

RENEWED HOPE



Moving toward resilient families, a stable system and strong workforce

September 2017



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INTRODUCTION

A year ago, the child welfare system in Arkansas faced an unprecedented crisis. The number of children in care had skyrocketed, and projections showed that number growing to an unmanageable level. Steadily growing caseloads and foster care rolls fed into the naturally stressful nature of casework, causing high turnover among caseworkers. Both foster and biological families could not get the level of support they needed. Something had to be done to stop the breakdown of the system. The leadership of the Arkansas Department of Human Services (DHS) and its Division of Children and Family Services (DCFS) took a strategic approach to addressing the situation and outlined a bold plan in November 2016 called *Moving Beyond Crisis*. This report, coupled with the 10 key steps to a stronger system identified by child welfare expert Paul Vincent, served as Phase One of stabilizing and improving the system.

Nearly a year after DHS implemented the *Moving Beyond Crisis* plan, the alarming increase in the number of children in care has abated. The state had projected the number of children in foster care would rise from the peak of 5,200 in November 2016 to 5,800 by August 2017. But today the number is less than 5,100. Caseloads have declined. New supports are in place for families. And many long-standing issues are being addressed. Still, a fundamental shift toward better supporting families, especially those with substance abuse and mental health issues; ensuring children and teens in foster care are in the right placements; and building a stronger, more accountable workforce is needed to truly create long-term, systemic improvements of the child welfare system. But DHS alone cannot tackle all the factors that con-

tribute to the number of children in foster care. Broader efforts to address societal issues, such as drug abuse, will no doubt be needed in the years to come. So the focus of this report and the work to come is on what DHS and its partners can do in the next year.

This *Renewed Hope* report outlines Phase Two of stabilizing the system and building the foundation for long-term, positive improvements. It also provides details on the successes and setbacks related to the work DCFS, DHS, and others did from August 2016 through the summer of 2017. At the end of each section are “next steps” the agency will take and goals that it will work to achieve. The plan is divided into three categories, which align with the focus areas in the *Moving Beyond Crisis* report:

- Strengthening families so children can remain safely at home and families are more resilient
- Improving the foster care system so that it is stable for those who need it
- Building, supporting and empowering a strong DCFS workforce

Transformation will not happen overnight, but a well-thought-out plan that is continuously tracked, monitored, and adjusted as needed will lead to lasting change when it is coupled with hard work and strong partners. That’s why DCFS and DHS leadership have renewed hope that the child welfare system is moving beyond crisis to a point where a stronger workforce will have the tools and skills needed to help build more resilient families so that children can live safely at home.

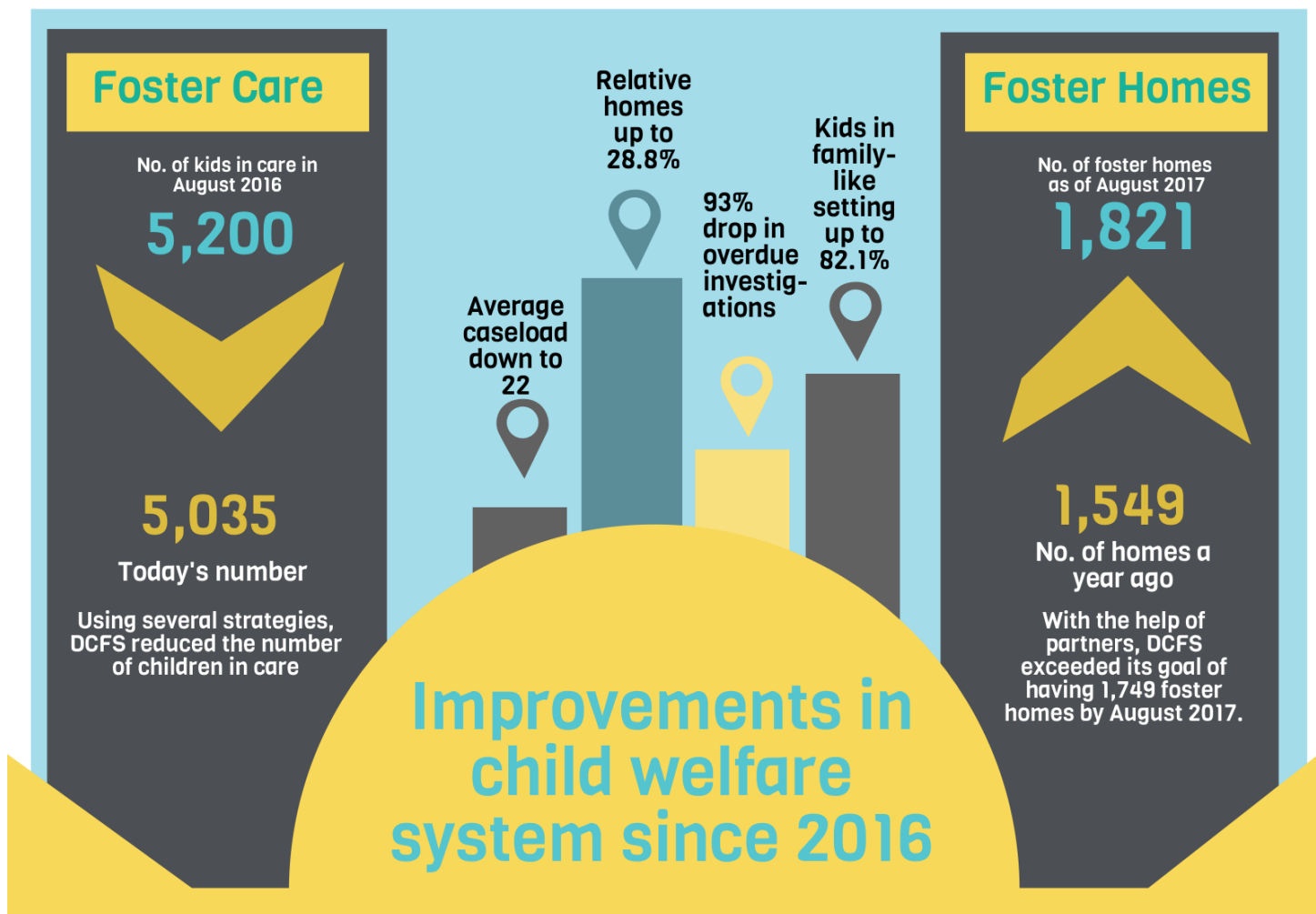
OUR PROGRESS SO FAR

As a way to keep DCFS on track over the last year and to hold itself accountable for the promises it made in the *Moving Beyond Crisis* report, DCFS measured its progress toward meeting goals as well as the work done to implement the recommendations made by Paul Vincent. That required continuous monitoring and close attention to detail. Today, work has started on all 10 of Vincent's recommendations, with half already completed. And though DCFS did not achieve every goal outlined in the *Moving Beyond Crisis* report, it made considerable improvements and it is important to take a moment to outline what the agency achieved over the last year and to recognize that the child welfare system today is significantly better than it was a year ago because of the work done by DCFS, other DHS divisions, the Governor, members of the State Legislature and our many partners. Key achievements include:

- Stopping substantial growth in number of children in foster care. (Projected 5,800 children

in care by the end of August 2017; actual number is 5,035).

- Reducing caseloads from a statewide average of 28 to an average of 22.
- Reducing the number of overdue investigations from 721 to 51.
- Significantly reducing number of children 10 and under in residential care from 105 in August 2016 to 41 today.
- Placing 82.1 percent of children in family-like settings, just shy of the 85 percent goal and up from 77.6 percent in August 2016.
- Exceeding goal of having 1,749 foster families by having 1,821 (compared to 1,579 in August 2016).
- Placing 28.8 percent of all children with relatives, nearly reaching the goal of 29 percent. That is up from 23.4 percent in August 2016.



LESSONS LEARNED, ONGOING CHALLENGES

As mentioned on the previous pages, the extensive work by DCFS staff, other DHS divisions and our partners to implement the *Moving Beyond Crisis* plan resulted in meaningful improvements that have allowed DCFS to assess the system more broadly and analyze what they've learned from the Phase One work and incorporate those lessons into Phase Two. They found:

- Employing a combination of strategies, instead of a single effort, stemmed the growth of children in foster care.
- Generally, the work outlined in Phase One related to prevention and strengthening families took longer than expected to launch, meaning the results of that work won't be measurable until later in 2017 or early 2018.
- The number of foster homes increased overall, but too many children ages six and up or with complex needs are unnecessarily in congregate settings. Future recruitment must focus on these populations to get the children in a family setting.
- Frontline and supervisory workers understand the rules they must follow, but DCFS leadership must help workers truly understand the values and principles behind the rule so that the best interest of the children and families always comes first. DCFS must strengthen the workforce's ability to think critically about the work that needs to be done to support children and families.
- Exits from foster care continue to lag behind entries into care. The focus on partnering with parents to safely reunify the family needs to occur at the beginning of the case. And we also must work to ensure timely adoptions of children who cannot be safely reunified with family.
- DCFS must continue to prioritize customer service, especially as it relates to working with foster parents. Conducting customer service trainings for staff was an important first step to undergo a cultural shift in DCFS, but more work is needed in this area.
- Arkansas lacks enough community-based services for children with complex needs and for parents, particularly those with substance abuse issues. Better access to quality mental health services could provide needed support for families and prevent a crisis that results in removing a child from the home. Transformation of the state's public behavioral health system should help address these issues.
- The work done from 2015 forward did help the state make progress towards implementing Paul Vincent's 10 recommendations for improving Arkansas's child welfare system and is improving the system overall for the children in our care and their families.
- The foster care crisis in Sebastian County impacts the rest of the state more than expected or known a year ago. Sebastian County, which is responsible for 15 percent of the statewide foster care population, has more children in foster care than any other county.



STRENGTHENING FAMILIES

DCFS recognizes that investing time and energy in finding families the right supports and services at the front end of the child welfare system is crucial to helping parents keep their children safely at home. DCFS serves about 2,900 families in in-home/protective services cases on any given day, including over 6,500 children. DCFS is responsible not only for the safety of the children, but also for engaging the entire family and providing them with the proper supports to help them become more self-sufficient and capable than they were prior to getting involved with the child welfare system. The more the State builds up families, the less likely their children will be in danger or need the safety of foster care. DCFS has started several efforts to strengthen families and plans to continue the work moving forward.

MEDICAID-FUNDED HOME-VISITING AND CASE MANAGEMENT

As noted in the *Moving Beyond Crisis* report, DHS requested federal approval to create a new Medicaid-funded home-visiting program that would go beyond the traditional safety visits caseworkers make. This program, called SafeCare Arkansas, is for families with at least one child in the home age five or under. To be eligible, the family must have either a report for Garrett's Law or a true finding of maltreatment and an associated in-home case for medical neglect, failure to thrive, or Munchausen by Proxy. SafeCare is an evidence-based program that connects a specially-trained home visitor with a parent to improve (1) parent-child interaction, (2) home safety, and (3) child health. DCFS selected the Arkansas Home Visiting Network, a program operating under Arkansas

Children's Hospital, to develop and operate SafeCare. A pilot of the program began serving families in Pulaski County on July 24, 2017. To date, 11 families are enrolled and receiving services.

It is too early to show measurable improvements, but other states that have implemented this program have shown that engaged families have lower rates of repeat involvement in the child welfare system and are better able to manage the stresses of parenting. For example, the Humboldt County Department of Health and Human Services in California implemented SafeCare in January 2013, and has seen a reduction in child welfare investigations, case openings, and foster care placements for families that completed the program.

- DCFS will monitor and evaluate the outcomes of the home-visiting program over the next year. It also will monitor Congressional action related to the reauthorization of the Children's Health Insurance Program, which funds SafeCare Arkansas. DHS will decide whether to expand SafeCare based on the evaluation and Congressional action.

In addition to home visiting, DCFS initiated another program aimed at increasing parental capacity to keep more children safely in their homes and out of foster care by providing enhanced case management. DCFS selected and partnered with the Arkansas Foundation for Medical Care (AFMC) to develop and deliver the Family Engagement and Customer Support Assistance Center. Through a call center, AFMC staff assists eligible families in obtaining services required in their case plan and other needed supports. AFMC staff confirms appointments, monitors whether families complete services, and reports updates to the assigned DCFS Family Service Worker.

To be eligible for this program, the family must have one child in the home age eight or under, and either a report for Garrett's Law or a true finding and associated in-home case for medical neglect, neglect, failure to thrive, or Munchausen by Proxy. Families with children in foster care are not eligible. This program began as a pilot in Pu-

laski County on May 15, 2017. In the first three months, DCFS referred 39 Garrett's Law cases to AFMC. The Family Engagement program is improving communication between DCFS and our clients and helping clients successfully complete services. To track the progress of this pilot, AFMC sends monthly reports to DCFS that describe program activities achieved, including the types of services referred, how many new referrals received during the month, and the percentage of successful contact attempts with the families.

- On August 18, 2017 the pilot was expanded to three additional types of eligible in-home cases: an investigation with a true finding and associated in-home case for (1) medical neglect, (2) neglect, or (3) failure to thrive. DCFS expects an increase in referrals by adding the other case types. Over the next year, DCFS will assess the effectiveness of the pilot program and then determine whether to expand it.

As noted in the *Moving Beyond Crisis* report, DCFS set a goal to expand an evidence-based, intensive parenting program called Nurturing Families of Arkansas by partnering with one or two nonprofits in the state. After beginning in Arkansas in 2015, the program has served more than 1,000 parents and children, and assessments show improvements in parenting skills. Over the last year, DCFS has been unable to secure additional partners to help expand the program. However, this fall DCFS will be able to increase the range of ages of children whose families it can serve through the program.

FOCUS ON PREVENTION AND REUNIFICATION

DCFS has invested in the workforce in both Central Office and in the field, to more directly serve families and address prevention and barriers to reunification. In August 2017, DCFS hired an Assistant Director of Prevention and Reunification, who is recruiting and developing a team that will include a Child Protective Services manager, an In-home Services manager, a Reunification Specialist, and a Differential Response manager. They will make up the DCFS Prevention and Reunification Unit, which will serve as a driving force for front-line practice – stressing the importance



of strengthening families so children can remain safely in their home and the positive benefits of safely reunifying children and parents. In addition, this Assistant Director will supervise the Team Decision Making program and Children's Trust Fund, which is focused on child abuse prevention. By working together from a centralized level, the DCFS team will be able to better align these programs and supports, enhancing DCFS' efforts to strengthen families and prevent abuse and neglect.

In addition, in each of DCFS' 10 regions, program administrators have been hired, in large part, to focus on prevention and reunification and ensure consistency in their respective regions. A great example of the effectiveness of these types of positions is seen in the relationship between Area 5 Program Administrator Charles Hurley and his former client Rosie. Their story is included here in the report on **page 9** as a reminder that everyone deserves a second – or even third – chance at finding their personal strength and being given the right supports to become a great parent.

The emphasis on supporting families has helped DCFS move toward meeting Paul Vincent's recommendation to develop and implement a principle-based operational DCFS model of practice, which "should speak specifically to the importance of family." Because family engagement and reunification are critical to improving the child welfare system long-term, next steps are:

- Paul Vincent has agreed to come back to Arkansas to evaluate DCFS' current team decision making process that is used to work with a family and their support system to prevent removals into foster care and help create a more detailed family engagement plan.
- DCFS will increase the percentage of monthly visits by Family Service Workers for both in-home and foster care cases from 82.1 to 85 percent by August 2018.

SUBSTANCE ABUSE TREATMENT

DHS has worked over the last year to transform the publicly-funded behavioral health system in Arkansas to improve access to and quality of mental health and substance abuse treatment in the state. The transformation will affect both parents and children, and is described more broadly in the section below about improving foster care. However, it is important to point out that the transformation will increase access to substance abuse and mental health services for parents who are Medicaid-eligible. In addition to this work, DHS hired Kirk Lane as the new DHS State Director of Drug Prevention in August 2017. Director Lane and his team are focused on building a broad new strategy to address drug abuse prevention and treatment, which will encompass several DHS programs, including the child welfare system.

- In the next year, DCFS will work collaboratively with Director Lane to assess the needs and quality of substance abuse treatment and services for families.
- Over the next 12 months, DCFS will begin monitoring drug screen results by county and drug type, which will provide DCFS with data about the specific types of drugs most often abused by area so that it can work with substance abuse providers to develop services targeting these trends.



Investing in Families Works: Rosie's Story

Looking back, Rosie barely recognizes the person she was a few years ago. She abused methamphetamine and stayed in a marriage with a violent man. Her 7-year-old daughter, Chelsea, suffered as a result – no supervision, no stability and no consistency. The Division of Children and Family

Services (DCFS) became involved. For weeks, workers offered Rosie help in an effort to keep Chelsea at home. But Rosie could



not overcome her addiction, and Chelsea had to be placed in foster care to ensure her safety. DCFS Area 5 Program Administrator Chuck Hurley was a new caseworker in Baxter County at the time, and he was assigned to Rosie and Chelsea's case. "Rosie had her struggles along the way," Chuck recalls. Rosie refused the inpatient drug treatment she needed and chose outpatient treatment instead. She relapsed a day after completing her outpatient program in July 2013. "She still had a lot of deception and instability in her life."

But Chuck felt Rosie could be a great parent, so he continued to support her in her recovery and put her in position to get Chelsea back. "He always believed in me," Rosie noted, "and there were many times he didn't have much reason to. I couldn't have asked for a better caseworker."

At Chuck's urging, Rosie entered an inpatient treatment program in September 2013, eight months after Chelsea had entered foster care. This time, Chelsea was able to live with her mom while she received treatment. Rosie stopped using drugs. She replaced old friends with a new, positive support system, including a new boyfriend and his

extended family. Rosie also discovered her faith.

"If you really want to turn your life around, you need to make changes – get a great support system, find a good church, trust your caseworker," Rosie said. "But the most important thing is to have faith in God and know He will pull

you out of any situation."

Rosie completed treatment in early 2014 and with help found a job, an apartment, furniture and a car. Chuck was steadfast in his belief in Rosie, and she

recognized the gifts she had been given – sobriety, support, and a second chance as a mother. Over the next few months, Chuck could see Rosie was ready to be a parent without his help. Rosie had remained clean and away from bad influences, she maintained a job as a dog groomer that she loved and was very good at. She and Chelsea were healthy and happy and surrounded by people who loved and supported them. In the summer of 2014, the court agreed that Rosie was more than prepared to safely and appropriately parent Chelsea, and it closed the case. But the story doesn't end there. Rosie has been employed at the same business for three years and has received a number of promotions with increasing responsibility. She still has her own apartment. Chelsea is a thriving 12-year-old young lady with fantastic grades and plenty of friends. Most importantly, Rosie has remained clean and sober. She and Chuck are collaborating to establish a parent mentor program in Baxter County. "I would love to help parents break the addiction cycle," said Rosie, "and show them that it is possible and share my story with them."



IMPROVING THE FOSTER CARE SYSTEM

Perhaps the most significant work done over the past year involved stabilizing the number of children and youth in foster care and ensuring that emergency shelters, congregate care, and acute psychiatric placements were only used when necessary *and* in the child's best interest. This area also needed the most work. In 2015, Paul Vincent noted that, "When placement resources are limited, placement selection becomes driven largely by bed availability rather than careful matching of child needs to caregiver abilities. Frequent placement changes are traumatic for children already experiencing trauma from removal from their families."

Vincent found that Arkansas had a disproportionately high number of children in foster care placed in non-family like settings, most likely due to the lack of foster homes and relative placements. Research is clear that children who live in a family-like setting are better prepared to thrive

in a permanent home, and that has guided DCFS' focus and goals over the last year.

PLACING CHILDREN WITH RELATIVES

Over the last two years, relative placements have steadily increased in Arkansas. In 2015, for example, Vincent found that only 14 percent of children in Arkansas foster care were placed with relatives. In August 2016 that increased to 23.4 percent statewide. Today, it stands at 28.8 percent, just shy of DCFS' goal of 29 percent by August 2017. However, some regions of the state surpassed that goal, and DCFS anticipates meeting the statewide goal in the coming month. During the Regular Session of the 91st General Assembly, DCFS partnered with legislators and other child welfare stakeholders on legislative changes to support increased relative placements.

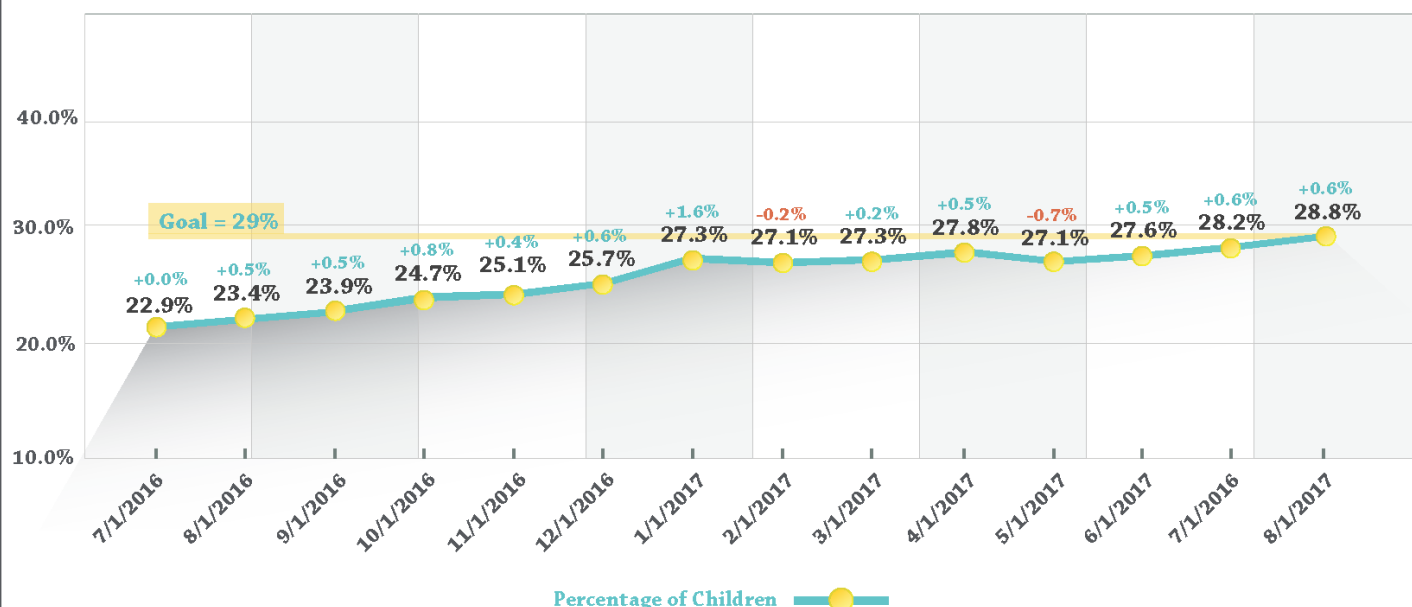
Act 1116 strengthened language in existing law regarding identifying and vetting non-custodial

parents and relatives as soon as a child is taken into foster care. While DCFS has always tried to locate relatives, this law increases the sense of urgency to look for appropriate relatives who can provide placement or otherwise support the child from day one of a case. Act 1116 also clarifies that relatives receive preferential consideration for placement at all stages of a child welfare case, provided all relevant child welfare protection standards are met and such placement is in the child's best interest. Additionally, Act 700 expands the definition of fictive kin by including someone who played a positive role in the parent's life, provided the child in foster care is an infant and the DCFS Director approves. Though not directly related to relative placements, Act 1111 also gives approved relatives and fictive kin authority to drive children in foster care to and from parent-child visits, which allows those who were close to a child to remain involved even when they cannot serve as a full-time foster parent. This not only gives children a broad support network but also reduces the amount of time DCFS staff transports children.

Much of DCFS' work to date has focused on increasing relative placements on the front end of foster care – meaning it worked to find relatives willing to take in a child at the time the child was removed. DCFS also began tracking how quickly a relative placement occurred. From August 2016 to July 2017, 383 relative placements (about 22 percent of overall relative placements) occurred on the same day DCFS found safety concerns that required the child to be removed. Over the past few months, DCFS has seen an increase in that percentage by month. While the data show that these efforts have worked, room for improvement remains, especially later in a foster care case. So over the next year, DCFS will:

- Focus on finding safe and appropriate relatives for children and teens who have been in foster care for 12 months or longer. Circumstances that may have prevented a relative from offering placement for a child early in the case may have changed, so staff will re-visit placement options while keeping the best interest of the child at the forefront of any decisions.

Children Placed With Relatives (Statewide)



The Division's goal is for 29 percent of children in foster care to be placed with relatives by August 2017. This goal represents the national average for this measure.

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

- Increase relative placements from 28.8 percent to 33 percent and start tracking relative placements once a child has been in foster care for 12 or more months.

INCREASING THE NUMBER OF FOSTER HOMES

When Governor Asa Hutchinson convened his first Restore Hope summit in August 2015 to focus, in part, on recruiting more foster families, there were 1,304 foster homes in Arkansas. The summit helped raise awareness about the need for foster families and educated people about the process. By the time DHS convened its child welfare war room in the summer of 2016, there were 1,579 foster homes. DCFS and its recruitment partners set a goal of 1,749 homes by August 2017 and began work to meet it. With the help of partners, DCFS exceeded the goal by recruiting 1,821 foster homes – a 15 percent increase in the number of foster homes.

This is a significant achievement, but even in that success was a lesson to be learned. DCFS increased the number of homes but not the number of beds for the children who needed the placements the most – children aged six and

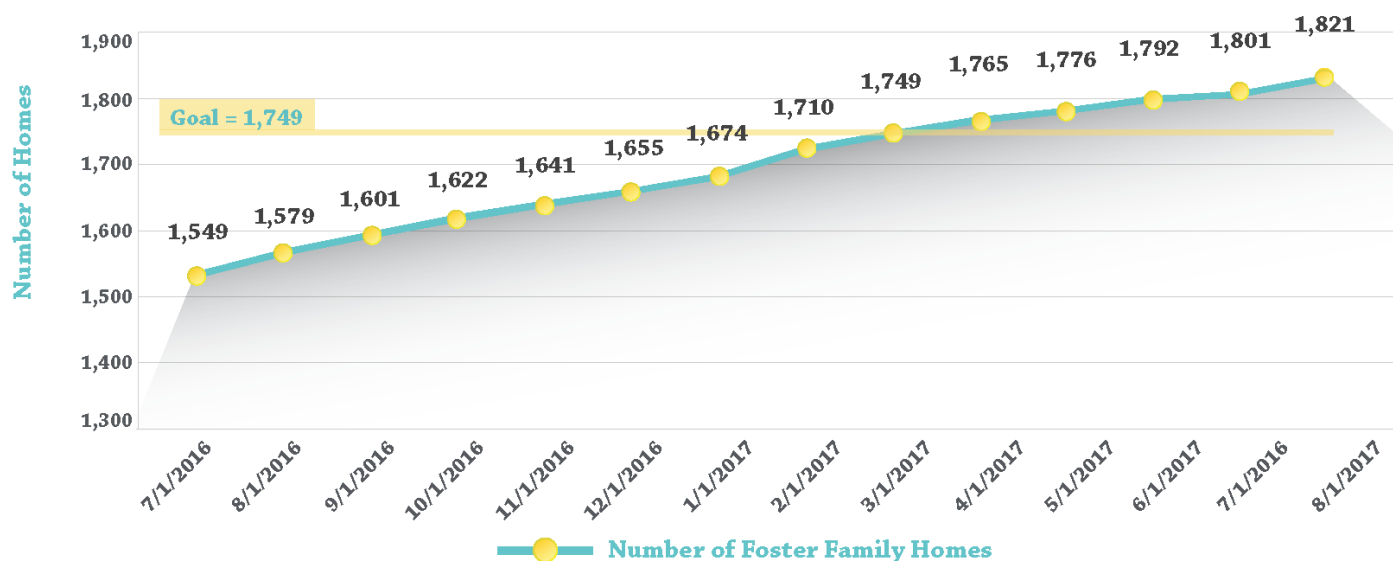
older, sibling groups, teens, and children with more complex behavioral needs. Today there are only 45 percent of children six and older placed in foster homes compared to 85 percent of children birth to five years old. Moving forward, DCFS must increase the number of homes that will accept placements for these special populations of children.

- DCFS set a goal to have at least 55 percent of children six and older in foster homes by August 2018. This will take a unified, consistent message and effort by DCFS and its recruitment partners. A workgroup will be convened to help develop new ways to recruit these families.
- Increase number of foster family homes from 1,821 to 2,000.

INCREASING THERAPEUTIC FOSTER CARE OPTIONS

A small group of children and teens in foster care need a special foster family called therapeutic foster homes – specifically trained foster parents for children and youth with developmental disabilities and/or more severe mental, emotional, or behavioral health needs. In *Mov-*

Foster Family Homes (Statewide)



The Division's goal was to achieve a net gain of 200 foster homes between July 2016 and August 2017. This goal was driven by the agency's placement rebalancing analysis as well as best practice, with the agency recently expanding its foster family recruitment efforts.

ing Beyond Crisis, DCFS outlined a goal of having 330 therapeutic foster homes by August 2017 compared to the 269 it had in August 2016. DCFS did increase the number of these types of foster families by 20 and continues to work on meeting the goal. One reason DCFS did not meet this goal is because it took longer than expected to issue a request for proposal for special therapeutic foster homes for children and teens with developmental disabilities and to finalize contracts. With the help of the DHS Division of Developmental Disabilities Services (DDS), those contracts now have been signed and nine new DDS foster home contracts went into effect on July 1, 2017. Since that time, one DDS home has been opened, and the foster parent is working on her first placement. Several of the other DDS providers are in the process of training new families and preparing to place children who receive developmental disabilities services into these homes.

During the push to increase the number of available therapeutic foster homes, DCFS learned that a significant number of children and teens are staying in therapeutic foster homes for longer than expected. In general, stays in therapeutic foster homes are supposed to last no more than 18 months, but in many instances, data show that some children have been placed in therapeutic homes longer than three years. In addition to having a higher monthly cost than traditional foster homes, these long-term placements take up the limited bed space available in therapeutic foster homes that may be needed by other children.

Without access to a therapeutic foster home, some children may end up in residential or acute treatment facilities. So over the next year, DCFS plans to:

- Conduct a complete review of practices and trends related to therapeutic foster home placement and work toward moving children to less intensive foster placements or other appropriate permanent placements.
- Complete a review of children in foster care who have been in therapeutic homes for at least 24 months with a goal of ensuring every child is in the appropriate placement and systemically, that children in therapeutic

foster care are achieving permanency.

REDUCING RELIANCE ON EMERGENCY SHELTERS AND CONGREGATE CARE

It is clear that children do best in families. Families treat children as individuals, building on their strengths, meeting their needs and encouraging appropriate independence within a caring relationship. Conversely, when children grow up without the protective effects of a loving family, research demonstrates harm. Compared with children placed in the care of families, children in group homes were more likely to test below or far below in basic English and mathematics. Children in group homes were also more likely to drop out of high school and to be arrested. Based on the focus to place children with families, DCFS worked over the last year on reducing the use of congregate care placements and saw an overall reduction in the use of emergency shelters.

In August 2016, 179 children were in emergency shelters. Today, there are fewer than 80, which means there are available emergency beds when needed and improved placement stability for children. DCFS also reduced the number of children ages 10 and younger placed in emergency shelters for more than 10 days. While the agency's goal of zero children ages 10 and younger placed in emergency shelters was not met, that number dropped from 69 in August 2016 to 11 in August 2017 – an 84 percent decrease. Similarly, DCFS achieved a substantial reduction in the number of children ages 10 and younger placed in residential care facilities from 105 chil-



TEENS IN FOSTER CARE GATHERED IN AUGUST 2017 FOR AN ANNUAL CONFERENCE THAT TEACHES LIFE SKILLS. MANY OF THE TEENS LIVE IN CONGREGATE SETTINGS.

dren of all ages statewide in August 2016 to 41 children in August 2017 – a 61 percent decrease.

Through staff discussions, DCFS learned over the last year that leadership needed to do a better job communicating the spirit of this guidance, not just the guidance itself. Staff need to understand the value and importance of children being placed with safe and appropriate relatives and in family settings rather than congregate settings. Following the guidance without understanding the spirit of why the placement change is needed can lead to flawed placement decisions, such as separating siblings or placing children outside of their community. Looking ahead, DCFS plans to focus on a number of separate but related placement issues:

- Expand the push to reduce the reliance on emergency shelters to all children (not just those 10 and younger) so that the emergency shelter placements can be used temporarily as intended.
- Develop more in-area and in-county placement options for children, which means concentrating on and prioritizing areas of the state where the need is greatest. For example, the child-to-bed ratio in Sebastian County is one of the lowest in the state at 0.36. The statewide ratio is 0.79 and the goal is 1.
- Sebastian County has a separate goal of adding 200 beds with the help of partners over the next year.
- Increase percentage of in-county placements statewide. Over the past year, that has remained consistent at about 47 percent, in part due to the issues in Sebastian County. The goal is 55 percent.
- Increase percentage of children in family-like settings from 82.1 to 85 percent.
- Eliminate the use of congregate care for children 12 and under.
- Increase the percentage of provisional placements made the same day as a removal from 28 to 30 percent.

SEBASTIAN COUNTY

Here it is important to note that due to the situ-

ation in Sebastian County, children must be placed in other counties, which puts a strain on the workforce in other parts of the state as those staff serve as secondary workers on Sebastian County cases and provide transportation. In addition, the distance of placements from the children's home county and poor customer service adversely impact foster parents, foster home retention, and reunification. This summer, Casey Family Programs partnered with DCFS to bring in new leadership in Sebastian County and hired a consultant to implement best practices, conduct data analysis, and interview employees and stakeholder. Based on initial stakeholder and staff interviews, it is clear that DCFS must work to infuse the importance of reunification and supporting biological and foster families in the culture there. Next steps include:

- The consultants providing a detailed "action plan" for the county based on data and stakeholder interviews. DCFS will then implement and track the completion of the action plan and evaluate its impact.
- Conducting two staff trainings in October. One will focus on the DCFS core values and why reunification and family support matter to the children we serve. The second training is called the "Cost of Poverty" and helps staff better understand the dynamics of family that is dealing with poverty.
- Working to finalize the adoptions of 100 children in foster care from Sebastian County within the next three months.

RE-ASSESSING NEED FOR PLACEMENT IN ACUTE SETTINGS

Many children in foster care require short-term, or acute, stays in behavioral or mental health treatment programs. These stays are, by definition, temporary and designed to stabilize a child's behaviors so he or she can return to a more family-like setting. Sometimes, however, these stays turn into longer-term placements because the child's needs are more severe than originally thought or there is simply no available home equipped to safely care for the child. It is this second group of children that get "stuck" in what should be short-term placements.

DCFS established a goal to eliminate the long-term use of acute facilities for children in foster care whose placement is not deemed medically necessary by Medicaid. In July 2016, 89 children were in these situations. By August 2017, that number had dropped to 49 – a 45 percent decline. While short of the zero-child goal, progress is encouraging, especially given the difficult nature of caring for behaviorally-complex children.

As part of the effort to re-assess the need for placement in acute settings, DCFS and the DHS Division of Behavioral Health Services (DBHS) launched an intensive in-home and community-based program called Targeted Support for Community Reintegration with the goal of providing services so children could transition out of psychiatric residential facilities and return to their home community. DBHS identified five providers and the program will continue through state fiscal year 2018. There are seven foster children in the program currently and six more have completed it. Behavioral specialists now work with the child in locations where the child struggles, such as home, school, and in the community. The one-on-one time spent with the child and support for the caregiver is similar to supportive living staff.

DCFS' next steps are to:

- Coordinate with DBHS to determine how new community mental health contracts can address this issue with crisis mobilization. The contracts are set to be in effect February 1, 2018, and DCFS will know who the providers will be later this year once the procurement process is complete.

BEHAVIORAL HEALTH TRANSFORMATION

Broader efforts to transform the state's publicly-funded (Medicaid and State dollars) mental health and substance abuse treatment and prevention system in Arkansas will also help address the issues mentioned above. The goal is to have a system that can better handle the complex issues facing Arkansans before their needs become acute, which will help keep children and adults out of more expensive hospital and residential treatment centers. The transformation creates a tiered system of services, care coordination, and an independent assessment that will

ensure people get the right services in the right setting to meet their needs. The transition to the new system began July 1, 2017, and will use an independent assessment to determine a person's need and place them in one of three levels, or tiers, which allow them to access certain services that range from counseling to residential treatment. Children in foster care who are getting behavioral health treatment will receive an independent assessment and the results will be used to ensure they are receiving the needed services and to develop a care coordination plan. On October 1, 2017, a new organizational approach to care, called the Provider-Led Arkansas Shared Savings Entity (PASSE) model, will provide care coordination for eligible individuals.

Care coordination is a new service that will help children and biological families by developing plans to fit each person's needs, and will help people access those services, including behavioral health services, primary care services, individualized education programs, justice system-related services, child welfare services, and medication management plans. For the first time, that means places like Child Advocacy Centers can provide counseling and other services for eligible beneficiaries and be reimbursed by Medicaid. This is one of many new services available to children and their caregivers that may help keep them out of acute placements.

RAPID REVIEW PROCESS

As described in the *Moving Beyond Crisis* report and through our partnership with Casey Family Programs, DCFS launched a "Rapid Review" pilot program in Sebastian County in November.

These reviews are used to expedite permanency for children and are designed to simultaneously identify and mitigate case-level and system-level barriers to permanency. The case reviews are done in rapid succession by a team, and the program requires executive leadership to participate in monthly meetings to discuss the progress toward permanency for all children whose cases were reviewed. Sebastian County cases that met the following criteria were selected for the pilot: (1) child has been in foster care for at least two years, (2) child has been in the same placement for at least six months, and (3) the parental rights of both parents had been terminated.



Forty-five children selected met the criteria, and an additional 32 were close to meeting it for a total of 77. Of the 77 reviewed, 41 children have been adopted as of July 2017. DCFS and Casey Family Programs launched a second pilot in 2017, which covered five more counties. Although only 10 children in the second pilot met all three criteria, an additional 30 children who were close to meeting the criteria were chosen for a total of 40 reviews.

In the next year, a third pilot will be launched and discussions will be held to determine whether to expand more broadly.

IMPROVE COLLABORATION WITH FOSTER PARENTS AND COMMUNITY PARTNERS

The children in foster care are all of our children and not solely the responsibility of a single agency. DCFS knows it has to forge effective relationships with community partners to provide the best care possible for its children. Unfortunately, this is not always an easy path. DCFS is aware that it has to improve in several areas to be better partners, especially with foster parents. As mentioned in *Moving Beyond Crisis*, DCFS

made a number of changes to improve its relationships with foster parents and other partners, including hiring a foster care manager with extensive connections to both the field staff and foster parents, implementing foster parent surveys and focus groups, expanding the functionality of the foster parent portal, and initiating the RAVE texting system as a way of more effectively finding foster parents willing to take a placement. For the first time, DHS held a Foster Parent and Volunteer of the Year award ceremony to honor area winners and name a statewide Foster Parent of the Year. Over the next year, DCFS will:

- Form a foster parent advocacy board to further facilitate the teamwork approach, whose functions will include increasing foster families' support of reunification efforts.
- Continue Foster Parent and Volunteer of the Year award ceremony.
- Shorten the length of time it takes people to go through the foster parent application process from nine to five months. As a first step, DCFS recently completed a Lean Six Sigma review for the application process. Lean Six Sigma is a methodology that relies on a collaborative effort to improve performance by systematically removing waste and reducing

variation. Old ways of doing things were challenged at every step. DCFS intends to meet the goal by November 2017.

DCFS staff also has worked diligently to become more involved in partners events across the state to demonstrate their commitment to and support of partners. At the annual Walk for the Waiting 5K & Fun Walk fundraiser and awareness event for partners Immerse Arkansas, The CALL, and Project Zero, DCFS formed a team and raised over \$21,000, becoming the top grossing team. Division staff accompanied Project Zero on a statewide tour to take new photos and videos for its Heart Gallery adoption awareness website and traveling display, visiting community partners and Division staff along the way. DCFS also

has worked with its partners to expand youth transitional services and placement options for older youth transitioning into adulthood. So far, three programs have expanded youth transitional placements that include services such as independent living skills and education. In April 2017, DCFS and Project Zero combined their heart galleries that feature photographs and biographies for children available for adoption in Arkansas.

Now, there is a single statewide Heart Gallery managed by Project Zero, and an updated version will launch soon. Many other events for a variety of partners have been supported by Division staff and the agency has shared many of these efforts on its social media platforms to help raise awareness.

Foster Parents of the Year Show Children, Families Loving and Supportive Home

In May 2017, DHS and DCFS held an inaugural Foster Parent and Volunteer of the Year Award ceremony to honor individuals and families from across the state for their service and dedication to Arkansas's

children and families. The Division selected winners from each of its 10 service areas as well as an overall Foster Family of the Year.

Andrew and Amy Baker of Searcy in White County were selected as the overall winner for their commitment to fully and enthusiastically supporting reunification efforts with their foster children's biological families. During their nearly four years as foster parents, they have had four separate placements – all featuring sibling groups – and all but their current foster children have been reunified or placed with extended

families. None of this is by accident.

The Bakers see their role as one of mentorship, support and mercy for the children and biological parents instead of judgement. The juxtaposition of mercy and judgement in the child welfare and foster care system is something that the Bakers are passionate about. "For me personally, my faith drives that mercy is at the heart of everything we do," Andrew said after the ceremony. "We're in foster care to be the advocates of mercy."

Their focus on mercy and compassion allows the biological family the time and opportunity to grow stronger and more capable of long-term success, all the while providing the children with an example of what it means

to live in a home full of love, support, stability and commitment.





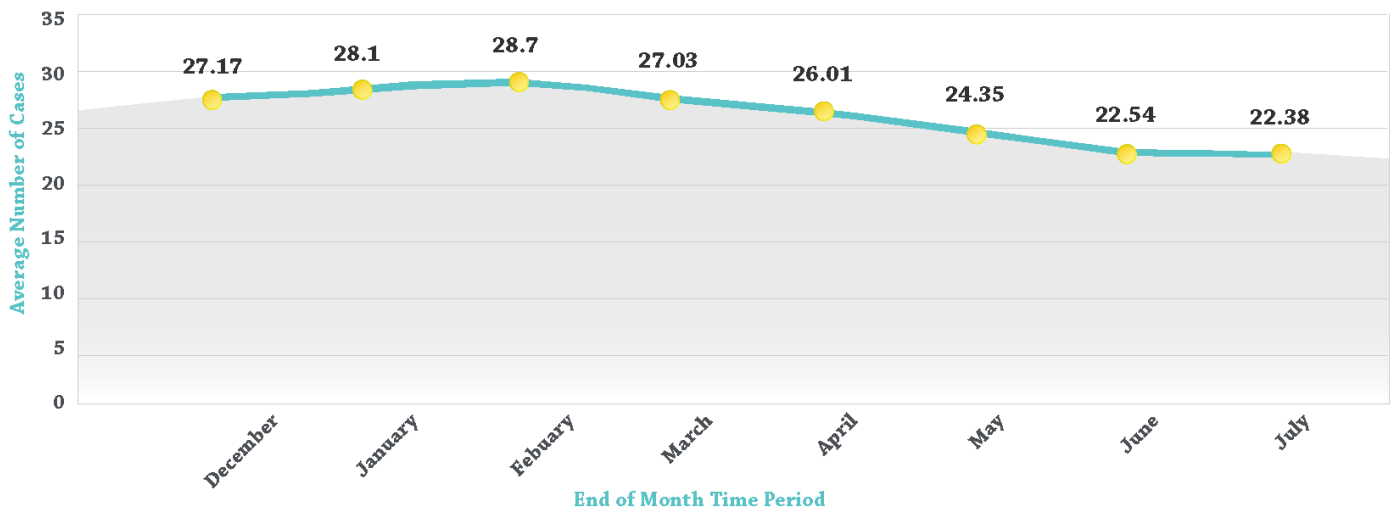
BUILDING A STRONG WORKFORCE

The *Moving Beyond Crisis* report included projects related to DCFS' workforce, but it has become clear over the last year that many more issues needed to be addressed than DCFS had initially outlined. That's why building and empowering the workforce has become the third focus area for the next year. Efforts to improve retention and strengthen the workforce have focused on addressing pay, reducing caseloads, and improving supervisor support. Supported by the State Legislature and by Governor Hutchinson, the biggest change for the workforce has been the new state employee pay plan, which went into effect July 1, 2017. Starting salary for a Family Service Worker increased to \$36,155 from \$30,713; and the starting salary for a Family Service Worker Supervisor increased to \$45,010 from \$37,332. Because pay increases alone will not address all workforce issues, DCFS is implementing additional strategies to support the workforce.

REDUCING CASELOADS

Last November, the average caseload of a Family Service Worker in Arkansas was 28 cases, significantly higher than the national standard of 15. Higher caseloads mean more paperwork, more need for transporting children and families, and more one-on-one work with families. Because these tasks often fall to Family Service Workers, they have moved beyond the traditional social work role that would focus on child safety and family resiliency and are now spending hours each week completing clerical tasks and transporting children and families to appointments. In order to reduce transports and clerical work, DCFS added 12 Program Assistants in the last year. Six more positions are being added this fiscal year, totaling 18 new Program Assistants. High caseloads also can lead to high turnover and poor performance. DCFS recognized this issue and made a concerted effort over the last several months to close cases that did not need

Average Caseload for Family Service Workers (Statewide)



to be open. In some cases, the cases remained opened because administrative tasks needed to be completed. In others, parents had completed their case plan but workers just needed to do one last visit and the clerical work to close the case. To begin this caseload reduction effort, a comprehensive case review and closure effort began in April 2017 with a review of the 721 overdue investigations statewide. As of the first week of August 2017, there were 51 overdue investigations statewide – a 93 percent decrease.

From June through August, staff also reviewed cases with a goal of reunification and at least one child in foster care for at least 10 months. The goal was not necessarily to close cases, but rather to review cases that were nearing or ready for reunification to determine what barriers prevented reunification and, if there were none, to proceed to reunite the family. A total of 205 met that criteria and were reviewed using a “Permanency Safety Consultation” tool. The tool was piloted during the summer and focused the case reviews on timely reunification, safety concerns, and parents’ actions to correct the situation. Instead of making decisions based on the

parent’s compliance with the case plan, the Permanency Safety Consultation tool framed decision-making around safety. Each consult required a determination of “Safe” or “Unsafe” for the child to return home, and at the end of each Permanency Safety Consultation, an action plan was developed to move the case forward.

Due to this effort, the average caseload today statewide is 22.38 cases. Case closure is a much more meaningful act than a number and related work. From an administrative perspective, closing cases provides a clearer picture of the actual workloads of staff, allowing managers and supervisors to make more equitable and beneficial caseload assignments. From the frontline worker’s point of view, closing cases often signifies a positive outcome for a family in whom they’ve invested a significant amount of time and energy, allowing them to feel positive about the impact they’ve had. It also allows them to focus more of their attention on other families who need their help. For the family involved in the case, it is an opportunity to move forward with a renewed outlook and a stronger family bond.

Additional next steps for DCFS are to continue case reviews to identify and safely address barriers

ers to permanency and to close cases without delay when it is appropriate to do so.

- In September, staff will begin closing cases with a goal of adoption. For a case to meet the criteria for closure, the sixth month of the pre-adoptive placement time frame must fall between September and November. Based on these criteria, DCFS' goal is to finalize adoptions for 296 children during this time. The objective is to identify barriers ahead of time and finalize adoptions when cases are identified.
- In January, staff will focus on protective services cases, which are opened when children can remain in their homes even if there is a true finding of maltreatment. The goal for these cases is not necessarily closure but reviewing to determine why the case is still open and what additional services, if any, a family may need. The first step for the focus on protective services cases is to develop a one-page case review tool, similar to the tool being used during the reunification focus time period.
- In the next year, DCFS plans to use the Permanency Safety Consultation tool on all cases and at earlier increments in the case. It will be used when a child has been in foster care for three, six, and nine months and will help DCFS staff focus on prioritizing reunification at every step of the case.

RETAINING AND SUPPORTING CASEWORKERS

Caseloads absolutely have an impact on DCFS' ability to retain caseworkers, but there are many different reasons staff leave after only a year or two on the job. In November 2016, most Division service areas in the state faced a 32 percent turnover rate among Family Service Workers. In *Moving Beyond Crisis*, the state outlined a number of efforts it planned to undertake to address turnover, including: hiring additional staff with the help of additional funding provided by Governor Hutchinson and the State Legislature; creating a prevention and reunification unit to focus on ways to help families so that children did not

have to come into care; creating a statewide assist team that could move into a county struggling with high caseloads; and piloting a second shift to reduce the amount of overtime that FSWs and other staff were having to work.

DCFS restructured its Central Office administrative team to add an Assistant Director of Prevention and Reunification as mentioned previously. Statewide, DCFS has had an 11 percent increase in field staff (which is 84 workers) in the last year. DCFS also created a Statewide Assist Team and is currently in the process of hiring team members who will be responsible for traveling statewide to counties in crisis (whether due to employee turnover, filling in while staff are out on leave, or other reasons) to assist local staff in ensuring continuity of services for families. DCFS has not yet piloted a second-shift for staff but plans to do so later this year. As of July 1, DCFS also has launched:

- Graduated caseloads, an approach that gives newer workers fewer cases until they can gain needed experience and critical thinking skills related to this type of casework. The hope is that this approach will prevent new workers from "burning out" quickly. DCFS will monitor the impact of graduated caseloads over the next year as it relates to retention.
- Revised new employee training curriculum for Family Service Workers. For example, rather than having to attend traditional classroom training some modules are online and designed to complement the classroom curriculum and provide more in-office time earlier in a worker's employment.

DCFS also recognizes the need to strengthen its supervisors and ensure that workers have adequate supervisor support; both are keys to worker retention. Over the last year, Division leadership made changes to hold supervisors more accountable and also hired additional supervisors. Three field supervisors have been added so far, and nine new supervisors will be added this fiscal year. In order to strengthen supervisors and improve retention overall, DCFS plans to:

- Evaluate and revise by April 2019 the Mid-SOUTH Supervisory Training to better equip supervisors with the knowledge and skills needed to support, mentor, and promote quality practice among their staff.
- Work with the DHS Office of Human Resources to build a more comprehensive retention plan by first looking at turnover data.

As discussed in the *Moving Beyond Crisis* report, DHS is improving its customer service culture, starting with a focus on the customer service relationship between Division caseworkers and foster parents. Making a cultural shift in any workplace is difficult, and DCFS understood it would take time to develop training and change the mindset of the workforce to view foster parents as both partners and customers. Over the last several months, DCFS created and implemented customer service training for employees. Recent surveys of foster parents show that many foster families see improvement. When asked, for example, if improvements had been seen in the last year, one foster parent wrote, “Yes. I believe there is considerable effort being made to correct problems that have been the norm in the past.” But many others said communication and customer service is inconsistent and varies from worker to worker or county to county. So DCFS plans to:

- Pilot a new staff evaluation system in one county for DCFS that includes feedback on performance from direct reports, peers and partners. These comments are used to support ratings, recognize achievement, and suggest improvements.

In addition, DCFS shall develop and implement a principle-based operational DCFS model of practice, in accordance with recommendation seven from the Paul Vincent Report. A practice model is a shared vision and shared values about what is important, and the practice model links practice back to the shared values. DCFS realized that creating a cultural shift in how our workforce treats stakeholders is directly connected to whether there is a shared vision. Instead of being driven by crisis or simple rule following, our

work should be driven by a coherent and faithfully applied practice model. The other anticipated impact of meeting this goal is strengthening the workforce’s ability to think critically and understand the values and principles behind the rule.

IMPROVING TECHNOLOGY

Advanced technology is critical to DCFS staff’s ability to work from the field – in communities and with families in homes. But technology for frontline workers had been limited. One of the first steps toward using advanced technology came with the implementation of the RAVE texting system, which is a program that allows Division staff to send a mass text message searching for possible placements to families with open foster homes. This approach was designed to significantly reduce the hours staff spent in the office, calling foster homes with openings, calling the ones they found, and waiting on foster families to call them back. While this was going on, children and youth had to sit in the office and wait for placement to be located.

DHS, working with DCFS and technology staff, undertook a complex launch of this program. The effort included policy and legal work that had to be done to ensure information remained confidential, to build an interface with DCFS’ foster parent portal, and to allow foster families to “opt in” to be part of the system. After piloting the program in three counties in November and December 2016, the texting system was implemented statewide by the end of June 2017. To date, about 870 foster families have opted in to the program and more than 150 Division staff has been trained and are using the system. Over the last four months, staff have sent out 271 messages, reaching an average of 110 foster families at once with each message. Caseworkers and others have reported that both they and foster families like the new system. “We love RAVE!!,” one caseworker said. Another wrote, “We got several phone calls and we did find placement. It was a success.” Also, the foster parent matching tool was upgraded in February 2017. Staff can use the matching tool to find placement by getting real-time results for availa-

ble foster homes. In addition to the real-time results, the upgraded version also included a search option for homes for children with special medical needs and a search option by the county of removal with the neighboring county.

Another technology issue involved remote access to the Children's Reporting and Information System (CHRIS), which workers use to document all child welfare casework. Workers had to login to a portal that often lost internet connection and could take up to 30 minutes for a simple client name search. DHS leadership worked with the DHS Office of Systems and Technology (OST) to identify solutions to improve access and quality of technology for our workforce. To address the remote access problem noted above, DHS added Virtual Private Network (VPN) connection technology for staff with laptops. OST trained staff who received new laptops, totaling around 30 supervisors, on the VPN technology. Then, instructions were sent out to all laptop users to describe how to convert older laptops to the VPN connection. The VPN connection is much faster than the portal access used previously and allows staff to stay connected for longer periods of time. Instead of a 30-minute name search, it should only take as long as it would at a desktop in the office, or about 15 seconds. Higher quality technology has increased staff morale. Next steps related to technology are:

- This year, OST will do an in-depth assessment of the 20- year old technology and data collection system CHRIS that DCFS uses to track and manage cases, with the goal of identifying issues related to system flexibility, user-friendliness, and ability to capture more useful child welfare data.
- This year, technology needs will continue to be evaluated, especially focusing on replacing equipment with an expired or expiring warranty. In July 2017, DCFS purchased 160 new desktops to replace out-of-warranty computers.

LEGAL SUPPORT OF THE CHILD WELFARE SYSTEM

Effective representation by DHS' attorneys in the County Legal Operations unit of the Office of Chief Counsel is essential to support all of DCFS' efforts in court, including reunification, placements, achieving timely permanency for children and families,

and complying with legal requirements. It also is important for many of the initiatives that DHS will implement in Phase Two of stabilizing the child welfare system and building the foundation for long-term, positive improvements.

Paul Vincent noted that DHS attorneys have high caseloads and turnover just like DCFS caseworkers, with DHS' attorneys having at the time an average of 96 cases per attorney and a turnover rate of 47 percent. High caseloads and turnover negatively impact the attorneys' ability to represent the Department in court and the Department's ability to have and retain high-quality, experienced attorneys. Paul Vincent also noted that the American Bar Association recommends that agency attorneys have no more than 60 cases per attorney, noting that caseloads become unmanageable above that level. Caseloads for attorneys have increased as more children entered foster care and other non-child welfare casework, such as Adult Protective Services, has gone up. As of July 31, 2017, average caseloads statewide for DHS attorneys had risen to 115.

To start to address these issues, the office redesigned its monthly reporting in August 2016 to capture more meaningful information regarding attorney performance and caseloads and began a systematic process of redistributing caseloads and attorneys across the state in order to make sure resources were being used as efficiently and equitably as possible.

The new State employee pay plan has also helped. It increased the starting salaries for new attorneys to \$56,039 from \$45,377, and increased the starting salaries for experienced attorneys to \$62,531 from \$50,029.

As part of the *Renewed Hope* report's focus on building and empowering the workforce, the Office of Chief Counsel will continue to monitor and redistribute caseloads, increase staff support, improve its training and support program, actively recruit new and experienced attorneys, and improve relationships and engagement with stakeholders like the Administrative Office of the Courts, the Attorney ad Litem Program, the Parent Counsel Program, and CASA.

The next steps are:

- Shifting two attorney positions from other DHS divisions to the County Legal Operations team to help reduce caseloads. The office's goal is to reduce attorney caseloads to 110 cases per attorney within the next year based on these new positions.
- Tracking and reporting on the average number of active trial cases for attorneys, attorney turnover, and attorney vacancies.
- Tracking Sebastian County-specific average caseloads, attorney turnover and vacancies and level of support. Sebastian County has 40 percent more child welfare cases than any other county.

STRENGTHENING FINANCIAL OVERSIGHT

One of DCFS' main goals for the next year is to strengthen financial oversight. The progress towards this goal is currently underway. In April 2017, DCFS hired a new Chief Financial Officer (CFO) with a vision for improved processes and greater oversight. By the end of May, DCFS' Finance Unit was restructured into the following four units, each with a designated manager: Contracts, Reporting/Programs, Purchasing, and Financial Support. During this time, eight staff members were added to Finance. One of the major changes, along with the new units, is that each unit has specific delineated responsibilities. After an assessment that identified all of the responsibilities for each staff member, the different functions were assigned to the appropriate unit. By specializing functions, the Finance Unit will increase its ability for financial oversight. Another main accomplishment to date is that due to Casey Family Programs'

coordination and funding, the Finance Unit has received technical assistance from national experts in the field of child welfare financing.

To focus the tasks for the next year, DCFS has identified the following core strategies, many of which are underway, that will strengthen financial oversight: (1) improve processes for internal controls and daily work activities; (2) reduce costs through an ongoing assessment of expenses; (3) educate program staff on fiscal responsibilities and activities; and (4) work with federal partners to increase federal funding. These strategies are ongoing through state fiscal year 2018.

CONCLUSION

The title of this report – *Renewed Hope* – was not chosen by happenstance. The leadership of DHS and DCFS are confident that the work done over the last two years has fundamentally shifted the foundation of the child welfare system in Arkansas so that it is more focused on the *human* in human services. The system will not be fixed quickly, nor should it be. The stakes are too high to settle for "good enough." But the path forward is clearer today than it has been in a very long time, and the agency is more determined than ever to do the hard work necessary to create a more stable system, stronger workforce and resilient families headed by people like Rosie.



Moving Beyond Crisis Goals Accomplished and Work to Complete

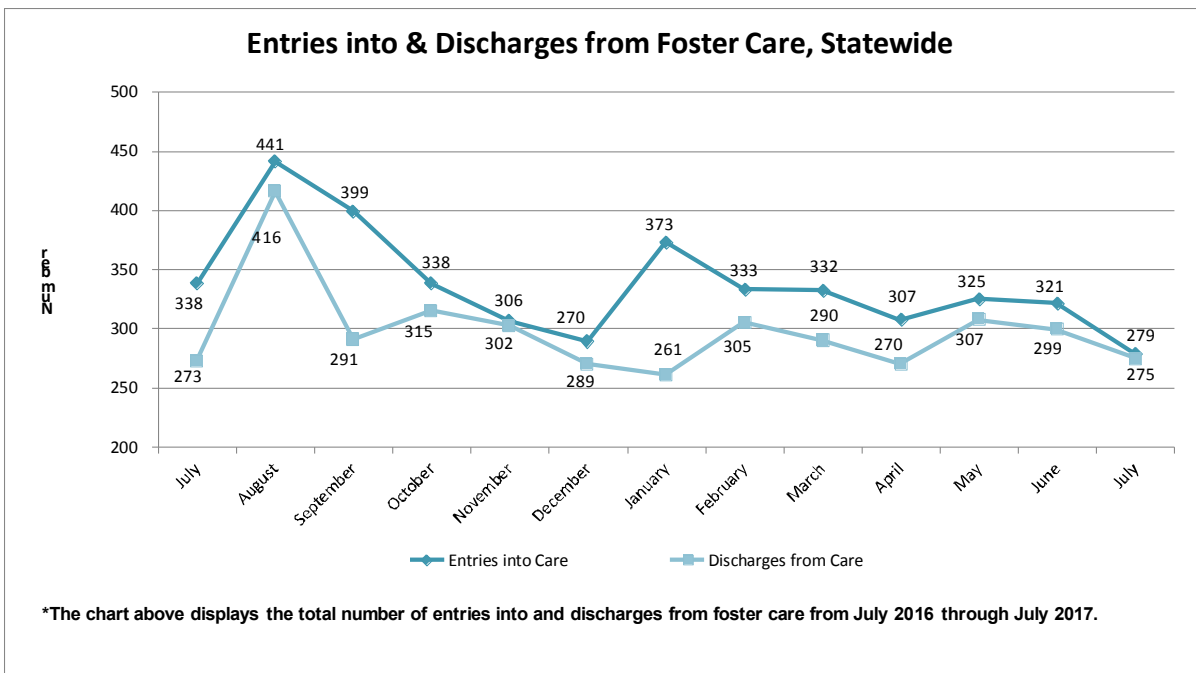
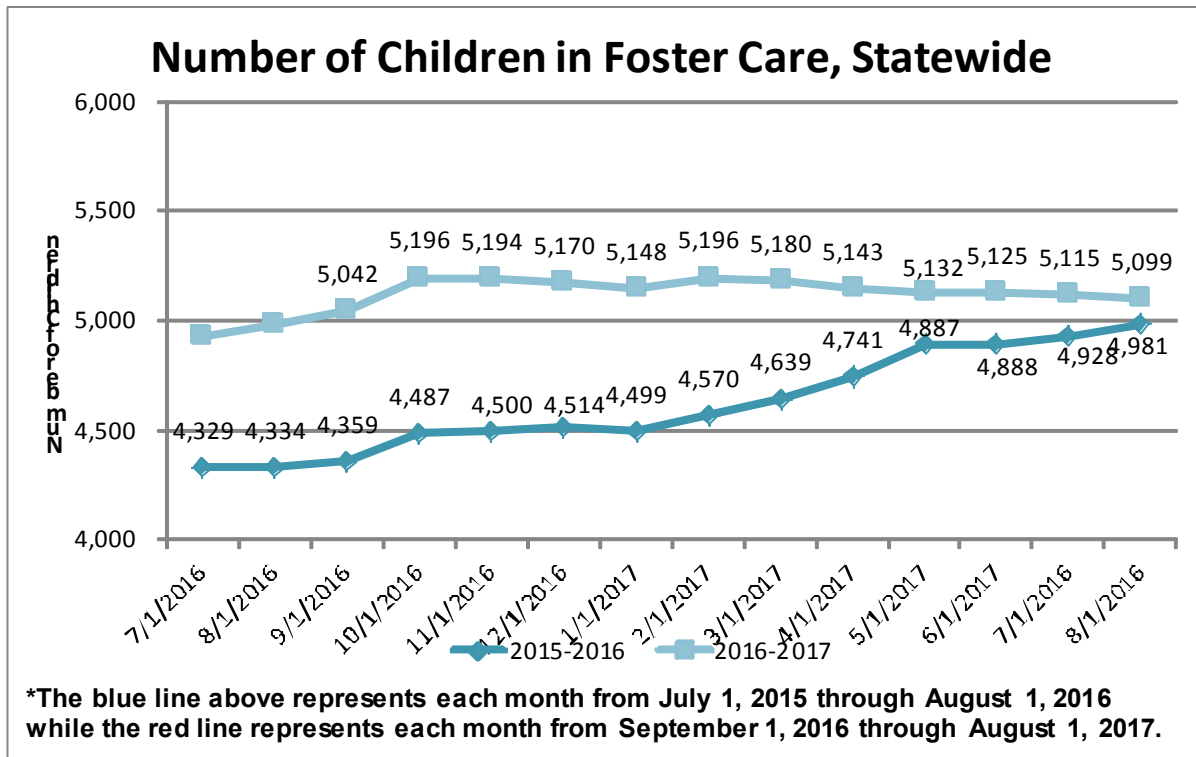
Launch a pilot home-visiting program	Accomplished
Launch a pilot case-management program	Accomplished
Conduct rapid reviews of stalled cases	Accomplished
Reduce overdue investigations	Accomplished
Identify substance abuse treatment funding in DHS	Accomplished
Restructure Central Office to focus on prevention, reunification	Accomplished
Increase foster homes to 1,749	Exceeded With 1,821 Homes
Create annual goals	Accomplished
Complete Lean Six Sigma review of foster parent application process	Accomplished
Conduct foster parent surveys	Accomplished, Ongoing
Expand foster parent portal	Accomplished, Ongoing
Initiate RAVE texting system for foster placements	Accomplished
Create one-year plan to reduce caseloads	Accomplished
Implement pay plan	Accomplished
Increased relative placements to 29 percent from 23.4	Progress Made, Goal Not Met at 28.8
Increased family-like settings to 85 percent	Progress Made, Goal Not Met
Reduce use of emergency shelters for children 10 & younger from 69 to 0	Progress Made, Goal Not Met at 11
Increased number of therapeutic placements from 269 to 330	Progress Made, Goal Not Met at 289
Reduce number of children stuck in acute/subacute settings	Progress Made, Goal Not Met
Strengthen community partnerships	Progress Made, Still Work To Do
Strengthen relationship with foster parents	Progress Made, Still Work To Do
Conduct statewide customer service training	Goal Met, Still Work To Do
Create mobile crisis team	Hiring in Process
Have one available foster bed for each child in care	Progress Made, Still Work To Do
Reduce number of children 10 & younger in residential care from 105 to 0	Progress Made, Still Work To Do at 41
Increase percentage of children placed in home counties from 46.5% to 55%	Progress Made, Still Work To Do at 47%
Shift the money spent on overtime to pilot a full second shift of workers	2018 Goal
Develop public placement dashboards – available on DHS website – to measure progress	2018 Goal



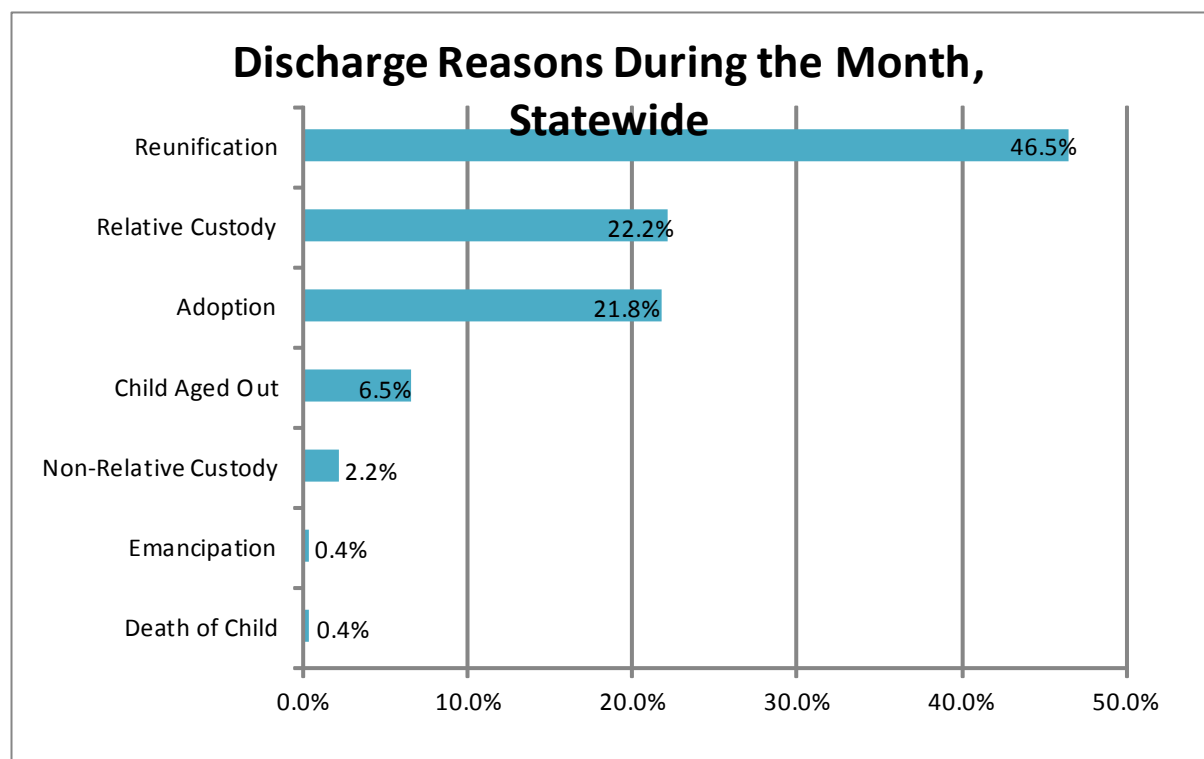
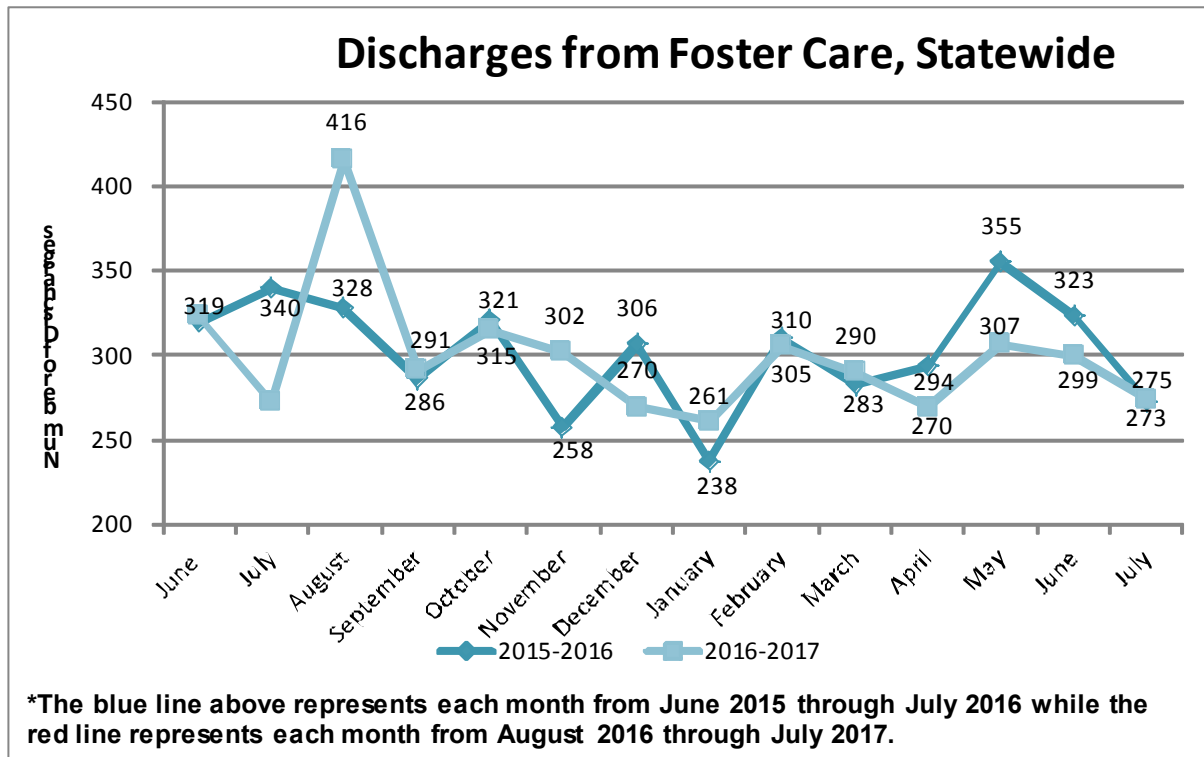
Goals to Achieve by August 2018

- Increase the number of foster families from 1,821 to 2,000.
- Increase ratio children in foster care to foster home beds to 1 for every child.
- Increase percentage of children placed with relatives from 28.8 percent to 33 percent
- Increase the percentage of children in family-like settings from 82.1 to 85 percent.
- Increase the percentage of children placed in their home counties from 47.2 to 55 percent.
- Increase the percentage of children 6 and older placed in foster family homes from 45 to 55 percent.
- Eliminate the use of emergency shelters longer than 10 days for all children in foster care.
- Eliminate the use of congregate care for children ages 12 and under.
- Eliminate the use of acute care for children longer than 30 days, unless medically necessary.
- Increase the percentage of monthly visits by caseworkers for both in-home and foster care cases. From (61.8% in-home) (71.8% foster care) to 85 percent.
- Eliminate overdue investigations, meaning all investigations are completed within 45 days (or 60 days with approved extension).
- Reduce the average Family Service Worker caseload statewide from 22 to 20.
- Increase the percentage of provisional placements made the same day as a removal from 28 to 30 percent.
- Monitor and evaluate SafeCare home visiting pilot.
- Expand case management pilot to include other types of cases.
- Work with Paul Vincent to assess DCFS' family engagement processes and make recommendations.
- With the State Director of Drug Prevention assess the needs and quality of substance abuse treatment and services for families and develop a plan to address any issues identified.
- Develop targeted services related to drug screening trends.
- Review practices related to therapeutic foster home placements and work toward moving children to less intensive foster placements.
- Recruit 200 additional foster home beds in Sebastian County.
- Work with DBHS to best utilize community health contracts to address crisis issues.
- Form a foster parent advocacy board.
- Shorten length of time it takes families to get through the foster parent application process from nine to five months.
- Expand use of permanency safety consultation tool to all cases.
- Introduce graduated caseloads.
- Pilot a new evaluation system.
- Conduct in-depth assessment of DCFS information technology and data collection system.
- Reduce caseloads for attorneys handling DCFS cases.

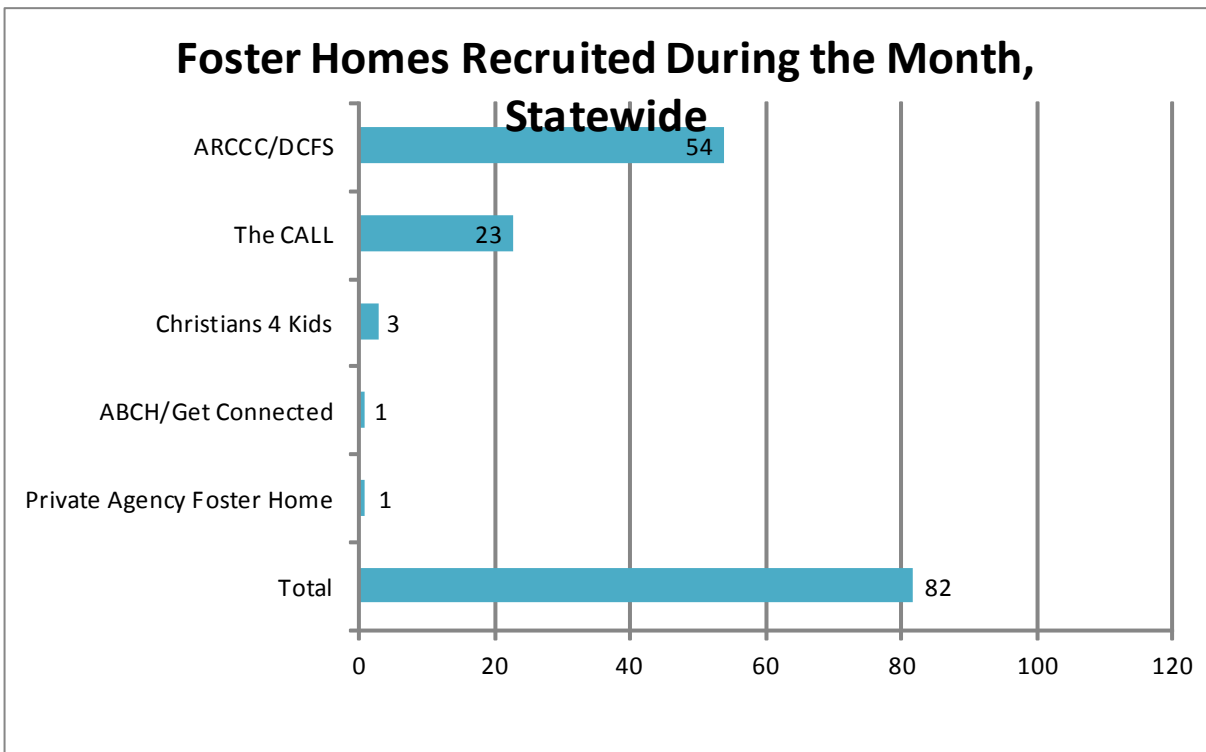
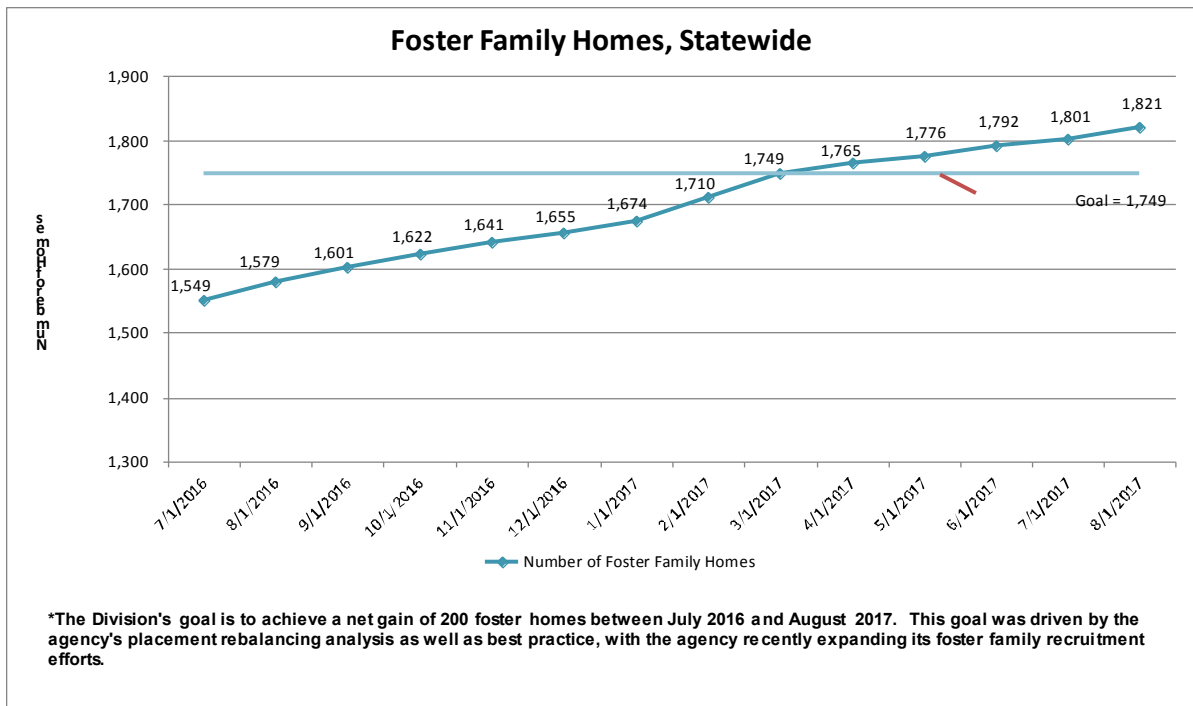
DCFS PROGRESS CHARTS



DCFS PROGRESS CHARTS

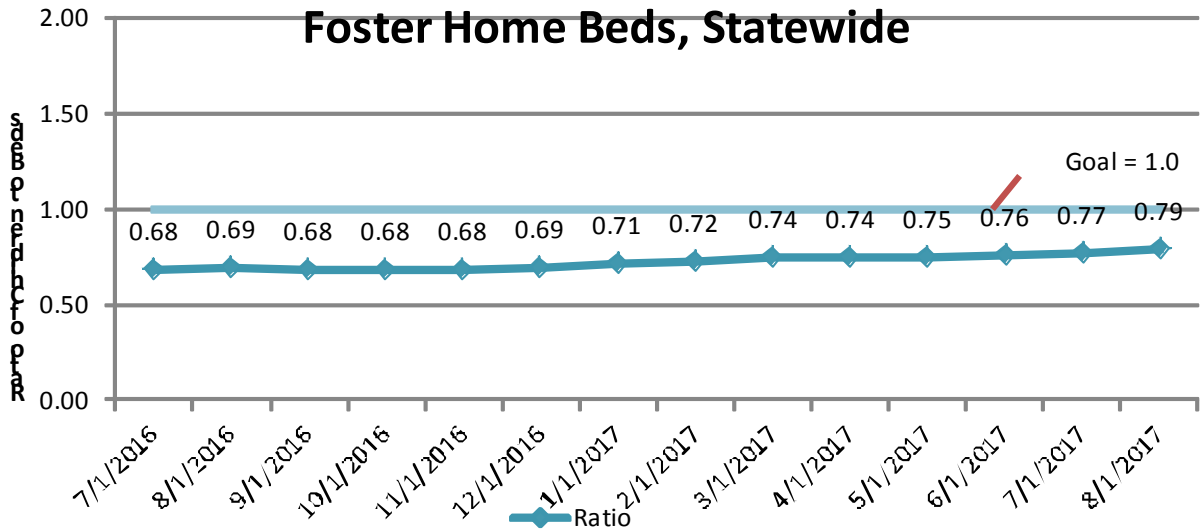


DCFS PROGRESS CHARTS



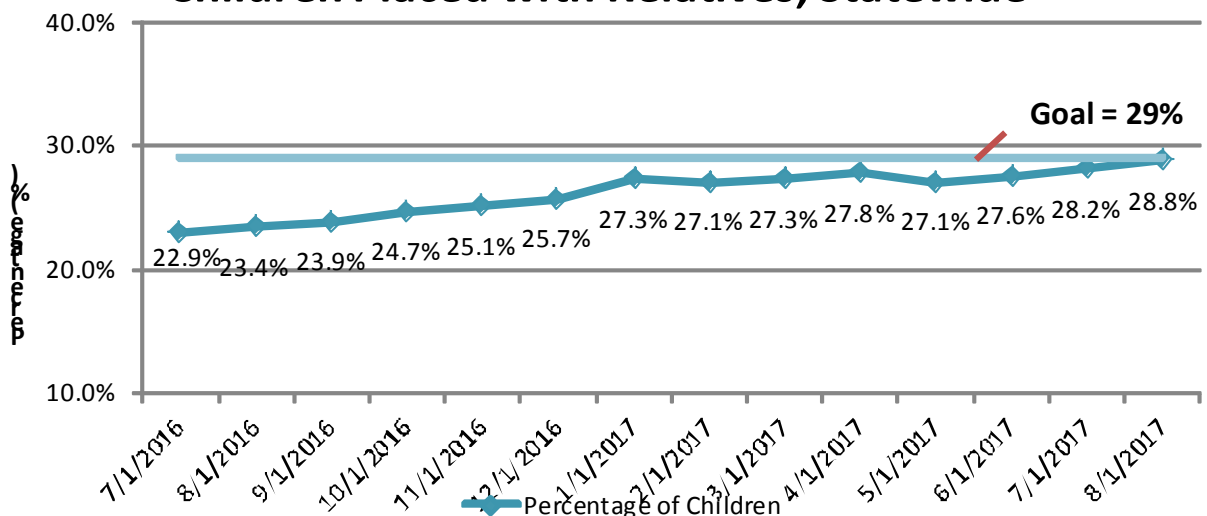
DCFS PROGRESS CHARTS

Ratio of Children in Foster Care to Number of Foster Home Beds, Statewide



*The Division's goal is to have at least one foster home bed available for each child in foster care by August 2017. This goal was driven by the agency's placement rebalancing analysis as well as best practice, with the agency recently expanding its

Children Placed with Relatives, Statewide

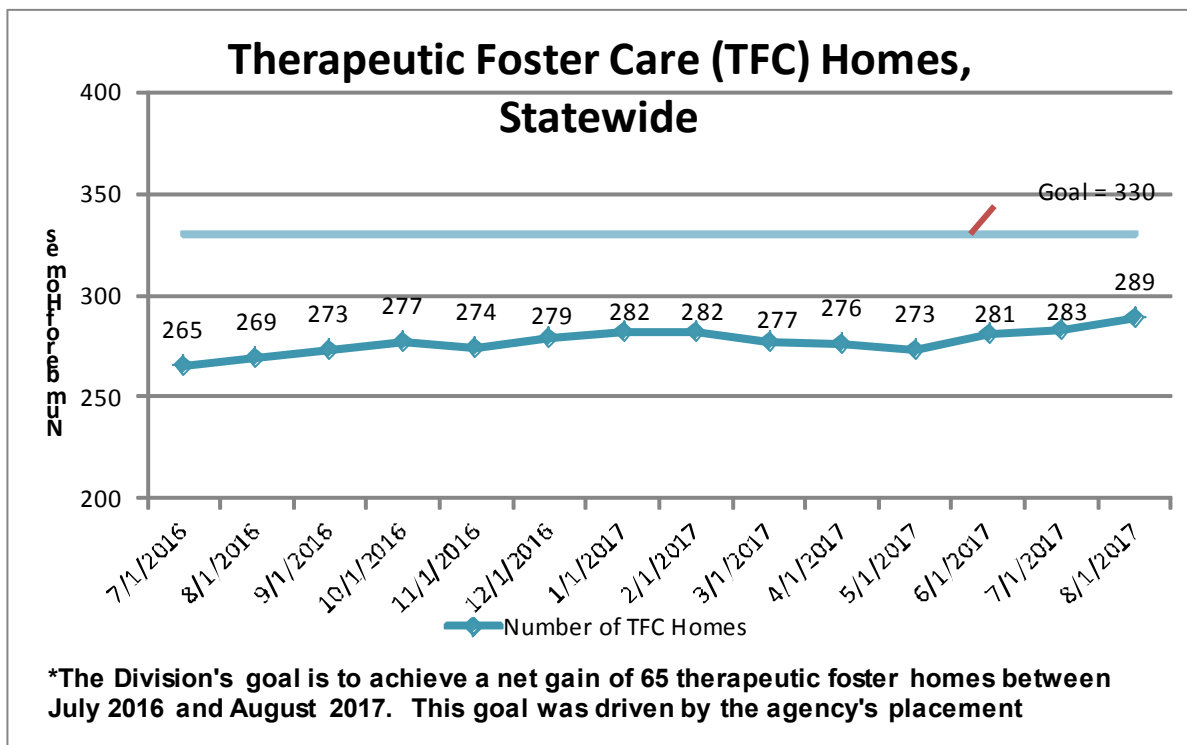


*The Division's goal is for 29 percent of children in foster care to be placed with relatives by August 2017. This goal represents the national average for this measure.

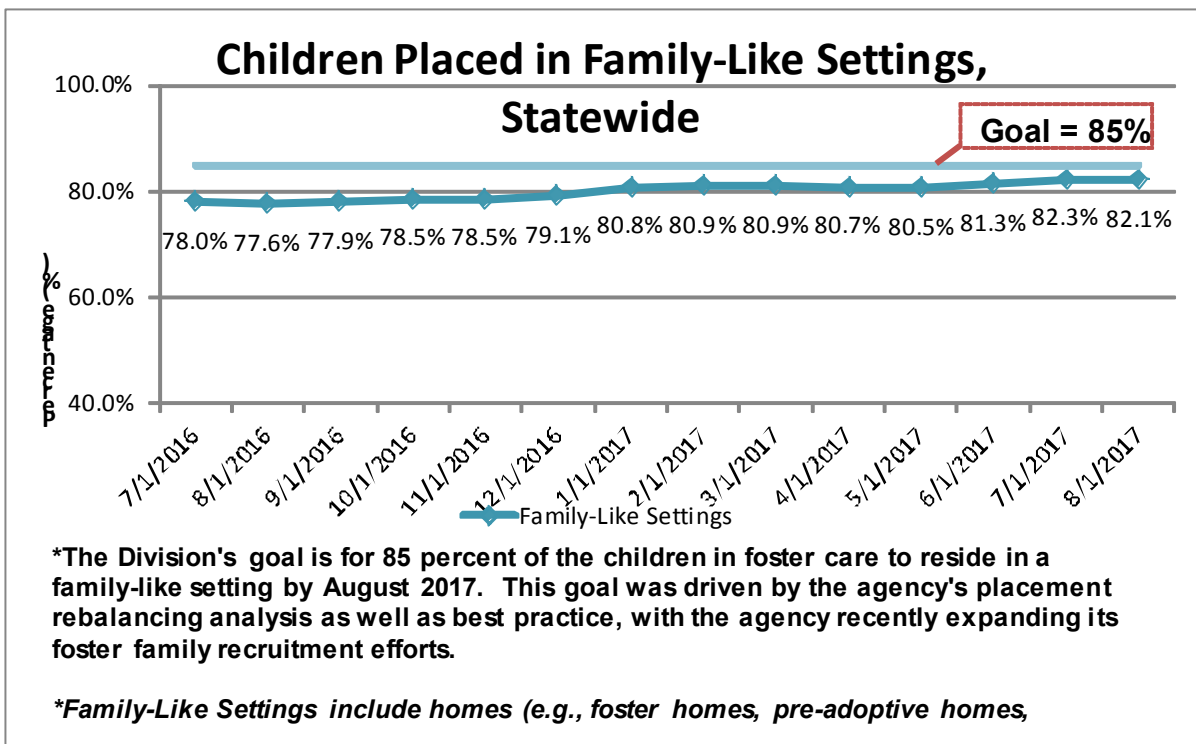
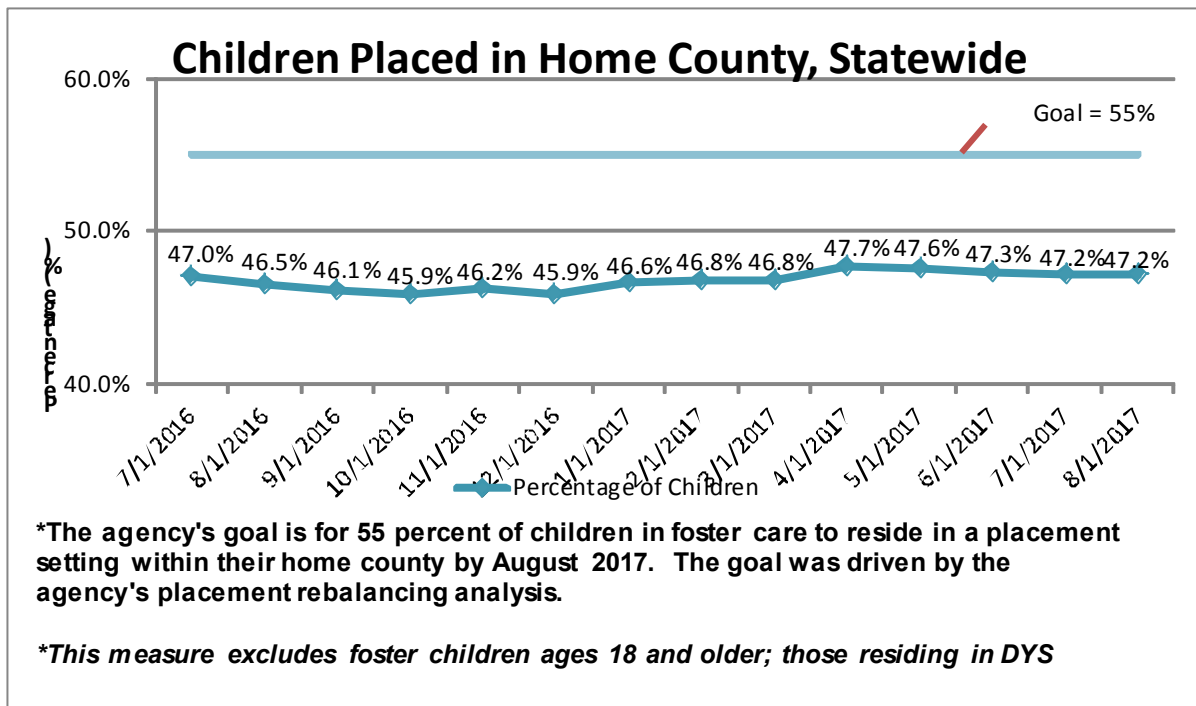
*Children are considered to be residing with relatives if they are placed in a provisional

DCFS PROGRESS CHARTS

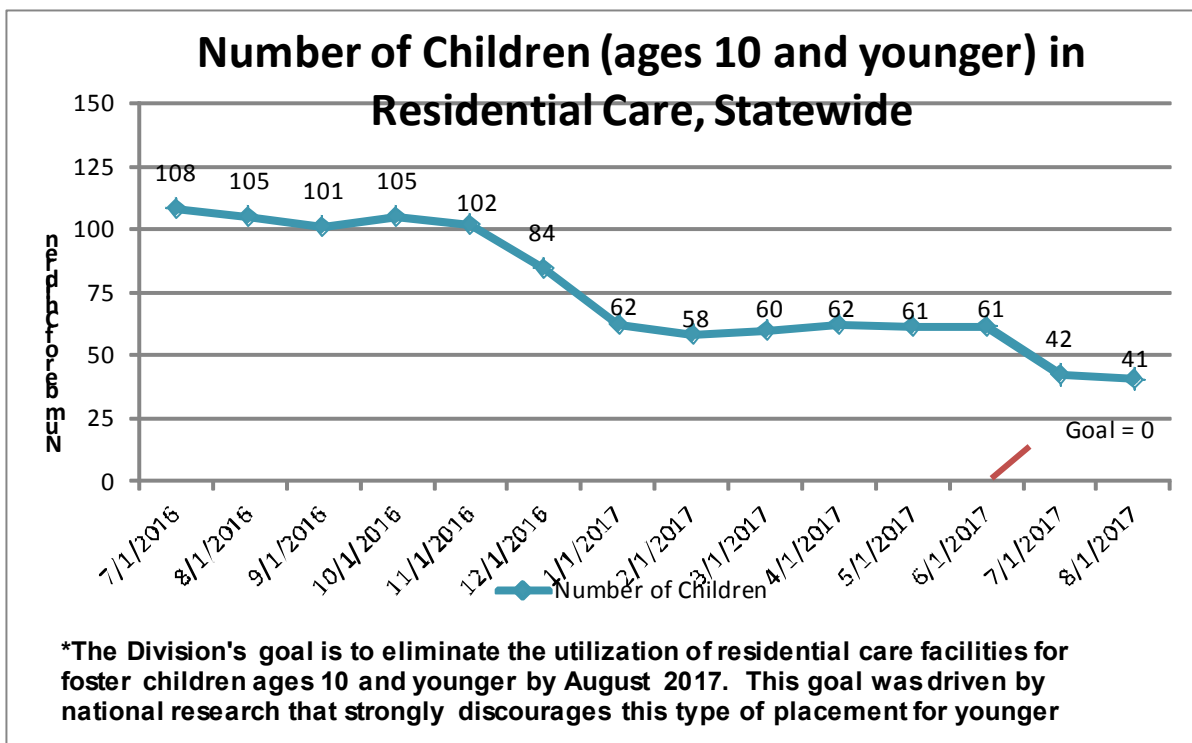
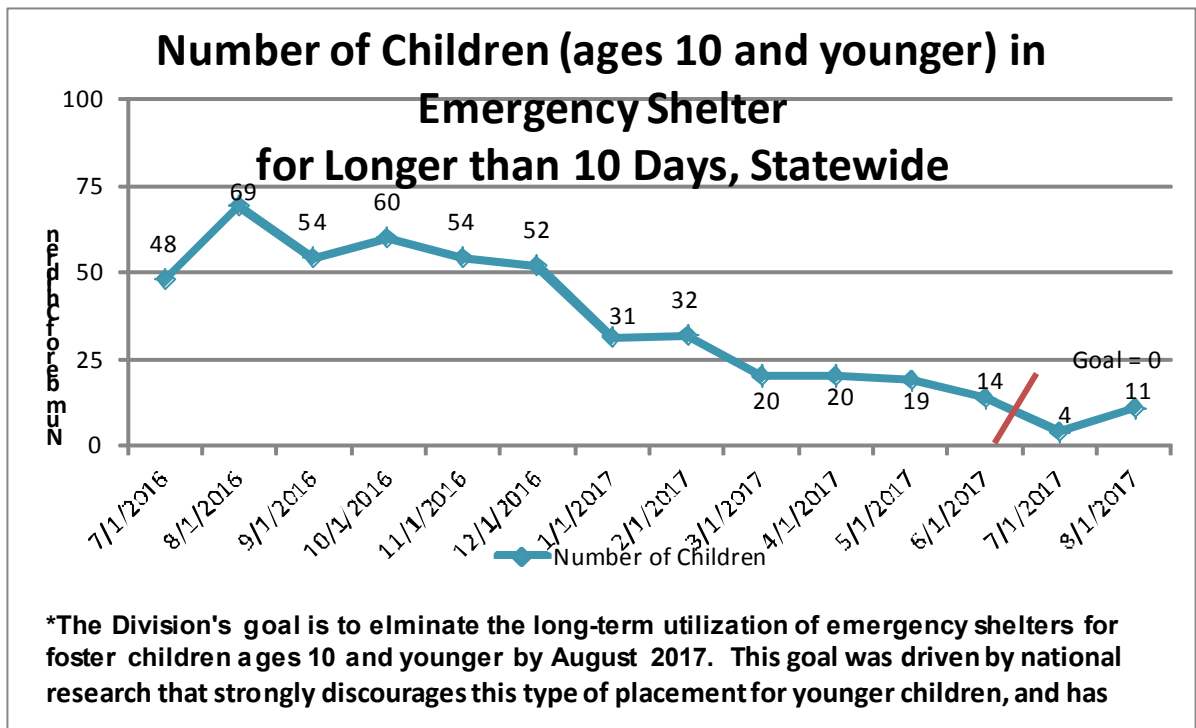
Number of Children who Entered a Provisional Setting During the Month, Statewide		
Days from Entry into Care until Provisional Placement	Number	Percentage
0 days	35	28%
1 to 3 days	13	11%
4 to 7 days	13	11%
7+ days	62	50%
Total	123	100%



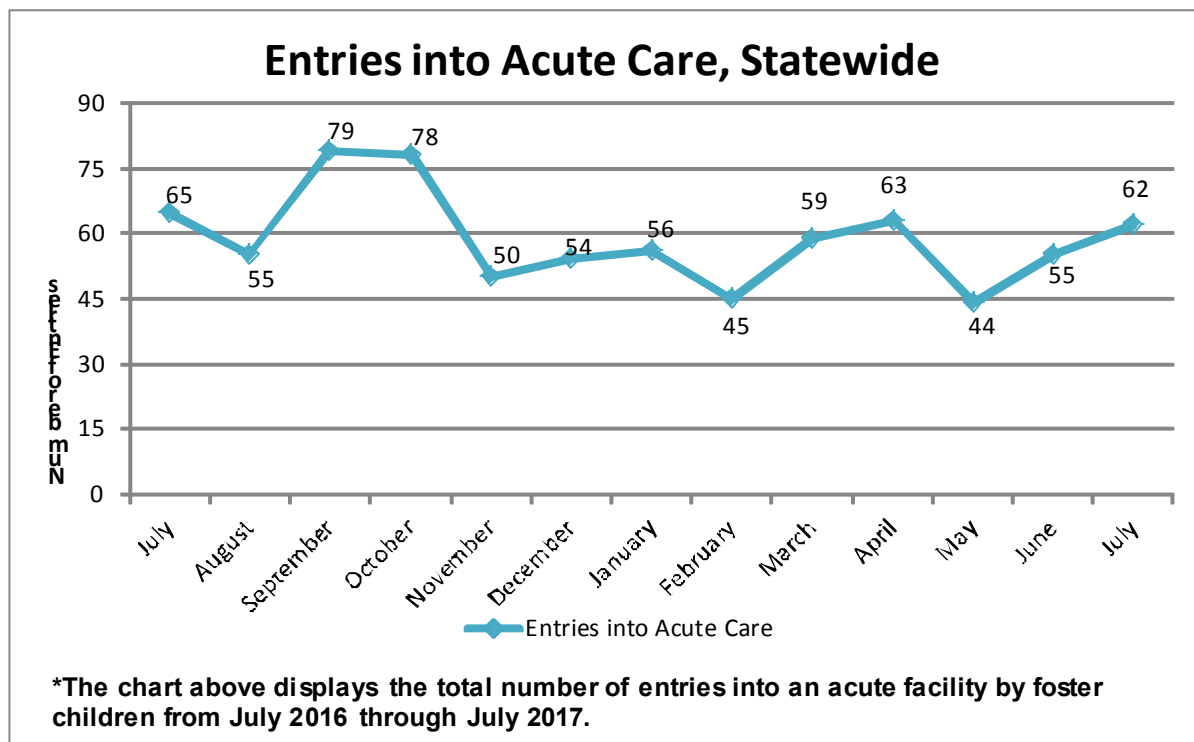
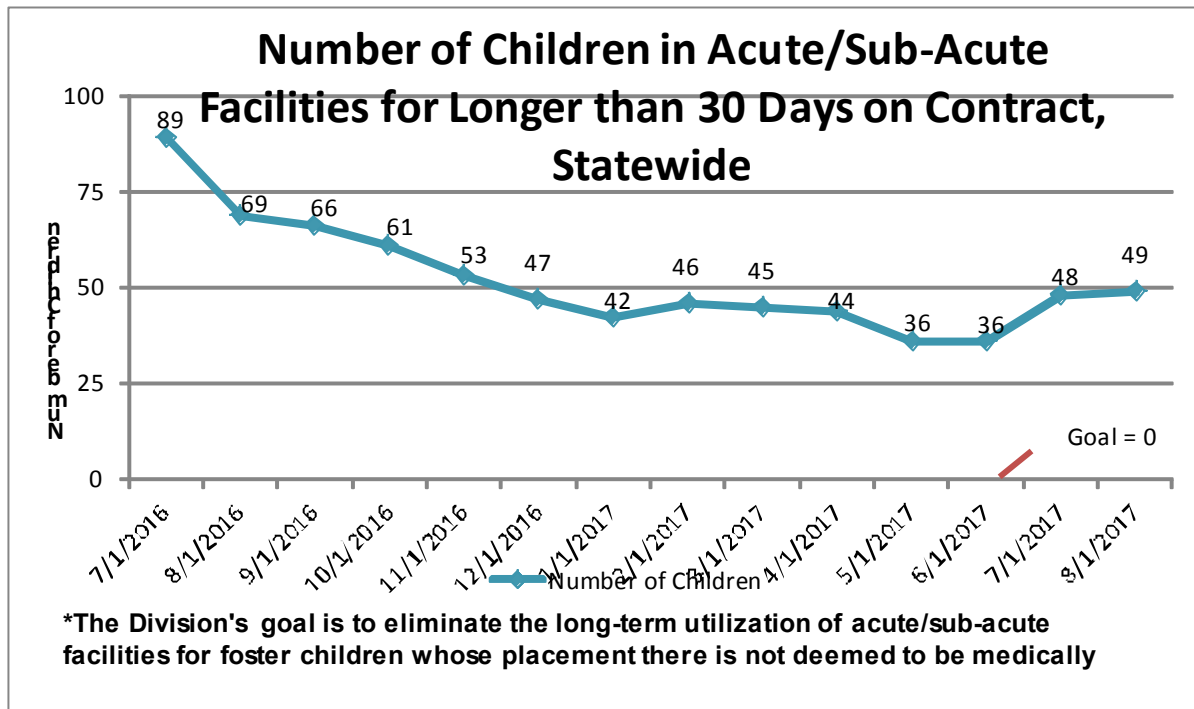
DCFS PROGRESS CHARTS



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Discharges Involving Children in Care for 60 Days or Less, Statewide		
Total number of discharges during the month		275
Discharges involving children in care for 60 days or less		59
Percentage of discharges involving children in care for 60 days or less		21%
Discharge Reasons for Children in Care for 60 Days or Less, Statewide		
Reason	Number	Percentage
Relative Custody	23	39%
Non-Relative Custody	2	3%
Death of Child	1	2%
Custody Transfer to Another Agency	0	0%
Child Aged Out	0	0%
Total	59	100%