

Arkansas Strategic Plan for Foster Care in Response to Executive Order 23-18

Executive Summary

As outlined by Governor Sarah Huckabee Sanders in Executive Order 23-18: To Protect Children, Support Families, and Improve the Foster Care System (EO 23-18), it is the policy of the Governor's administration to protect vulnerable children, support foster families, and work with stakeholders to improve the foster care system in Arkansas. To that end, Governor Sanders established the Arkansas Strategic Plan for Foster Care Placement (the "Plan") within EO 23-18 to address multiple issues affecting the child welfare system in Arkansas.

The Secretary of the Arkansas Department of Human Services (DHS), as directed by EO 23-18, brought together a working group of over 130 individuals including, but not limited to, the Secretary of the Department of Public Safety, the Secretary of the Department of Education, members of Every Child Arkansas (which is comprised of faith-based, non-profit, and other organizations and private placement agencies), legal stakeholders involved in dependency-neglect cases, persons who have been served by or involved with the child welfare system, mental health professionals, and numerous other stakeholders whose work intersects with child welfare.

The Arkansas Strategic Plan for Foster Care Placement Working Group initially met to discuss development of the Plan on May 8, 2023. This larger group divided into three sub-committees to develop recommendations aimed at improving the child welfare system in Arkansas and, in turn, the children and families it serves. These sub-committees organized around three primary categories also outlined in EO 23-18:

- Prevention and Mental Health Services
- Foster Care Safety and Permanency
- Foster Home Recruitment and Retention

These sub-committees were charged by the DHS Secretary to develop strategies and recommendations that:

- Derived from data or evidence-based principles;
- Enhance or improve current existing programs, services, initiatives, or strategic plans;
- Consider cost implications, and;
- Create a framework for implementation of recommendations as directed.

These sub-committees collaborated to study their respective issues and develop corresponding recommendations. This work resulted in eleven recommendations:

Recommendation 1: Create a community resource model that provides virtual and in-person prevention support that uses a relationship-based approach to connect families and professionals to services and supports.

Recommendation 2: Reduce family barriers to accessing existing public assistance programs.

Recommendation 3: Continue development and expansion of models that have a strong evidence-base for primary prevention and reducing poor outcomes, such as maltreatment.

Recommendation 4: Make crisis response services and associated support services more accessible for families or youth in crisis.

Recommendation 5: Create a cross-agency coordination team to support key stakeholder groups in development and implementation of high-quality trauma-informed care training for staff. Examples of stakeholders include, but are not limited to, child welfare, law enforcement, public safety, court system, and education.

Recommendation 6: Strengthen the DCFS workforce.

Recommendation 7: Expand team-based approaches to collaboratively support families through court proceedings and associated case plans.

Recommendation 8: Implement ongoing, community-specific training for all parties involved in the child welfare system to include DCFS staff, CASA, attorneys, judges, CACD, MDT, law enforcement, and other agencies responding to neglect and abuse that addresses the difference between safety and risk and the implications of each.

Recommendation 9: Continue to expand the use of private license agency foster homes and partner with Every Child Arkansas to implement a targeted marketing campaign for recruiting foster parents.

Recommendation 10: Create and communicate a clear plan regarding access to information about the case for foster parents and strengthen overall support to foster homes to improve retention.

Recommendation 11: Redesign the training model and requirements for foster parents and DCFS staff.

The Arkansas Strategic Plan for Foster Care Placement Working Group respectfully submits these recommendations to Governor Sanders and the Sanders Administration. As requested, the working group will provide additional details regarding these recommendations and will

collaborate with DHS, DPS, ADE, and ECA on operationalizing the recommendations, and believes if they are implemented successfully, then all directives set forth in Executive Order 23-18 will be met, resulting in an improved foster care system and, ultimately, better outcomes for the children and families of Arkansas.

Prevention and Mental Health Services Sub-Committee Recommendations

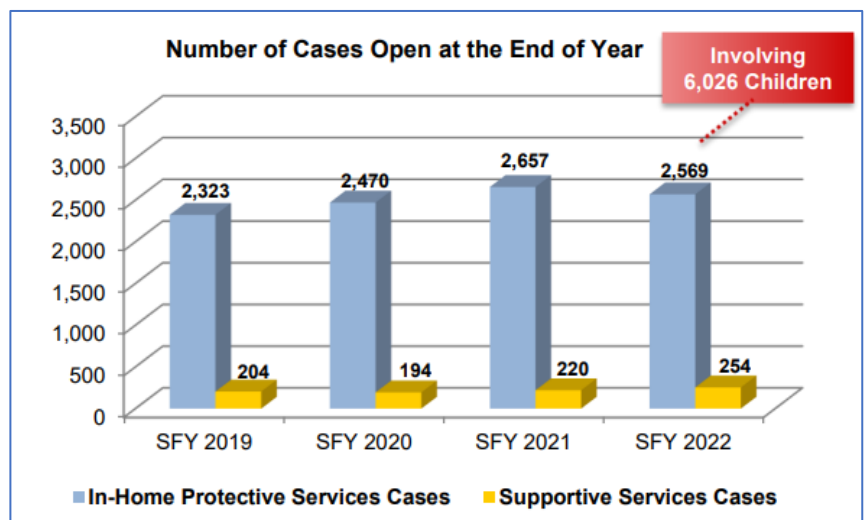
The Prevention and Mental Health Services Sub-Committee focused on the following directives outlined in EO 23-18:

- Reduce the number of children entering the foster care system.
- Connect eligible children and families to prevention services.
- Support in-home parenting and practices.
- Deliver mental health and substance abuse treatment services to foster families and foster children in need.
- Educate child-welfare workers, public safety officials, law enforcement officers, and educators on available prevention services.
- Incorporate “trauma-informed training” into existing training systems for child welfare workers, public safety officials, law enforcement officers, and educators.

As a result, this sub-committee developed five (5) recommendations to effectuate positive change in these areas The recommendations are:

Recommendation 1: Create a community resource model using existing sources that provides virtual and in-person prevention support that uses a relationship-based approach to connect families and professionals to services and supports.

Rationale: In State Fiscal Year (SFY) 2022, the Arkansas Child Abuse Hotline received 31,859 reports of child maltreatment. Most of the child victims in these maltreatment reports that were found true were involved in allegations of neglect (70%). In most instances, DCFS offers in-home services through what is referred to as a protective services case following a child maltreatment investigation that is found true. In fact, the Division serves far more children and families through protective services cases than in foster care cases. For example, as shown on the graph to the right, there were 6,026 children involved in protective services cases at the end of SFY 2022.



By comparison, at the end of SFY 2022, there were 4,524 children in foster care (though as of 6/28/23, there are 4,032 children in foster care). Of those children in foster care, once again, the majority -- 52% -- entered due to neglect, followed by substance abuse (48%), parent incarceration (20%), physical abuse (16%) and inadequate housing (12%), with co-occurring entry reasons into foster care. The Division has identified that many neglect cases are related to instability around housing, childcare, relationships, and food, to name a few.

Providing connections to parenting supports and resources to support the family and evidence-based programming for the primary prevention of child abuse are needed. This recommendation recognizes there needs to be an easily searchable database of available supports and that even then many families will still benefit from human support to help them identify and access available supports.

- A. Promote a coordinated approach via a virtual or telecommunication platform to identify and share information regarding prevention to professionals and families. This will require:
 - 1. Considering whether an existing system can be expanded for this purpose since it is already staffed and maintained.
 - 2. Defining what is considered a prevention service and what are categories of service.
 - 3. Gathering information from prevention provider agencies about their services in a way that can be entered into a virtual or telecommunication platform.
 - 4. Ensuring existing resources are identified to maintain the system.
 - 5. Developing and implementing a routine way for prevention services providers to keep the information updated as part of doing business in Arkansas.

- B. Develop community-based resource centers with case management or other in-person support for families that have trouble accessing available programs and services without a human component to help them navigate and access resources.
 - 1. Consider programs that take a holistic approach to supporting families (e.g., employment, educational needs for parents and children, parenting education, legal issues, housing instability, and social-emotional supports).
 - 2. The approach should allow for families to get their most critical needs addressed by assessing the evidence-based services that are needed, connecting them to appropriate resources, and then following-up to ensure the connection occurred.
 - 3. This should include a county-by-county approach since there are differences in resources.

Recommendation 2: Reduce barriers to families’ access to existing public assistance programs.

Rationale: Helping families access resources to meet basic family needs could help reduce child welfare involvement due to allegations of neglect or inadequate housing, which are two primary reasons families have open protective services or foster care cases (as described in the Rationale section under Recommendation 1). Ensuring professionals and families know about Access Arkansas could help ensure families can access services for which they qualify. This sub-committee identified that the vast majority of professionals and families are not aware of this one-stop shop for applying for public assistance through DHS.

- A. Promote awareness and use of [Access Arkansas](#).

Recommendation 3: Continue development and expansion of models that have a strong evidence-base for primary prevention and reducing outcomes such as maltreatment.

Rationale: There are currently few available services for primary prevention of child abuse in Arkansas. Most services are available to families only once they are already involved with the child welfare system. It is important that primary prevention options be increased.

- A. Coordinate with the Department of Human Services and Department of Health to leverage programs for home visiting in Arkansas that have an evidence base for primary prevention of child abuse and neglect. Existing home visiting programs should incorporate additional opportunities for primary prevention (in addition to those that are supported by the Division of Children and Family Services for secondary prevention).
- B. Expand utilization of available evidence-based prevention models in pediatric and primary care settings that include screening and tiered approaches to supporting families. Steps should be taken to eliminate barriers to the financial sustainability of such models by:
 - 1. Investment in training for new primary care sites to implement evidence-based prevention models.
 - 2. Consider Medicaid and private insurance reforms to support evidence-based enhanced primary care services for children 0-5, particularly since young children are at highest risk for abuse and neglect:
 - 48% of children in true maltreatment reports in SFY 2022 were ages 0-5
 - 45% of children in in-home cases at the end of SFY 2022 were ages 0-5
 - 39% of children in foster care at the end of SFY 2022 were ages 0-5

- C. Expand training and implementation of available in-home parenting programs through coordination between DCFS and Temporary Assistance for Needy Families (TANF). Such programs provide active skills training and support for caregivers of children and adolescents, which results in reducing negative outcomes such as maltreatment.

Recommendation 4: Make crisis response services and associated support services accessible for families or youth in crisis.

Rationale: Crisis response services are often limited to acute behavioral health hospitalization although less restrictive, community-based options may be more appropriate. Crises impact the entire family unit and current supports are typically aimed at correcting the “behavioral concerns” of the child or youth rather than consideration and support of the child’s environment. Additionally, families who experience crises can often be subjected to a lengthy process to access or gain approval for the needed services to promote stability and resilience. This often results in unnecessary and preventable hospitalizations and/or placements in foster care.

- A. Crisis intervention should be provided to those who are experiencing a decline in their mental health, increase in harmful behaviors, or disruption of family dynamics in the aftermath of highly stressful and traumatic events.
- B. Given the prevalence of trauma for younger children and the fact that support is limited for families with children under age four (4), ensure crisis response services are not restricted by age when provided in conjunction with infant mental health certified mental health professional services.
- C. Develop services, that would include a safety and needs assessment, to expedite trauma recovery interventions and stabilize the family system as quickly as possible. Examples may include a family in transition program that could be provided in the home or school to offer immediate support. DHS should explore programming models using Medicaid and other behavioral health support funding.
 - 1. Explore developing a statewide train-the-trainer program for peer support and/or family support partners as part of these services.

These recommendations are identified as the most critical starting point for improving access to mental health and substance abuse intervention by children and families who have experienced significant trauma. The state should also consider substance abuse and mental health recommendations presented by previous stakeholder groups.

Recommendation 5: Create a cross-agency coordination team to support key stakeholder groups in development and implementation of high-quality trauma-informed care training for staff. Examples of stakeholders include, but are not limited to, child welfare, law enforcement, public safety, and education.

Rationale: Experiences of trauma are widespread among children and adults in Arkansas. All helping professionals who work with individuals with trauma experiences can be equipped to provide support in a trauma-informed way that reduces the likelihood of inadvertent re-traumatization and increases the likelihood of recovery. Approaches to training must be tailored based on the type of organization and should consider the role of the helping professionals.

- A. Identify, review, and leverage existing training opportunities that are high-quality and aligned with best practice guidance for trauma-informed care, recognizing that several groups currently provide trauma-informed care training for specific sectors.
- B. Explore development or enhancement of training to fill specific gaps or to make training available through multiple modes (e.g., high-quality, interactive online training).
- C. Collaborate with partners to develop high-quality trauma-informed care training that will be disseminated to other agencies (e.g., child welfare, law enforcement, public safety, education) that will then deliver the training to their respective staff.
- D. Recognize that trauma-informed care can be supported in policy and procedure, the cross-agency coordination team should work with governing boards associated with various stakeholder groups to embed training in trauma-informed care policy review and development.

Foster Care Safety and Permanency Sub-Committee Recommendations

The Foster Care Safety and Permanency Sub-committee was tasked with developing recommendations to address the legal processes and court experiences involved in foster care, with particular attention to safety and permanency. This area of focus included addressing the following directives outlined in EO 23-18:

- Streamline the delivery of services to foster families and children in foster care;
- Connect eligible children and families to prevention services;
- Coordinate child safety and risk monitoring;
- Support in-home parenting and practices;
- Deliver mental health and substance abuse treatment and services to foster families and foster children in need;
- Increase the percentage of children reunited with their biological families after placement in foster care.

This sub-committee crafted three (3) recommendations aimed at making needed reforms in this area, which are outlined below.

Recommendation 6: Strengthen the DCFS workforce.

Rationale: Sub-committee members shared stories of working with DCFS staff with high caseloads, including supervisors carrying caseloads, that led to staff burnout and a revolving door of caseworkers. DHS Human Resources data confirms reports of high turnover. In SFY 2022, the turnover rate for Family Service Workers was 70.77%. The Program Assistant (PA) turnover rate in SFY 2022 was 90.22%, though 27.56% of this turnover rate is attributed to promotions of PAs into FSW positions.

DCFS, in partnership with DHS Shared Services and the Office of Personnel Management, implemented several statewide efforts to help recruit and retain frontline child welfare staff such as implementing differential pay for staff assigned to on-call and allowing frontline staff to claim overtime pay rather than first banking 240 hours of comp time as previously required.

While the DCFS supervisor turnover rate in SFY 2022 was more stable than that of frontline staff at 33.85%, DCFS staff reported in the 2022 Comprehensive Organizational Health Assessment (COHA) survey conducted by the National Child Welfare Workforce Institute (NCWWI) (with a survey response rate of 75%) having had an average of 1.7 different supervisors in the past year, with a range of one (1) to eleven (11) different supervisors. Many supervisors carry a caseload and work far beyond forty (40) hours each week. However, supervisors are exempt employees

which means that are not paid overtime. In the 2022 COHA, many supervisors noted workers are not incentivized to promote to supervisor because many workers are making more than supervisors due to overtime pay. Furthermore, DCFS supervisors have not received the same compensation increases relative to frontline staff.

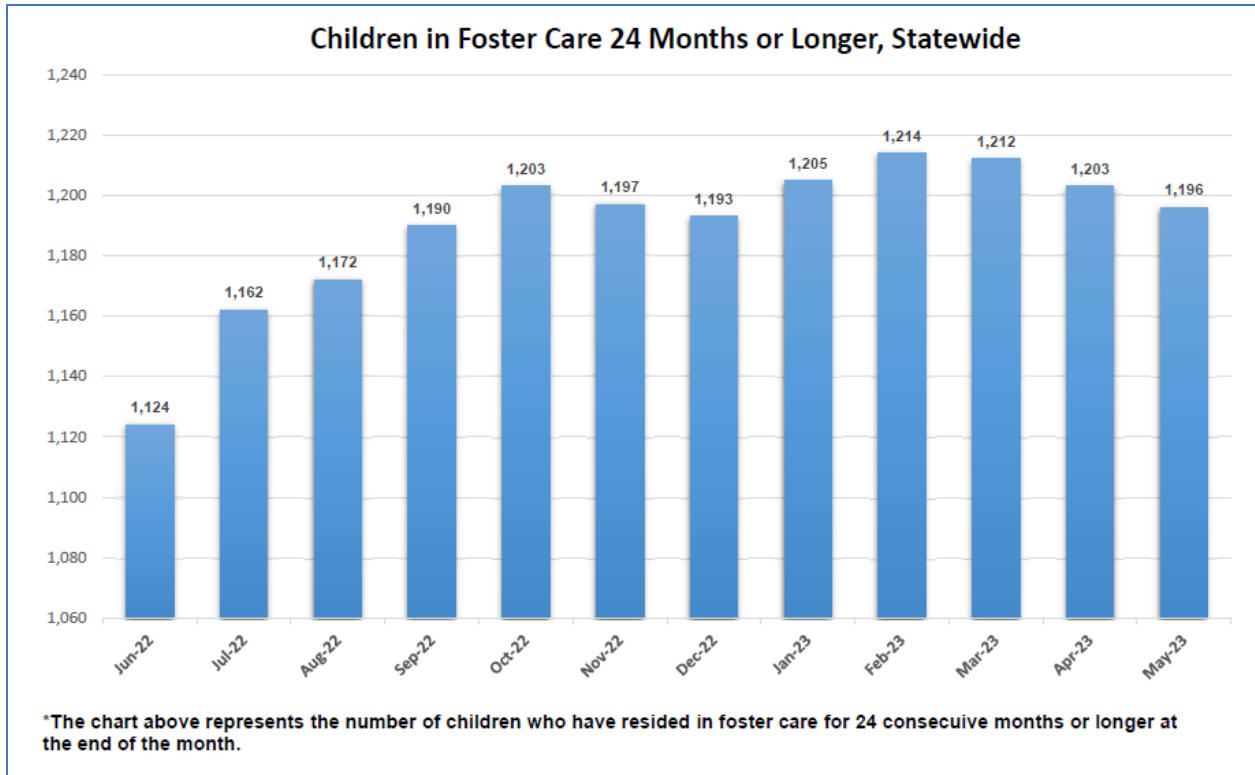
High turnover and staff dissatisfaction only leads to more turnover at every level and ultimately affects the families within the child welfare system. Families and stakeholders in this sub-committee reported a lack of continuity in case management and related services which, in turn, negatively impacted timely permanency and, in some cases, decision making as it relates to safety and risk. In an effort to strengthen DCFS workforce so that they are better able to support families:

- A. Evaluate DCFS worker and supervisor salaries and overtime based on complexity of the work and other professions with similar education and experience. Consider evidence-based reforms aimed at improving staff retention.

Recommendation 7: Expand team-based approaches to collaboratively support families through court proceedings and associated case plans.

Rationale: Many stakeholders and persons with lived experience report an observance of reliance on universally mandated services that are often ordered through the court. Instead, reliance should rest with the expertise of a collaborative team of experts in child welfare, mental health, parenting, etc. and evidenced-based recommendations to guide plans.

Existing multidisciplinary court team approaches promote tailored approaches and services to the local community to ensure effectiveness. As a result, families involved in multidisciplinary court team approaches demonstrate higher than average rates of successful permanency. 43% of children in the Arkansas foster care system reunified in SFY 2022. Over the last year there has been a steady increase of children in foster care for twenty-four months or longer as illustrated on the graph on the following page.



- A. Consider multidisciplinary court team approaches that facilitate ongoing collaboration on case plans, court hearings, and services.

Recommendation 8: Implement ongoing, community-specific training for all parties involved in the child welfare system to include DCFS staff, CASA, attorneys, judges, CACD, MDT, law enforcement, and other agencies responding to neglect and abuse that addresses the difference between safety and risk and the implications of each.

Rationale: Sub-committee members recognize the importance of all child welfare stakeholders having a standard baseline of training in safety and risk and use of shared terminology in an effort to reduce misunderstandings and miscommunication when assessing safety and risk of a child. The state recognizes that overall improvement is needed in this area with the SFY 2022 Statewide Quality Services Peer Reviews (QSPRs) -- conducted by the Public Consulting Group (PCG) – finding that only 62% of the cases reviewed (N = 200) had sufficient risk and safety assessment and management. It should be noted that the cases reviewed for the 2022 QSPR were prior to the implementation of the Structured Decision Making (SDM) Safety and Risk Assessment tools and related practices. While DCFS and Crimes Against Children Division staff have received several trainings related to Structured Decision Making and the umbrella approach of Safety Organized Practice, exposure to these tools and best practices has been limited for other fields that intersect with the child welfare system.

- A. Implement trainings such as Safety Organized Practice (SOP) and Structured Decision Making (SDM) to all stakeholders whose work intersects with child welfare. Content should include information about all stages of an investigation and case, including initial assessment, investigation, follow-up visits, family team meetings, court reports, and testimony. Trainings should be ongoing, and be targeted at the local level, and take into consideration community resources and service barriers.

Foster Home Recruitment and Retention Sub-Committee Recommendations

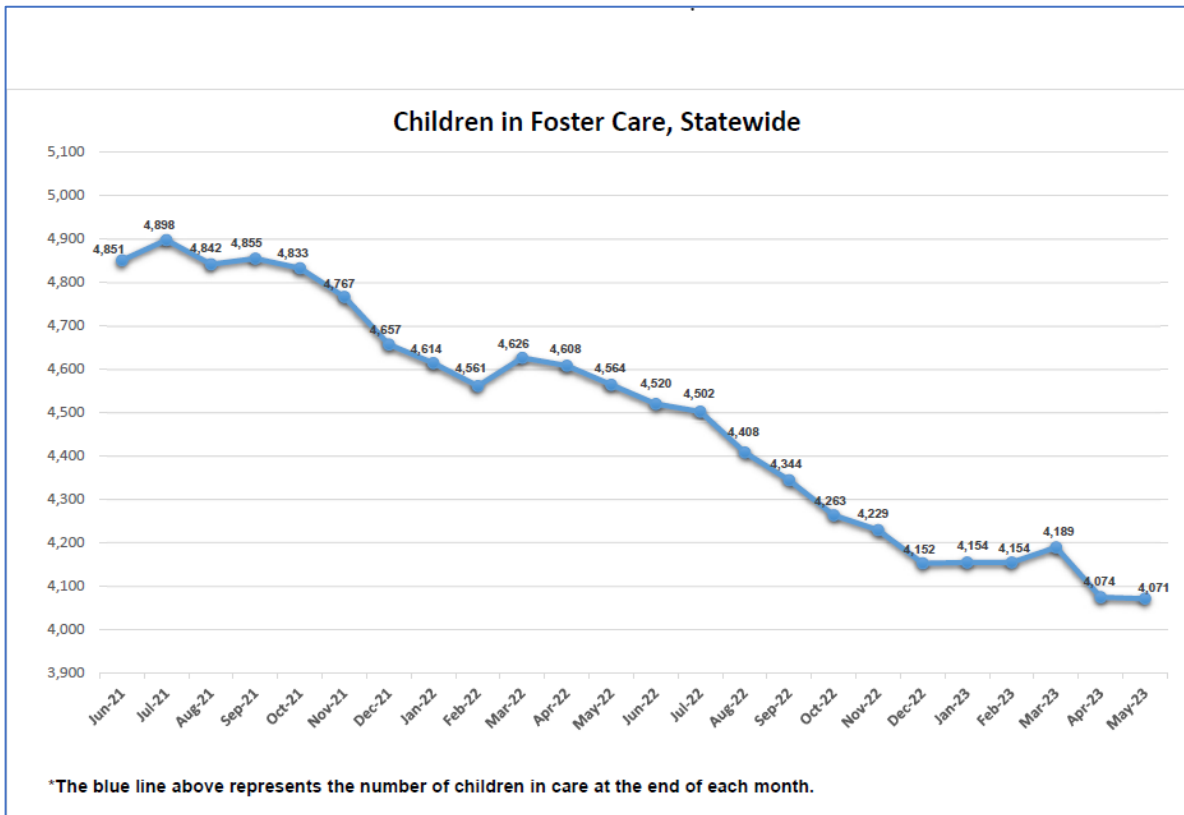
The Foster Home Recruitment and Retention Sub-Committee targeted its efforts on the following charges from EO 23-18:

- Increase the number of available foster families to provide ideal placements for children taken into care.
- Develop tools and related metrics to recruit, train and license foster families to provide ideal placements for children in foster care.
- Support foster family recruitment efforts, which target families that embrace reunification goals.
- Improve foster family retention rates around the state.

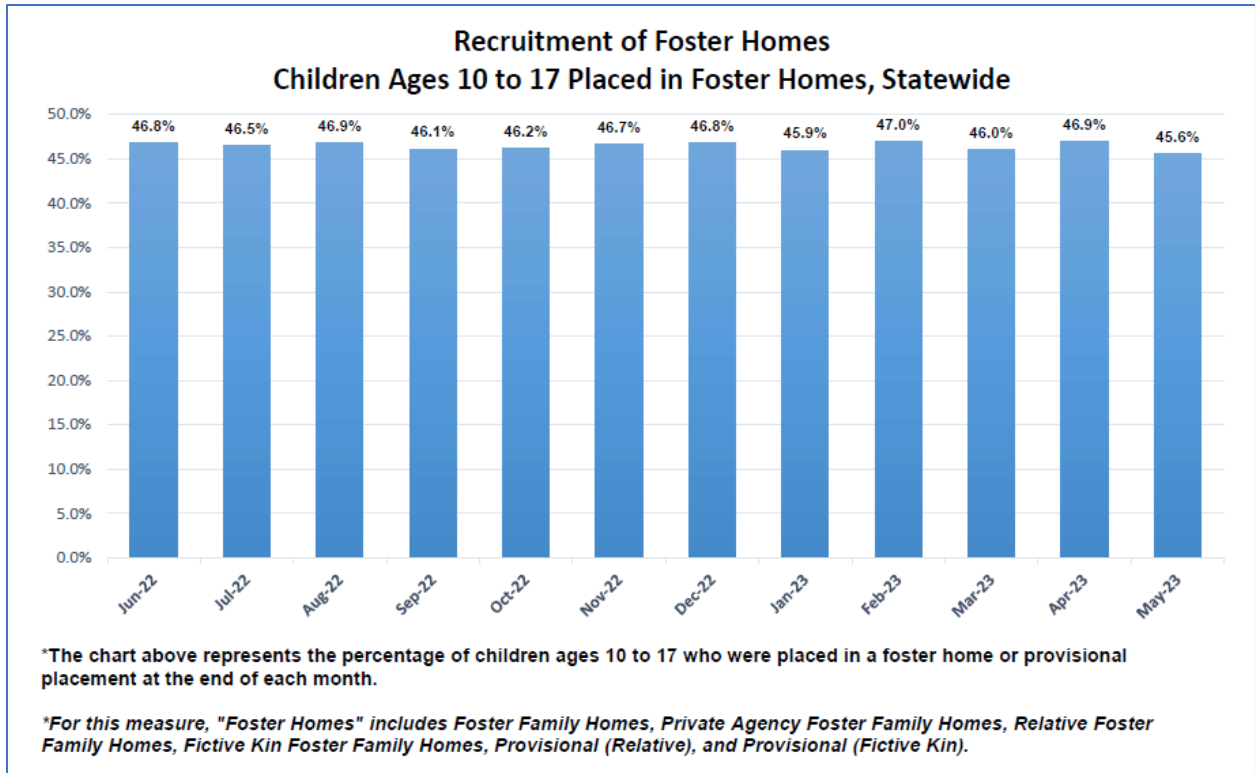
This sub-committee developed three (3) recommendations to improve the recruitment and retention of foster homes in Arkansas, which are described below.

Recommendation 9: Continue to partner with Every Child Arkansas (comprised of faith- and community-based partner organizations) to increase foster homes opened and licensed by private licensed placement agencies and implement a targeted marketing campaign for recruiting foster parents.

Rationale: As shown in the chart below, the current average number of children in foster care is 4,100 with an average of just under 1,600 foster homes to support children in foster care. Therefore, the need to recruit quality foster homes in Arkansas is significant.



Additionally, foster homes willing to take older youth in foster care is particularly critical with only 45.6% of children ages 10 to 17 placed in a kinship or traditional foster home at the end of May 2023, a percentage that has held relatively steady over the last year.



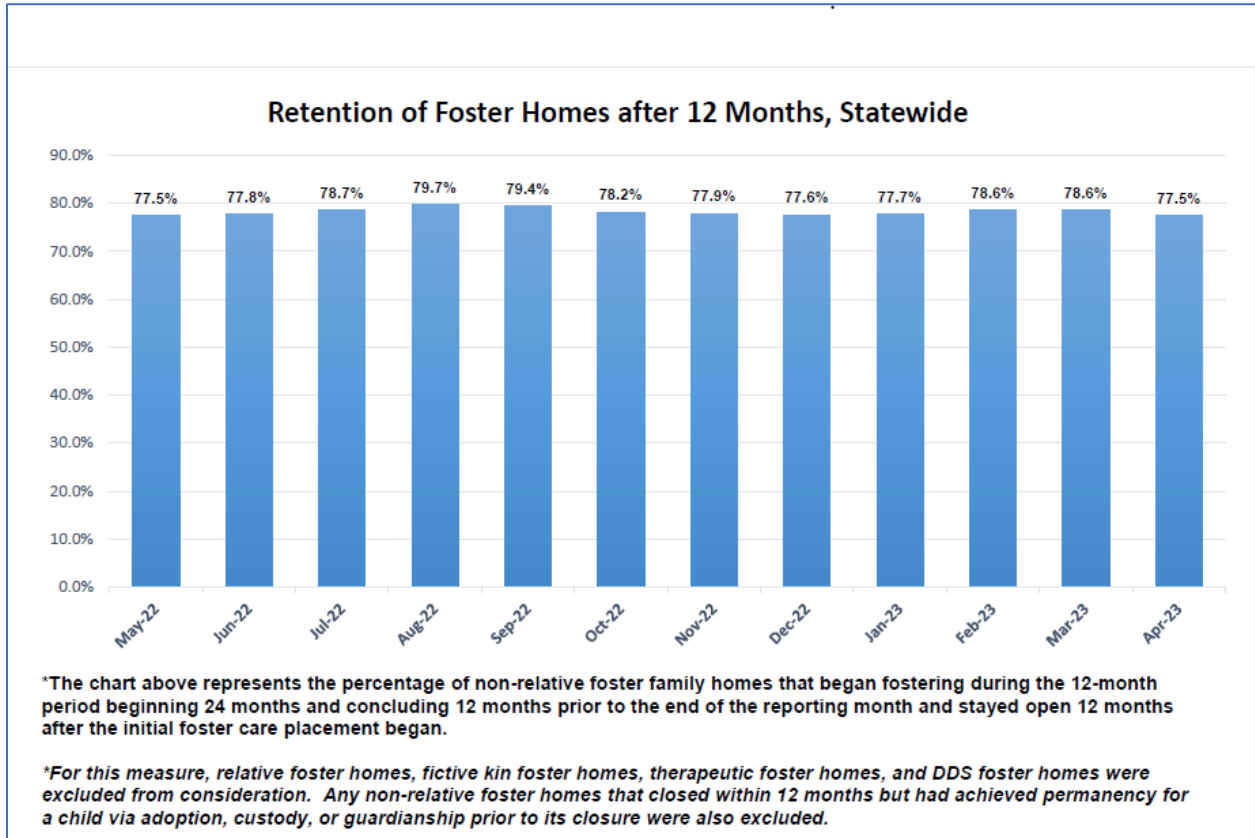
Likewise, DCFS would like to open more foster homes willing to take sibling groups given that in SFY 2022, 74% of children with siblings in foster care were placed with at least one of their siblings, while only 54% were placed with all of their siblings.

- A. Utilize the Every Child Arkansas Air Game (e.g., social media campaigns) to address unmet markets such as teachers, nurses, and other professionals.
 - 1. Include general publication of what foster care is and is not, to include addressing fears of foster care.

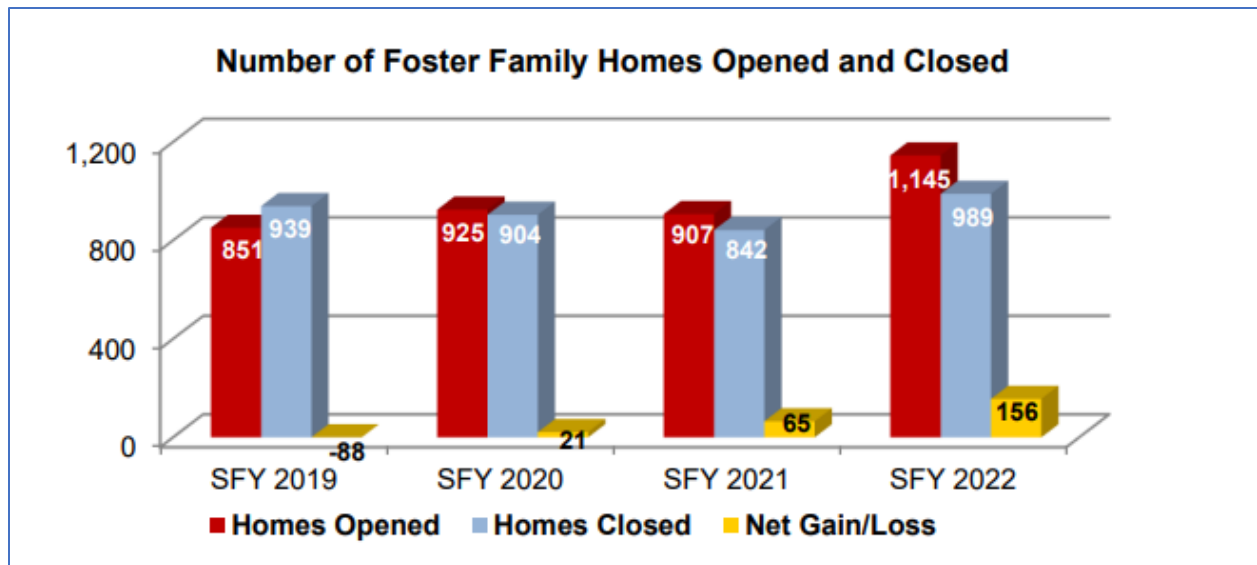
- B. Continue the work of the Every Child Arkansas Recruitment Partners' Ground Game through both statewide and local collaborations to focus on in-county placements as well as education and training geared toward supporting reunification.

Recommendation 10: Create and communicate a clear plan regarding access to information about the case for foster parents and strengthen overall support to foster homes to improve retention.

Rationale: Foster home retention is a known issue within Arkansas. As seen in the chart below, retention of non-kinship foster homes has hovered at an average of 78.3% over approximately the last year.



DCFS has improved in recent years in terms of obtaining a net gain of foster homes each year as illustrated on the graph on the following page. However, Arkansas wants to improve these numbers, given not only the amount of time and effort associated with the recruitment and approval process, but also the overall need for a wider pool of foster homes to better match children in foster care with a foster family.



Of the 989 foster homes that closed in SFY 2022, the largest reason for which foster homes closed was due to “foster family’s decision” for 37.2% of those closures. It is reasonable to assume that a percentage of this particular segment of closures was tied to lack of support to and communication with these foster parents.

- A. Expand the use of warm lines to answer case specific questions.
- B. Continue to use technology to provide real time updates to foster parents and relevant parties when plans change (e.g., court dates or family time) through the Foster Parent Portal.
- C. Promote existing standardized questions for families to ask/DCFS to answer regarding children and youth at placement, which should be shared as best practice for families and staff through pre-service and DCFS New Staff Training, respectively.
- D. Collaborate with a third-party entity to establish an evaluation process for open foster families to identify strengths, challenges, and systems barriers and develop recommendations for improvement.
- E. Establish County Foster Parent Advocates through placement providers and non-profit recruitment partners to provide a local, peer support to foster families.

Recommendation 11: Redesign the training model and requirements for foster parents and DCFS staff.

Rationale: The current pre-service training curriculum for traditional foster parent applicants is a 27-hour curriculum typically delivered over nine (9), three (3)-hour sessions. There may be a delay in getting into a training class based on when the class started and when it concludes. Further, the structure of the curriculum is developmental with each module building from the preceding module. As such, new families cannot join mid-course and must wait until a new series begins before they can join a class. Therefore, the waiting period for a new series to begin can be lengthy.

DCFS shall implement a new pre-service curriculum that is based on research and input from experts, families who have experience with fostering or adopting children, as well as former foster and adoptive youth. The new curriculum shall address separation, loss, grief, and trauma. The goal is to reduce the overall number of pre-service training hours required for traditional foster applicants while still appropriately equipping them with the knowledge and skills needed to serve as successful foster parents. Moreover, the new curriculum shall not require modules to be taken in sequential order. Therefore, this transition will not only allow for the reduction of foster parent training hours overall, but also reduce families wait times to begin training since a family may join a training series at any time.

It is necessary to improve the skills of existing foster parents through on-going training, following pre-service training. To that end, foster parents are required to earn fifteen (15) hours of continuing education each year, beginning with their one-year anniversary of approval as a foster home. Continuing education hours may be earned through in-person/classroom trainings, online courses, video, or books and cover a wide range of topics related to parenting, child development and behavior, and medical needs to name a few. Continuing education opportunities may be offered by educational systems, the Arkansas Department of Health, Foster Parent Associations, Foster Parent Continuing Education providers contracted through DCFS, and others. While this flexibility can be helpful to foster parents who have different levels of access to continuing education opportunities depending on geography, internet access, level of comfort with online training, etc., it also results in inconsistent continuing education opportunities statewide. There should be enough training modules to allow the Division to select a standard continuing education menu for at least the first couple of years of a foster parent's service that would clearly speak to needed topics such as working through trauma-related behaviors.

- A. Establish core content sessions to be covered statewide with a focus on trauma informed care, how to navigate relationships with the child’s biological family members, and supporting reunification.
- B. Pilot new training with Private Licensed Placement Agencies (PLPAs) and other recruitment partners in 2023-2024.
- C. Conduct six (6) month and twelve (12) month family experience survey for those who completed the new training.
- D. Implement the new training statewide with all pre-service training partners by 2025.
- E. Require annual training for DCFS staff on best practices in the field in relation to supporting reunification, responding to trauma, and communicating with foster families.
- F. Coordinate mandated continuing education topics through coordinated online material for foster parents (currently all foster parents are required to earn fifteen (15) continuing education hours each year) around:
 - a. Trauma informed care (e.g., healing trauma, managing trauma responses and behaviors);
 - b. Supporting reunification.