

### *Aug 2017*

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

## **Permanency Roundtables**

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

## **Nurturing the Families of Arkansas**

During this reporting period the Nurturing Parenting Program (NPP), also known as Nurturing the Families of Arkansas (NFA), continued offering parenting education to families within the target population statewide. As of August 31, 2017, 704 NFA referrals have been received. From these referrals, 311 parents and 786 children have successfully graduated from NFA and 96 families are currently receiving NFA services.

Due to the results of their final Comprehensive Parenting Inventory (CPI), 32 of these families received individual tutorials before they graduated from the program to ensure they successfully comprehended all parenting constructs and related competencies. The results of the midpoint and final CPI scores continue to show improvement as the families progress through the program.

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

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

While referrals for families that are not within the identified target population continued, the acceptance rate for these cases has decreased as the number of referrals that do fall

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

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

MidSOUTH continues to see some turnover in its NFA staff with the reason for resignation often tied to the amount of travel and/or non-traditional work hours required of program staff. However, in all cases MidSOUTH NFA administrative staff have been able to fill these vacancies in a timely manner. All NFA employees have a minimum of a Bachelor's degree in social work, education, sociology, psychology, human services, counseling, or related field or have at least one-year experience with a social service organization and all of whom also have at least two years' experience facilitating groups. Many of the NFA staff members have previously worked for DCFS. All MidSOUTH staff members receive annual performance evaluations to assess their performance regarding the provision of the NFA curriculum to clients and related activities.

During this reporting period, DCFS continued to work to fully integrate NFA into staff practice. NFA administrative staff reports a rise in the number of referrals since the implementation of this CHRIS enhancement. Both DCFS and MidSOUTH continue to look forward to more fully moving toward the ensuring the sustainability phase of NFA in Arkansas. Communication between DCFS and MidSOUTH continues to be consistent and meaningful allowing the two entities to quickly resolve any small setbacks or issues needing clarification.

### ***Summary of NFA Activities:***

#### ***February 2017***

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

#### ***March 2017***

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

- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in their counties.
- Newly hired Educator for Arkadelphia completed NFA training.

#### *April 2017*

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

#### *May 2017*

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in their counties.
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#### *June 2017*

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in their counties.
- Newly bi-lingual Educator hired for statewide.

#### *July 2017*

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

#### *August 2017*

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in their counties.
- Newly hired bi-lingual Educator completed NFA training.
- MidSOUTH NFA completed the implementation and Communication Plan for Expanding Referral Criteria.

## **Arkansas's Creating Connections for Children Program**

The Division of Children and Family Services continues to implement the targeted recruitment intervention, Arkansas's Creating Connections for Children (ARCCC) program. The intervention has been implemented across the state in service areas 3, 4, 5, 7, 9, and 10. Areas 1, 2, 6 and 8 are covered by the Division's Diligent Recruitment grant, the other major component of ARCCC.

ARCCC continues to have challenges in staffing. As of this reporting period Areas 5 and 6 are vacant. Area 9 CES was continuing to carry a casework workload for some of the review period, but is not doing the CES duties fulltime. While ARCCC experienced turnover, recruitment activities continued in the communities through partners that are actively recruiting and/or the Community Recruitment Teams that are active in the communities.

### Resource Development and Support

Arkansas continues to develop and assess the activities of the local community recruitment teams to assist the CES with resource family recruitment and retention. The recruitment team in Area 6 was expanded due to the additional assistance of an extra help CES to form a team on the North Side of Pulaski. The counties that specifically have an active recruitment team include:

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

- St. Francis County, 5 members
- Phillips County, 2 members

### Community Partnerships

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

The ARCCC workgroup lost a member due to their scope of recruitment focus changing. The workgroup consists of 8 members that share an interest in DCFS' goals to help children and families. The workgroup aims to create an environment that supports partnership between DCFS and other groups by:

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

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

ARCCC's current strong foster home recruitment partnerships include:

- The Arkansas Baptist Children's Homes and Family Ministries (ABCH- Get Connected) is a non-profit agency of the Arkansas Baptist State Convention. ABC Homes Get Connected.
- Christians for Kids (C4K) is a non-profit organization located in Craighead County to help Christian families and singles become resource parents by helping them through the process to approval. C4K is also used as a support for families or singles once they are approved and accepting children in foster care.
- Greene County Baptist Association (GCBA) was a newly developed recruitment partner that ceased during this reporting period. The CES in Area 8 has taken on many of the relationship GCBA developed in the community in regards to foster home recruitment and retention.

### Geographic Information System

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

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

During the next period UALR will work to identify information that will be useful to continue analyzing the GIS to guide recruitment strategies. For example, UALR will provide a demonstration of the GIS website for the ARCCC workgroup to allow members to help identify searches needed for their individual organizations. While Community Engagement Specialists and other DCFS staff have access to the website, it will also be imperative if the CES can allot time during the next period to schedule work sessions at UALR GIS lab to identify new communities to target for recruitment. UALR will analyze the searches to provide reports.

During the next period ARCCC will also continue to work with CHRIS staff to add a removal address to the removal screen in SACWIS to eliminate inaccurate addresses being pulled from data in SACWIS.

#### National Resource Center for Diligent Recruitment

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



### Targeted Recruitment Tools

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

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

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

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

CES continue to utilize the following tools to guide recruitment:

- Brochures and flyers that display targeted populations
- Guides for Provisional Relative and Fictive Kin placements
- "Road to Fostering" which identifies each step involved in the application process
- Foster Children Demographics by County – Age, Race and Gender
- Foster Families and Adoptive Families by County – Race
- Active, Available and Approved Foster Family Home by Area and County with Placement
- Foster Care Children in TFC Provider
- Foster Care Sibling Separation
- Annual and Quarterly Report Cards
- Recruitment Planning Tools

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

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

### Progress

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

Pre-ARCCC - As of August 10, 2012					
Area	Number of Foster Homes	Number of Homes Willing to Accept a Child Between the Ages of 11 and 17	Number of Homes Willing to Accept a Sibling Group	Number of Homes Willing to Accept Child with Disability	Number of Children in Foster Care
1	151	41	150	135	381
2	155	77	155	93	753
3	106	42	104	91	287
4	37	20	37	24	210
5	91	37	87	87	348
6	187	69	186	135	557
7	94	36	94	66	305
8	108	54	106	80	460
9	119	48	119	102	408
10	64	39	62	38	182
99	53	37	53	33	N/A
Total	1165	500	1153	884	3891

ARCCC Today - As of July 31, 2017					
	Number of Foster Homes	Number of Homes Willing to Accept a Child Between the Ages 11-17	Number of Homes Willing to Accept a Sibling Group	Number of Homes Willing to Accept Child with Disability	Number of Children in Foster Care
1	304	118	290	267	505
2	374	153	367	300	1217
3	212	67	206	187	359
4	131	55	129	115	321
5	298	139	291	266	472
6	392	128	373	251	512
7	155	66	154	114	278
8	408	160	395	366	631
9	241	108	238	162	572
10	156	99	154	128	225
99					
Total	2671	1093	2597	2156	5092

### *Summary of Targeted Recruitment Activities:*

#### *February 2017*

- ARCCC Media Training
- Held Lean Six Sigma Meetings to review the resource family applicant to final approval process and planning
- Continued peer-to-peer learning conference calls for the ARCCC team
- Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
- Continued meetings with UALR for GIS data and SACWIS management
- Continued CES Weekly Peer to Peer Learning Calls
- Continued Evaluation Call with HZA
- Continued Technical Assistance from NRCDR
- Continued Central Office placement team meetings
- Initiated Conference Call with Federal Project Officer for Enhancement of the ARCCC toolkit

#### *March 2017*

- Continued meetings with UALR for GIS data and SACWIS management
- Continued CES Weekly Peer to Peer Learning Calls
- Continued Evaluation Call with HZA
- Continued Technical Assistance from NRCDR
- Continued Central Office placement team meetings

#### *April, 2017*

- Area 3 developed a local recruitment team
- Area 3 conducted targeted recruitment for foster families that will accept youth 10 and older.
- Area 4 continued efforts to build recruitment team for Miller, Columbia, Ouachita, and Lafayette Counties
- Area 4 attended foster parent conference
- Area 4 attended the Chamber of Commerce Coffee and spoke about the need for foster homes and volunteers in Hempstead County
- Area 4 attended speaking engagement hosted by the Division of County Operations for Child Abuse Awareness month and spoke about the needs in Miller County
- Area 4 held a community outreach meeting in Miller County
- Area 4 attended the Hometown Health Coalition meeting
- Area 4 spoke at the Lions Club in Union County

- Area 4 spoke at the prayer vigil hosted by the CALL in Columbia County
- Area 4 collaborated with the recruitment team in Sevier County to organize community outreach even
- Area 4 assisted the Resource Unit with quarterly foster home visits and re-evaluations
- Area 9 shadowed other area Community Engagement Specialists and resource team members
- Area 9 attended events, speaking engagements, and networked
- Area 9 worked on building recruitment teams in Poinsett and Jackson Counties
- Area 9 participated in Child Abuse Prevention activities
- Area 10 scheduled and attended community/stakeholder individual meetings
- Area 10 attended community/organization meetings
- Area 10 ongoing recruitment of foster/resource families, volunteers and community support
- Area 10 researched and attended community events
- Area 10 researched, scheduled and met with community organizations
- Area 10 held ARCCC recruitment meetings
- Area 10 attended bi-weekly ARCCC conference calls
- Area 10 reviewed the ARCCC Family to Family Model
- Area 10 worked on foster family retention

#### *May, 2017*

- Area 3 developed a local recruitment team
- Area 3 conducted targeted recruitment for foster families that will accept youth 10 and older
- Area 9 gather information from community and stakeholders
- Area 9 attended events, speaking engagements
- Area 9 attended the foster parent conference.
- Area 9 worked on building recruitment teams in Poinsett and Jackson Counties

#### *June 2017*

- Area 3 developed a local recruitment team
- Area 3 conducted a targeted recruitment for foster families that will accept youth ten and older
- Area 3 strategize on how to retain newly recruited foster families
- Area 8 met with the Craighead County Resource team to review current classes, status, concerns, pending SAFE home studies and waiting lists
- Area 9 gathered information from the community and stakeholders
- Area 9 attended events, speaking engagements, and networked within the area

- Area 9 worked on building recruitment teams in Poinsett and Jackson Counties

#### *July 2017*

- Area 3 developed a local recruitment team
- Area 3 conducted a targeted recruitment for foster families that will accept youth ten and older
- Area 3 strategize on how to retain newly recruited foster families

#### *August 2017*

##### Area 3

- Held and/or planning recruitment team meetings in all 9 counties in the area
- Began recruiting within the schools for foster homes for ages 10 and up by setting-up meetings at the schools to speak to staff
- Creating a book with all of the waiting children that are available for adoption in Area 3
- Stress the need and importance of volunteers during interactions with the public

##### Area 4

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

##### Area 5

Vacant

##### Area 9

- On 8/8/17 CES held the Poinsett County Recruitment team meeting at Gavin's in Harrisburg. The team discussed some further plans for the Community Outreach Meeting. CES also attended the Poinsett County Health Coalition this date at the DHS office.
- On 8/14/17 CES was the speaker for the Batesville Rotary Club at Kelly-Wyatt's Restaurant. Resource Supervisor, Susan Simmons, attended and observed CES at the meeting. CES spoke about the needs of Independence County, provided handouts, and answered questions.

- On 8/16/17 CES attended the Crittenden County Hometown Health Coalition where we are planning a health fair in West Memphis on 9/30/17 that CES will have a booth at.
- On 8/18/17 CES had an article ran in the Batesville Guard thanking Citizens Bank for sponsoring my booth at the fair and letting everyone know my contact information in case they were interested in getting involved. (Please see attached)
- On 8/21/17 CES traveled to Central Office and picked up supplies for the upcoming Poinsett County Fair.
- On 8/22/17 CES traveled to Harrisburg and set up the booth for the Poinsett County Fair. CES worked the first night of the fair. The Extension building closed early this night and was not well attended.
- On 8/23/17 CES traveled to Harrisburg and worked a booth at the Poinsett County Fair talking to people about the need for foster homes in the area. FSW then traveled back to Independence County.
- On 8/24/17 CES traveled to Harrisburg and worked a booth at the Poinsett County Fair talking to people about the need for foster homes in the area. FSW then traveled back to Independence County.
- On 8/25/17 CES traveled to Harrisburg and worked a booth at the Poinsett County Fair talking to people about the need for foster homes in the area. FSW then traveled back to Independence County.
- On 8/26/17 CES traveled to Harrisburg and worked a booth at the Poinsett County Fair talking to people about the need for foster homes in the area. FSW then traveled back to Independence County.
- On 8/28/17 CES held the Jackson County Recruitment Team Meeting at US Pizza in Newport. The White County CALL Coordinator attended the meeting and shared her plans for Jackson County with DCFS Staff.

#### Area 10

CES was on maternity leave until Aug. 11 2017 and upon return CES was told to help St. Francis County to make Foster Care visits / contacts. As of today CES has not done any CES activities for Area 10.

### **Planned Activities for Upcoming Reporting Period**

The following are some of the activities planned for the upcoming reporting period (September 1, 2017 through February 28, 2018) for some of the Waiver interventions:

#### ***CANS/FAST Functional Assessments***

- Continued work on case review projects
- Pick-up CANS Annual Revision Workgroup and continue moving forward with planning for hybrid CANS tool
- Program Manager and field FSW will attend and present a session at the Annual CANS Conference

- Continue work with Zero to Three/Safe Babies Court Team project to incorporate using CANS in the case staffings and promote fidelity/best practice in these cases
- Program Manager will develop curriculum for statewide Practice Trainings for CANS (per the PIP). These will be focused on best practice and adhering to fidelity of the model. The trainings will be hands-on activities and will be separate for supervisors and family service workers.
- Continued work with CHRIS on general enhancements for CANS in the system and also on additional reports that will help monitor fidelity across the state

### *Team Decision Making*

- TDM Supervisor will conduct coaching and supervision with Area Facilitators
- TDM case consultation will be held monthly. The meetings will include TDM Facilitators, Back-up Facilitators, and was led by TDM Sponsor and TDM Lead
- TDM Supervisor will conduct Individual and Group Supervision monthly
- Paul Vincent has agreed to come back to Arkansas to evaluate DCFS's current use of TDM to help determine if Arkansas has the correct triggers to accomplish the identified goals.
- TDM Supervisor will train Union County on September 26 and go live with Considered Removals and Removals on Oct 2nd.

### *Nurturing Families of Arkansas*

- Expand target population from 5 to 11 years old to 5 to 18 years old- the other criteria will remain the same.



## EVALUATION STATUS

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### EVALUATION

#### Background

Hornby Zeller Associates, Inc., (HZA), the project evaluator for Arkansas's Waiver, has continued to conduct data collection activities for five of the Demonstration initiatives: Differential Response (DR), Child and Adolescent Needs and Strengths Assessment (CANS)/Family Advocacy and Support (FAST), Team Decision Making (TDM), Nurturing Families of Arkansas (NFA), and Targeted Recruitment (TR). Given the ongoing suspension of the Permanency Round Tables (PRT) initiative, evaluative efforts were not conducted for this initiative over the last six months.

HZA employed four data collection activities over the last six months to inform the evaluation: resource family interviews, case record reviews, family satisfaction surveys and CHRIS analysis. The resource family interviews, case record reviews, and family satisfaction surveys completed for this reporting period are designed to inform the process evaluation while analysis of both the case record review information and data from CHRIS, Arkansas's case management system, is designed to describe the families and children involved in each of the initiatives and, most importantly, to measure the impact or outcomes of the initiatives.

#### Methodology

***Resource Family Interviews:*** Interviews were conducted with resource families to gain the perspective of the approval process from the parent's point of view. Questions focused on the approval process, training, supports offered, and suggestions for program improvement.

***Case Reviews:*** Case review data are used to supplement information collected from CHRIS. The reviews are used to gather information from case notes which are not available in a coded format. For most initiatives, case review data are merged with CHRIS data so that information can be correlated across data sources. The structured case reading instruments use fixed answer, objective questions that can be answered using information found in the records. Separate case review instruments (presented in previous reports about this evaluation) were created for each initiative and reviewers were trained specifically to collect case record evidence for each initiative.

***Family Surveys:*** Families involved in three of the interventions, DR, TDM and NFA, are asked to complete a survey following receipt of the intervention. A survey is also administered to resource families, following their approval, to learn about the recruitment

and approval process for ARCCC. Surveys consist of a combination of multiple choice, yes/no, Likert scale, and open-ended questions.

**CHRIS Analysis:** CHRIS analysis involves using data from the Arkansas Division of Children and Families Services' case management system to supply the evaluation with objective data on families, case plans, services, strengths and risks, as well as safety and permanency outcomes of children and families. Propensity score matching (PSM) was used to construct a comparison (Comp) group that is similar to the treatment (Tx) group for each initiative, using a number of matching variables. The matching variables include demographics as well as relevant prior experience with DCFS. All matched comparison groups were drawn from periods prior to the implementation of each initiative, typically the 12-month period prior to each initiative's implementation. As will be described, the comparison group for CANS uses a reverse PSM to create the matched groups because the treatment population is larger than the population for the comparison group. Appendix A provides detailed information on the matching characteristics used for each initiative. Each treatment group is selected in six-month cohorts based on the beginning (TDM, NFA, CANS/FAST) or end of (DR, ARCCC) the program or process, with the PSM selected comparison cases matched on a cohort-by-cohort basis. Outcomes are then measured forward from the date used to select each case, whether treatment or comparison.

The following pages present findings from the process and outcome evaluation activities completed over the last six months, drawing comparisons to prior period findings as appropriate. Information for the cost study component is also provided.

### **General Waiver Outcomes**

Each initiative, as will be described in this section of the report, is designed to achieve a specific set of outcome measures. A number of the initiatives share common objectives, e.g., DR, TDM, NFA and FAST are all designed to reduce the percent of children removed from the home. The tables presented below provide a summary of the outcome measures for the initiatives which share a common measure, doing so within three and six months for the most recent treatment cohort and corresponding comparison group. More detailed information can be found in each initiative's section.

The DR, TDM, NFA, and FAST initiatives are designed to keep children safely in their home. Table 1 shows the percentage of cases where no children were removed from the home within three and six months of the DR case closing, TDM meeting date, the NFA graduation date, and the initial FAST assessment

<b>Table 1. Percentage of Cases with No Children Removed from the Home</b>				
<b>Initiative</b>	<b>Within 3 Months</b>		<b>Within 6 Months</b>	
	<b>Tx</b>	<b>Comp</b>	<b>Tx</b>	<b>Comp</b>
DR	98.4	94.8	98.0	93.5
TDM	85.0	86.0	81.0	83.0
NFA	100.0	97.0	100.0	97.0
FAST	97.6	98.5	96.5	95.7

completion date. NFA treatment families showed no youth removed in all cases within three and six months of graduation. The DR treatment families show a higher percentage of families remaining together than the comparison group.

Once a child has been removed, it is hoped that the initiative gives families the necessary tools and supports to reunify with their child(ren). DR treatment group cases show a slightly (but not statistically significant) larger percentage of cases with at least one child reunified in three and six months as the comparison

**Table 2. Percentage of Cases Where At least One Child is Reunified or Placed in Relative Custody**

Initiative	Within 3 Months		Within 6 Months	
	Tx	Comp	Tx	Comp
DR	13.3	13.0	21.1	19.5
TDM	26.0	31.0	36.0	31.0
ARCCC	9.0	10.0	21.0	24.0
CANS	3.8	7.0	10.6	16.9
FAST	16.8	19.7	24.6	26.3

group. Additionally, TDM treatment cases show a larger percentage of reunification at six months than the comparison group. ARCCC, CANS, and FAST initiatives show a lower percentage of children reunified in the treatment group than the comparison group.

At a broad level, it appears that both the treatment groups and the comparison groups are more successful at keeping children out of foster care than at getting them reunified with their families after they have been removed. Moreover, the Waiver initiatives perform better than the traditional methods of intervention in relation to keeping children in their own homes but generally worse in relation to getting them reunified.

## Differential Response

Differential Response, first implemented in August 2013, is one of the first initiatives implemented under the IV-E Waiver. The purpose of the initiative is to provide services quickly to families referred with low-risk child maltreatment allegations as a means to avoid removal and placement of their children into foster care, focusing on family engagement rather than investigation. Between August 2013 and July 2017, 15,914 families have been served by DR, involving a total of 24,169 children.

### Methodology

A survey is administered to families soon after the DR case closes to gain the perspective of the families on the services they received. To help increase the rate of response, starting in February 2017, a survey along with a postage-paid, pre-addressed envelope is given to the family by staff at the time of DR closure. Since February 2017, 29 surveys were returned. Workers have been trained on the new distribution technique and HZA expects the number of returned surveys to increase as this method becomes a normal part of the DR case routine. A total of 224 families have returned the DR survey.

**Table 3. Number of Survey Responses**

Cohort	Responses
August 2013 – January 2014	0
February 2014 – July 2014	123
August 2014 – January 2015	24
February 2015 – July 2015	16
August 2015 – January 2016	0
February 2016 – July 2016	21
August 2016 – January 2017	11
February 2017 – July 2017	29
<b>Total</b>	<b>224</b>

Additionally, one hundred DR cases closed between February 2016 and January 2017 were reviewed using a structured instrument to collect data on both family wellbeing and the fidelity of the DR process. The wellbeing questions focused on the family's service needs, services actually received and the progress made by the family. The fidelity questions addressed timeliness of the process from intake to case assignment and timeliness to face-to-face contact with the family.

**Table 4. Number of Cases in Treatment and Comparison Groups by Cohort**

Cohort	Number of Tx Cases	Number of Comp Cases
1	1884	1538
2	1862	1719
3	1713	1587
4	1747	1651
5	1770	1659
6	2299	2157
7	1956	1551
8	2694	2522

Six-month time frames are used to measure the impact of the initiative in keeping children safe. With DR first implemented under the Waiver on August 1, 2013, the comparison pool of cases is comprised of cases for whom an investigation was closed from August 1, 2012 to July 31, 2013 with an allegation(s) satisfying the DR criteria. PSM was used to select members from the comparison pool who resemble the characteristics of those in the treatment group. Propensity scores were determined using

allegation type(s), service area,<sup>1</sup> county, number of male children in the case, number of female children in the case, the average age of the children in the case, the race of the family, and the ethnicity of the family. An added requirement in selecting the groups is that the treatment group needed to have at least one child under the age of 18. Under these restrictions the comparison group always has a lower number of cases than the treatment group. Propensity scores were matched using a nearest neighbor algorithm. Table 4 shows the statewide count of cases in the treatment and comparison groups for each cohort. There are consistently more DR cases in Area 1 than any other area and the number of DR cases in Area 1 increased by 86 percent between Cohorts 7 and 8.

## Process Evaluation

### DR Referrals

Six criteria must be present for a report of alleged maltreatment to be assigned for a DR assessment: a) correct identifying information must exist; b) the alleged perpetrators must be the parent/caregiver; c) the family must not have a pending or open protective or supportive services case; d) the victim or household members must not be in the custody of DCFS; e) protective custody is not required; and f) the reported allegation must be within a specified range of maltreatment types, usually associated with neglect. The percentage of DR referrals whose case records were reviewed which meet these criteria is shown in Table 5. In total, 80 percent of the referrals reviewed met all of the criteria and the other 20 percent likely should not have been treated as DR cases.

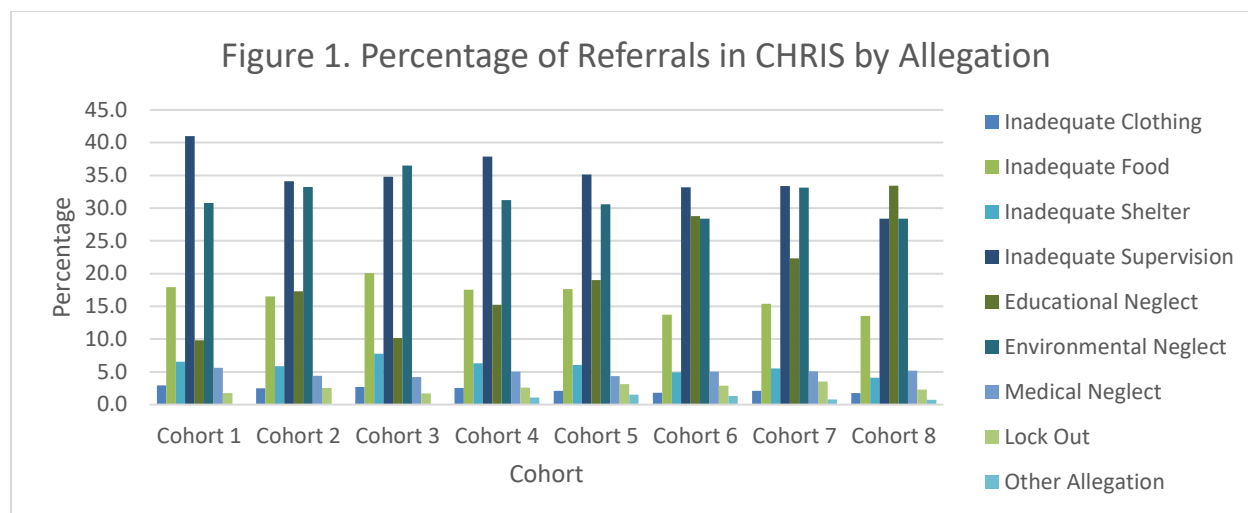
**Table 5. Percentage of DR Case Record Reviews Meeting Criteria**

Criteria	Percentage
Correct Identifying Information	95
Alleged Perpetrator is Parent/Caregiver	98
No Pending/Open CPS or SS Case	85
Victim Not in DCFS Custody	99
Protective Custody Not Required	99
Meets Maltreatment Allegation Type	100
Meets All Criteria	80

The percentage of DR referrals whose case records were reviewed which meet these criteria is shown in Table 5. In total, 80 percent of the referrals reviewed met all of the criteria and the other 20 percent likely should not have been treated as DR cases.

Figure 1 shows the percentage of all DR cases opened in CHRIS with a given allegation for each six-month treatment cohort. Since implementation of DR, the percent of referrals with an allegation of educational neglect has increased dramatically and now constitutes one third of all DR referrals in the most recent six-month cohort. Most recently, the number of educational neglect referrals received increased from 436 between August 2016 and January 2017 to 900 between February and July 2017, a 106 percent increase.

<sup>1</sup> In Cohort 8, the characteristics of the treatment group changed significantly, necessitating a change in the criteria applied to select the comparison group. The service area, educational neglect, and inadequate supervision criteria were unable to be matched. These adjustments were driven by the changing characteristics of DR cases, not from the evaluators decision.

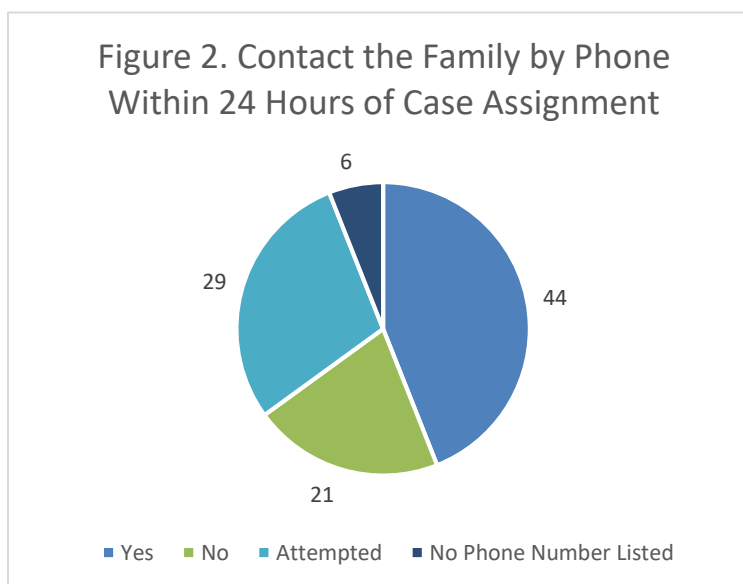


When a DR referral is sent to a DR coordinator from the hotline, the referral should be assigned to a DR supervisor within two hours of receipt. The referral was assigned on time for 89 percent of the referrals. Additionally, once the DR supervisor is assigned the referral, the supervisor should assign the referral to a DR specialist within two hours of receipt. Timely assignment to the specialist occurs for 56 percent of the cases.

### *Worker Implementation*

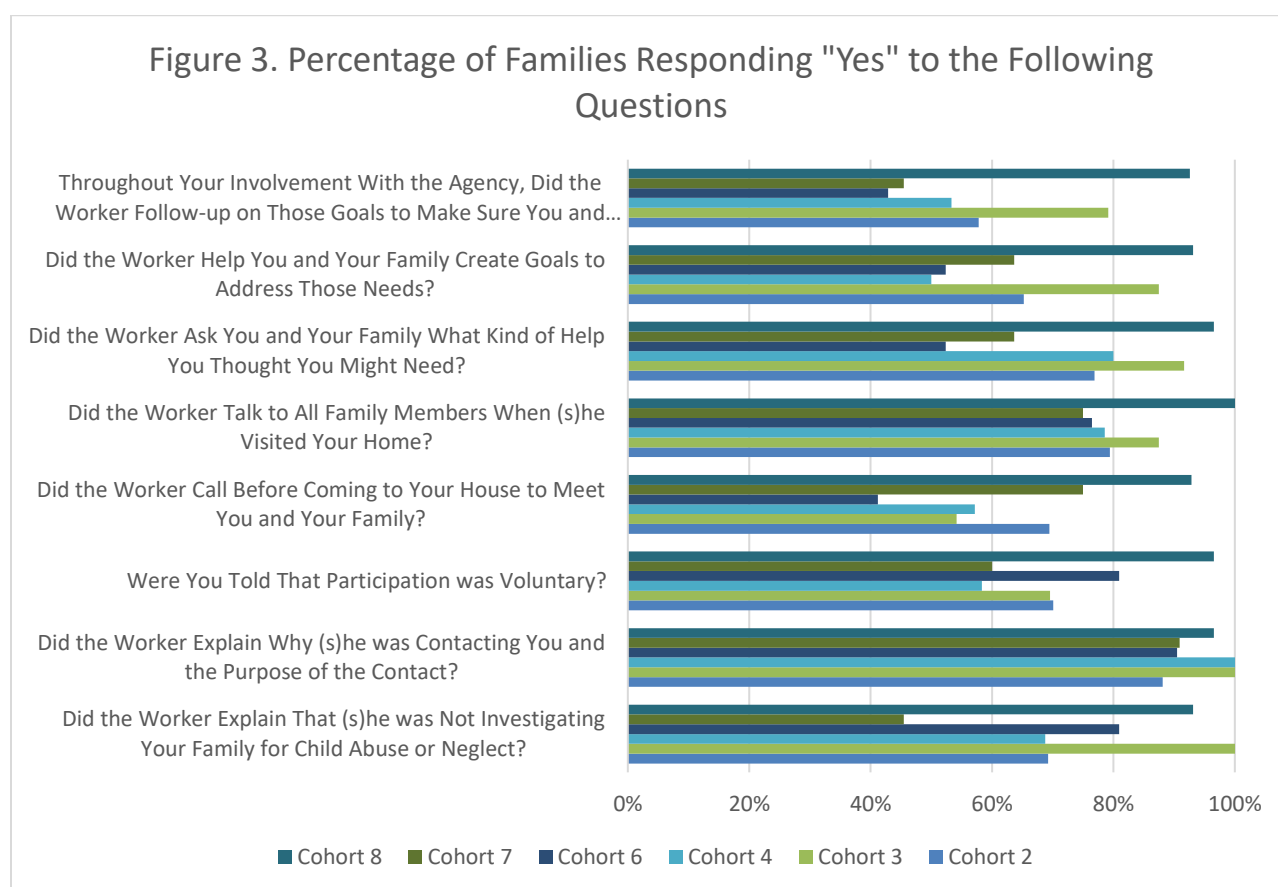
Once the case is assigned to the DR specialist, contact with the family should be made within 24 hours to schedule an initial meeting. Figure 2 shows that contact within 24 hours of case assignment was made in 44 percent of the reviewed cases. The caseworker was found to have attempted to make contact for 29 percent of the cases, bringing the overall compliance rate up to 73 percent.

Moreover, face-to-face contact with the victim child(ren) and at least one parent/caregiver involved in a DR referral must take place in the victim child(ren)'s home within 72 hours of receipt of the initial hotline report. All other household members must be seen face-to-face within five days of the report. Of the 86 cases (out of 100) where face-to-face contact was made, the specialist made contact or



exercised due diligence<sup>2</sup> within 72 hours in 63 of them. Specialists met all other members of the family in over two-thirds (70 percent) of the cases, with due diligence evidenced in 17 percent of the cases to meet with all members.

The family satisfaction survey asked families a series of questions regarding the implementation and fidelity of the DR service, with results provided in Figure 3.<sup>3</sup> Based on the survey responses received between February and July of 2017, 90 percent of the families responded "Yes" to all survey questions. In particular, families report the workers are explaining that the family is not being investigated (93 percent) and that participation is voluntary (97 percent). Additionally, 93 percent of the families responded the workers followed up with their family's goals. Generally, a higher percentage of surveys returned for Cohort 8 participants show a more favorable disposition to the DR program than previous cohorts.



### *Services Referred and Received*

Table 6 shows the services that families were referred to and subsequently received, as gathered from the case record review. Of the 100 cases reviewed whose DR case closed

<sup>2</sup> Due diligence is defined as three documented (unsuccessful) attempts at contacting the victim and at least one Person Responsible for the Child (PRFC) within 72 hours of receipt of the referral.

<sup>3</sup> Note that due to the low response rate, percentages may not reflect the aggregate of all DR cases in a cohort.



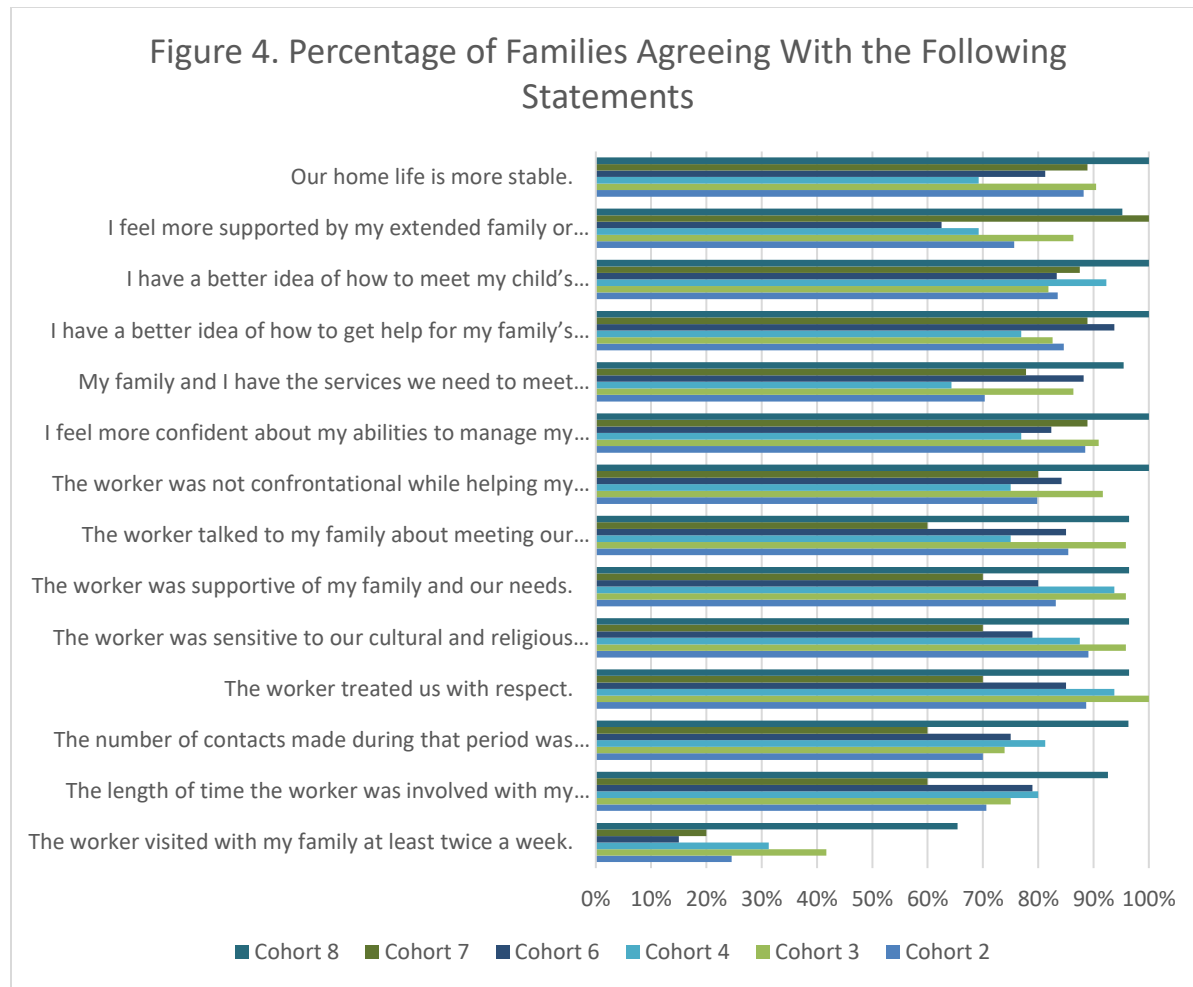
between February 2016 and January 2017, there were 34 cases where services were referred and 19 where the worker documented that the service was received. Families were most often referred to services that would address their basic needs, such as food, clothing and/or housing, but the service most often received was educational service.

<b>Table 6. Services Referred and Received in Case Record Review</b>		
<b>Type of Service</b>	<b>Number Referred</b>	<b>Number Received</b>
<b>Evaluation (psychological, medical, etc...)</b>	3	2
<b>Counseling</b>	5	1
<b>Educational</b>	9	7
<b>Employment</b>	0	0
<b>Medical</b>	5	3
<b>Substance Abuse</b>	0	0
<b>Anger Management</b>	0	0
<b>Parenting Education</b>	1	0
<b>Basic Needs</b>	12	6
<b>Support Services (mentor, etc..)</b>	1	0
<b>Informal Supports (family, etc...)</b>	1	1
<b>Other</b>	10	4

### ***Family Engagement***

The survey asked families the extent to which they agreed or disagreed with particular statements, using a four-point scale from “Strongly Agree” to “Strongly Disagree.” Figure 4 shows the percentage of families who agreed or strongly agreed with each statement. Every family who returned a survey between February and July of 2017 agreed that its home life is more stable, that the family has a better idea of how to get help for and manage their needs and that the worker treated the family with respect. The only statement with a positive response rate which was not above 90 percent was “The worker visited me at least twice a week.” However, 96 percent of the families reported that the number of contacts made was enough to meet their needs. Responses to the surveys completed in the latest cohort generally show more favorable responses than those from past cohorts.





Using the data collected from the case records, the overall progress of the family is determined through the notes recorded by the case worker. Analyzing just the 86 cases where face-to-face contact was made with the family, significant progress was evidenced in 10 percent of the cases, limited-to-moderate progress in 37 percent and no progress in 52 percent.

### ***Process Summary***

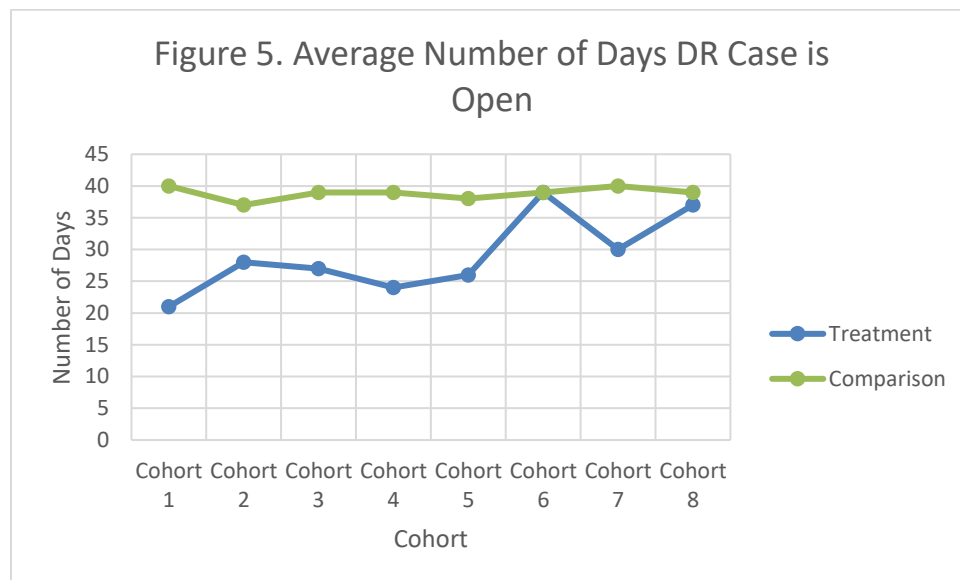
Fidelity requirements are generally met for DR cases. Eighty percent of the cases given a DR referral meet all of the eligibility requirements for a DR referral. Coordinators send DR referrals to supervisors within two hours of receipt in nearly 90 percent of cases and supervisors send reports to the DR specialists within two hours of receipt just over half of the cases. DR workers are meeting fidelity requirements in their tone and the information provided to the family, but are not meeting fidelity in the frequency of contact.

## Outcome Analysis

### Case Duration

DR is designed to give families the opportunity to assess their strengths and needs and voluntarily receive community supports to strengthen their family. The intent is that workers engage quickly with the families, provide frequent visitation and offer intensive yet short-term support.

Figure 5 shows the average number of days DR cases were opened. In general, cases in the comparison group were opened for longer periods of time. Due to the large number of referrals received in Cohort 8, the average DR case length is similar to that of the comparison group. This trend is consistent with Cohort 6 when the number of referrals increased by roughly one third over that of the previous cohorts. This trend suggests that DR loses its ability to reduce the time needed to meet the needs of families quickly as the number of DR cases approaches 2,000.



### Subsequent Report

The underlying goal of DR is twofold: first, reduce the percentage of cases that suffer from subsequent maltreatment and, second, reduce the number of children removed from their homes. The former is addressed in Table 7<sup>4</sup> which shows the percentage of cases in the treatment and comparison groups with subsequent involvement with DCFS within three, six and twelve months of the DR case closure. Highlighted cells are those with statistically significant differences between the treatment and comparison groups. Cohort 7 results remain consistent with those of previous cohorts, showing significantly fewer DR cases

<sup>4</sup> Cohort 8 is not included for the remainder of this section since not enough time has passed to measure outcomes.

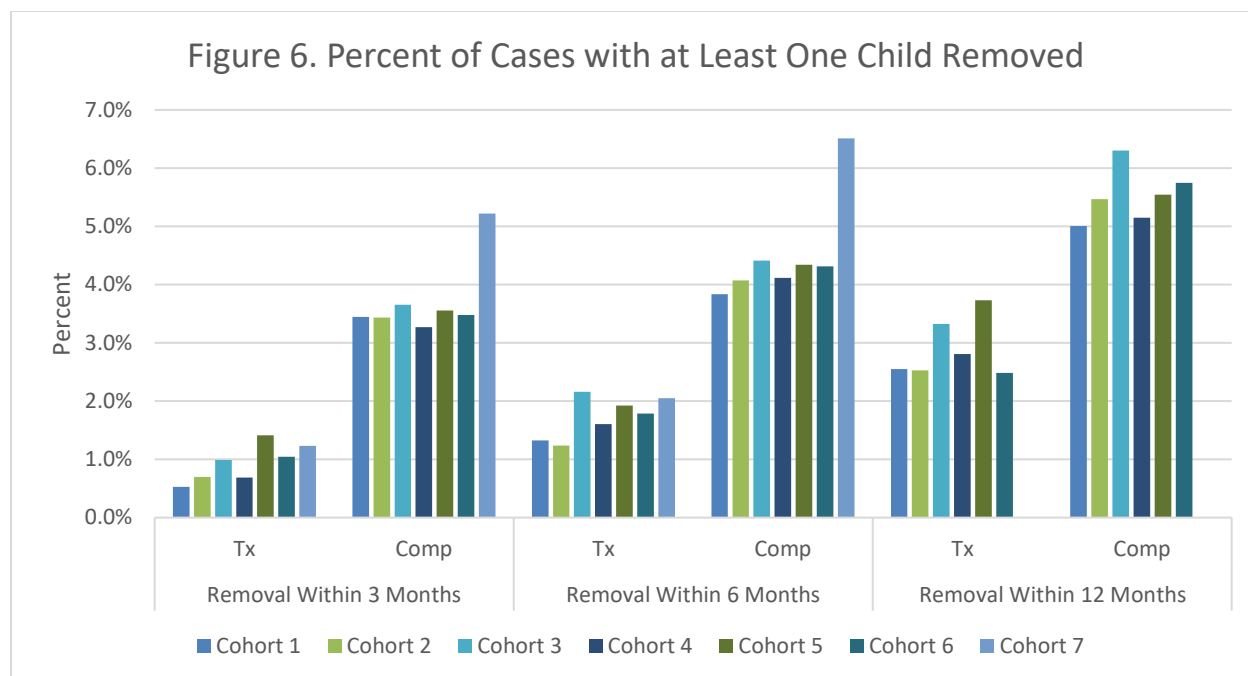
resulting in the opening of a CPS case within three and six months following the DR closure. However, in Cohort 7 there is an increase in the percent of cases with a subsequent DR referral or a subsequent Supportive Services (SS) case opening compared to all previous cohorts.

Table 7. Percentage of Cases with Subsequent DCFS Involvement Within 3, 6, and 12 Months of DR Closing Date														
Timeframe	Cohort 1 Percentages		Cohort 2 Percentages		Cohort 3 Percentages		Cohort 4 Percentages		Cohort 5 Percentages		Cohort 6 Percentages		Cohort 7 Percentages	
	Tx	Comp	Tx	Comp	Tx	Comp	Tx	Comp	Tx	Comp	Tx	Comp	Tx	Comp
<b>Subsequent Maltreatment</b>														
Within 3 Months	1.3 <sup>5</sup>	2.9	2.3	2.4	2.9	2.1	1.8	2.7	2.4	2.5	2.2	3.0	2.6	2.1
Within 6 Months	2.7	4.2	3.6	4.1	4.6	3.9	3.7	4.2	3.9	4.2	3.4	4.7	4.2	3.9
Within 12 Months	4.5	6.0	5.8	6.6	7.2	6.9	5.7	6.4	6.4	6.0	4.9	7.1	-	-
<b>Subsequent DR Referral</b>														
Within 3 Months	1.1	-	1.4	-	2.5	-	3.0	-	2.5	-	2.2	-	4.9	-
Within 6 Months	2.4	-	2.4	-	4.2	-	4.5	-	4.5	-	3.4	-	7.3	-
Within 12 Months	4.0	-	5.2	-	7.0	-	6.3	-	6.3	-	6.3	-	-	-
<b>Subsequent CPS Case</b>														
Within 3 Months	1.8	12.9	2.7	13.8	2.4	13.2	2.5	13.6	2.5	14.6	2.0	15.9	2.8	17.7
Within 6 Months	3.0	13.8	4.2	15.0	4.7	14.2	4.6	14.8	3.7	15.7	3.1	17.0	5.2	19.3
Within 12 Months	4.7	15.2	6.5	16.8	6.8	16.4	7.6	16.4	6.0	17.2	4.8	18.9	-	-
<b>Subsequent SS Case</b>														
Within 3 Months	0.7	0.8	0.9	0.6	1.2	0.7	1.0	0.3	1.3	0.6	0.2	0.3	1.8	0.3
Within 6 Months	0.8	0.8	1.0	0.9	1.2	0.9	1.1	0.4	1.4	0.8	0.3	0.4	1.8	0.5
Within 12 Months	1.0	0.9	1.1	1.0	1.3	0.9	1.3	0.5	1.6	1.0	0.4	0.5	-	-

### Removals

Figure 6 shows the extent to which children are remaining in their homes within three, six, and twelve months from the closing of the DR case. Cohort 7 follows similar trends to previous cohorts and displays a significantly lower percentage of youth removed from the home within three and six months than the comparison group.

<sup>5</sup> Yellow boxes show significant differences between the Treatment and Comp groups at the  $p < 0.05$  level.



### *Children Discharged from Care*

If a child is removed from the home, it is hoped that the services and community supports provided to the family as part of the DR case might allow for the child to be returned to the home sooner than what has transpired in the past. Table 8 shows both the percentage of children who entered foster care within one year after the DR case closed and the percentage which were reunified or placed in relative custody within three, six, and twelve months of removal. A slightly higher percentage of children from Cohort 5<sup>6</sup> were discharged within three and six months of entering foster care than the comparison group, but this result is not statistically significant. Moreover, Cohort 4 DR children show a lower, but not significant, percentage who were discharged within 12 months of being removed than those in the comparison group.

Cohort	Percent of Children Entering Care		Percentage of Children Removed from Home Who are Discharged from Care Within					
			3 Months		6 Months		12 Months	
	Tx	Comp	Tx	Comp	Tx	Comp	Tx	Comp
<b>Cohort 1</b>	2.4	3.2	25.4	5.4	35.2	18.9	53.5	43.2
<b>Cohort 2</b>	2.4	2.8	22.9	8.0	34.3	12.0	50.0	30.7
<b>Cohort 3</b>	3.2	3.9	25.8	6.1	36.0	13.1	56.2	33.3
<b>Cohort 4</b>	2.6	3.1	22.9	5.1	27.1	17.9	38.6	44.9

<sup>6</sup> Only the first five cohorts have enough time passed to measure outcomes.

<b>Table 8. Percentage of Children Entering and Discharged from Foster Care</b>								
<b>Cohort</b>	<b>Percent of Children Entering Care</b>		<b>Percentage of Children Removed from Home Who are Discharged from Care Within</b>					
			<b>3 Months</b>		<b>6 Months</b>		<b>12 Months</b>	
	<b>Tx</b>	<b>Comp</b>	<b>Tx</b>	<b>Comp</b>	<b>Tx</b>	<b>Comp</b>	<b>Tx</b>	<b>Comp</b>
<b>4</b>								
<b>Cohort</b>								
<b>5</b>	3.3	3.1	13.3	13.0	21.1	19.5	-	-

### *Outcome Summary*

DR cases report a significantly lower percentage of cases with at least one child removed from the home after the case than the comparison group. A higher percentage of children reunified in the treatment group than the comparison group if they were removed. Additionally, DR cases also show a lower percentage of subsequent CPS cases and slightly higher percentages of subsequent SS cases than the comparison group. DR case duration is shown to increase as the number of cases exceeds 2,000.

## Team Decision Making

Team Decision Making meetings provide an opportunity for families, workers, and other family supports such as relatives or community members to come together and brainstorm action plans to keep child(ren) safe. Meetings are held within 48 hours of a protection plan being put into place. Currently, TDMs are being implemented in six of Arkansas's ten Service Areas: Areas: 2, 3, 4, 5, 6, and 8. Since the start of the waiver, 1165 families involving 2553 children have participated in a TDM meeting.

### Methodology

After the completion of a TDM meeting, families are asked to complete a survey which addresses the family's perception of the meeting and its effectiveness. As of August 1, 2017, a total of 740 surveys have been returned for a response rate of 64 percent.

To measure outcomes, a comparison group was selected from the pool of protective and supportive service cases that had an initial protection plan completed between September 1, 2012 and August 31, 2013, i.e., prior to implementation of the Waiver in any of the counties or Areas. The comparison pool contains a total of 525 cases across the four cohorts, with 934 children involved in those cases. Propensity scores were generated for each case in the treatment group, using the service area, number of male children in the case, number of female children in the case, average age of the children in the case, primary race and ethnicity of the family, allegations associated with the case, and prior agency involvement. In Cohorts 3 and 4, with the comparison and treatment group populations being similar in size, just half of the treatment group members were matched. This reduction provides a sufficiently large enough comparison pool to measure outcomes in relation to those of the treatment group, while also being statistically significant to the treatment group.

**Table 9. Number of Responses by Cohort**

Cohort	Responses
September 2014 - August 2015	25
September 2015 - February 2016	199
March 2016 - August 2016	146
September 2016 - February 2017	212
March 2017 - July 2017	158
Total	740

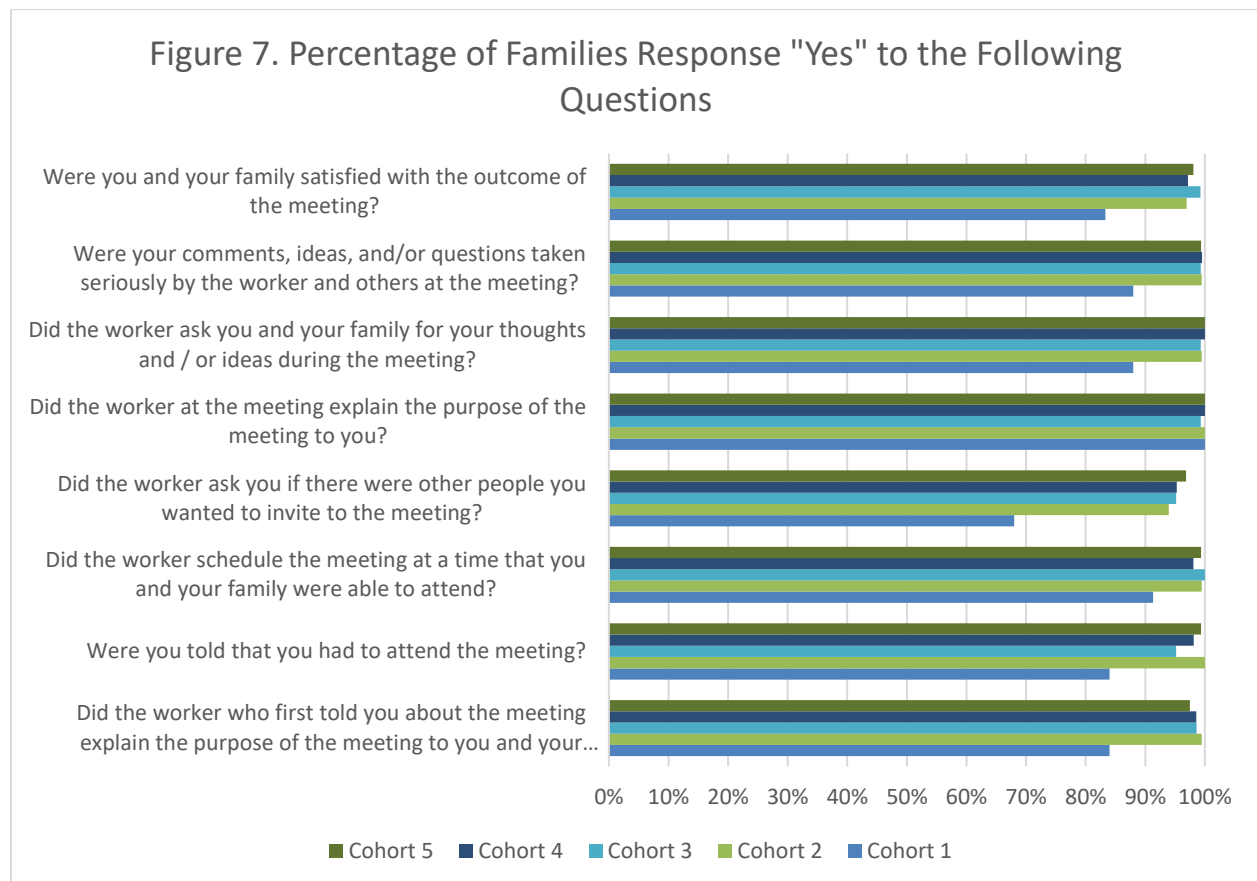
**Table 10. Team Decision Making Outcome Analysis Cohorts**

Group		Cohort 1 (9/1/2014 - 2/28/2015 )	Cohort 2 (3/1/2014 - 8/31/2015 )	Cohort 3 (9/1/2015 - 2/29/2016 )	Cohort 4 (3/1/2015 - 8/31/2016 )	Cohort 5 (9/1/2016 - 2/28/2017 )
Treatment	Cases	32	204	297	338	294
	Children	62	489	641	724	639
Comparison	Cases	32	204	149	169	147
	Children	56	420	308	336	290

## Process Evaluation

### Family Perspective

The survey administered to families asked a series of Yes or No questions which serve to measure satisfaction with and fidelity to the model. The percentage of families who replied affirmatively is shown in Figure 7. Over 90 percent of the most recent six-month cohort responses have a “Yes” response to all of the questions, similar to that of previous cohorts. Families affirm that the meeting is being held with fidelity and that the family is being treated with respect and that its voice is heard.

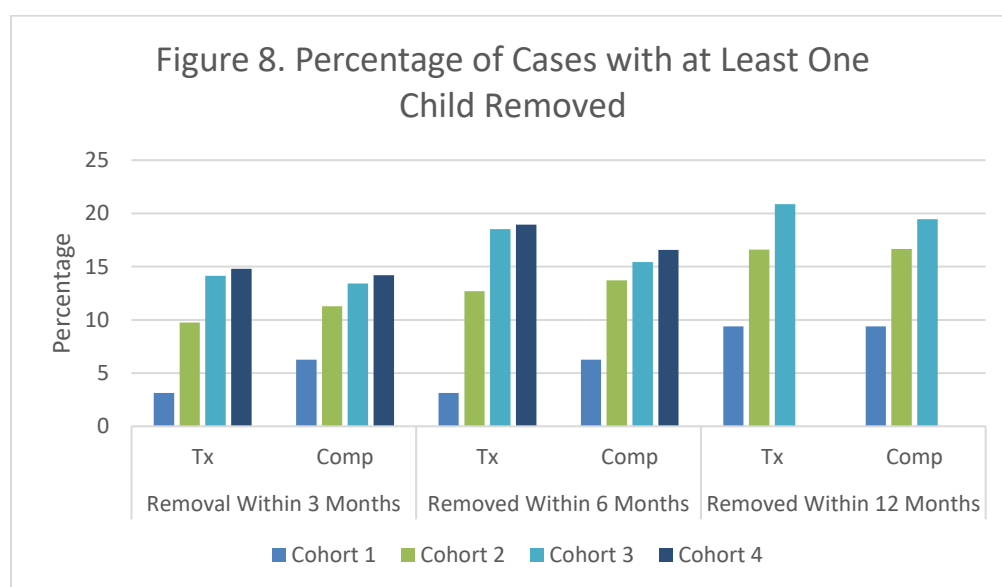


Families were given the space to respond why they were or were not satisfied with the meeting. Responses typically consisted of how respectful and helpful the workers were and that the safety of the child(ren) was most important. Several families reported they knew what they needed to do to keep their child(ren) in their care. One family replied, “[We] felt that everyone truly cared and is doing what it takes to get my baby back to me.” Another family who responded it was not satisfied with the outcome responded, “I felt I didn't need therapy, they pushed it anyway.”

## Outcome Analysis

### Removals

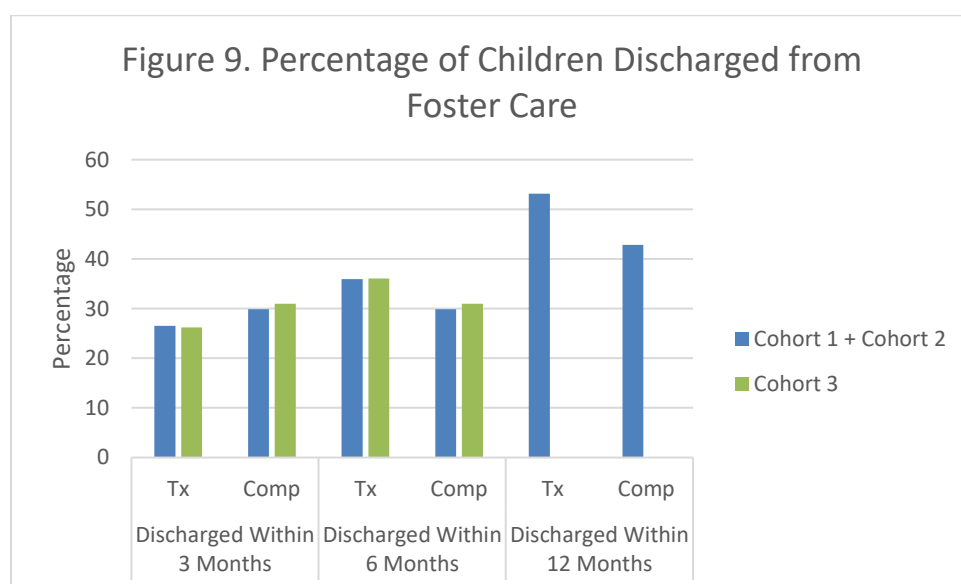
TDM meetings are designed to place the child in the safest environment available and, whenever possible, keep the child safely in the home as services are provided to the family. Figure 8 shows the percentage of cases where at least one child was removed from the home within three, six, and twelve months of the meeting, or in the case of the comparison group, following development of the protection plan. While the percentages of youth removed in the treatment and comparison groups is roughly the same at three months, there is a slightly (but not statistically significant) higher percentage of treatment youth removed in Cohorts 3 and 4 at six months.





## Discharges

In the event that a child was removed from care after the TDM took place, it is possible that the action plan laid out in the meeting will also serve to help bring the child home faster. Figure 9 displays the percentages of children who were removed from their home within 12 months following the TDM meeting or development of the protection plan and were subsequently reunified with their families or placed into relative custody. Cohorts 1 and 2 were combined in this figure to provide more meaningful results since only three children were removed from the treatment group in Cohort 1. Outcomes are displayed when enough time has passed. Of the children who were removed, a higher percentage of treatment group members were reunified or placed into relative custody within six and twelve months, though these results are not statistically significant. Over 50 percent of children removed in Cohorts 1 and 2 were discharged to their family within one year.



## Summary

Families generally report being satisfied with TDM meetings and report the meetings are completed with fidelity. TDM cases show similar rates of removal for children as the comparison group and more youth reunified or placed with relative custody within 12 months of removal.

## Nurturing Families of Arkansas

The Nurturing Families of Arkansas initiative is an evidence-based child abuse and neglect prevention and treatment program for families, first implemented in March 2015. A total of 311 families, comprised of 908 children, have participated in the program as of the end of January 2017. A total of 232 families have graduated from the program.

### Methodology

As families graduate from NFA, they are asked to complete a survey which addresses the families' interactions with the NFA instructor, the strengths and weaknesses of the program, and their perceptions of the effectiveness of the program. As of the end of July, 163 surveys have been completed and returned to HZA for analysis.

The analysis of outcomes is limited to the three cohorts which have come to a close and where at least six months have transpired since the families' completion of the program, i.e., families completed NFA between March 1, 2015 and August 31, 2016. Table 11 shows that a total of 232 families graduated from NFA, as noted above, and 105 left the program prior to completion. The most common reason for not completing the program was non-compliance with the program, typically after missing multiple sessions. A comparison group of families who had a Protective or Supportive Services case open between March 1, 2013 and February 28, 2015 were selected to compare the effectiveness of NFA to those who participated in the program. Comparison cases, using propensity score matching, were selected based on the families' geographic location, i.e., area of responsibility; number of children in the household by gender and average age of the children; racial and ethnic make-up of family members and prior agency involvement. Propensity scores of the treatment group were compared to those of the comparison group, with families selected based on a nearest neighbor algorithm.

Table 11. Count of NFA Participants and Comparison Group Size				
Cohort		Graduated	Dropped Out	Comparison Group
3/1/2015 – 8/31/2015	–	67	43	103
9/1/2015 – 2/29/2016	–	55	15	62
3/1/2016 – 8/31/2016	–	61	29	87
9/1/2017 – 2/28/2017	–	49	18	68

## Process Evaluation

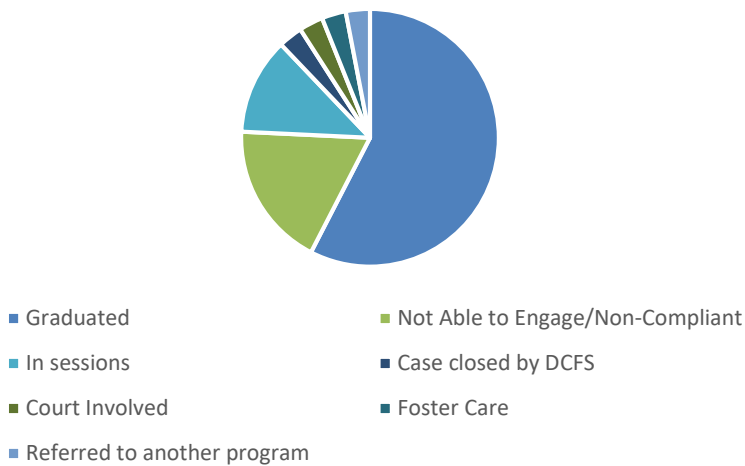
### *Family Nurturing Plans and Parent Coaches*

Family Nurturing Plans (FNP) are specifically designed to focus on each family's needs while utilizing its strengths. Typically, these plans are created during the first NFA session. Table 12 displays the number of NFA cases with no FNP and the average number of days from the initial Comprehensive Parenting Inventory (CPI) assessment to the FNP by cohort. Roughly 90 percent of the cases referred to NFA had a FNP. All cases where the family has graduated or is still being served by the program have a FNP. In general, those cases that do not have a FNP involved non-compliant families, had their cases closed by DCFS, or were referred to another program. The table shows that time to complete the FNP has decreased for cases beginning the program September 1, 2016 or later.

<b>Table 12. Number and Timeliness of FNPs</b>				
<b>Cohort</b>		<b>Cases</b>	<b>Cases with No FNP</b>	<b>Average Days from Initial CPI to FNP</b>
3/1/2015 – 8/31/2015	–	110	14	13
9/1/2015 – 2/29/2016	–	70	6	12
3/1/2016 – 8/31/2016	–	91	13	14
9/1/2017 – 2/28/2017	–	68	1	7

In addition to the NFA instructors, a parent coach may be assigned by the FSW to help the family receive additional, more intensive supports. Parent coaches provide supports which cater to the family's specific needs. These supports include, but are not limited to, working on reinforcing skills, encouraging family nurturing time, reminding parents of upcoming sessions, and providing transportation. Since implementation, 33 cases utilized a parent coach, of which 70 percent graduated or are still in session (see Figure10).

Figure 10. Result of Cases with Parent Coaches



### ***Family Engagement***

Nearly all the parents (97 percent) who graduated between March and July of 2017 report attending all 16 classes. Of the two parents who could not attend all of the sessions, one reported his or her child was sick and contagious. Just over two thirds of the families indicated their children attended sessions with them. Of those families whose children did not attend the sessions with them, 95 percent reported their children attended a separate class at the same time.

The survey offered families the opportunity to rate on a four-point Likert scale, ranging from Strongly Agree to Strongly Disagree, their engagement with instructors and the impact of the NFA program on their families. Overwhelmingly, 97 percent of the families either agreed or strongly agreed with all of the statements in the survey, including having good communication with their instructor and the instructor being focused on their positive qualities as parents. Instructors were found to have treated families with respect and modeled good parenting behaviors. The positive exchange with the instructors resulted in all families agreeing the relationship with their child(ren) had improved with what they learned in the parenting classes. They were more confident in their parenting and they were able to keep their children in their care or have them returned to their care, for those whose children had been placed into substitute care.

### ***Family Satisfaction***

At the end of the survey, space was provided for families to comment on what they liked and disliked about the program. Parents reported that they “felt empowered as a parent to do [their] best,” and “learned more about being a mother, and it wasn’t as bad as [they] thought it would be.” Additionally, instructors are commonly referred to as respectful, informative, and non-judgmental. Several parents also reported they liked being in sessions with other parents who were going through the same problems, though two parents

indicated they did not like sharing their story with strangers. Other parents reported they did not like “fighting with work to get the days off for class,” and that the program “adds to [their] already busy schedule.”

## Outcome Analysis

### *Removals*

One of the objectives for the NFA program is to reduce the number of children removed from their homes following completion of the program for the treatment group and after the four-month mark for the comparison group. While few children were removed from their homes from either the treatment or comparison groups, children were more likely to be removed in the comparison group as seen in Table 13. No cases in Cohort 3 have a child removed within three or six months.

<b>Table 13. Percentage of Cases with No Child Removed from the Home Following NFA Initiation</b>						
<b>Time to Removal</b>	<b>Cohort I</b>		<b>Cohort II</b>		<b>Cohort III</b>	
	<b>Tx</b>	<b>Comp</b>	<b>Tx</b>	<b>Comp</b>	<b>Tx</b>	<b>Comp</b>
3 months	98%	97%	98%	97%	100%	97%
6 months	98%	94%	96%	93%	100%	97%
12 months	98%	90%	96%	90%	-	-

### *Repeat Maltreatment*

Another way to examine the ability of the program to keep children safe is to avoid repeat involvement in the child welfare system following participation in the program. At all three time intervals, i.e., within three, six and 12 months of case closure, Cohorts 1 and 2 show that a smaller percentage of NFA cases have a subsequent true report of abuse or neglect than the comparison groups. In Cohort 3, a slightly larger percentage of treatment cases have a subsequent maltreatment referral within three months than the comparison group. Six and 12-month outcomes for Cohort 1 show statistical significance.

<b>Table 14. Percentage of Cases with Repeat Maltreatment Following NFA Initiation</b>						
<b>Time to Removal</b>	<b>Cohort I</b>		<b>Cohort II</b>		<b>Cohort III</b>	
	<b>Treatment Group</b>	<b>Comparison Group</b>	<b>Treatment Group</b>	<b>Comparison Group</b>	<b>Treatment Group</b>	<b>Comparison Group</b>
<b>Subsequent Substantiated Child Protective Services Case</b>						
3 months	3%	6%	4%	7%	5%	2%
6 months	6%	12%	7%	11%	5%	5%
12 months	10%	18%	12%	19%	-	-

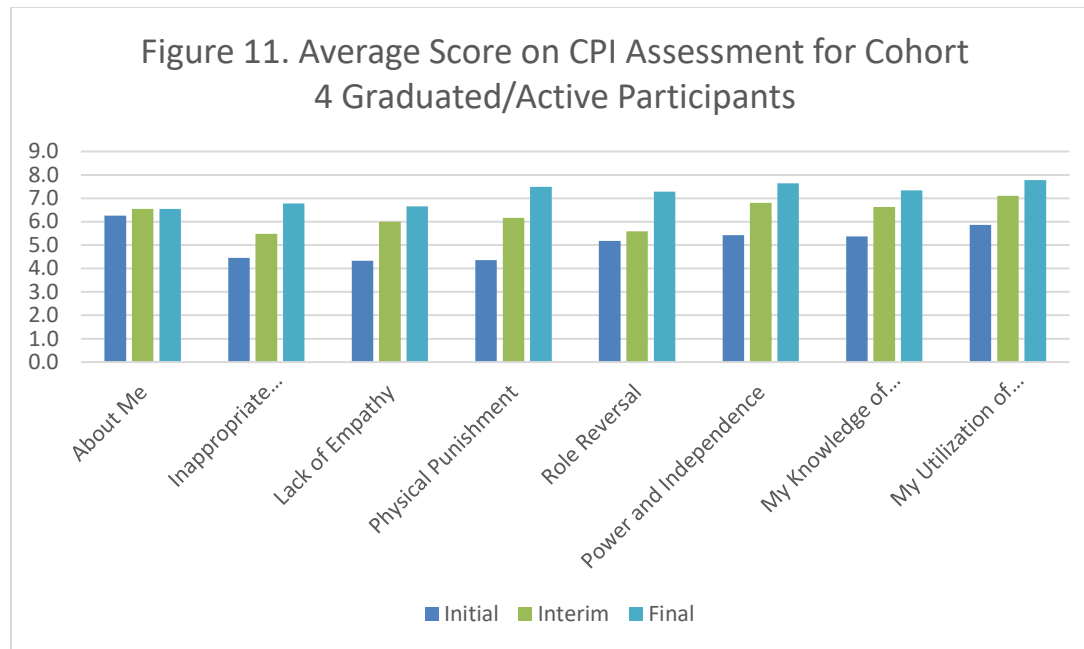
### *Improved Parenting Skills*

During the course of the 16-week NFA program, three Comprehensive Parenting Inventory (CPI) assessments are administered to the parent, one at baseline, one during the program,

and a final assessment upon completion of the program. Using a ten-point scale, with one representing a low score and ten a high score, these assessments are used to track the progress of parents in developing needed skills and their abilities to care for their children. Eight parenting skills are used to measure the nurturing and caring capacities of families.

- 1) “About Me” which assesses the quality of life the parent provides for themselves and their children;
- 2) “Inappropriate Expectations” which explores the expectations the parent has of their children based on the child’s developmental needs;
- 3) “Lack of Empathy” which examines the response of the parent toward meeting their own needs and helping their child(ren) meet their needs;
- 4) “Physical Punishment” which assesses the disciplinary practices used in teaching and guiding the parent’s child(ren);
- 5) “Role Reversal” which explores having appropriate roles for adult and child members of the family;
- 6) “Power and Independence” which examines how the parent encourages their child(ren) to develop their personal power and independence;
- 7) “My Knowledge of Nurturing Practices” which examines the parent’s knowledge of various nurturing family practices; and
- 8) “My Use of Nurturing Skills” which measures the frequency the parent uses nurturing skills and strategies in their own life as well as their child(ren)’s.

Figure 11 displays the average scores of participants at the time of their initial, interim and final assessments, broken down by parenting skill for graduated and active participants who entered the program between September 2016 and February 2017. With the exception of the “About Me” section, the scores for each successive CPI assessment are higher than the previous assessment’s scores, indicating parents are constantly improving their skills throughout the course of the program. “Physical punishment” had the largest average increase with an overall increase of 3.1 points. “Utilization of Nurturing Skills” received the highest score at the time of the final assessment.



## Summary

Parents report high levels of satisfaction and the program is performed with fidelity. FNP's are created for 90 percent of families who are accepted to the program and all families who graduated received a FNP. In general, parents who complete the NFA program show an increased CPI assessment score throughout the life of the program. NFA cases also show a lower percentage of children removed from the home and a lower number of subsequent maltreatments after the program.

## Arkansas Creating Connections for Children

Arkansas Creating Connections for Children is a statewide initiative implemented to recruit and retain foster and adoptive resource families. “Targeted Recruitment” is the name by which ARCCC is known under the Waiver, which serves Service Areas 3, 4, 5, 7, 9, and 10; “Diligent Recruitment” is the name by which ARCCC is known under the Diligent Recruitment grant, which serves Areas 1, 2, 6, and 8. Targeted Recruitment was first implemented in February 2015 while Diligent Recruitment began three months earlier. Since statewide implementation of ARCCC, 4,440 foster families have been recruited, 2,476 from the Diligent Recruitment service areas and 1,964 from the Waiver areas.

### *Methodology*

In the month following approval to serve as a foster home, families are asked to complete a survey which addresses their perception of the recruitment process and its effectiveness. As of February 1, 2017, a total of 255 completed surveys have been returned.

One hundred case records were reviewed to assess child well-being and service administration for youth in ARCCC approved homes. Cases where a child was placed into a newly approved home between February 2016 and January 2017 were reviewed. Using a structured instrument to collect the data, questions focused on whether the children had any circumstances which may affect permanency (e.g., medical or behavioral issues), collected data on the services received while in the ARCCC home, and explored whether the child/bio-parents were consulted if a change did occur.

**Table 15. Number of Children in Tx and Comp Group by Cohort**

<b>Cohort</b>	<b>Tx</b>	<b>Comp</b>
<b>Cohort 1</b>	285	285
<b>(2/1/2015 7/31/2015)</b>	-	
<b>Cohort 2</b>	359	359
<b>(8/1/2015 1/31/2016)</b>	-	



To gain further insight from foster parents, 36 interviews were conducted with foster parents whose homes were approved in calendar year 2016. A total of 16 interviews, some in-person and others via phone, were completed in Service Areas 1, 2, 6, and 8 during the week of March 13, 2017 and 21 phone interviews in Service Areas 3, 4, 5, 7, 9, and 10 took place the week of July 10<sup>th</sup>, 2017. A \$20 Walmart gift card was given to participants who participated in the in-person interviews.

<b>Cohort 3</b>		423	423
<b>(2/1/2016 7/31/2016)</b>	-		
<b>Cohort 4</b>		773	773
<b>(8/1/2016 1/31/2017)</b>	-		

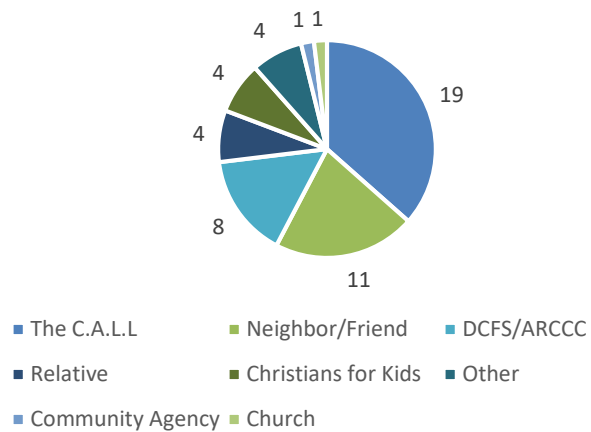
To measure child outcomes, a comparison group was selected for children in care following implementation of ARCCC to those in care prior to the start. A propensity score was developed using the characteristics of the first child placed into the home after the home opened, applying the following variables: home service area, child removal area, age of the child at placement, child's length of time in care, race and ethnicity of the child, and the allegation of the case presented at the time the child became known to DCFS. The comparison group was created from among the children placed into a family foster home between August 1, 2013 and January 31, 2015, after the home was first approved. Propensity scores were found using the nearest-neighbor matching algorithm to select children into the comparison group. Table 15 shows the number of children in the treatment and comparison groups by cohort, allowing for at least six months to have passed since approval of the family to serve as a resource home for a child to be placed in the treatment group home.

## ***Process Evaluation***

### ***Recruitment***

Foster parents were asked through the survey where they heard about the opportunity to become a foster parent (Figure 12). The C.A.L.L. continues to be the leading source for families to learn about the opportunity to foster with 37 percent of the responding families. Interestingly, a higher percentage of homes learned about the opportunity to foster from neighbors or friends between February and July of 2017 (21 percent) as compared to the previous responses (13 percent).

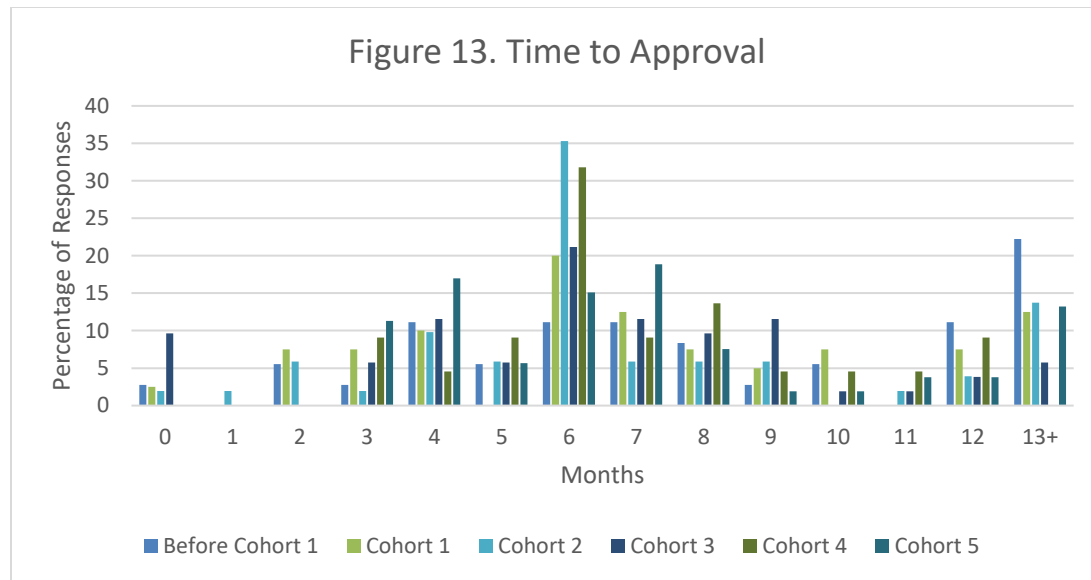
Figure 12. How Family's Surveyed Learned About the Opportunity to Foster



HZA also interviewed families and asked about how they had first heard about the need to foster. In contrast to the results of the family surveys, the leading source where families learned about the need to foster is from their family or friends with 36 percent and 22 percent report always wanting to become a foster parent. Twenty-eight percent of families report The C.A.L.L., Christians 4 Kids, or Church as their source for learning about fostering.

### *Time to Approval*

In the surveys, families were asked how much time elapsed between when they first inquired about becoming a resource family and when they were approved. Figure 13 shows the time the homes reported to have elapsed by cohort. There was a slight shift in the average time to approval from six months in previous cohorts to seven months in the most recent cohort. This is the result of more homes in the most recent cohort reporting that it took over one year to receive approval as compared to taking between three and four months, as many reported in the previous cohorts.



### ***Foster Parent Training***

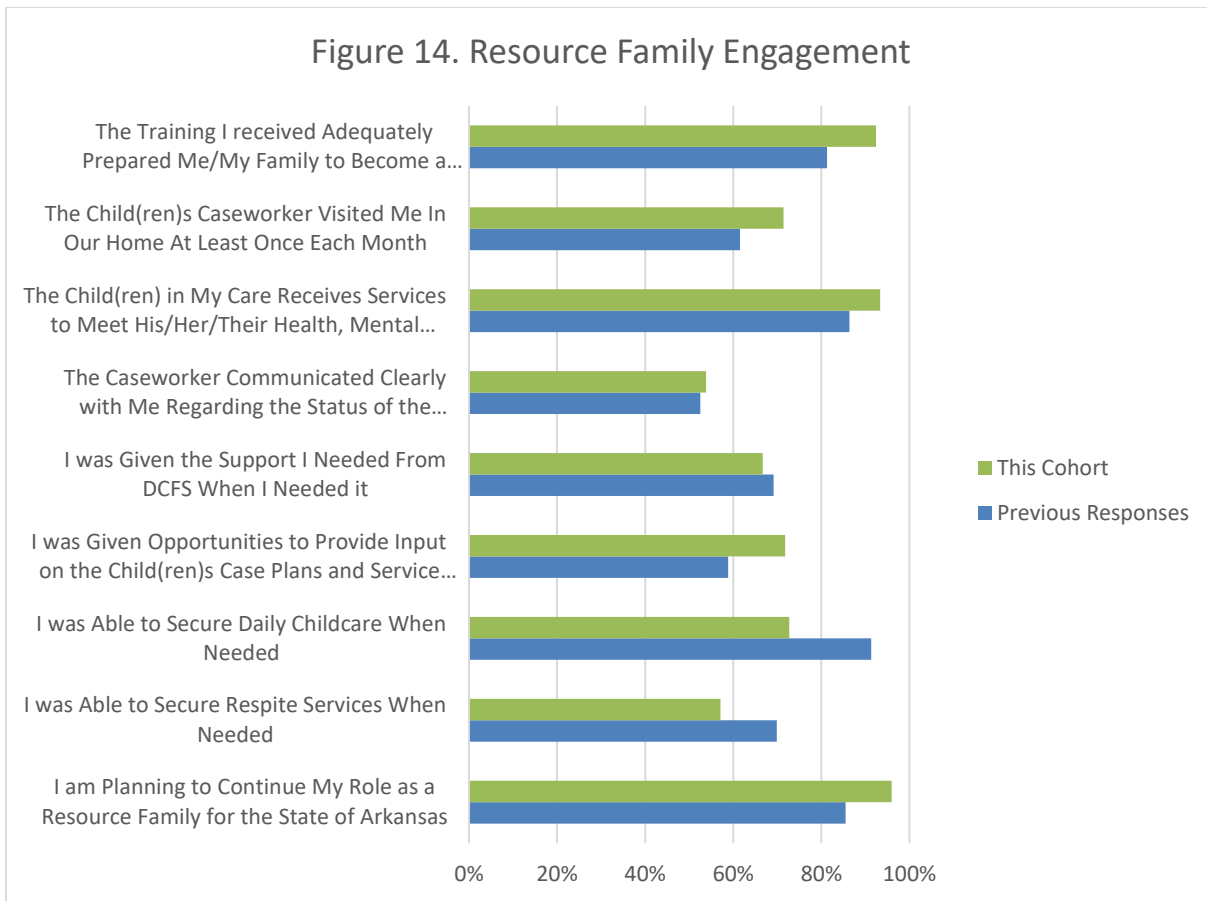
The survey of resource families asked the parents about the PRIDE training they are required to complete to help prepare them to take foster children into their homes. Among the five sources which provide training, i.e., ABC – Get Connected, Christians for Kids (C4K), DCFS, The C.A.L.L., and MidSOUTH, The C.A.L.L. trained the majority (55 percent) of the families who responded to the survey, with 86 percent of those families finding the training to be either helpful or extremely helpful. More families were trained by C4K between February and July of 2017 (15 percent) than prior to February of 2017 (1 percent) when the organization was starting to implement its services in Arkansas. Of those families trained with C4K, 75 percent found the training to be either helpful or extremely helpful with the other 25 percent finding the training to be somewhat helpful.

Interviewed families report a similar finding with 81 percent of the families reporting the trainings were of good or very good quality. Many families reported feeling prepared while the training was happening, but in retrospect, they “didn’t know what they didn’t know.” One family reported, “As far as the children and emotions, [the training] was very high quality. Facts, paperwork, and knowing who to call and when to call about attorneys or courts and what to expect – 0 out of 10.” In fact, additional training around handling the court system was most often cited by families as a training need. Also, parents report wanting training about how to set up day care. One parent reported, “The most beneficial

part was bringing people in who did a panel discussion. I wish they had more of that through the training.”

### *Satisfaction*

Foster parents were given the opportunity to describe their experiences throughout the application and approval process, with results shown in Figure 14. Most encouraging is that 96 percent of the families who completed the survey during the most recent cohort period agree they are planning to continue as foster parents. This is an 11 percentage points increase from those who responded prior to February 2017. Additionally, more families were given the opportunity to provide input on the child(ren)’s case plans and service needs (72 percent) and reported that the caseworker visited their home at least once a month (71 percent) as compared to surveys prior to February 2017 (59 and 62 percent respectively). Families report lower rates of securing daily child care (73 percent) and respite services (57 percent) in the most recent cohort than compared to surveys prior to February (91 and 70 percent respectively).



The families who were interviewed reported communication with DCFS and the caseworker as the largest barrier for foster parent satisfaction. Furthermore, these communication problems were reportedly one of the leading barriers to foster parent retention. Nearly all interviewees discussed a lack of communication at all points in the life of serving as a foster parent. Several parents reported having to fill out the same approval paperwork multiple times due to their paperwork being lost in the system. Additionally, while parents had children placed in their home, workers would take the child out of daycare or school without contacting them and still be in possession of the child when the daycare or school would dismiss for the day. One parent reports, “The main reason we can’t keep foster parents [in our county] is because a lack of communication and no respect [from DCFS].”

*Child Wellbeing*

The case record review identified youth who have circumstances which may affect permanency, including medically needy children and those with behavioral issues. Table 16 shows the number of children in the sample of 100 case records with or without one of these circumstances and if they had a placement change from the ARCCC home. Not surprisingly, 80 percent of the youth with behavioral issues were moved at least once. The difference in the percent of children with behavioral issues and those youth with no reported circumstances is statistically significant. A smaller percentage of medically needy youth were removed from the ARCCC home in which they were originally placed.

**Table 16. Placement Stability for Youth with Circumstances Affecting Permanency**

<b>Circumstance Affecting Permanency</b>	<b>Number</b>	<b>Number Moved</b>	<b>Percent Moved</b>
<b>Medical</b>	14	6	43%
<b>Behavioral</b>	20	16	80%
<b>None</b>	70	37	53%

Case records were also analyzed to determine the extent to which services were provided to the youth while in the newly approved ARCCC home, as seen in Table 17. Children commonly received basic health services (e.g., check-ups, dental), with 94 percent of the children receiving each of these services as needed. Roughly two-thirds of the children who needed educational and/or mental/behavioral supports received those services.

<b>Table 17. Service Provided While in the ARCCC Approved Home</b>				
<b>Services</b>	<b>Youth Needing Services</b>	<b>Services Fully Received</b>	<b>Services Somewhat Received</b>	<b>Services Not Received</b>
<b>Basic Physical Health Services</b>	67	63	3	1
<b>Special Physical Health Services</b>	11	8	2	1
<b>Mental/Behavioral Health Services</b>	35	23	8	2
<b>Educational Supports</b>	15	10	5	0

### *Process Summary*

Homes approved in the most recent six-month period generally report hearing about the need to foster from Christian-based organizations (e.g., The C.A.L.L., C4K) or family and friends. The trainings are well received by the families, but foster parents report wanting more training around dealing with the courts and attorneys. The time to approval increased for the most recent cohort compared to the past. Foster parents report a lack of communication with caseworkers as a reason for closing their home.

When a child is placed in a home, services for the child's basic needs are received in 94 percent of cases and services for mental health and education are received in two-thirds of cases. Children with behavioral needs are more likely to be moved than all other children.

## *Outcomes Analysis*

### **Home Outcomes**

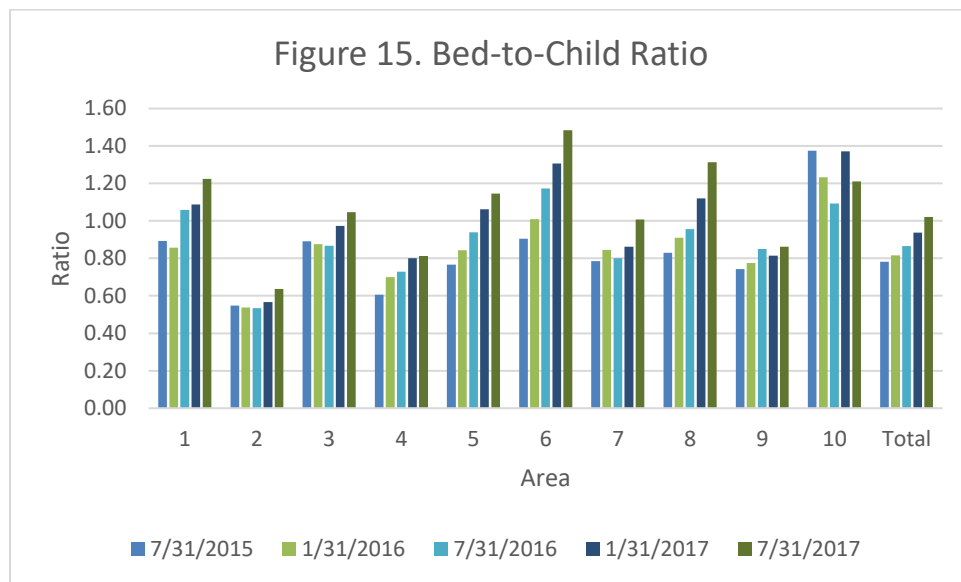
#### *Approved Homes*

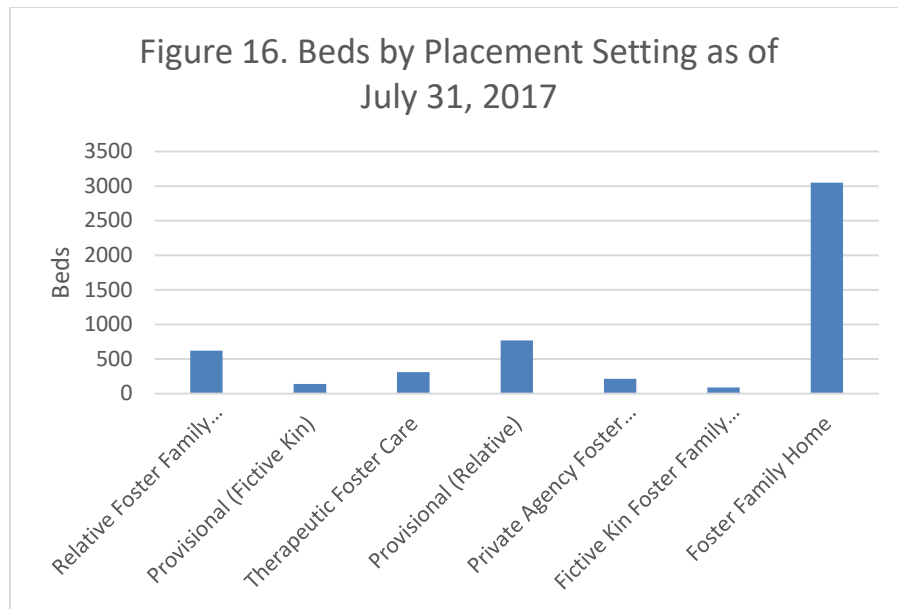
To examine the impact of the initiative on homes approved to care for Arkansas's foster children, the date of approval was used to construct the cohort periods. Table 18 shows the number of approved homes within each cohort, broken down by service area. While the number of homes approved has fluctuated for a number of the areas, overall there has been an increase in the number of approved homes since the start of the initiative, with an overall increase of 77 percent since the start.

<b>Table 18. Approved Homes by Area</b>					
<b>Area</b>	<b>Cohort 1</b>	<b>Cohort 2</b>	<b>Cohort 3</b>	<b>Cohort 4</b>	<b>Cohort 5</b>
<b>1</b>	97	103	136	135	142
<b>2</b>	122	108	139	168	192
<b>3</b>	39	47	78	76	98
<b>4</b>	33	50	51	59	58
<b>5</b>	61	87	108	122	104
<b>6</b>	77	92	106	110	118
<b>7</b>	41	51	60	72	62
<b>8</b>	69	77	137	164	184
<b>9</b>	50	78	91	91	92
<b>10</b>	29	34	50	50	42
<b>Total</b>	618	727	956	1047	1092



In light of the historical shortage of available foster care homes, the capacity of the initiative to increase the number of available homes is a critical factor in assessing the impact of ARCCC. Ideally, there should be at least one available bed for each child in out-of-home placement; as of the end of July 2017, that milestone has been achieved (see Figure 15). This result is in large part due to the increased number of homes coupled with a relatively constant number of children in out-of-home care over the last six months. Area 6 displays the largest increase in bed-to-child ratio since ARCCC implantation. Figure 16 shows the placement type breakdown for the beds used in Figure 15.





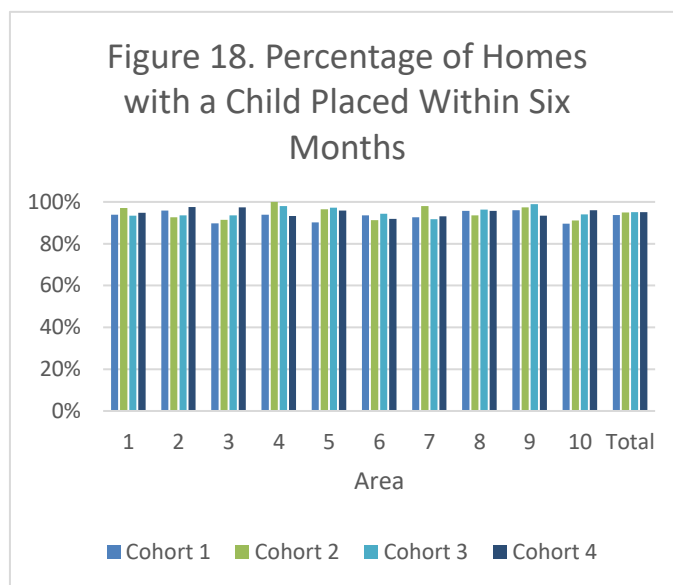
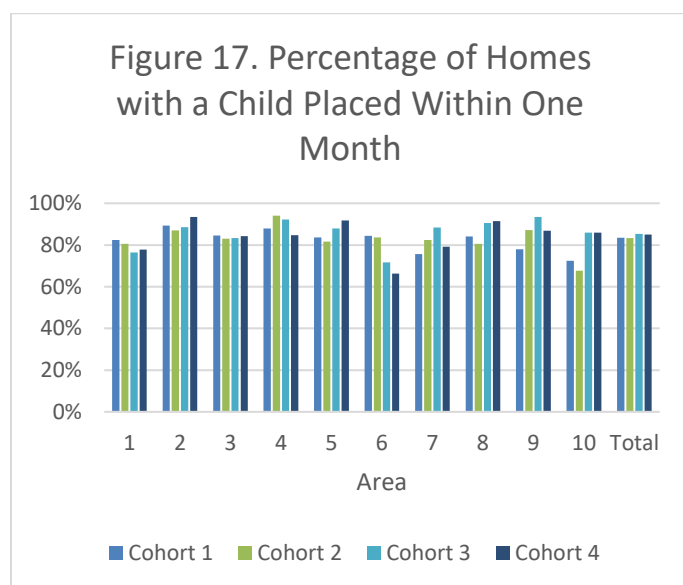
### *Home Preferences*

One of the goals of ARCCC is to place children in homes that can meet their needs. Table 19 shows the willingness of homes to accept particular demographics. In the most recent six-month Cohort, there is roughly an equal percentage of newly approved homes willing to accept males and females. The percentage of new homes willing to accept older youth in the most recent Cohort has decreased by two percentage points from previous periods. This older population of youth is specifically targeted for recruitment due to the tendency of older youth to be placed in congregate care. A higher percentage of newly approved homes in the most recent cohort are willing to accept youth with disabilities compared to the past.

<b>Table 19. Percentage of Homes Willing to Accept Children in Foster Care</b>					
<b>Demographic</b>	<b>Cohort 1</b>	<b>Cohort 2</b>	<b>Cohort 3</b>	<b>Cohort 4</b>	<b>Cohort 5</b>
<b>Gender</b>					
<b>Males</b>	74.4	74.6	70.9	72.0	74.3
<b>Females</b>	77.5	78.3	78.7	75.6	74.7
<b>Age</b>					
<b>0 to 10</b>	86.9	86.8	87.7	85.4	84.2
<b>11 to 17</b>	52.3	51.3	52.6	51.7	49.2
<b>Race/Ethnicity</b>					
<b>AI/AN</b>	1.0	1.2	1.3	1.4	0.8
<b>Asian</b>	1.0	1.1	1.3	1.0	1.0
<b>Black</b>	9.5	12.2	13.0	12.1	12.3
<b>NHOPI</b>	0.8	1.7	1.2	0.9	0.8
<b>White</b>	27.5	25.9	29.0	32.1	29.9
<b>Hispanic</b>	0.2	1.1	1.4	1.1	0.7
<b>No Racial Preference</b>	62.0	61.2	58.2	55.7	57.6
<b>Disabilities</b>					
<b>Emotionally Disabled</b>	16.7	14.3	13.1	15.1	13.5
<b>Behavioral Disorders</b>	14.4	16.9	14.0	13.8	9.5
<b>Medical Conditions</b>	7.9	6.3	8.3	9.5	8.9
<b>Any Disability</b>	34.1	33.1	36.0	36.8	39.1
<b>Siblings</b>					
<b>Siblings</b>	98.4	99.3	97.1	98.0	98.3

### *Homes with Placement*

Figures 17 and 18 show the percentage of homes with a child placed within one and six months following the homes' approval, respectively. Overall, just over 80 percent of the homes have children placed with them within one month of approval. Interestingly, Area 6 is the only service area reporting a dramatic decrease in the percentage of foster homes with a child placed within one month. This is likely due to the increased bed-to-child ratio and to the need for immediate placements having decreased in this area. Statewide percentages for children placed into a home within six months have consistently remained around 95 percent.



## Child Outcomes

### *Child Placements*

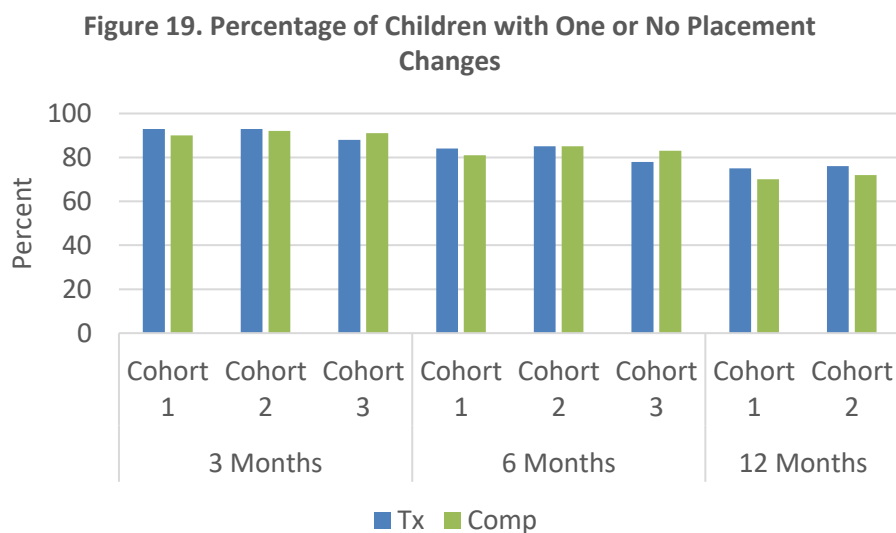
With the increase in foster homes, it is expected that children will be placed in their home communities more frequently. To examine how often children remain close to their homes, Table 20 displays the percentage of children<sup>7</sup> placed in the same area from which they were removed. Among children placed in a home between August 2016 and January 2017 there has been virtually no change since the beginning of the project. The treatment cases continue to be placed in their home counties slightly less frequently than the comparison cases.

Table 20. Percent of Children Placed In The Same Area as Removed								
Removal Area	Cohort 1		Cohort 2		Cohort 3		Cohort 4	
	Tx	Comp	Tx	Comp	Tx	Comp	Tx	Comp
1	96	98	93	96	95	95	91	96
2	71	70	67	58	71	61	78	78
3	88	76	73	67	76	86	78	71
4	92	95	88	81	75	83	94	85
5	92	78	89	94	88	77	73	86
6	92	88	89	85	77	80	83	82
7	91	86	72	89	85	81	80	76
8	84	93	77	90	82	93	83	92
9	60	81	69	75	63	88 <sup>8</sup>	66	78
10	86	57	71	67	90	78	73	78
Total	84	83	80	81	80	83	80	83

<sup>7</sup> The analysis is based on the first child placed into the ARCCC approved home. See the Methodology section for detail on the creation of this group.

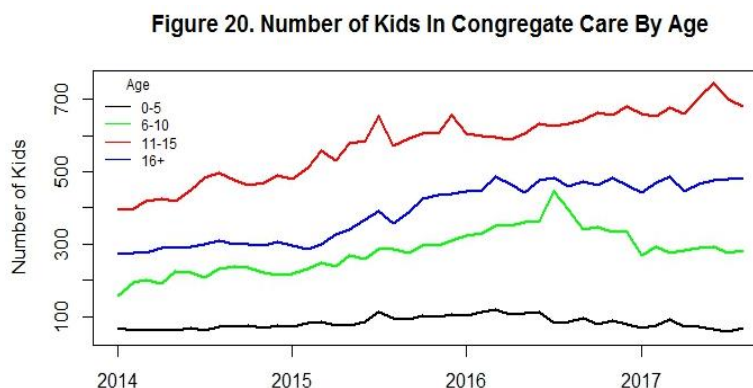
<sup>8</sup> Significant at the  $p < 0.05$  level

Placement stability remains one of the major goals of the ARCCC program; children who are placed into an ARCCC home should experience fewer placement changes than the comparison group. Figure 19 shows the percentage of children with one or no placement changes within three, six, and 12 months of placement into the home. However, children placed into an ARCCC approved home in Cohort 3 show a higher percentage of children moved more than once compared to the previous cohorts and to the comparison group. Twelve-month outcomes for Cohorts 1 and 2 show roughly a five percent increase in the percentage of youth with one or fewer placements than the comparison group.



## *Congregate Care*

One of the fundamental goals of the ARCCC program is to reduce the number of children placed in a congregate care setting. Ideally, the increase in approved family foster homes should have a positive impact on reducing the size of the congregate care population. The number of youth in congregate care from January 1, 2014 until July 31, 2017, broken down by age, is shown in Figure 20. The population in congregate care remained roughly constant in 2014 and steadily rose from early 2015 until the present. In particular, the older youth are shown to have a much higher percentage in congregate care than younger children. The number of children ages 0-5 in congregate care has decreased to the starting population of roughly 70 children, a testament to the number of homes who are willing to accept young children. However, the older populations being placed in congregate care, particularly 11-17 year-olds, is still increasing, largely because the newly opened homes are only willing to accept younger children.



## *Outcome Summary*

The number of homes approved in a six-month period continues to increase in the most recent cohort compared the past. These newly approved homes helped the bed-to-child ratio achieve the 1-to-1 milestone. A higher percentage of newly approved homes are willing to accept children with a disability in the most recent cohort than in the past. Children placed into newly approved homes are slightly less likely to remain in the area they were removed than the comparison group and equally likely to have placement stability. Older youth remain the dominate population group in congregate care and the total number of youth placed into congregate care is increasing.

## CANS/FAST

The CANS/FAST initiative was first implemented in two counties (Miller and Pulaski) in November 2014; the initiative went statewide in February 2015. The CANS and FAST tools replaced the Family Strengths, Needs, and Risk Assessment (FSNRA) that was previously used to measure the strengths and needs of children and their families. Arkansas believes that by improving the assessment of the strengths and needs of children and families over time, the CANS/FAST will identify the highest priority needs of clients so that fitting services can be provided to improve child and family functioning. Improved functioning will, in turn, safely reduce the number of children entering the foster care system, increase placement stability and expedite permanency for children in foster care.

### Methodology

The Comparison group for CANS outcomes is drawn from a historical pool of children who were in care for at least 90 days one year prior to CANS implementation with an FSNRA completed. A single comparison pool contains 2,099 children; however, the treatment group contains over or near that number of children. To extract groups which are similar in nature, a “reverse” PSM technique is used where the members of the treatment group are matched to the comparison group. Due to the comparison and treatment groups being roughly equal in size and to significant differences in the characteristics between the two groups, half of the comparison group members were matched to the treatment group, creating treatment groups for each cohort with 1,050 children. The variables used to determine propensity scores are service area, gender, age at the time of the initial assessment, race, ethnicity, and allegation(s) of the case associated with the child’s removal. Propensity scores were matched using a nearest neighbor algorithm. Table 21 shows the number of children in each cohort by the type of initial CANS assessment given (0 - 4 or 5+).

<b>Table 21. Number of CANS Cases by Age and Cohort</b>		
<b>Cohort</b>	<b>Type of CANS</b>	<b>Total</b>
<b>Comp</b>	0 - 4	1078
	5+	1021
<b>Cohort 1</b>	0 - 4	575
	5+	475
<b>Cohort 2</b>	0 - 4	559
	5+	491
<b>Cohort 3</b>	0 - 4	548
	5+	502
<b>Cohort 4</b>	0 - 4	531
	5+	519
<b>Cohort 5</b>	0 - 4	539
	5+	511

The FAST comparison group was selected from a pool of protective and supportive service cases opened between 2/1/2014 and 1/31/2015, opened for at least 90 days with a FSNRA completed for the case. Propensity scores were generated using service area, number of male children, number of female children, average age of the children, the race of the family and the ethnicity of the family. The comparison pool is roughly the same size as the treatment groups. To ensure the best possible match, every-other treatment member was matched to effectively double

<b>Table 22. Number of FAST Cases for Tx and Comp Groups</b>		
<b>Cohort</b>	<b>Number of Tx Cases</b>	<b>Number of Comp Cases</b>
<b>Cohort 1</b>	2194	1093
<b>Cohort 2</b>	2167	1078
<b>Cohort 3</b>	2207	1100
<b>Cohort 4</b>	1793	893
<b>Cohort 5</b>	2022	1005

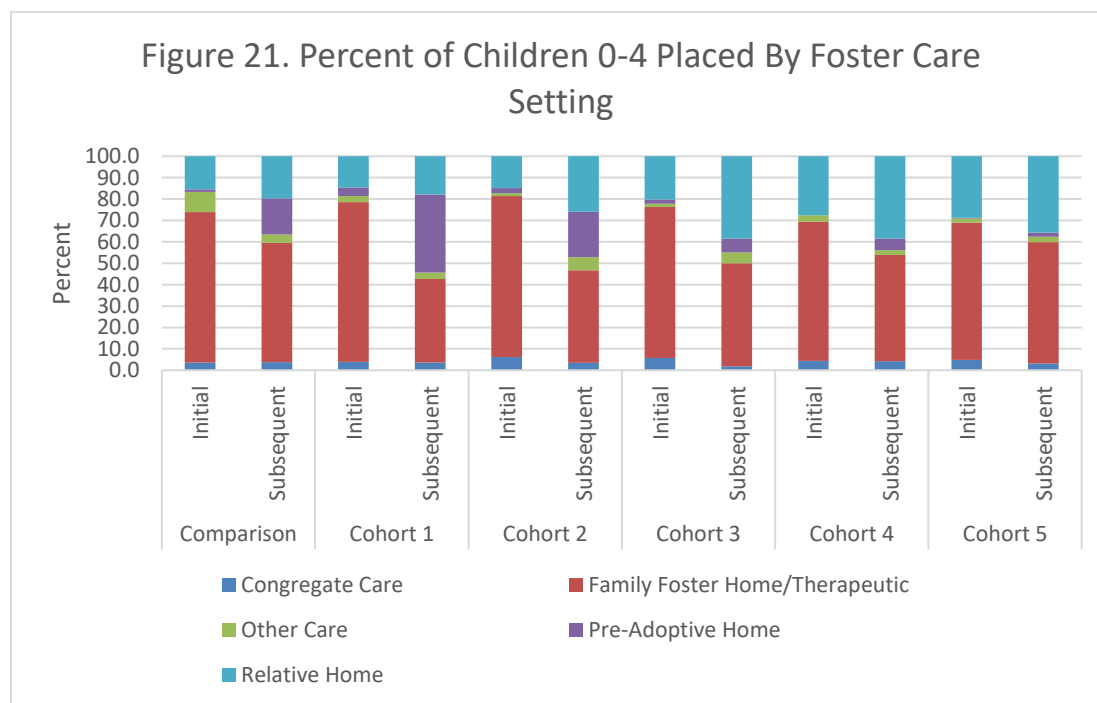


the comparison pool size. Table 22 shows the number of cases for the treatment and comparison groups.

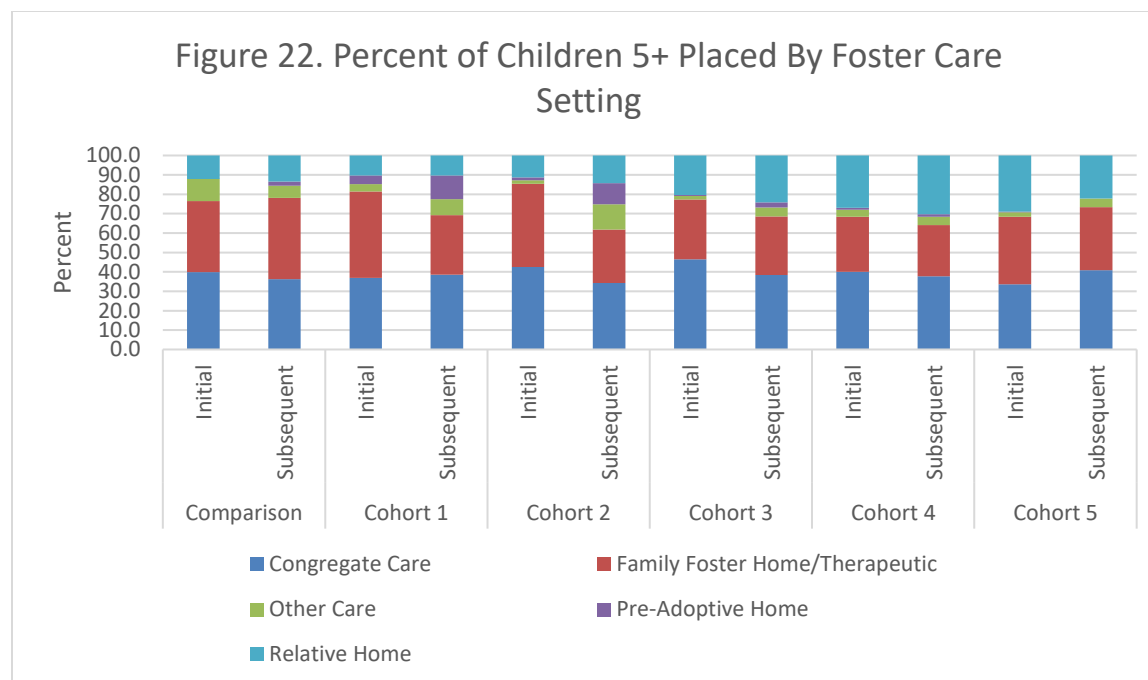
## Outcome Analysis

### CANS

The CANS assessment is designed to utilize the child's strengths and assess his or her needs in order to construct a case plan to reduce the number of children in care or increase those placed in a lower level of care. To investigate the latter, Figure 21 and Figure 22 show the initial and (if applicable) subsequent placements for children with a CANS 0 – 4 and CANS 5+ assessment. Since August of 2016, nearly double the percentage of youth with subsequent placements were placed with a relative as compared to those in care from August 2014 until July 2015. Interestingly, there has been a dramatic shift in subsequent placements from pre-adoptive homes from early in the CANS implementation to relative and foster home settings in the last year of implementation.



In Figure 22, the percentage of youth whose initial placement was in a congregate care setting decreased by six percent from Cohort 4 to Cohort 5, and a higher percentage of those youth were in relative and foster home settings. However, in Cohort 5, a larger percentage of youth had subsequent placements in congregate care settings.



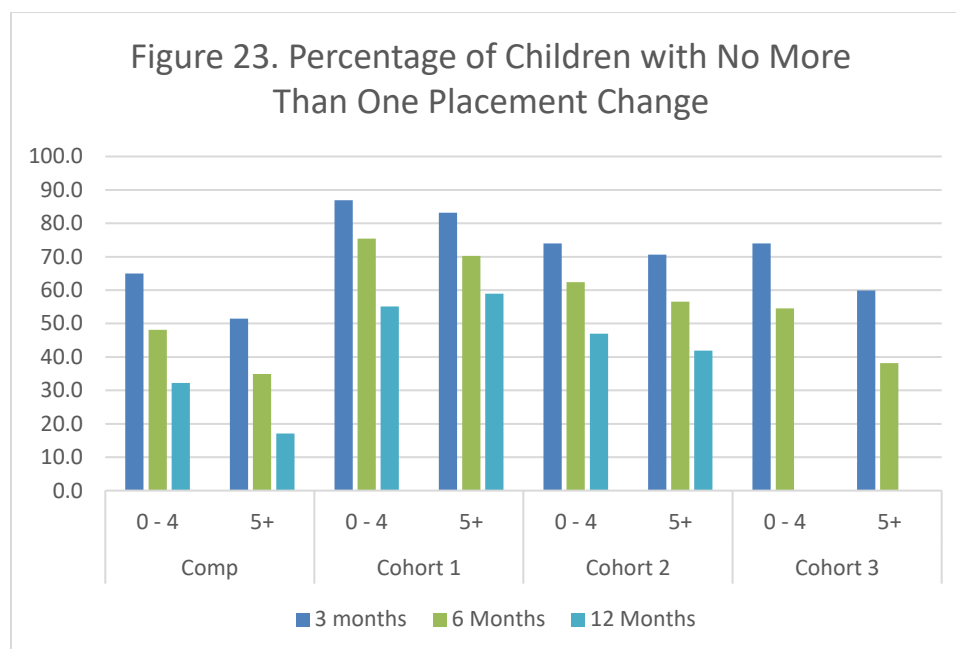
### *Permanency*

One primary goal of the CANS assessment is to ensure that children in foster care achieve permanency in the shortest time possible. To measure this, Table 23 shows the percentage of children who were discharged within three, six, and 12 months of the initial CANS broken out by cohort, age group, and discharge destination. Outcomes are reported when sufficient time has passed; statistically significant outcomes are highlighted. A larger percentage of treatment group members were reunified or placed in relative custody in all cohorts and for three and six-month outcomes than the comparison group with the majority being statistically significant. Similarly, a higher percentage of treatment group children were adopted in all cohorts across all timeframes than the comparison group.

Table 23. Percentage of Children Discharged by Reason for Discharge										
Timeframe	Comparison		Cohort 1		Cohort 2		Cohort 3		Cohort 4	
	0 - 4	5+	0 - 4	5+	0 - 4	5+	0 - 4	5+	0 - 4	5+
<b>Reunified / Placed in Relative Custody Within</b>										
<b>3 Months</b>	3.1	3.1	11.5	10.1	11.1	15.8	9.9	15.7	11.0	13.6
<b>6 Months</b>	15.3	15.2	20.2	19.6	19.0	24.1	20.1	30.1	22.8	27.7
<b>12 Months</b>	37.6	36.3	35.7	30.3	35.7	39.3	38.8	48.4	-	-
<b>Aged Out Within</b>										
<b>3 Months</b>	-	0.2	-	2.3	-	1.0	-	0.2	-	0.4
<b>6 Months</b>	-	1.3	-	3.4	-	1.4	-	0.6	-	0.8
<b>12 Months</b>	-	2.5	-	6.1	-	3.1	-	1.4	-	-
<b>Adopted Within</b>										
<b>3 Months</b>	0.0	0.0	1.7	2.9	0.7	0.2	0.2	0.2	0.0	0.4
<b>6 Months</b>	0.5	0.0	7.1	4.8	1.8	1.6	1.1	0.4	0.6	1.2

Table 23. Percentage of Children Discharged by Reason for Discharge										
Timeframe	Comparison		Cohort 1		Cohort 2		Cohort 3		Cohort 4	
	0 - 4	5+	0 - 4	5+	0 - 4	5+	0 - 4	5+	0 - 4	5+
12 Months	3.6	0.8	19.0	10.1	8.1	5.3	4.9	1.8	-	-
Other Permanency Within										
3 Months	0.3	0.3	0.2	3.2	0.5	1.0	0.5	0.6	0.4	0.6
6 Months	0.6	1.6	0.2	4.4	1.1	1.9	0.5	1.0	0.6	1.0
12 Months	1.0	3.3	0.3	8.2	1.6	4.1	0.5	2.0	-	-

To measure the stability of youth in care, Figure 23 shows the percentage of children with no more than one placement change within three, six, and twelve months of the initial CANS assessment. It is not surprising to see a drop in placement stability among youth in Cohort 3 compared to Cohorts 1 and 2 since that time period saw a dramatic increase in the number of youth in care. Children in Cohort 3 still have higher rates of placement stability than those in the comparison group, but lower than in the previous cohorts. Moreover, results in Cohorts 1 and 2 for all ages and timeframes show statistical significance while Cohort 3 does not show significance. It is important to note the large difference in placement stability between children ages 0-4 and those 5+ in the third cohort.

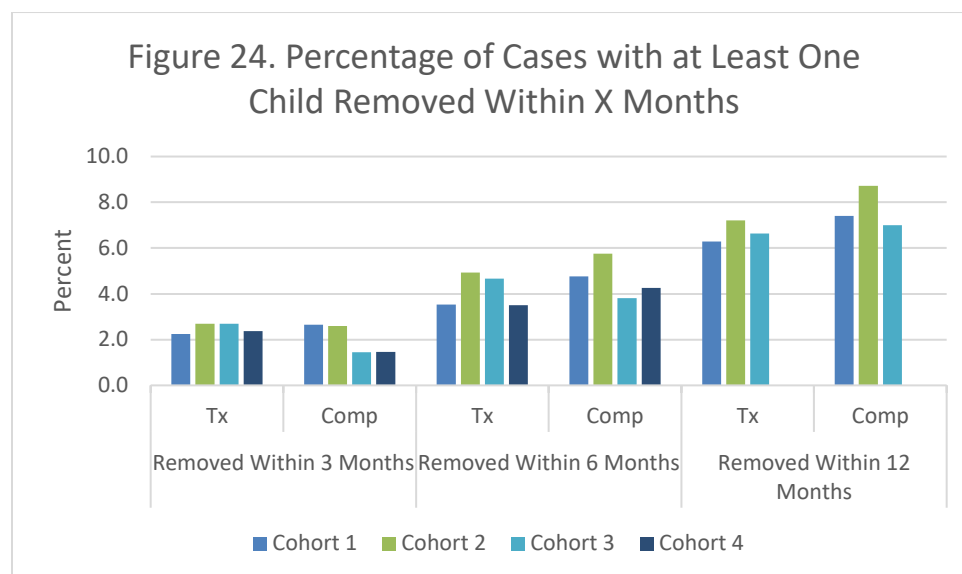


## FAST

### Child Removals

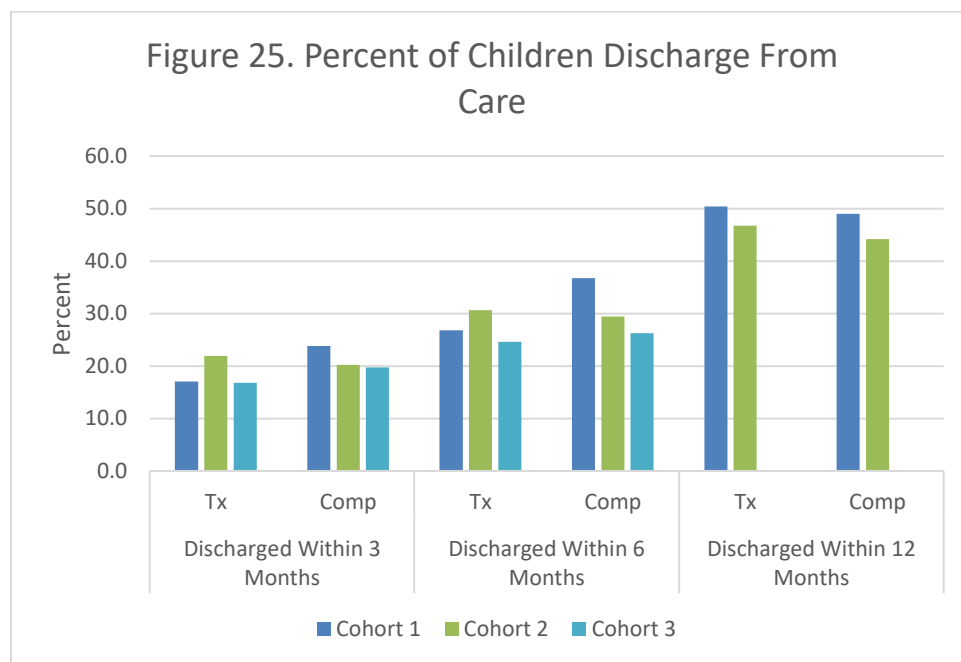
Figure 24 shows the percent of cases where at least one child was removed within three, six and twelve months of the initial FAST assessment for the treatment group or the FSNRA assessment for the comparison group. Outcomes are reported when enough time has passed. There is no significance in the differences between the treatment and comparison

group for any cohort at any removal timeframe. In Cohort 4, there is a slightly larger percentage with at least one youth removed within three months of the initial FAST assessment in the treatment group than the comparison group.



### *Children Discharged from Care*

Figure 25 shows the percentage of children who were removed from their homes within 12 months of the initial FAST assessment that were discharged from care within three, six, and twelve months after entry. Cohort 3 displays a slightly lower percentage of youth discharged within three and six months of removal in the treatment group than the comparison group. Cohort 2 shows a slightly larger percentage of youth discharged within 12 months of removal in the treatment group than the comparison group.



### **Summary**

Children who have an initial CANS assessment generally have a higher percentage of reunification, placement in relative custody, or adopted than the comparison group and generally have a higher percentage of children with placement stability. Families with an initial FAST assessment are equally likely to have at least one child removed than the comparison group. Of those children removed, similar rates of reunification are shown between the treatment and comparison groups.

## Cost Evaluation

Three data sources are available within DCFS to examine the costs associated with the Waiver programs: administrative cost data which apply results from quarterly Random Moment Time Surveys (RMTS), maintenance payments for children placed in out-of-home care and contracted provider costs for delivery of ancillary services to both children in foster care and those who remain in their homes, including their families. The cost evaluation was limited to maintenance payments for this review period.

### *Maintenance Costs*

While one goal of Arkansas's Title IV-E Waiver is to avoid removing children from their homes, when it is necessary to place them into substitute care it is hoped that the Waiver initiatives will either reduce the length of time children are in out-of-home placement and/or enable them to reduce the time they are placed in higher levels of care. All of the Waiver initiatives are expected to play a role in achieving these goals and therefore in reducing the overall costs of the child welfare system.

Table 24 shows the number of youth who were in a foster care or congregate care like setting and the cost spent on those youth for each six-month cohort period corresponding to the initiative. Foster home rates are found in the Foster Home Handbook and take into account the age of the child at the time of the DR Referral, TDM meeting date, NFA graduation date, date of placement into the ARCCC home, or initial CANS/FAST date. Congregate Care rates are found using the median rate (\$108.58 per night) among residential facility providers. The number of nights in care is taken from the above dates until one year after those dates.

The initiatives are showing lower costs for both foster care and congregate care, particularly for the DR, NFA, and CANS 5+ initiatives. Combining the data presented in Table 24, treatment groups are spending roughly \$1,500,000 less on foster care and \$4,000,000 less on congregate care than the comparison groups.

<b>Table 24. Amount Spent on Children Who Were Placed in Out-of-Home Care</b>								
<b>Cohort</b>	<b>Foster Care</b>				<b>Congregate Care</b>			
	<b>Treatment</b>		<b>Comparison</b>		<b>Treatment</b>		<b>Comparison</b>	
	<b>Kids</b>	<b>Cost</b>	<b>Kids</b>	<b>Cost</b>	<b>Kids</b>	<b>Cost</b>	<b>Kids</b>	<b>Cost</b>
<b>Differential Response</b>								
<b>1</b>	50	\$72,316.72	70	\$189,572.20	53	\$477,969.16	56	\$592,629.64
<b>2</b>	50	\$74,968.57	67	\$170,562.30	50	\$422,810.52	55	\$717,170.90
<b>3</b>	54	\$87,800.40	82	\$220,994.04	67	\$653,434.44	74	\$723,468.54
<b>4</b>	52	\$75,240.24	66	\$191,165.00	50	\$614,562.80	52	\$651,805.74
<b>5</b>	74	\$154,954.35	67	\$178,217.77	51	\$589,480.82	51	\$675,259.02
<b>6</b>	42	\$78,759.89	77	\$202,895.11	42	\$344,632.92	57	\$664,401.02
<b>Total</b>	322	\$544,040.17	429	\$1,153,406.42	313	\$3,102,890.66	345	\$4,024,734.86
<b>TDM</b>								
<b>1</b>	2	\$1,315.86	8	\$12,627.24	1	\$4,343.20	5	\$122,478.24
<b>2</b>	59	\$123,781.92	66	\$146,164.28	20	\$174,813.80	23	\$268,301.18
<b>3</b>	69	\$202,348.90	54	\$139,016.65	10	\$154,726.50	14	\$78,286.18
<b>Total</b>	130	\$327,446.68	128	\$297,808.17	31	\$333,883.50	42	\$469,065.60
<b>NFA</b>								
<b>1</b>	2	\$8,634.27	26	\$43,624.20	0	\$0.00	19	\$169,384.80
<b>2</b>	3	\$3,842.22	10	\$21,430.32	1	\$4,017.46	6	\$103,476.74
<b>Total</b>	5	\$12,476.49	36	\$65,054.52	1	\$4,017.46	25	\$272,861.54
<b>ARCCC</b>								
<b>1</b>	282	\$963,885.75	285	\$930,038.03	36	\$428,565.26	44	\$467,111.16
<b>2</b>	351	\$1,215,285.49	359	\$1,187,553.74	39	\$524,441.40	43	\$552,780.78
<b>3</b>	412	\$1,452,567.05	421	\$1,440,626.26	52	\$573,302.40	49	\$652,565.80
<b>Total</b>	1045	\$3,631,738.29	1065	\$3,558,218.03	127	\$1,526,309.06	136	\$1,672,457.74

<b>Table 24. Amount Spent on Children Who Were Placed in Out-of-Home Care</b>								
<b>Cohort</b>	<b>Foster Care</b>				<b>Congregate Care</b>			
	<b>Treatment</b>		<b>Comparison</b>		<b>Treatment</b>		<b>Comparison</b>	
	<b>Kids</b>	<b>Cost</b>	<b>Kids</b>	<b>Cost</b>	<b>Kids</b>	<b>Cost</b>	<b>Kids</b>	<b>Cost</b>
<b>CANS 0 – 4</b>								
<b>1</b>	539	\$1,797,733.14	556	\$1,989,492.06	44	\$366,348.92	73	\$628,786.78
<b>2</b>	537	\$1,889,275.26	540	\$1,925,509.56	51	\$313,796.20	73	\$628,786.78
<b>3</b>	523	\$1,854,361.02	530	\$1,889,517.72	43	\$435,297.22	71	\$588,612.18
<b>Total</b>	1599	\$5,541,369.42	1626	\$5,804,519.34	138	\$1,115,442.34	217	\$1,846,185.74
<b>CANS 5+</b>								
<b>1</b>	328	\$1,007,208.22	375	\$1,242,216.58	228	\$4,290,647.28	293	\$4,999,131.78
<b>2</b>	351	\$1,083,626.51	388	\$1,275,063.62	249	\$4,392,061.00	304	\$5,145,063.30
<b>3</b>	356	\$1,022,022.37	394	\$1,300,180.19	270	\$4,374,362.46	311	\$5,323,785.98
<b>Total</b>	1035	\$3,112,857.10	1157	\$3,817,460.39	747	\$13,057,070.74	908	\$15,467,981.06
<b>FAST</b>								
<b>1</b>	99	\$203,988.83	132	\$237,099.79	77	\$834,980.20	75	\$546,917.46
<b>2</b>	155	\$297,683.90	144	\$297,886.20	77	\$649,634.14	82	\$624,009.26
<b>3</b>	130	\$271,157.48	115	\$226,654.97	74	\$639,427.62	62	\$462,985.12
<b>Total</b>	384	\$772,830.21	391	\$761,640.96	228	\$2,124,041.96	219	\$1,633,911.84



