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**ARKANSAS DIVISION OF CHILDREN AND FAMILY SERVICES**

***ANNUAL PROGRESS AND SERVICES REPORT (APSR)***

***JULY 1, 2019-JUNE 30, 2020***



**Overview:**

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

**DCFS Mission Statement:**

Our mission is to keep children safe and help families. DCFS will respectfully engage families and youth and use community-based services and supports to assist parents in successfully caring for their children. We will focus on the safety, permanency and well-being for all children and youth.

**The Division’s Practice Model goals include:**

* Safely keep children with their families.
* Enhance well-being in all of our practice with families.
* Ensure foster care and other placements support goals of permanency.
* Use permanent placement with relatives or other adults, when reunification is not possible, who have a close relationship to the child or children (preferred permanency option).
* Ensure adoptions, when that is the best permanency option, are timely, well-supported and lifelong.
* Ensure youth have access to an array of resources to help achieve successful transition to adulthood.

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**ARKANSAS AT A GLANCE**

The overall population in Arkansas was estimated at 3,017,804 at the time of the U.S. Census in 2019 an increase of 3.5 percentage points from 2010. Children under five years of age comprised 6.3 percent, whereas 23.3 percent of the population was under the age of 18. 79.1 percent of the population is white, while another 15.7 percent of the population is black. More than 7.7 percent of the population identify themselves as being of Hispanic or Latino origin.  In 2018 the median household income was

$ 45,726 annually.

Division of Children and Family Services (DCFS) is a division within the Arkansas Department of Human Services (DHS). DHS is the largest state agency with more than 7,400 employees working in all 75 counties. Every county has at least one local county office where citizens can apply for any of the services offered by the Department. Some counties, depending on their size, have more than one office. DHS employees work in nine divisions and seven support offices headquartered in Little Rock to provide services to citizens of the state. DHS provides services to more than 1.2 million Arkansans each year.

**THE DIVISION OF CHILDREN AND FAMILY SERVICES**

DCFS is the designated state agency to administer and supervise all child welfare services (Titles IV-B and IV-E of the Social Security Act), including child abuse and neglect prevention, protective, foster care, and adoptive programs. The State’s child welfare system investigated 34,226 reports of child maltreatment. DCFS provided In-home services (Protective and supportive) to 2,323 families which involves 5,396 children a slight decreased compared to a year ago. At the end of SFY 2019 there were 4,331 children in foster care. This a little over 3% decrease from the end of SFY 2018. The Division is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages, and delivers services without regard to race, color, religion, sex, age, national origin, mental or physical disability, veteran status, political affiliation or belief.

# Division of Children and Family Services Operational Structure:

The DCFS Director manages and has administrative responsibilities for the Division. The Director is also an active member of the Child Welfare Agency Review Board and the Child Placement Advisory Committee. During SFY 2020, the Division Director continued to directly supervise the Eligibility and Criminal Background Checks and Notifications Units.

The DCFS Deputy Director reports to the DCFS Director and oversees each Assistant Director who is responsible for oversight of each of these operational subdivisions within the Division:

* **Community Services**

Community Services provides administrative leadership and guidance to DCFS field staff throughout all 75 counties within the state. The counties are divided into 10 geographic service areas, each with an Area Director. The Assistant Director of Community Services directly supervises the ten Area Directors.

* **Behavioral Health Services**

Behavioral Health Services provides technical assistance to field staff in this area, particularly working one on one with staff to divert children and youth from residential placement and acute psychiatric hospitalizations if possible and facilitation of Interdivisional Staffings, also has mental health utilization oversight of contracts for psychological testing and counseling. Behavioral Health Services has also played an integral role in the larger behavioral transformation efforts in the state and the progression toward the Provider-led Arkansas Shared Savings Entity (PASSE) Program.

* **Infrastructure and Specialized Programs**

Infrastructure and Specialized Programs oversees and provides support to the following units:

* Policy
* Professional Development
* Planning and Practice
* Transitional Youth Services
* Education
* **Placement Supports and Community Outreach**

Placement Supports and Outreach Programs oversees:

* Adoptions/Guardianship
* Arkansas Creating Connections for Children (ARCCC)
* Foster Care
* Interstate Compact for the Placement of Children
* Specialized Placements
* Specialized Services
* **Prevention and Reunification**

Prevention and Reunification focuses on support to families in their homes in an effort to prevent initial entry into foster care as well as to re-entry through focus on reunification services and supports. It provides reviews, coaching, and technical assistance to field staff in the following areas.

* Children’s Trust Fund (Prevention/Support)
* Differential Response
* Child Protective Services (Investigations)
* Team Decision Making
* In-Home Services
* Reunification
* Child and Adolescent Needs and Strengths (CANS)/Family Advocacy and Support Tool (FAST) Assessments

Many of the functions that previously fell under the DCFS Financial and Administrative Unit are now provided to the Division through the shared-services model at the DHS Executive Staff level. There are now DHS Chiefs for each of the following areas:

* Finance
* Information (IT)
* Human Resources
* Legal Counsel (OCC)
* Security and Compliance
* Legislative & Intergovernmental Affairs
* Communications & Community Engagement

The Placement Residential and Placement Licensing Unit (PRLU) within the Division of Child Care and Early Childhood Education serves as Arkansas’s child welfare licensing body. The Unit implements and monitors the licensing standards for child welfare agencies as prescribed by the Child Welfare Agency Review Board.

The Children's Reporting and Information System (CHRIS), Arkansas’s State Automated Child Welfare Information System (SACWIS), is administered by the Office of Systems and Technology (OST) within DHS. CHRIS provides Arkansas with a single, integrated system to help staff and management in providing more effective and efficient operations within the functions of the child welfare system. CHRIS is accessible (desktop and 24-hour remote access) and supports the full scope of services provided by the Division. It serves as a centralized source to store information (e.g., client, legal and service information) and manage workloads (e.g., its tickler system for reminding workers/supervisors of time sensitive tasks). The information system also meets DCFS’ needs surrounding federal reporting federal financial participation requirements, including those required for the Adoption and Foster Care Analysis and Reporting System (AFCARS).

A comprehensive array of strategies is used to assess the effectiveness of staff, services, and programs in achieving improved, positive outcomes for children and families. These include management reports, qualitative case reviews, evaluations, and forums to discuss the findings from these various reports and reviews. For example, Public Consulting Group (PCG) continued to conduct the Quality Services Peer Reviews (QSPRs) during SFY 2020. The QSPR process mirrors the federal Child and Family Services Review. PCG conducts QSPR reviews in all ten DCFS geographic service areas. After the completion of each QSPR, the Division’s Program Administrator for Planning and Practice and PCG’s Manager travel to that area to meet with that particular Area Director and his or her supervisors. During these discussions, the area’s strengths and areas needing improvement noted in the QSPR are reviewed and analyzed. The Area Director and supervisors also begin discussing local program improvement plans based on the QSPR results. Updates on the progress of the local program improvement plans are provided in supervisor monthly reports to the Area Director, which is then passed on to the Assistant Director of Community Services through the Area Directors’ monthly reports. All of the States CQI standards focus on family-centered practices and community-based services designed to meet the individualized needs of children and their families.

In addition, in SFY 2019, the National Council and Crime and Delinquency (NCCD) managed the Division’s data management and analysis needs, to include the production of a wide array of data reports and technical assistance with the analysis of those reports. NCCD also oversaw the development and initial roll out of SafeMeasures. SafeMeasures is a dashboard data tool designed to help frontline and supervisory child welfare staff monitor daily practice trends as well as long-term outcomes to improve accountability at all levels. FSWs can use SafeMeasures to prioritize work and meet deadlines. Supervisors are able to utilize SafeMeasures to coach their staff regarding best practices as well as how to identify and correct issues before concerning practices negatively impact long-term outcomes.  The Division began piloting SafeMeasures in three counties – Faulkner, Cleburne, and Craighead – in May 2019 and reached statewide implementation in October 2019

Together, these program areas and their units are responsible for the provision of administrative and programmatic support for the state’s network of child welfare services as well as short- and long-term planning and policy development.

**THE MAJOR FEDERAL LAWS GOVERNING SERVICE DELIVERY, AS AMENDED, ARE:**

* Civil Rights Act: Titles 6, 7, and 9.
* Rehabilitation Act: Sections 503, 504
* Americans with Disabilities Act: Title II
* Social Security Act Titles:

IV-A Temporary Assistance to Needy Families (TANF)

IV-B Child Welfare Services

IV-E Foster Care and Adoption Assistance

XIX Medical Services

XX Social Services Block Grant

**PUBLIC LAWS:**

* 111-320 CAPTA Reauthorization Act of 2010

Abandoned Infants Assistance Act

* 94-142 Handicapped Children Act
* 96-272 Adoption Assistance and Child Welfare Act of 1980
* Adoption Opportunities program
* 96-273 105-89 Adoption and Safe Families Act of 1997
* 110-351 Fostering Connections Act of 2008
* 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014
* 115-123 Family First Prevention Services Act of 2017

**COLLABORATION**

The Division continues to have strong professional relationships with many groups that share the common goal of helping and supporting families. The Division continues to develop new partnerships with groups as it becomes more creative in assessing the needs of families and identifying supports that will best meet their needs in their own communities.

The Division strives to consistently engage in ongoing consultation with key stakeholders. During this past reporting period, this has included involving partners in as well as keeping many other stakeholders apprised of the ongoing development of the Division’s Program Improvement Plan (PIP) related to its Child and Family Services Review. Likewise, the Division provided updates to applicable stakeholders regarding the implementation of interventions included in the 2020-2024 Child and Family Services Plan (CFSP) (e.g., Baby and Me Program, Intensive In-Home Services Programs, Considered Removal TDMs Supervised Independent Living Contracts development) and PIP related to its onsite Federal National Youth in Transition Database (NYTD) Review (e.g., TYS case reviews, CHRIS enhancements).

The Division establishes key committees with varied stakeholders involved to assess and assist with the development and implementation of goals and objectives of the CFSP and other initiatives. These committees often break out in subcommittees to focus on particular areas. The Division’s goal is to work with varied partnerships and stakeholders to open even more opportunities for families as well as staff professional development.

During this reporting period, the Parent Advisory Council, Foster Parent Advisory Council, Youth Advisory Board, and DCFS Advocacy Council all continued to be active. Seven parents with previous involvement in various aspects of the child welfare system serve on the Parent Advisory Council. Among other activities, the Parent Advisory Council developed a robust set of recommendations to the Division for the 2020-2024 CFSP goals and strategies, even meeting an additional time outside of its set schedule to work together to develop these recommendations. Typically, the council meets six times throughout the year (three in-person and three by conference call). These meetings have provided a forum for the agency to update the council members on the progress of the CFSP objectives and activities. The National Alliance of Children’s Trust and Prevention Funds is helping us to develop the council.

During this reporting period, the Youth Advisory Board (YAB) conducted an initial review of TYS-related policy and procedure and offered thoughts for needed additions and revisions.

The DCFS Advocacy Council is always kept abreast of Division federal plans such as the NYTD Review Final Report, CFSR PIP approval and initial implementation, and 2020-2024 CFSP progress. Their input on these various reports and response to the reports is always welcome.

Some other key collaborative partnerships include:

* **Acute and Sub-Acute Psychiatric Facilities:** A residential childcare facility in a non – hospital (sub-acute) and a hospital setting (acute) that provides a structured, systematic, therapeutic program of treatment under the supervision of a physician licensed by the Arkansas State Medical Board who has experience in the practice of psychiatry.  A sub – acute and acute setting are for children who are emotionally disturbed and in need of daily nursing services, physician’s supervision and residential care.  This service is typically covered by Medicaid.

The Specialized Services Unit (SSU) provides technical assistance to psychiatric hospitals and facilities where foster children receive acute care and residential services. Discharge planning is critical for youth in these types of settings. For youth who do not have a discharge plan, the Specialized Services Unit schedules conference calls to discuss options for placement for these youth. Any trends or DCFS practice issues noted with a specific facility are addressed with the assigned field staff and supervisors.

The program specialist in the Specialized Services Unit continues to attend utilization reviews at the Arkansas State Hospital (ASH) to gather information to improve DCFS’s Family Service Workers’ (FSWs) case management best practice and ensure DCFS is highly involved in the treatment process. If problems are noted, FSWs are given support and coaching.

* **Administrative Office of the Courts**: DCFS continues its partnership with the Administrative Office of the Courts (AOC), which includes the Attorney Ad Litem, Parent Counsel, CASA, and Court Improvement Project programs. Several representatives from the Administrative Office of the Courts participated on the Arkansas team for the State Team Planning Meeting in Washington, D.C. in March 2020.

The CIP Director was heavily involved in the implementation of the state’s Child and Family Services Review (CFSR) Program Improvement Plan (PIP) until her departure from CIP in early June. This included holding quarterly meetings with the DCFS Assistant Director for Infrastructure and Specialized Programs to share information about each agency’s current initiatives and other updates and to ensure timely implementation of shared PIP strategies and activities. The DCFS Assistant Director for Infrastructure and Specialized Programs also served on the planning committee for the Children and the Courts Conference for which CIP is responsible each year. Due to the COVID pandemic, this conference had to shift to a virtual conference but still offered seventeen different sessions for legal professionals and other stakeholders involved in dependency-neglect and domestic relations cases across the state. The DCFS Director provided one of these virtual sessions to share updates with juvenile judges from across the state.

* **Arkansas Association for Infant Mental Health (AAIMH) Policy Committee:** The Arkansas Association for Infant Mental Health (AAIMH) serves as the Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) Steering Committee.  It meets quarterly as an advisory body at the state level to improve coordination of services and support for the early child-serving system. The DHS Division of Children and Family Services is a part of this system and is an active member of AAIMH Policy Committee.
* **Arkansas Baptist Children’s Homes and Family Ministries (ABC Homes):** ABCH is a non-profit agency of the Arkansas Baptist State Convention. ABCH has recently converted all their family like settings to foster family homes. ABCH is housing several of our large sibling groups. ABCH is currently a Private Licensed Placement Agency. In 2020 ABCH expanded to Area 4 of our geographic area and as of April 2020, ABCH currently has 50 open/approved homes with a total recruitment number of 64. ABCH has come along side DCFS in values of children and youth being in a family homes as ABCH resource parents are taking children and youth of all ages. They also value sibling connections and have partnered with DCFS in ensuring placements of siblings staying together in a foster family home. ABCH also is supporting reunification through facilitating sibling and parent visits in their office location.
* **Arkansas Behavioral Health Planning Advisory Councils (ABHPAC):** ABHPAC is a defined entity through the Federal Department of Health and Human Services Substance Abuse and Mental Health Services Administration (HHS SAMHSA) and is comprised of consumers of behavior health services, family members, behavioral health professions and stakeholders within the state that receives SAMHSA Block Grant funding. The DHS Division of Behavioral Health Services is the lead agency for the ABHPAC. DCFS is a required partner with this group. Meetings occur quarterly. This council allows a mechanism for service recipients and family to be involved with the decision-making process for planning of services that the block grant funding supports.
* **Arkansas Commission on Child Abuse, Rape, and Domestic Violence****:** The Commission on Child Abuse, Rape, and Domestic Violence is comprised of agencies and groups representing law enforcement, multidisciplinary teams, education, mental health, judicial and other professional groups. The Director of the Division of Children and Family Services is appointed to the Commission on Child Abuse, Rape, and Domestic Violence. The Commission meets on a quarterly basis and, these meetings provide a forum to share information related to issues, initiatives, and concerns of the child welfare system and, in turn, allows the Division to hear the concerns and perspectives of other disciplines along with the community.  Most importantly, it serves as an avenue for making connections and bolstering relationships with individuals who have a similar mission of protecting children and providing families with the necessary services and supports. The Commission is an integral partner in regard to the development of proposed legislation. A member of the Commission also serves on the DCFS Advocacy Council.

The Commission continues to license the web-based mandated reporter training through a partnership with the Center for the Application of Information Technologies and Western Illinois University. As of April 30, 2020, 25,013 individuals completed this self-paced online curriculum in SFY 2019. In addition, the Commission has conducted 12 in-person trainings on the topic of mandated reporting with a total of 512 participants in those trainings as of April 30, 2020.

The commission has continued a partnership with the Arkansas Educational Network (AETN) to revise and update a web-based mandated reporter training video for the online professional development portal utilized by licensed educators. 3,713 Licensed Educators logged in to view the training during State Fiscal Year 2020 as of April 30, 2020 (though it should be noted that often one educator logs in and the video is then viewed by a group of educators).

* **Arkansas Department of Health**: The group was created to achieve synergies across child health, community-based agencies and state-based agencies to address the root causes of toxic stress and childhood adversity and build community resilience. Membership represents almost 50 organizations and state agencies.  DCFS is represented on the steering committee for the Workgroup and co-sponsored a two-day Summit on ACEs with AFMC.
* **Arkansas Department of Health (WIC):** The mission of our state Health Department is to protect and improve the health and well-being of all Arkansans. DCFS has been working closely with the Health Department to implement a parenting education program in 18 individual WIC (Women, Infants and Children) clinics across the state. This collaborative effort, called Baby and Me, provides parenting education, resources and support to parents of newborns 0 – 6 months of age who are receiving benefits at the WIC clinics.
* **Arkansas Foundation for Medical Care & Arkansas Dept. of Health Statewide ACEs/Resilience Workgroup:** The group was created to achieve synergies across child health, community-based agencies and state-based agencies to address the root causes of toxic stress and childhood adversity and build community resilience. Membership represents almost 50 organizations and state agencies. DCFS is represented on the steering committee for the Workgroup and co-sponsored a two-day Summit on ACEs with AFMC.
* **Arkansas Head Start Collaboration Office (HSSCO)/Arkansas Head Start Association (AHSA):** DCFShas a Memorandum of Understanding with the Arkansas Head Start Collaboration Office/Arkansas Head Start Association. The purpose is to foster collaboration, effective communication, and cooperation between the HSSCO/AHSA and DCFS on the state and local level in providing services to children and families in the EHS/Head Start programs across the State. This collaboration will allow HSSCO/AHSA to consider the DCFS population as a priority population in providing services and supports to the children and families referred. This will also allow both agencies at the local level to share information, as it relates to the child, for services and supports.
* **Arkansas Infant and Child Death Review Program:** The Arkansas Infant and Child Death Review Program is administered by the Department of Pediatrics of the University of Arkansas for Medical Services and Arkansas Children’s Hospital and supported by a contract with the Arkansas Department of Health, Family Health Branch.  The mission of the Infant and Child Death Review Program is to review all unexpected infant and child deaths in the state of Arkansas. These reviews result in the development of interventions and recommendations through multidisciplinary team collaboration, community education and policy.  The Program has trained multidisciplinary, local level teams across the state to conduct legislatively required reviews of all unexpected infant and child deaths in the state.  To date, there are eleven active local level review teams that review infant and child deaths covering all 75 counties in Arkansas.  All child fatalities meeting the review criteria are entered into the National Child Fatality Reporting data system. The data and implemented recommendations from the local child death review teams are disclosed in the annual ICDR report. The DCFS Director and Assistant Director of Prevention and Reunification serve as members of the Infant and Child Death Review State Panel; the Panel meets once a year to review the implementation of the local team’s recommendations, discuss needs or gaps identified by local teams, and review the annual ICDR report.  Each team has a designated DCFS staff to serve as core team members of the review teams in their areas.
* **Arkansas Rehabilitation Services (ARS):** mission is to prepare Arkansans with disabilities to work and lead productive and independent lives. ARS has 19 field offices across the state serving all 75 counties. ARS also operates the Arkansas Career Training Institute, which is a comprehensive, state-owned rehabilitation facility--one of only nine in the country and the only one in the country west of the Mississippi River. To achieve its mission Arkansas Rehabilitation Services (ARS) provides a variety of training and career preparation programs including:
* Diagnosis and evaluation of capacities and limitations
* Guidance and counseling
* Career and technical education
* Job placement
* Physical and cognitive restorative services
* Assistive technology
* Residential career training facility and hospital Transition services for high school students (youth 14 and older) with disabilities who are moving from high school to further education or work
* Scholarships and leadership programs for students with disabilities
* Financial assistance to kidney transplant recipients
* Community rehabilitation programs
* Supported employment services
* Supported housing
* **Arkansas Safe Babies Court Team (SBCT) Project:** The Safe Babies Court Team (SBCT) Project is a collaboration between the DHS Division of Child Care/Early Childhood Education (DCC/ECE), the DHS Division of Children and Family Services (DCFS), and Zero to Three in Judge Joyce Warren’s court located in Pulaski County, and Judge Smith in Benton County. During SFY20, the Benton County group lost their Community Care Coordinator and decided that the partner agency housing the Community Coordinator position was not a good fit. While they continued doing as many elements of the program as possible, without that position they are not technically a SafeBabies Court Team. They are currently in search of partner program to house the Community Care Coordinator so they can hire a new one. The Safe Babies Court Team is a system-change initiative focused on improving how the courts, DCFS, and related child-serving organizations work together to expedite services for young children. The two main goals of SBCT are 1) Changing local systems to improve outcomes and prevent future court involvement in the lives of very young children in the child welfare system; and, 2) Increasing knowledge about the negative impact of abuse and neglect on very young children. SBCT takes both a micro and macro level approach to address these goals. At the direct service level, families that meet criteria are enrolled in SBCT and create a family team. The family teams are made up of the parent, family members, DCFS caseworker, OCC, parent attorneys, attorneys ad litem, service providers, and others who meet regularly to identify and address needs of the children in care and their parents. The meetings are facilitated with the purpose of creating a collaborative environment to address barriers to reunification with a “no-blame” attitude, surrounding the parent with support and services, and recognizing that everyone there plays a role in the success of the family. On a macro level, SBCT brings community partners together as a stakeholder team focused on broader systems improvement to address prevention and treatment service gaps and disparities. Each participating jurisdiction has a Community Coordinator who helps to coordinate local services/resources and organizes the stakeholder meetings. The Arkansas Safe Babies Court Team Project receives support from the national level technical assistance specialist and the project coordinator.
* **Bikers Against Child Abuse (BACA):** BACA mission is to create a safer environment for abused children. BACA exists as a body of Bikers to empower children to not feel afraid of the world in which they live. BACA sends a message to parties involved with an abused child that the child is a part of BACA and that the organization members are prepared to lend their physical and emotional support to a child by affiliation and their physical presence. BACA has a working relationship with DCFS statewide through a Memorandum of Understanding finalized and renewed since State Fiscal Year 2018
* **CarePortal:** Arkansas Family Alliance partnered with DCFS to bring the CarePortal to Sebastian Co. Arkansas Dream Center in North Little Rock Arkansas partnered with DCFS to bring CarePortal to Pulaski County greater Little Rock North Little Rock area in DCFS Area VI. CarePortal is an interdenominational network of churches that through technology, can wrap around children and families in crisis. The DCFS County Supervisor serves as the main liaison between DCFS and CarePortal. DCFS workers in Sebastian County and Pulaski County identify needs of local children and families, and then submit the request for help online through the CarePortal. Local churches receive the request and meet the needs as able. By providing an outlet for the Church community to wrap around families, CarePortal will result in stronger partnerships accelerated through the use of technology and ultimately, better outcomes for children and families. The launch date for this in Sebastian County was on May 3, 2018. The launch date for CarePortal in Pulaski County was on December 6, 2018. To this date the impact of CarePortal Arkansas is that **534** children have been served so far with a **$196,551** of economic impact in Arkansas. There are **26** churches in Arkansas actively using CarePortal to serve children and their families.

Children served in Arkansas have benefited every time a church has responded, whether they have met a physical or relational need, children and families have benefited in one of nine ways:

**Support improves a child’s wellbeing,**

* **14** children have benefited from support, improving a child’s well being
* **256** children have benefited, strengthening a biological family,
* **7** children have benefited from support for youth aging out of foster care,
* **187** children have benefited from, preserving and helping to prevent a child from entering foster care,
* **20** children have benefited through help to preserve foster/provisional relative placement,
* **7** Help place a child in foster/kinship care
* **43** more children have benefited help provided to reunify a biological family

* **Children of Arkansas Loved for a Lifetime (CALL):** The CALL is a 501 (c) 3 organization which recruits, trains, and supports foster and adoptive homes for DCFS. There is a defined process for the establishment of CALL in each county. The DCFS and CALL partnership is guided by an MOU that is reviewed on a biannual basis. The first CALL County was established in 2007. The second CALL County was established in 2008 after a significant increase in the number of available foster homes from the first implementation of the CALL. The CALL became a statewide organization in 2010. Since the conception of the CALL they have recruited 1,600 families and supported 900 adoptions.

DCFS continues to work with the CALL in regard to specifically recruiting homes for 6 and older and large sibling groups.

The CALL has created a county-based/statewide oversight model that has been replicated in 46 counties.

DCFS meets on monthly basis with the CALL to ensure that the partnership is supported. The CALL also hosts a summit each year to build relationships between DCFS and the CALL.

The CALL supports foster families by offering monthly support group meetings and the CALL Malls, which offers resources such as clothing or baby supplies to all approved foster parents.

* **Christians for Kids (C4K**)**:** C4K is a non-profit organization located in Craighead, Poinsett, Greene, Cross, and Crittenden Counties to help Christian families become foster parents by helping them through the process to approval. DCFS finalized a Memorandum of Understanding with C4K during state fiscal year 2017. C4K has elected to not train families only recruit them and then the MidSOUTH partnership is completing the training.
* **Citizen Review Panels:** The Citizen Review Panels (CRP) operates in Pope, Logan and Ouachita Counties. The panels review child maltreatment cases and the State Plan. The panels make recommendations and suggestions in areas they have identified where DCFS could improve practice or protocols. The panels work with the local County Offices to coordinate which cases they will review and ensure DCFS is represented at the meetings. The Arkansas Citizen Review Panels meet and collaborate on projects they believe will have an impact on their community specifically focusing on enhancing the lives of children and families.

* **COMPACT:** This placement provider is a Christ-centered ministry to redeem the fatherless and family through compassion in action. E.g. Hillcrest Children’s Home. COMPACT has entered in a contract with DCFS as a Private License Agency to launch a foster care recruitment program to recruit, train, and support families in Arkansas. As of April 2018, COMPACT has recruited 29 families under the Private License Placement Agency. DCFS meets with COMPACT Quarterly.
* **DCFS Advocacy Council:** The Division formed an Advocacy Council to help further our message and the direction of the child welfare agency. The professions represented on the council include judges, juvenile justice, CASA, prosecuting attorney’s office, faith based communities including the CALL, medical, behavioral /mental health, clinical, women and children’s health, law enforcement, higher education, K-12 education, Commission on Child Abuse, Rape and Domestic Violence, Advocates for Children and Family, foster care alumni, foster parent, biological parent, current youth in care and community at large. A mental health/placement provider currently services as the chair. The Council typically meets three to four times each year, with the DCFS Director leading each meeting and sharing the agency’s vision and updates. During this past reporting period, the DCFS Director shared feedback from the Comprehensive Organizational Health Assessment (COHA) that the Division completed as a part of its participation as a National Child Welfare Workforce Institute Workforce Excellence site, updates on the agency’s implementation of the Family First Prevention Services Act, including updates on Qualified Residential Treatment Programs (QRTP) and the state’s IV-E Prevention Services Plan, and updates on the Division’s response to the COVID pandemic and related data. This group also provides critical feedback in regard to the Division’s implementation and monitoring of Family First as well as its Child and Family Services Review (CFSR) Program Improvement Plan (PIP) and Child and Family Services Plan (CFSP).
* **Division of Aging, Adult, and Behavioral Health Services (DAABHS:** DCFS collaborates with DAABHS to advocate for children involved in the behavioral health and welfare systems. DCFS also collaborates with DAABHS regarding substance abuse services and funding for those services. Regular meetings and communication regarding mental health services are held to insure consistency in services for foster children. DCFS provided input on the contract that DAABHS has with community mental health centers to require crisis services for children in foster care. When issues arise related to crises services and mental health services, the Assistant Director for Mental Health consults with DAABHS to resolve the issue.
* **Division of Developmental Disabilities (DDS):** DCFS has partnered and continues to strengthen the collaboration for referral, consultation, and communication with the Developmental Disabilities Division. The DCFS Centralized Developmental Disabilities Coordinator Positions continue to play a critical role in assuring timely processing and approval of children eligible for DDS Waiver services as well as assisting field staff in coordinating services after eligibility and completing annual reviews on all approved cases, which takes this time intensive process off of Family Service Workers in the field.  Feedback from the field was that this was a tedious and time limited administrative process and was very difficult for the field to complete and monitor along with all the other responsibilities. DCFS recognized that it could impact placements of children with challenging behaviors due to developmental disabilities if the waiver services were in place for a child, as well as assure the “right services were being provided at the right time” which could impact the ability to establish more timely permanence for children in foster care. With the collaboration of DDS and DCFS to give children in foster care priority on the DDS Waiver wait list, the addition of these two centralized Developmental Disabilities Coordinator positions makes it more possible for children in foster care to gain eligibility for DDS Waiver services while in care and to be able to carry those services over when reunification, APPLA or adoption occurs.

The Division partnered with DDS to procure for providers who recruit and train specialized DDS foster homes. Through this procurement process, DCFS gained three new DDS providers to serve children in state custody. The foster homes recruited are trained on how to parent children with developmental disabilities. DDS provides the DDS waiver services in the community. The goal is to serve more children with disabilities in the community in the least restrictive setting as possible.

* **Division of Developmental Disabilities (DDS)-First Connections Part C:** Regarding children who are at risk for developmental delay, appropriate early intervention services are required.  DCFS has partnered with DDS to strengthen policy and practice related to the CAPTA requirement to refer all children under the age of three when an investigation is initiated and is required for children under age 3 in substantiated cases of child maltreatment for an early intervention screening as DDS is the lead Part C agency in Arkansas.  The Assistant Director of Prevention and Reunification serves on the Interagency Coordinating Council for Infants and Toddlers.
* **Division of Youth Services (DYS):** The division’s partnership with DYS continues to be strong. The Interagency Agency Agreement was amended to better serve and plan for permanency of youth in foster care that are committed to DYS. The DCFS liaison continues to coordinate with DYS on several issues affecting dual-custody youth and other shared issues between the two divisions.
* **Drug Endangered Children (DEC):** DEC is a collaborative partnership with the Criminal Justice Institute (CJI), the Arkansas Alliance for Drug Endangered Children (DEC), Law Enforcement Officers, DCFS, Child Advocates, and School Personnel to ensure a unified approach to child maltreatment investigations. The collaboration helps identify and protect drug endangered children in local communities. Drug endangered children are at an increased risk of injury, death, physical abuse, sexual abuse and/or neglect. DEC program has identified eleven triggers when present it should initiate collaboration process between agencies. By sharing resources and information, these partnering agencies are attempting to reduce any duplication in efforts, ensure the efficient use of limited resources, and ultimately sustain this important initiative. The Criminal Justice Institute holds quarterly meetings for the DEC Leadership team. Monthly meetings are held in the local counties to continue to build awareness around children that live in the homes were drugs are being used or sold.
* **Emergency Shelters:** Emergency shelters are available on a twenty-four (24) hour basis for up to fourteen (14) days for youth whose circumstances or behavior require immediate removal from their home. The extent and depth of the services provided to a youth in an emergency shelter program will depend upon the particular shelter as well as the individual needs of the youth and referral source.

DCFS protocol requires that any child age 10 or under placed in an emergency shelter be moved after ten days. For emergency shelter stays longer than ten days, a justification (to include detailed information about what has been done to locate a relative or fictive kin placement and/or a foster home placement, any special behavioral issues the child has, if the child is part of a sibling group and, if so, where the siblings are placed) must be sent to central office for review. Also, if an FSW wants to place a child age 12 and under in an emergency shelter, he or she must request approval from the Assistant Director of Community Services. The protocol has resulted in the decrease of monthly emergency shelter placements overall. Especially for children ten (10) and under. It has also resulted in the decrease of the number of days children spend in emergency shelter placements. Please note the average number of days in emergency shelter, statewide chart and Children in emergency shelter for longer than 10 days statewide chart under the Statistical and Supporting Information heading in the APSR. As of May 2020, there were 31 children placed in an emergency shelter for longer than fourteen days. For more information on children placed in emergency shelters for longer than fourteen days, please see APSR Attachment A, Chart 11.

* **External Child Near Fatality and Fatality Review Team (formerly Child Death and Near Fatality Multidisciplinary Review Committee):** The sunset clause for this the Child Death and Near Fatality Multidisciplinary Review Committee went into effect as of July 30, 2017 and as such, this committee was no longer be required by law. However, this committee, now renamed the External Child Near Fatality and Fatality Review Team, continues to meet quarterly to review near fatalities and fatalities associated with child maltreatment and determine what changes may be needed to policy/practice/procedures to prevent future child near fatalities and fatalities.
* **Fetal Alcohol Spectrum Disorder (FASD) Taskforce:** This group meets monthly and includes representatives from the following agencies: Pulaski County Juvenile Courts, Partners for Inclusive Communities, UAMS Departments of Family and Preventive Medicine, DHS/DCFS,  Administrative Office of the Courts, Division of Child Care & Early Childhood Education, UAMS PACE team,  Division of Behavioral Health, Arkansas Department of Education, Special Education, Division of Developmental Disabilities Part C, Arkansas Foundation for Medical Care, Arkansas Zero to Three Safe Babies Court Team, Arkansas Department of Health, March of Dimes, Arkansas Association of Infant Mental Health, and Adoptive Parent Representatives.  The group has served as an advisory board to in meeting the needs of families affected by FASD and has set goals of promoting FASD awareness in Arkansas such as Fetal Alcohol Syndrome (FAS) Awareness Day, facilitating the request for the Governor’s proclamation every September, and supporting and promoting the FASD yearly conference.  The Differential Response (D.R.) Program manager, who is the lead on FASD for the agency, does not hold any office within the Taskforce but meets monthly with the Taskforce to collaborate on the above-mentioned tasks. The Taskforce continues to advocate for children in the state of Arkansas and has been instrumental in providing insight on services needed for children 0-18 years of age who have prenatal alcohol exposure.

* **Foster Parent Advisory Council:** DCFS in January 2018 launched the Resource Parent Advisory Council; this council is made up of resource parents from across the state. A charter was developed and DCFS Foster Care Manager and resource parents. The resource parents from across the state came together with hot topics that they feel need the agency’s attention. The Division also provides general updates on the Division’s goals, objectives and interventions and gives the council members the opportunity to ask questions and share their ideas and recommendations in regard to various Division plans and initiatives.

In 2019, a consultant was hired to facilitate the Resource Parent Advisory Council. This group worked collaboratively with the Parent Advisory Council to create a shared reunification statement. One of the goals for these two committees is to operationalize this statement in 2020. The Resource Parent Advisory Council also provided input on the forthcoming version of the Resource Parent Handbook during this reporting period. The greatest barrier has been and continues to be active participation.

* **Immerse Arkansas/Families:** Immerse Arkansas is transitional living program that takes DCFS youth at 18 years old. This program is designed to assist youth in learning necessary skills for adulthood. Immerse Families is part of Immerse Arkansas; a program is designed to support resource parents. Immerse Families completes different events and is actively engages the families through “Belong Mom’s Gathering,” “Campyouwanngo,” and “Father Son Campout.” Immerse was also one of the providers recently awarded one of the Division’s Supervised Independent Living contracts which have an anticipated start date of September 1, 2020.
* **Interdivisional Staffings**: Interdivisional Staffings are held for youth who have significant barriers in case planning as well as placement difficulties or maintaining stability due to multiple and complex needs. Children who are or are not in DHS custody may be referred for an Interdivisional Staffing.  Many referrals include adopted youth in order to identify services and supports that are needed to maintain the adoption. The goals of the staffings are:
* To improve treatment/case planning to more appropriately address the youth’s needs;
* To provide assistance and support to DCFS field staff, direct services staff, and other stakeholders involved with the youth and family; and,
* To attempt to resolve the youth’s issues before referring him or her to the Child Case Review Committee (CCRC). An interdivisional staffing must take place before a CCRC is held.
* To identify systemic issues that needs to be addressed to improve services, collaboration and interagency processes.

These staffings occur at least three times a month and include representatives from other DHS divisions, including the Division of Youth Services (DYS), the Division of Medical Services (DMS/Medicaid), the Division of Behavioral Health Services (DBHS), the Division of Developmental Disabilities Services (DDS), and other stakeholders specific to the child such as CASA workers, attorneys ad litem, and etc.  Only those youth who have complex needs including mental health issues, placement difficulties, psychotropic medication or other needs that cannot be adequately addressed in typical discharge meetings. Whenever possible youth have been attending the staffing, which gives them an opportunity to provide direct input regarding their case plan. In the past year, follow-up on the most complex cases are now scheduled to ensure that recommendations have been followed. Additional information or results of new services/supports are reviewed during the follow-up to determine if the case is progressing adequately with positive results. These follow-up reviews were a result of identified needs that could not be adequately addressed by one meeting.

* **Judicial Leadership Team:** This team is a collaborative effort started by Judge Warren of Pulaski County Juvenile Court to facilitate communication between the court, DCFS, CASA, OCC, ZTT, AALs, and Parent Counsel. Judge Warren schedules the meetings in her courtroom every other month at 7:30 a.m. so she can attend prior to the start of court hearings. New programs can be introduced at the meeting and issues or concerns can be raised and addressed giving an opportunity for open communication with Judge Warren and all in attendance.
* **Little Rock Angels:** DCFS has begun a new partnership with Little Rock Angels. DCFS finalized an MOU with Little Rock Angels in 2019. Little Rock Angels is aimed at supporting foster parents and children in those homes. This is self-referral for foster parents currently it is being implemented in five counties within the state
* **Local Community Mental Health Centers:** DCFS has an Interagency Agreement with the Community Mental Health Centers CMHCs throughout the state to strengthen communication and ensure mental health services are provided to the children in foster care. The DCFS Assistant Director for Behavioral Health regularly attends meetings with community mental health centers and the Division of Behavioral Health to facilitate communication and improve services throughout the state for foster children. Whenever barriers or issues arise that impacts clients in the child welfare system, the Assistant Director for Behavioral Health coordinates an intervention and response to either client-specific or systemic issues. DCFS worked with DBHS (now the Division of Aging, Adult, and Behavioral Health Services - DAABHS) to write contract performance indicators for CMHCs, funded by DBHS. A performance indicator was added that requires a mobile, crisis team by each CMHC and specifies that if the person needing crisis services is a foster youth, then services should be provided in the home or community where the youth is placed. The Performance indicator also requires that crisis services must focus on stabilization of the client within their community, must include a safety plan, and face-to-face follow-up within twenty-four (24) to forty-eight (48) hours of the initial crisis.
* **MidSOUTH-Center for Prevention and Training:** DCFS worked with MidSOUTH to implement the Stewards of Children program, a child sexual abuse prevention program for adults.  Their Project Coordinator coordinates the Steward of Children facilitator trainings and then assists those trained facilitators in setting up courses in their own local communities.
* **Multi-Disciplinary Teams (MDT):** The Arkansas Commission on Child Abuse, Rape and Domestic Violence, the Department of Human Services and the Arkansas State Police have an agreement in cooperation with law enforcement agencies, prosecuting attorneys, and other appropriate agencies and individuals to implement a coordinated multidisciplinary team (MDT) approach to intervention in reports involving severe maltreatment.
* **Paragould Children’s Home and Children’s Home Inc**: Paragould Children’s Home has a campus in Paragould, Arkansas that is a family like setting. Paragould Children’s Home also operates Children’s Home Inc. that is located in Searcy, Arkansas. Children’s Home Inc. is a Private Licensed Agency who recruits, trains and supports foster families. Children’s’ Home Inc. monitors these homes for compliance with licensing standards. DCFS supported Children’s Home Inc. in PRIDE training and SAFE home study training. Children’s Home Inc. has 30 open Private License Placement Agency PLPA homes currently.

DCFS meets with Children’s Home Inc. at least quarterly.

* **Parent Advisory Committee (PAC):** The purpose of the council is to advise the Prevention/Reunification Unit. The Council is designed to ensure there are strong parent voices in shaping programs, services and strategies that result in better outcomes for children and families.  All council members are parents that have had previous involvement with Arkansas’s child welfare system.   There are currently six parents from different parts of the state on the council. The PAC created a 2019-2020 work plan with the goals of creating speakers’ bureau to help educate the public about birth parent experiences in child welfare, developing Parent Partners and incorporating parent voices at all levels of DCFS, creating a collaboration with the Foster Parent Advisory Council, and expanding HELP (a parenting support group). The group is kept abreast of the Division’s initiatives and plans such as the implementation of the Family First Prevention Services Act and the Child and Family Services Plan and is encouraged to share their ideas regarding the implementation and monitoring of these plans.
* **Partners for Inclusive Communities:** Partners for Inclusive Communities (Partners) is the entity that represents Arkansas University Center on Disabilities and is a member of the nationwide Association of University Centers on Disabilities. David Deere, director of Partners for Inclusive Communities, is an active member of FASD Taskforce and founder of the new Arkansas Specialty and Resource Clinic in Arkansas; this clinic provides FASD and Autism resources to Arkansans. Partners supports children and families touch by FASD or Autism and who are involved in Child Welfare by providing technical assistance on difficult cases and consulting on Individualized Education Plans (IEPs) for students receiving special education services. Partners also provide FASD trainings for medical or school personnel and work with DCFS on facilitating FASD trainings and services for staff and the families for whom DCFS serves.
* **Project PLAY (Positive Learning for Arkansas’ Youngest):** Project PLAY is an Early Childhood Mental Health Consultation (ECHMC) program funded by the AR DHS Division of Child Care and Early Childhood Education (DCCECE) in collaboration with the UAMS Department of Family and Preventive Medicine. Project PLAY connects childcare programs with free early childhood mental health consultation throughout Arkansas and it has a program area that addresses children in foster care.  Collaboration occurs on the local and state level.  At the local level, when a child in foster care is identified in a childcare center as needing concerted attention to address his/her behavior, staff in the center, the child’s DCFS caseworker and foster parent(s) come together to discuss the options specific to the child.  If a change in foster parents or caseworker occurs or other DCFS administrative actions occur, DCFS central office staff is included to help expedite coordination of services.
* **Project Zero:** Project Zero is a non-profit who supports DCFS in finding forever families for waiting children. Project Zero hosts several matching events throughout the year.  Children and youth from across the state (as well as families) come, interact, and meet families; examples of events include; Disney Extravaganza, Back to School Bash, Dream Big. Project Zero is funded by donations and volunteer service. At the end of 2019 - 196 children found forever families through Project Zero either matching events or inquiries. Below is a recap of numbers from past years matches with Project Zero.
  + - 2012 – 18
    - 2013 – 30
    - 2014 – 74
    - 2015 – 76
    - 2016 – 124
    - 2017 – 126
    - 2018 – 167

Project Zero assumed responsibility for the Arkansas Heart Gallery. Project Zero maintains all Heart Gallery photographs which are taken by professional volunteer photographers. Project Zero also does short video features of the children waiting to be adopted.  This gives the children a voice in what they wish for in an adoptive family and a chance to show their personality.  DCFS has implemented an MOU to ensure that appropriate guidelines are followed.

* **Psychiatric Research Institute (PRI)-University of Arkansas for Medical Sciences:**

DCFS and PRI collaborate often to identify and address problematic systemic issue in the behavioral health services for the child welfare population. The behavioral health unit and PRI implemented a process for a Complex Trauma Assessment in 2016. This is a very comprehensive evaluation that assists in determining accurate diagnoses and provides recommendations for evidence-based treatment approaches. This project was initiated due to multiple children and youth being inaccurately diagnosed with Reactive Attachment Disorder, when trauma was not assessed or considered, therefore treatment approaches being taken were not effective.

This assessment is being utilized with very positive results in providing reasons for ruling out previous diagnoses and determining the primary diagnoses that should be the focus of evidence-based services and other case plan goals.

A grant to support the Complex Trauma Assessment and extend the services was obtained through Victims of Crime Association (VOCA) in 2019. In March, this grant supported the training or four additional psychologists in various areas of the state to provide the Complex Trauma Assessment, which expands the number of assessments that can be done and makes them more accessible throughout the state.

* **Public Guardian for Adults (PG) and Adult Protective Services (APS):** Act 1033 of 2015 states that a transitional staffing for children who will be considered incompetent to care for themselves outside the assistance of DCFS upon turning 18 is to be scheduled no later than 6 months prior to a child’s 18th birthday or upon entering foster care (whichever occurs later), and that Adult Protective Services and Public Guardian for Adults are to be invited. DCFS has delegated a liaison within the agency to aid in the referral process and in communication between DCFS and these two agencies. This liaison is reaching out to the field staff to educate on the process of applying for Public Guardian and with scheduling this staffing. This liaison also screens all Public Guardian referrals for quality and accuracy before forwarding to the Public Guardian office. There were 3 DCFS applications submitted in 2017, 3 in 2018, and 3 in 2019.
* **Qualified Residential Treatment Program QRTP:** Qualified Residential Treatment Programs are a result of the Family First Prevention in Services Act that went into effect on October 1, 2019. A QRTP is a specific category of a non-foster family home setting, for which title IV-E agencies must meet detailed assessment, case planning, documentation, judicial determinations and ongoing review and permanency hearing requirements for a child to be placed in and continue to receive title IV-E foster care maintenance payments (FCMP’s) for the placement. The facility must meet the definitions of a childcare institution (CCI).
  + Has a trauma informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional and or behavior disorders or disturbances. Must be able to implement the treatment identified in the required 30-day assessment for said child/youth.
  + Facilitates participation of family members in the youth’s treatment program when appropriate.
  + Facilitates outreach of the youth’s family members including siblings and fictive kin. Maintains contact information of these individuals and documents how they are integrated into the treatment process.
  + Provides discharge planning and family – based aftercare support for at least six (6) months post – discharge.
  + Is licensed in accordance with the title IV-E requirements for childcare institutions (CCI).
  + Is accredited by any of the following Independent Not-for-Profit Organizations: The Commission on Accreditation of Rehabilitation Facilities (CARF), The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), The Council on Accreditation (COA, or any other Independent Not-for-Profit Accrediting Organization approved by HHS.
  + Has registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice as defined by state/tribal law, are on-site according to the treatment model, and are available twenty-four (24) hours a day and seven (7) days a week. 30-day Independent Assessment
    - Family and Permanency team requirements
    - Case Plan Requirements
    - 60-day Court Approval
    - Ongoing Review and Permanency Hearing Requirements

Arkansas currently has 15 Qualified Residential Treatment Programs across the state. There are 198 beds allotted for this program.

* **Restore Hope:** Aims to harness the passion of individuals, public-sector agencies, companies, and social and religious organizations to claim accountability for their communities. Restore Hope believes that no one agency or organization can solve the problem: Collaboration is the solution. Through the 100 Families Initiative, Restore Hope focuses on moving families from a place of crisis to an environment where they are thriving. This includes areas like housing, transportation, employment, education, addiction/recovery, and food stability DCFS is a part of the two alliances that are currently formed in the state. There is one in Fort Smith, Arkansas (Sebastian County), another in Searcy, Arkansas (White County), and during this reporting period Restore Hope also expanded to Garland County. Each alliance is made up of about 15-20 people.
* **Searcy Children’s Home (SCH)**: SCH has been a Private Licensed Agency in Arkansas for many years. Searcy Children’s Home recruits, trains and supports foster family homes who accept placement of DCFS children. Searcy Children’s Home monitors these homes for compliance with licensing standards.In early 2019 Search Children’s name changed to Sparrow’s Promise. Sparrow’s Promise unveiled their new visitation center. DCFS is working closely with Sparrow’s Promise at this time to discuss phases of implementation and how we can work together to support children and families. As of April 2020, Sparrow’s Promise has 9 resource homes.

Andrew Baker, Executive Director also won a Children’s Bureau award for his work with Sparrow’s Promise, Restore Hope, and Red Door Tables. DCFS meets with SCH at least quarterly.

* **Southern Christian Children’s Home (SCCH):** Southern Christian Children’s Home currently operates a family like setting campus in Morrilton, Arkansas. Southern Christian Children’s Home has received their licensure as a Private Licensed Agency but does not currently have any open resource homes under this license. Southern Christian Children’s Home is working on recruitment of resource homes in Area 5 and will train and support each home they recruit. They will also monitor all their homes for compliance with licensing standards.
* **Therapeutic Foster Care:** Therapeutic foster care providers are those that deliver therapeutic foster care (TFC) services in family homes for children who have emotional, behavioral or physical problems which cannot be remedied in their own home, in a routine foster parenting situation, or in a residential treatment program for clients or youth statewide in the custody of the Department of Human Services (DHS), Division of Children and Family Services (DCFS).

Community Mental Health Centers and licensedprivate agenciesmaintain contracts with DCFS to provide this service statewide. DCFS meets once a month with providers to strengthen communication of referral and other issues. This group is known as the Foster Family Based Treatment Association (FFTA). The agenda varies, but topics mostly cover updates from Specialized Services Unit (SSU), proposed TFC standards, child specific recruiting, double occupancy request, FBI results, and age waivers. There is also discussion in regard to their annual institute conference and other national issues. DCFS also brings issues related to TFC providers having more consistent practice related to admission criteria.

Mental health services must be provided by clinicians licensed in the State of Arkansas and must be direct employees of the Therapeutic Foster Care program. The Therapeutic Foster Care provider must have the ability to provide crisis intervention, individual, group and family therapy at the frequency and intensity necessary to meet the needs of the client to maintain stable placement in the community. Provision of more intensive services such as day treatment is optimal but not a required component of the array of services that must be provided directly by the Therapeutic Foster Care provider.  Although a majority of the TFC providers already employed their own therapist, this requirement is designed to increase the consistency and quality of behavioral health services that our youth are provided while in TFC. The Therapeutic Foster Care provider must be able to submit a report of clinical services provided for each client as requested by the Division of Children and Family Services.

* **University of Arkansas for Medical Sciences (UAMS):** DCFS has partnered with UAMS for the collaboration of referrals, consultation, and communication with the Adolescent Sexual Adjustment Program (ASAP) and the Family Treatment Program (FTP). DCFS had identified a liaison in the Specialized Services Unit to provide assistance to field workers in the preparation of application packets for the above-named programs. DCFS recognized that we could impact placements of children with challenging behaviors due to sexually acting out or post-traumatic stress from sexual abuse for offenders, victims and family members. This involves providing children as well as adults experiencing post-traumatic stress from sexual abuse with the appropriate assessments, therapies, and treatment. The DCFS Specialized Services unit also works to educate staff statewide regarding DCFS policies & procedures for ASAP and FTP referrals and services.
* **University of Arkansas for Medical Sciences, Family and Preventive Medicine:** DCFS has partnered with UAMS for an evaluation of our prevention services, specifically those services included in the state’s Family First 5 Year Prevention Plan. UAMS will initially be completing an outcome evaluation of Family Centered Treatment, Intercept, and SafeCare as well as a process evaluation of SafeCare. MidSouth is in the process of switching their parenting program model to Triple P. Once Triple P is in place, UAMS will also be completing an outcome evaluation of their program. This evaluation aims to answer whether or not these programs reduce subsequent child abuse and placement in foster care while improving child well-being.
* **Youth Advisory Board:** Youth served by the foster care system provide representation on the Arkansas Youth Advisory Board (YAB). The YAB provides peer to peer support for other youth in care; develops training/workshops/conferences for transition aged youth; and provides guidance to DCFS staff on behalf of transition aged youth as it relates to policy, programs, and normalcy. This includes informing the YAB about the Division’s progress as it relates to its numerous federal plans such as the Child and Family Services Review (CFSR) Program Improvement Plan (PIP), the National Youth in Transition Database (NYTD) PIP, and the Child and Family Services Plan (CFSP) goals, objectives, and interventions and allowing the youth to ask questions and make recommendations about these plans.

The Youth Advisory Board is the voice of the rest of the youth in foster care throughout the state of Arkansas. A monthly meeting is held to discuss issues that may happen in their areas. Life skills classes are held each month in each area to give the youth that are not a part of the Youth Advisory Board a chance to express what is happening in their area/placement at the time. Each area holds a night that is specifically for the YAB member of that area to speak to the youth and the youth speaks back to them about different issues. From there, the YAB member brings that issue to the state YAB meeting held in Little Rock and discuss ways to help/or come up with a solution to the problem. The YAB is incorporated in planning, policy initiatives, the annual Teen Leadership Conference, and other program development efforts.

DCFS plans to continue to build upon its community partnerships and build the service array necessary to meet the needs of its population for individualized and community-based services and supports focused on safety, permanency, and well-being. DCFS recognizes that in order to have a true child and family services continuum, one entity cannot be responsible for meeting the needs of children and families. Rather, it is through true collaboration and partnerships that the Division coordinates and integrates into other services to prevent child abuse and neglect and achieve positive outcomes for children and families who are within the child welfare system.

Arkansas has also continued to work toward substantial, meaningful and ongoing collaboration with state courts and members of the legal and judicial community, including the Court Improvement Program in the development and implementation of the CFSP/APSR and its CFSR PIP. For example, during this reporting period, DCFS worked alongside CIP, the Attorney Ad Litem Program, the Arkansas Commission for Parent Counsel, and juvenile judges to implement one of its CFSR strategies that involved developing and delivering a statewide Court Preparation and Mock Testimony Training across the state.

A workgroup comprised of OCC staff and their Deputy Counsel, the CIP Director, DCFS Practice Improvement Trainer and Coach, the DCFS Federal Compliance and Waiver Administrator, a DCFS Field Supervisor, two DCFS FSWs, an Area Director, and a Midsouth Training Partner worked to identify specific training needs and develop the curriculum for the training. In addition, the Federal Compliance Manager and the Practice Improvement Trainer and Coach observed court hearings to determine areas needing improvement from a DCFS perspective.

The classroom portion of this training focused on the importance of relative and fictive kin placement, exploration of putative fathers, ensuring thorough initial and continuous health and safety assessment, and regular and quality home visits. For the mock testimony portion of the training, all training participants had to review an actual (redacted) case and go through court preparation with that case prior to the mock testimony. The mock testimony provided a way for staff to apply best practice in a courtroom setting (either actual court rooms were utilized for this day of the training or the mock court rooms in the law schools in central and northwest Arkansas were used) and included local attorneys ad litem, parent counsel attorneys, OCC attorneys, and juvenile judges serving in their respective roles and providing constructive criticism to staff.

Evaluation feedback on this training indicated that the exercise of walking through a true case file and testifying in front of their local stakeholders who then provided constructive criticism may have helped many of the participants not only feel more confident in their own skills, but helped to build relationships with these stakeholders.

As referenced in the bullet point above associated with CIP, the Assistant Director of Infrastructure and Specialized Programs and CIP Coordinator met on a quarterly basis during this reporting period to provide updates on each agencies’ initiatives, discuss common PIP activities and strategies, and how more coordination could occur. During their quarterly meetings the CIP Coordinator and Assistant Director also discussed possible training topics for Court Improvement Teams/Judicial Leadership Meetings.

The Assistant Director also recommended the CIP Coordinator join the Education Stability for Children in Foster Care Workgroup being led by the Arkansas Department of Education, which CIP Coordinator and her supervisor have since joined. There have only been two meetings to date of this group which focused on gathering information from all stakeholders on various topics related to educational stability for children in foster care (e.g., immediate enrollment procedures, transportation procedures, best interest determination, placement change notifications, dispute resolution, data collection, etc.). This workgroup was temporarily put on hold due to the COVID pandemic.

The Assistant Director of Infrastructure and Specialized Programs also served on the 2020 Children and the Courts Conference Planning Committee and offered several suggestions regarding workshop topics/speakers (e.g., Arkansas Children’s Care Network (ACCN) for children with special health care needs/chronic illnesses, trauma informed approach to courts/Judge Carole Clark, session on PASSE as related to DN cases) while also providing input on other committee members’ topics/speakers (e.g., working with families with substance misuse issues, medical topics, DCFS Youth Advisory Board).

Due to the COVID pandemic, the Children and Courts Conference had to quickly transition to a virtual format. Because of this, the scope of the conference had to be reduced somewhat, but still included seventeen sessions. Four of the seventeen live-streaming sessions were related to substance use disorder training, while several others include recognition that the far-reaching effects of substance misuse underlie many other categories of child maltreatment (such as intimate partner violence). CIP and the Juvenile Division of the Arkansas Administrative Office of the Courts have also voiced continued commitment to collaborating with the National Center on Substance Abuse and Child Welfare (NCSACW, which provided a session at Children in the Courts Conference referenced above) and the Capacity Building Center for Courts in planning programing for the annual Judges’ meeting. CIP chose to offer this content to continue cohesive messaging across the board, to legal and judicial stakeholders in Arkansas’s juvenile courts. In a similar effort, CIP till plans to offer NCSACW’s Online Tutorial for Legal Professionals to its legal stakeholders.

Other examples of collaboration and communication include:

* Development of a Memorandum of Understanding between DCFS the Arkansas Commission for Parent Counsel (ACPC) to establish the financial relationship between the ACPC and the DCFS for attorney services provided by ACPC in the representation of parents in dependency-neglect cases.
* Sharing of monthly DCFS data charts with leadership of the different programs under the Arkansas Administrative Office of the Courts. This includes the recent development (March 2020) and utilization of a “oneshare” message that allows the DCFS Director to send these charts and any other information directly to juvenile judges in the state.
* Regular communication via email, phone calls, and meetings with the leadership teams of DCFS, ACPC, the Attorney Ad Litem Program, CASA, the DHS Office of Chief Counsel, and juvenile judges regarding the agencies’ initiatives as well as addressing case specific issues.

Arkansas believes that parent, family, and youth voice is critical to understanding how well the child welfare system is achieving its goals. Ways in which families, children, youth, courts and other partners were involved in or otherwise made aware of DCFS initiatives and progress included presentations to or other forms of communication sharing with the Parent Advisory Council, Resource Parent Advisory Council, Youth Advisory Board, and a variety of regular stakeholder meetings on applicable topics. This ranges from the various components of Family First implementation in Arkansas to the development of new Supervised Independent Living contracts for youth in Extended Foster Care, many of which are among the objectives and interventions in the “Update to the Plan for Improvement.”

**CHILD WELFARE PROGRAMS SUPPORTING SERVICES IN THE FIELD**

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

* **Differential Response:** Differential Response (DR) is a family engagement approach that allows the Division to respond to reports of specific, low risk allegations of child maltreatment with a Family Assessment (FA) rather than the traditional investigative response. The goals of Differential Response are to prevent removal from the home and strengthen the families involved. As with investigations, Differential Response is initiated through accepted Child Abuse Hotline reports and focuses on the safety and well-being of the child and promotes permanency. Having two different response options in the child welfare system recognizes that there are variations in the severity of the reported maltreatment and allows for a Differential Response or an investigation, whichever is most appropriate, to respond to reports of child neglect.
* **Child Protective Services:** The goal of this unit is to oversee child maltreatment investigations as a program and improve risk and safety assessments as well as ensure that services are provided as needed to families throughout the course of an investigation.

Removal Consultations continued throughout this reporting period. Removal Consultations are conducted by the Area Program Administrator within twenty-four (24) hours of the removal. A standardized review tool to help ensure consistency in the reviews and ultimately consistency in decision making that prioritizes safety when engaging with families. In addition, the review process is designed to help the worker to write the affidavit and to prepare for testimony in court regarding the immediate danger and reason for removal. These reviews are based upon the value that removal decisions are never driven by anything except answering “yes” to the following question, “Is this action necessary to protect the health or physical well-being of the child from immediate danger.”

* **In-Home Services:** When an investigation is determined to be true, DCFS opens an in-home (a.k.a. protective services) case and works with the child(ren) and family in the home in an effort to prevent child(ren) from entering foster care. The In-Home Services Unit currently consists of two staff members, an In-Home Manager and a Family Service Worker Specialist. The FSW Specialist is responsible for reviewing in-home cases as well as shadowing and coaching in-home services field staff throughout the state in an effort to improve the quality of services offered through these cases and, in turn, ensure that children can safely remain in their homes. The In-Home Services Unit is also responsible for creating a sense of urgency around safely reunifying families and, when families do achieve reunification, ensuring that adequate supports are in place to help the family with the initial transition and prevent maltreatment from reoccurring.

The implementation of Permanency Safety Consultations (PSCs) has been a key task of this reunification work. PSCs are staffings held between the worker and supervisor to review the progress of a foster care case. Other parties may attend, such as the Program Administrator or Area Director. The goal of the staffing is timely reunification. During the staffing the worker is asked to recap:

* The reason the child entered care and why a protection plan was not implemented;
* What have the parents done to correct their situation;
* The services of which the parents taken advantage;
* What behavior changes have occurred in the parents;
* What is the Department doing to assist the family;
* What services are being provided to the family;
* What the barriers are for the family accomplishing their goals;
* Whether a safety factor still exists and, if so, what the is safety factor; and
* What are the next steps to move the case forward

Permanency Safety Consultations were initiated in May 2017 with cases where the child had been out of the home for 10 months and the goal was still reunification. Beginning October 1, 2017, Permanency Safety Consultations were implemented statewide to be conducted at three, six, and nine months of a child’s placement in foster care provided reunification remains the case plan goal. The DCFS In-Home Specialists monitors the Permanency Safety Consultations as well as provide technical assistance to field staff regarding this effort as needed.

* **Criminal Background Checks and Notifications Units:** The Criminal Background Checks and Notifications Units process all Child Maltreatment Central Registry Checks for the State of Arkansas and serve as the point of contact to run all Arkansas Crime Information Center (state background checks) and National Crime Information Center (non-state/FBI background checks) for Division staff and provider applicants/renewals. In addition, this unit ensures all appropriate notices are provided to clients regarding investigative findings and appeal decisions.

DCFS has implemented the Adam Walsh Child Protection and Safety Act that outlines procedures for conducting criminal background checks of prospective foster care and adoptive parents.  DCFS policy outlines procedures for child abuse neglect registry for prospective foster and adoptive parents as well as adult members of their household.

DCFS continues to comply with FBI standards as it relates to securing, storing, and disseminating FBI checks. This includes a required online training for anyone who handles background checks before that staff member completes any job duties associated with background check processing.

* **Behavioral Health:** This office provides technical assistance to the local field staff in ensuring quality behavioral health and substance abuse treatment services to clients, diverting acute psychiatric placements when appropriate, facilitating Interdivisional Staffings for youth with challenging behaviors who may also be served by multiple systems, and collaborating with other community partners to prevent inappropriate diagnoses for children served by the Division of Children and Family Services. This office also oversees many of the community-based contracts for services to families.
* **Arkansas’s Creating Connections for Children (ARCCC):** Arkansas Creating Connections for Children (ARCCC) includes Arkansas’s Diligent Recruitment Grant activities as well as the Targeted Recruitment intervention of Arkansas’s IV-E Waiver Demonstration Project, which has allowed the state to implement targeted recruitment strategies statewide. The goal of the ARCCC is to recruit, support, and retain a pool of available resources for families in the highest need communities to serve the population most in need (see below for a more comprehensive description). This program, including all federal reporting requirements, is coordinated at the state level by the ARCCC Program Manager.

ARCCC also includes the Centralized Inquiry Unit responds to all traditional foster and adoptive home inquiries that come through the online inquiry website from across the state and processes all initial background checks for applicants.

The four major components of ARCCC are:

1. Community Outreach & Development
2. Recruitment for Targeted Populations
   1. Youth 10 and older (Areas 3, 4, 5, 9, and 10)
   2. Youth 12 and older (Areas 1,2,6, and 8)
   3. Children with Special needs
   4. Children of color
   5. Sibling groups
3. Child Specific Recruitment (Areas 1,2,6, and 8; Youth in care over 24 months)
4. Retention & Support of Resource Families

The strategies within ARCCC are designed to recruit, train, and support a cadre of foster and adoptive families who reflect the characteristics of youth in foster care, so these families can assist young people with establishing lifelong connections and achieving permanency in the shortest time possible.

The ARCCC approach encompasses two key elements of the Annie E. Casey Family to Family model: Building Community Partnerships and Resource, Development, and Support. Building Community Partnerships (BCP) elements center on building relationships with a wide range of community organizations and leaders in the neighborhoods and communities with high rates of child welfare involvement in an effort to create an environment that supports families involved with the child welfare system.

DCFS has employed Community Engagement Specialists (CESs) to take the lead on community outreach and education of the child welfare system and establishing partnerships needed to establish a strong network of neighborhood-based resource families. The local, area Community Engagement Specialists (CESs) are now supervised by the area Resource Supervisors.

The CESs perform a variety of duties related to the targeted recruitment and retention of resource homes. The CESs continue to work with their local recruitment teams to ensure community representatives are involved to identify and enhance services and supports that are accessible financially, culturally, and geographically for all families who live there. The specific goals of the local recruitment teams include:

* Develop a network of foster families that are more neighborhood-based, culturally sensitive, and located in the communities of where children entering foster care live and will work to support reunification efforts.
* Reduce the need for institutional or congregate care by meeting the needs of youth in foster family homes.
* Increase the number and quality of foster family homes to meet health, safety, stability, educational, social, emotional, and physical needs of children within their communities and schools.
* **Transitional Youth Services:** Each child in DHS/DCFS custody, age fourteen or older, in care for 30 days or more is provided with opportunities for instruction for development of basic life skills.  Each child, beginning at 14 is assessed every six (6) months to determine the progress in acquiring basic life skills as well as planning for transition to adulthood until age 18 or as competency is achieved in the assessment score (90% or above). Services identified in the assessment to help the child achieve independence are provided directly by staff, foster parents or placement staff, through contract or through arrangement by staff. The Chafee Foster Care Program for Successful Transition to Adulthood provides services to youth in foster care that are often unavailable or unfunded through other program funds such as Title IV-E-Foster Care. Services provided are those supports and services that will enhance the likely of a transition to a successful adulthood. Chafee also serves those youth adopted after age 16 and youth who are eligible for the Subsidized Guardianship. Chafee also provides services to youth leaving care after age 18.
* **Planning:** The Planning Unit is responsible for broad base programmatic planning for the Continuous Quality Improvement (CQI) of the child welfare system. Activities may include the assessment of effectiveness of any program, procedure, or process related to ensuring the safety, permanency, and well-being of children in the child welfare system. There is a focus on strategic planning and utilization of implementation science for sustaining best practices. This unit is responsible for the data collection and reporting on the Child and Family Services Plan, CAPTA, IV-E state plans.It is also responsible for implementation oversight and reporting of any Program Improvement Plan development as a result of a Child and Family Services Review or other federal review, such as the Onsite Federal National Youth in Transition Database (NYTD) Review.
* **Continuous Quality Improvement (CQI):** The Service Quality and Practice Improvement Unit (SQPI) is responsible for DCFS’ case review process, Quality Services Peer Reviews. QSPRs are monitoring tools used to evaluate the quality of the child welfare system in Arkansas. The QSPR process utilizes the federal Child and Family Services Review (CFSR) onsite review instrument and, as such, also focuses on safety, permanency, and well-being outcomes for children and families. The SQPI Unit employs an annual two-pronged process for conducting QSPRs in each service area. The first part of the review process involves formal case reviews; including evaluations of the Children’s Reporting Information System (CHRIS) records and physical case files as well as interviews with individuals pertinent to the cases. Following each review, a report is generated to convey the results and identify successes as well as areas needing improvement. Each Area is encouraged to develop a practice improvement plan relating to the two issues on which the Area scored lowest, unless the Area passed all issues. The additional electronic reviews began in September 2019 with Area 10 and has been incorporated in each of the subsequent area reviews. Each year two counties are selected in each area to participate in the QSPR process, with different counties selected in subsequent years until every county has a chance to participate. Ten additional cases are reviewed in each service area, five in each of the additional counties. CQI/QA staff finds it helpful and attends legislative update trainings when they are offered by the Division. They also have trained another representative (who does the CQI supplemental reviews) so she can step in and help with the QSPR reviews if needed.
* **Policy:** The DCFS Policy Unit has responsibility for developing, revising, promulgating, and distributing DCFS policies, procedures, publications and forms. Various federal and state laws govern DCFS which requires the monitoring, updating, and developing rules and regulations to maintain compliance with these laws. The Policy Unit also ensures that all field staff receive training on new and revised laws that go into effect as a result of legislative sessions.

During this reporting period, the Policy Unit completed a long-standing project of overhauling what is typically referred to as PUB-357. This publication was previously entitled the Child Maltreatment Assessment Protocol but is now titled the Child Maltreatment Investigation Determination Guide. This revised version narrows the scope of the publication to only focus on the legal elements required to make a true finding for child maltreatment at the conclusion of an investigation. The format has been restructured so that it aligns the guidance for and terminology used in making a determination with the Child Maltreatment Act.

Another major project for the Policy Unit during this reporting period was revamping the Division’s policy related to resource home recruitment, development, maintenance, and support, to include updating the Resource Parent Handbook. These sections of policy and the handbook had not been updated in several years so the revised versions will result in incorporating existing practices and programs, such as the role of the Centralized Inquiry Unit in the initial assessment of resource homes. This packet of rules is currently in the internal stages of the promulgation process.

The updates to the resource home section of policy and the Resource Parent Handbook involved a workgroup comprised of field and Central Office staff at all levels. Input from the Resource Parent Advisory Council was also solicited, and this group also provided feedback on drafts of the Resource Parent Handbook. The Youth Advisory Board (YAB) is also set to review the Resource Parent Handbook at an upcoming YAB meeting. The Policy Unit has also worked closely with these same groups to update policy regarding adoptions decisions as well.

* **Professional Development:** The Professional Development Unit (PDU) develops and monitors the contracts with the University of Arkansas at Little Rock MidSOUTH Academy and Academic Partnership in Public Child Welfare to ensure DCFS staff members receive training necessary to perform their job responsibilities. PDU also monitors a variety of continuing education training opportunities offered through the IV-E Partnership and other entities that are designed to enhance staff skill sets and improve practice with children and families. The PDU Manager also maintains and updates the training plan required as a part of IV-E and IV-B. This unit also processes all training-related travel statewide and oversees the DCFS Internship Program, including IV-E stipend students.

During this reporting period, PDU was closely involved with the National Child Welfare Workforce Institute’s (NCWWI) Workforce Excellence site in Arkansas. This is a five-year grant project funded by the federal NCWWI to support DCFS and the University of Arkansas at Little Rock in efforts to transform the child welfare workforce. It includes a Comprehensive Organizational Health Assessment (COHA), leadership development for middle management staff, and substantial stipends to assist staff in earning higher education degrees in social work in exchange for committing to continuing to work for the agency for at least a year for each educational stipend received.

PDU has also added a DCFS Practice Improvement Trainer and Coach to its team in February 2020. The person in this role is serving as an in-house trainer for the agency. Major training development and delivery projects for the Practice Improvement Trainer and Coach have included the trainings for the new PUB-357: Child Maltreatment Investigation Determination Guide and the facilitated wrap-up conversations that are following staff participation in the National Center on Substance Abuse and Child Welfare’s Online Substance Abuse for Child Welfare Professionals.

* **Specialized Placement**: The Specialized Placement Unit coordinates Interdivisional Staffings and locates and assures specialized placement for youth with special needs as well as the keying and monitoring of contract TFC placements and DDS placement.
* **Specialized Services:** The Specialized Services Unit assists field staff with DDS Waiver application packets and other supports to clients affected with developmental disabilities. The Specialized Services Unit is also responsible for assisting field staff with referrals to the Adolescent Sexual Adjustment Program (ASAP). The Arkansas Sexual Adjustment Project (ASAP) is a specialty treatment program within the Family Treatment Program at the University of Arkansas for Medical Sciences for treatment of children and adolescents with sexual behavior disorders.  It is unique in Arkansas in its specialization in abuse-focused treatment and management of within-family child sexual abuse.
* **Foster Care Services:** The Division cares for children who cannot remain in their biological/legal parents’ homes by locating temporary placements in least restrictive environments, usually approved foster homes. These children, who are usually removed from their families due to alleged abuse or neglect, are cared for while biological families complete the steps put into place by the courts to bring their children home. Plans are immediately put in place for the children, including reunification with biological parents, placement with relatives or significant people in their lives, adoption, and/or other permanent living arrangements. Permanency is paramount to these plans. The Division works with the families to offer all services in conjunction with court orders in order to reunify the family and place the child back in their home.

The Foster Care Unit is also responsible for supporting foster parents. This includes processing foster parent travel reimbursements and ensuring regular communication with foster parents regarding various Division initiatives.

The Foster Care Unit is overseen by the Foster Care Manager. In addition to the efforts and activities above the Foster Care Unit is also responsible for:

* Board payments
* Foster and Adoptive Parent Portal – handle all registrations and log in issues
* Response to resource parent requests and complaints and processing resource parent and volunteer travel
* Consistent communication and connection to the resource parents including least bi-weekly emails to resource parents about various topics.
* Oversight of Private Licensed Placement Agencies and monitoring their compliance with licensing – there are at minimum quarterly meetings with each provider.
* Oversight of the Resource Parent Training Contract – annual meetings with each provider.
* Quarterly meetings with community partnerships that are working directly with recruitment and resource parent support.
* Continued monitoring of relative placements and ensuring that children and youth are being placed with relatives at removal.
* Processing, approving, and monitoring of the Volunteer Program (as whole)
* Collaboration with Division of Child Care and Early Childhood Education (DCCECE) to continue to promote the message of children being in Head Start or ABC programs.
* Participation in Placement Team Meetings which focuses on the youth in Congregate Care and tracking to ensure that they were moved to a family setting as quickly as possible.
* Oversight of the PACE evaluation contract, home study contract, and the Specialized Private Licensed Placement Agency contract (new contract to be implemented July 1, 2020)

The Foster Parent Support Specialist position is a part of the foster care unit and assist to determine continued ways that Central Office can both support foster parents and build continued relationships at the local level. The Foster Parent Support Specialist’s primary role is to support and assist foster parents across the state in areas such as foster care board payments, travel reimbursement, questions about policy, continuing education opportunities for foster parents, foster home approval inquiries, and foster and adoptive provider portal questions.

During this reporting period DCFS collaborated with stakeholders to assist in supporting our foster parents and bring awareness and promote foster care initiatives including:

***HOPE Conference***

DCFS once again participated on the HOPE Conference planning committee and provided information regarding key speakers and how to best wrap around the resource parents that attended. The DCFS Youth Advisory Board (YAB) participated, again, at these year’s HOPE Conference. The YAB can help educate foster parents on the needs of teens in foster care and encourage foster parents to consider fostering older youth. This is a two-day conference that provides continuing education and learning to resource parents.  It is a collaboration of three organizations, Immerse Families, the CALL, and Project Zero. This year, the HOPE Conference was hugely impacted by our partners at ARBEST bringing high quality training to families.

***Walk for the Waiting***

Is an annual walk that is held to raise funds for three Central Arkansas Organizations; Immerse Arkansas, the CALL, and Project Zero. Each organization plays a different role in the child welfare system.  Due to the Covid-19 Pandemic, this year’s Walk for the Waiting was switched to a ‘virtual’ walk. We raised $5,000 at this year’s walk.

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

***Recruitment***

As of May 5th, 2020, there are approximately 354 children in Arkansas who have no permanent family to give them the stability, safety, and commitment they deserve. That is why Arkansas created the Arkansas Heart Gallery, partnered with Project Zero, our local CBS affiliate, THV11, and other community partners to recruit homes for specific waiting children. The emphasis is on placing children in foster care in the most appropriate and loving adoptive homes that best meet the needs of the child/children.

Project Zero also puts on matching events with two of their biggest being Disney Extravaganza and Candyland Christmas. Project Zero’s events are year-round. These events build hope in waiting children. At the Disney Extravaganza in 2019, 63 children met their forever families. Each of these recruitment activities are encouraging to waiting families and children. Many matches have been successfully made through the many matching events. In 2019, 196 children met their forever families because of Project Zero.

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

***Arkansas Mutual Voluntary Adoption Registry***

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

***Post-Adoption Services***

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

Support is key to achieving the goal of finding permanent, safe, stable, committed, and loving families for children. Parents need information that will strengthen their families and enable them to handle the challenges of adoptive parenting. These post-adoptive services are available to support the families of children adopted from other countries.

DCFS provides assistance for adoptive families facing challenges, including:

* Adoption Subsidies & Medicaid if eligible
* Information & Referrals
* Adoption Education & Training
* Respite care
* Therapeutic Counseling
* Mental Health Services, both in-home and residential.
* Crisis Intervention services
* Case Management
* Arkansas Mutual Consent Voluntary Adoption Registry (MCVAR)

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

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

* Partner with THV 11 for their “A Place to Call Home”, featuring children available for adoption. Including the thirty-minute special in May for National Foster Care Month.
* Provide respite for post adoption services.
* Continue to work closely with Project Zero and expand the partnership with new ideas.
* Explore ways to continue to strengthen post-adoption services.
* Assist with other services either not covered by Medicaid or for children who do not receive Medicaid and are permitted under Titles IV-E and IV-B.

As of May 2020, 950 adoptions were finalized for children during SFY 2020.

The Adoption Unit also manages the Subsidized Guardianship Program. It isfor children for whom a permanency goal of guardianship with a relative or fictive kin has been established that the Division offers a federal (title IV-E) Subsidized Guardianship Program to further promote permanency for those children (provided subsidized guardianship eligibility criteria are met). Any non-IV-E eligible child may enter into a subsidized guardianship supported by Arkansas State General Revenue if the Department determines that adequate funding is available, and all other Subsidized Guardianship Program criteria are met. The monthly subsidized guardianship payment is used to help relative or Fictive Kin guardian(s) defray some costs of caring for the child’s needs. During permanency planning staffing’s guardianship should be explored as a potential permanency option. If it is determined at the permanency planning hearing that a guardianship arrangement with relatives or Fictive Kin is in the child’s best interest and the child’s permanency goal is changed to legal guardianship, the Division shall then determine if a specific guardianship arrangement may be supported by a subsidy through the Division’s Subsidized Guardianship Program. Only relative or Fictive Kin guardians may apply for a guardianship subsidy. Relative is defined as a person within the fifth degree of kinship by virtue of blood or adoption (A.C.A. § 9-28-108). The fifth degree is calculated according to the child.

Arkansas has approved seventy-six (76) cases with one hundred and twenty-seven (127) children receiving a subsidy of Subsidized Guardianships to date. The Permanency Specialist reviews each referral closely for the documentation, conducts a case review, and a consultation with the worker/supervisor. The challenge in regard to these referrals is assuring that the documentation that clearly reflects the ruling out of reunification and adoption is clear.

**UPDATE TO ASSESSMENT OF CURRENT PERFORMANCE**

The Arkansas Department of Human Services, Division of Children and Family Services (DCFS) utilizes the Quality Services Peer Review (QSPR) process as a central component of its Continuous Quality Improvement (CQI) system. Arkansas is currently conducting its third annual case review since the Round 3 CFSR utilizing an approved methodology change; this SFY 2020 QSPR review began in September 2019 and concluded in September 2020.

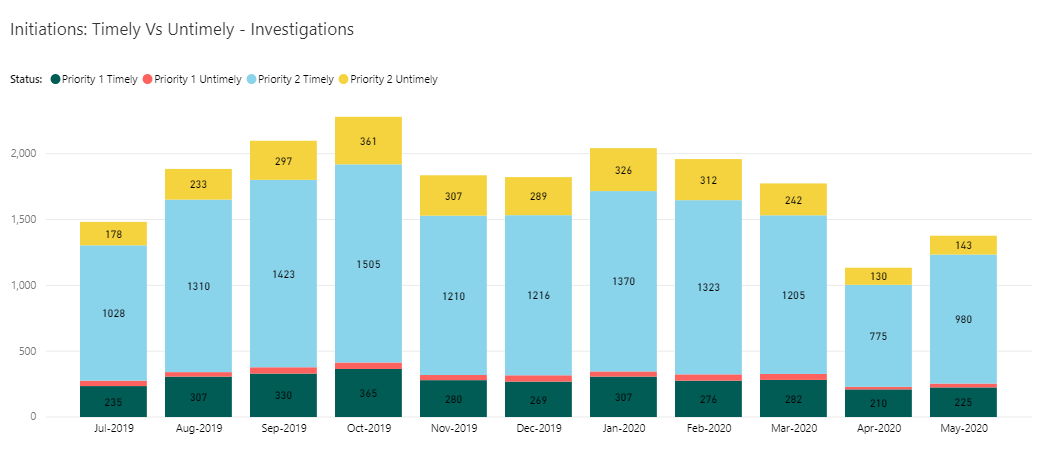
**A. SAFETY**

**SAFETY OUTCOME 1**

|  | ***SFY 2020 QSPR*** | ***SFY 2019 QSPR*** | ***Round 3 CFSR*** |
| --- | --- | --- | --- |
| **Safety 1: Children are first and foremost protected from abuse and neglect (N = SFY 2020)** | **88%** | **87%** | **69%** |
| ITEM 1: Timeliness of investigations (N=104) | 88% | 87% | 69% |

**Timeliness of Initiating Investigations**

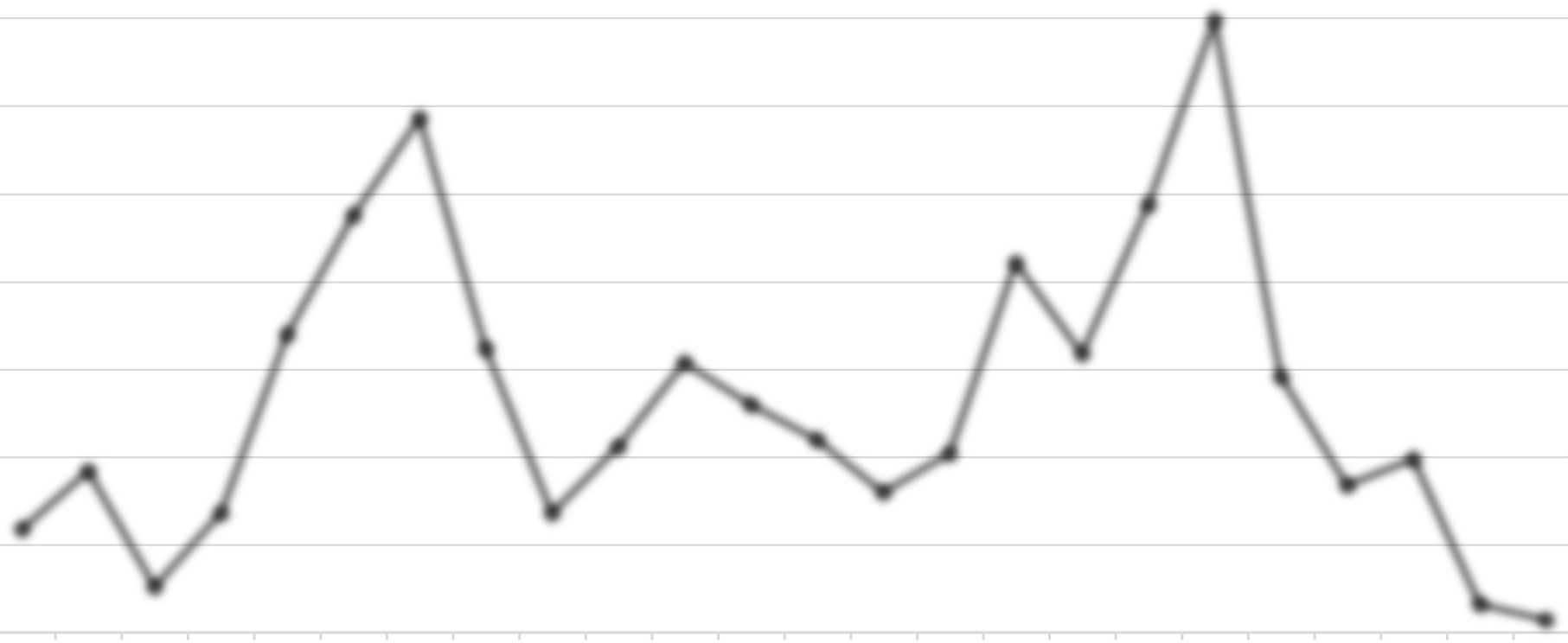
Reports of abuse and/or neglect were received during the twelve-month period under review in 104 of the cases reviewed during the SFY 2020 QSPR. Caseworkers initiated the investigations within the State mandated timeframes in 88 percent of these cases, a one percentage point increase from the SFY 2019 QSPR, and a 19-percentage point increase from the Round 3 CFSR. Of the ten service areas reviewed for the SFY 2020 QSPR, Areas 6, 9 and 10 have achieved substantial conformity with the initiation measure, continuing to bring the State closer to achieving substantial conformity with Safety Outcome 1.

[](https://app.powerbigov.us/MobileRedirect.html?action=OpenReport&appId=e9b3e066-68a5-48e1-b34b-1acd07cf0ea0&reportObjectId=ed5ff420-1112-4498-9d4a-b8380ca32e00&ctid=5ec1d8f0-cb62-4000-b327-8e63b0547048&reportPage=ReportSectionf70b39ba9d3d9e2db108&pbi_source=copyvisualimage)

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| --- |
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|  |

While not as closely tied to safety issues as the timeliness of investigation initiations, DCFS also closely monitors the number of overdue investigations statewide. See the chart below for a summary of the state’s ability to conduct and close child maltreatment investigations in a timely manner from the period of June 2019 through May 2019. Despite the continuing COVID-19 pandemic, overdue investigations are at an all-time low following a spike in December 2019. The information for the Overdue Investigations, Statewide chart is also pulled from CHRIS.

# Overdue Investigations, Statewide



400

350

351

300

295

250

**SAFETY OUTCOME 2**

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***SFY 2020 QSPR*** | ***SFY 2019 QSPR*** | ***Round 3 CFSR*** |
| **Safety 2: Children are safely maintained in their homes whenever possible and appropriate (N = SFY 2020)** | **82%** | **83%** | **60%** |
| Item 2: Services to Prevent Removal (N=65) | 91% | 94% | 55% |
| Item 3: Risk and Safety Assessment and Management (N=200) | 83% | 83% | 61% |

**Services to Prevent Removal**

DCFS provided the necessary services to prevent children from entering foster care in 91 percent of the applicable cases reviewed during the SFY 2020 QSPR. Although performance on this measure during the SFY 2020 QSPR has decreased three percentage points from the SFY 2019 QSPR, it remains significantly improved from the Round 3 CFSR with an increase of 36 percentage points.

**Assessing and Addressing Risk and Safety Concerns**

During SFY 2020, sufficient efforts were not made to assess and address risk and safety concerns for children receiving services in just 17 percent of the reviewed cases. The deficient ratings once again largely stemmed from problems with conducting ongoing assessments of risk and safety and with safety management due to sparse caseworker visitation with families, as previously identified through root cause analysis of case review data from both the SFY 2018 and 2019 QSPRs. Regardless of whether children remain in the family home or enter foster care, DCFS is required to assess and address risk and safety concerns for children receiving services, and the SFY 2020 QSPR noted Arkansas maintained previous gains made in closing the gap between deficiencies in foster care and in-home services cases reviewed. While the State’s performance on this item is unchanged from the SFY 2019 QSPR, it is, however, still a 23-percentage point increase over the Round 3 CFSR, and ongoing efforts toward improvement will continue to be made.

**B. PERMANENCY**

**PERMANENCY OUTCOME 1**

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***SFY 2020***  ***QSPR*** | ***SFY 2019 QSPR*** | ***Round 3***  ***CFSR*** |
| **Permanency 1: Children have permanency and stability in their living situations** (N= SFY 2020) | **53%** | **48%** | **36%** |
| Item 4: Stability of Foster Care Placement (N=120) | 73% | 73% | 70% |
| Item 5: Permanency Goal for Child (N=120) | 84% | 79% | 64% |
| Item 6: Achieving Reunification, Guardianship, Adoption or APPLA (N=120) | 79% | 77% | 58% |

**Placement Stability**

Children are considered to experience stability if their current placement (or last placement before exiting care) is stable and any moves they have made during the twelve-month period under review have been planned and designed either to achieve case goals or better meet their needs. The SFY 2020 QSPR saw the State maintain its performance in placement stability from the SFY 2019 QSPR. This represents a three-percentage point increase from the Round 3 CFSR, reflecting the State’s ongoing efforts to recruit and retain foster parents. Slightly more than one-quarter of the reviewed cases (27 percent) were rated as deficient on this measure during the SFY 2020 QSPR. While a few (three percent) of the deficient cases were deficient because the children’s current placement was not stable (e.g., the use of temporary shelters), most of the deficiencies again resulted from placement changes that were not planned by the Agency. In these cases, children were placed in accommodations not equipped to meet their needs or deal with their challenging behaviors. Many requests for a placement change came from the placement providers, and often workers did not make efforts to stabilize the placement (offer respite or other suggestions to manage needs) for fear of losing a resource family altogether; however, an increase in documented efforts by caseworkers to stabilize placements has again been noted during the SFY 2020 QSPR.

Area 5 is the only service area to date to attain substantial conformity for placement stability, with all twelve applicable cases rated as a strength. The SFY 2020 QSPR saw Area 7 have the most difficulty with placement stability, making efforts to provide placement stability in just half of the cases reviewed (50 percent); Areas 4 and 6 were not far behind, with both service areas making efforts to provide placement stability in 58 percent of cases reviewed.

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| **February 2020 Round 3 CFSR Data Indicator: Placement Stability** | | | |
| **Indicator** | **Performance** | **NS** | **Status** |
| Placement stability | 7.43 | 4.44 | ***Not Met*** |

Arkansas’s issues with placement stability were also bore out in the State’s updated February 2020 Round 3 CFSR Data Profile. The permanency indicator related to placement stability showed a rate of 7.43 placement moves as of September 30, 2019 compared to the national standard (NS) of 4.44 placement moves.

**Timely and Appropriate Permanency Goals**

The permanency goals in 84 percent of the foster care cases reviewed during the SFY 2020 QSPR were appropriate and established on time. The State’s performance on this measure demonstrated a five-percentage point improvement from the SFY 2019 QSPR, and a 20-percentage point increase from the Round 3 CFSR. Areas 3, 4, 6 and 8 achieved strength ratings on this item during the SFY 2020 QSPR.

**Efforts to Achieve Permanency Goals**

Appropriate legal and relational permanence should be achieved as timely as possible once a child enters foster care. Insufficient efforts were made to achieve permanency goals in 21 percent of the cases reviewed during SFY 2020. As noted in the SFY 2019 QSPR, the Agency again struggled the most with achieving adoption in a timely manner, whether the sole or concurrent permanency goal. Many of the deficiencies continue to involve systemic issues such as multiple continuations of termination hearings (many due to failure to properly serve all parents) and a lengthy, often-used appeal process was again also noted. Additionally, the Covid-19 public health crisis contributed to delays in several permanency hearings in the last four service areas reviewed for the SFY 2020 QSPR. A few deficiencies were the result of a lack of concerted efforts to achieve reunification, some of which were due to the loss of substance use treatment providers in some regions of the state, which delayed case progression.

Areas 1, 3, 9 and 8 achieved strength ratings on this item, with all four achieving timely permanency in 92 percent of reviewed cases. As in past years, Area 10 again had the most difficulty on this item by failing to achieve timely permanency in half of its reviewed cases (50 percent); most of these deficiencies involved systemic issues around achieving adoption or guardianship timely. One such deficiency was the result of the Court’s inability to find an attorney willing and able to serve as a Guardian ad Litem for an incapacitated parent.

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| **February 2020 Round 3 CFSR Data Indicators: Permanency in 12 Months** | | | |
| **Indicator** | **Performance** | **NS** | **Status** |
| Permanency in 12 months (entries) | 50.3% | 42.7% | ***Met*** |
| Permanency in 12 months (12-23 mos.) | 57.3% | 45.9% | ***Met*** |
| Permanency in 12 months (24+ mos.) | 37.1% | 31.8% | ***Met*** |

The February 2020 Round 3 CFSR Data Profile highlighted Arkansas’s improved performance in making successful efforts to move children to permanency. The state exceeded the national standard for discharging children in foster care to permanency within all three of the twelve-month periods being examined for length of stay, despite the State’s challenge in achieving timely adoptions noted in the SFY 2020 QSPR.

**PERMANENCY OUTCOME 2**

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|  | ***SFY 2020 QSPR*** | ***SFY 2019 QSPR*** | ***Round 3***  ***CFSR*** |
| **Permanency 2: The continuity of family relationships and connections is preserved for children** (N= SFY 2020) | **79%** | **81%** | **43%** |
| Item 7: Placement with Siblings (N=82) | 76% | 74% | 47% |
| Item 8: Visiting with Parents and Siblings in Foster Care (N=99) | 89% | 85% | 64% |
| Item 9: Preserving Connections (N=119) | 76% | 75% | 49% |
| Item 10: Relative Placement (N=116) | 94% | 95% | 70% |
| Item 11: Relationship of Child in Care with Parents (N=83) | 51% | 55% | 48% |

**Placement with Siblings**

Eighty-two of the foster care cases reviewed during the SFY 2020 QSPR included sibling groups. Sufficient efforts were not made to ensure that the siblings were placed together in a little less than one-quarter of these cases (24 percent). Caseworkers either did not attempt or were unable to locate placement resources capable of accommodating all sibling groups in the deficient cases. Due to the shortage of resource families in Arkansas, the children in many of the deficient cases were placed where beds were available as opposed to placements which were best suited to meet their individual needs. There was also not enough effort put into reuniting siblings once they were initially separated, and one sibling’s stability and positive adjustment to their placement was often cited as the reason. A few instances of a lack of placement options for sibling groups spanning a wide range of ages was also noted during the SFY 2020 QSPR. Only Area 1 achieved a strength rating for this item, successfully placing all siblings together when appropriate in 90 percent of the reviewed cases.

**Visitation between Foster Children and Their Parents and Siblings**

In building on its success in placing children in foster care in settings close to their parents, Arkansas continues to improve its performance around ensuring that children are able to visit with their parents and siblings, making sufficient efforts in 89 percent of the cases reviewed during the SFY 2020 QSPR. This is a four-percentage point increase from the SFY 2019 QSPR, and a significant 25 percentage point gain from the Round 3 CFSR. Efforts continue to be made across the State, especially with regard to ensuring babies have sufficient visitation to encourage bonding and attachment (i.e., more than weekly). Some of the deficient ratings again stemmed from a lack of visitation between the target children and their parents, but issues were also identified with insufficient visitation between siblings who were not placed together (often in separate counties). Arkansas believes that face-to-face visitation is indispensable in promoting the continuity of the children’s relationships with family members, so caseworkers must continue work to exploit the children’s proximity to their parents to facilitate frequent, quality visitation. This will increase the chances of family reunification and subsequently decrease the need for continued placement outside of the home. Areas 4, 7, 8 and 10 were wholly successful, achieving substantial conformity in 100 percent of applicable cases during the SFY 2020 QSPR, while Areas 5 and 9 achieved strength ratings of 91 and 90 percent respectively. Area 6 struggled most with this item to date; slightly less than one-quarter of the children in the applicable cases (22 percent) in the area did not receive adequate visitation with their parents and/or siblings.

**Preserving Important Connections**

Children form important bonds outside of their immediate families. They may have significant connections to their extended family, community, neighborhood, faith, school and/or friends. Sufficient efforts were not made to maintain these important connections in slightly less than one-quarter of the reviewed cases (24 percent). This reflects a one percentage point increase in performance from the SFY 2019 QSPR, and a significant 27 percentage point gain over the Round 3 CFSR. As in previous years, most of the deficiencies resulted from children not being allowed to visit and/or maintain contact with extended family members with whom they had a connection prior to entering foster care, further exacerbated when the children were placed outside of their home counties. It was again noted that in several instances, the caseworkers did not put forth any extra effort to promote or facilitate possible familial connections for the children once those relatives declined or were denied placement. This measure is typically a struggle for most service areas, and none achieved substantial conformity in the SFY 2020 QSPR; however, Area 3 did achieve a strength rating on this item measure (92 percent).

**Relative Placement**

Best practice dictates that relatives are the preferred placement option for children who cannot safely remain with their parents. Placing children with family members helps to mitigate some of the trauma they experience when entering foster care, and relatives provide emotional supports for children and help promote the reunification process as well as other important connections, including their critical ethnic, cultural and community ties. DCFS effectively worked to identify, locate and evaluate potential relative placements and place foster children in those homes when appropriate in 94 percent of the applicable cases, a slight one percentage point decrease from the SFY 2019 QSPR. Despite the small decrease from the previous review, this still represents a 24-percentage point increase over the Round 3 CFSR. This performance improvement from the Round 3 CFSR continues after shift in policy to encourage and facilitate ongoing efforts to identify both paternal and maternal relatives and to streamline the process for quicker placement once relatives are identified. Areas 1, 5, 6, 7 and 9 were wholly successful, achieving substantial conformity in 100 percent of applicable cases, while Areas 3, 4, 8 and 10 each achieved conformity in 92 percent of applicable cases reviewed.

**Relationship of Children in Care with Their Parents**

DCFS must work to provide efforts beyond visits to promote and support positive relationships between children in foster care and their parents. Parents should be allowed to participate in their child’s life events such as school conferences and programs, sports events or medical appointments or family therapy whenever appropriate and possible. The Division continues to struggle with this measure, and in the SFY 2020 QSPR review to date, sufficient efforts were not demonstrated in slightly less than half of the reviewed cases (49 percent). This represents a slight four percentage point decrease in performance from the SFY 2019 QSPR, but still a three-percentage point gain from the Round 3 CFSR. While this continues to be an area of challenge for the State with all service areas failing to achieve substantial conformity, most Areas demonstrated some improvement in practice from the SFY 2019 QSPR; however, Areas 1, 5, 7 and 9 failed to put forth sufficient efforts in less than half of cases reviewed. Area 6 was the most improved, making sufficient efforts in three-fourths of cases reviewed during the SFY 2020 QSPR after failing to make sufficient efforts by the same percentage in the previous review. As in past reviews, the majority of deficiencies resulted from the Agency’s lack of contact with and engagement of parents. While family visits were provided between the children and their parents in most of the deficient cases, efforts to promote additional connections were not found, let alone extra efforts made to support bonding; this was especially true if the parents were deemed “non-compliant” with regular visitation and services. This lack of effort was even noted in cases with relative placements, as several caregivers and parents stated they were unsure of what was allowed, erring on the side of caution so as not to jeopardize the placement.

**C. WELL-BEING**

**WELL-BEING OUTCOME 1**

|  | ***SFY 2020***  ***QSPR*** | ***SFY 2019***  ***QSPR*** | ***Round 3***  ***CFSR*** |
| --- | --- | --- | --- |
| **Well-Being 1: Families have enhanced capacity to provide for their children’s needs** (N= SFY 2020) | **71%** | **61%** | **39%** |
| Item 12: Needs and Services of Child, Parents and Foster Parents (N=200) | 75% | 64% | 43% |
| Item 13: Child and Family Involvement in Case Planning (N=193) | 78% | 76% | 51% |
| Item 14: Caseworker Visits with Child (N=200) | 86% | 84% | 64% |
| Item 15: Caseworker Visits with Parents (N=174) | 71% | 59% | 48% |

**Effectively Assessing and Attending to the Service Needs of Families**

To successfully mitigate the challenges that bring families into contact with the Division, their strengths, needs and resources must be competently assessed. That assessment must then guide the development of the case plan and inform the specific interventions that will be utilized to assist families. DCFS did not properly assess the needs of and/or provide appropriate services to children and families in one-quarter of the reviewed cases (25 percent) during SFY 2020. While this was a 11 percent increase in performance over the SFY 2019 QSPR, and a 32 percent increase over the Round 3 CFSR, the same systemic factors such as staff turnover and unavailable or inconvenient services were once again noted as the underlying causes of deficiencies. Efforts to address such systemic issues must continue to be made in all service areas.

In all three reviews noted above, the State did a slightly better job of assessing and addressing the needs of children than their parents, with the larger discrepancy noted in in-home cases during the current review. During the SFY 2020 QSPR, accurate ongoing assessments of parents’ needs were again made at a slightly higher rate than services were provided to address those identified needs, again with the larger discrepancy found in in-home cases. The primary reason for deficiencies was two-fold: lack of ongoing contact by caseworkers or caseworker continuity to conduct assessments and monitor parental engagement in services, and ongoing systemic factors with service array and providers. The SFY 2020 review has indicated continued issues with lack of available or convenient services and major changes in service providers, predictably in the more rural service areas. Both the SFY 2020 and 2019 QSPRs noted a lack of discussion about case and service status during caseworker transitions (i.e., caseworker turnover) and lack of monitoring of engagement in services (due to lack of consistent staff contact) as possible influences on the performance gap between ongoing assessment of needs and provision of services to address those identified needs. In many service areas, it was noted that appropriate services had not been timely provided due to a lack of communication about referral and service status among the multiple caseworkers assigned as primary during the review period. This lack of service provision to address identified needs was noted in both foster care and in-home services cases for both mothers and fathers. There were also instances in several areas where the identified service (most often substance abuse assessment and/or treatment) was available, but only offered on specific days or times, with no flexibility to accommodate parents’ work schedules or childcare arrangements. Provider staff turnover and a shortage of outpatient substance abuse counselors delayed treatment in some service areas. As in past reviews, the inherent conflict of interest of the provider of the substance abuse assessment also being the provider for any recommended services was cited by several parents. In more than one service area, parents were forced to complete courses of outpatient treatment after admitting during the assessment to past use of illegal substances; this was despite never testing positive while involved with the Agency and periods of lengthy sobriety. In one instance where the in-home services case opened due to pre-natal exposure to THC, the mother had to comply with the recommended inpatient treatment after truthfully disclosing occasional cocaine use a decade earlier, despite consistently testing negative for any illegal substance for months during the open case. The mother also reported concerns with the professionalism of the assessor, and the caseworker had difficulty contacting the provider to obtain the recommendations and to question them. A perceived bias by caseworkers toward parents with medical marijuana cards was also reported in a few cases. Only Area 3 attained substantial conformity (95 percent), and Areas 1 and 7 struggled most with assessing need and providing fitting services to parents by failing to meet standards in at least half of the cases reviewed (50 percent and 55 percent respectively).

**Engaging Children and Families in Case Planning**

Children and/or their parents were excluded from the case planning process in just 22 percent of the reviewed cases during SFY 2020. While this is a two-percentage point improvement in performance from the SFY 2019 QSPR (and 27 percentage point increase over the Round 3 CFSR), there is room for more improvement and the State continues to implement strategies to improve meaningful family engagement. The SFY 2020 QSPR has noted improved efforts to bring all applicable family members to the table for case planning activities, while deficiencies again appear to stem from poor communication regarding the status of referrals and services during the transition between assigned primary workers. Several deficiencies were due to the inclusion of “mandated” services in the case plan that did not align with formal CANS/FAST assessments and caseworkers were unable to rationalize to parents. As discussed above, often the prescribed service was a drug/alcohol assessment and/or recommended treatment or ongoing drug screens despite no indication of any current substance use or actionable items on formal assessments. There were also a few instances of requiring parenting classes when not indicated (or for a non-offending parent).

The SFY 2020 QSPR again noted the State did a better job of engaging applicable children than parents in both case types. While there was slightly more effort to engage mothers than fathers in foster care cases, the reverse was true for in-home cases at about the same rate, indicative of the State’s successful efforts to emphasize paternal engagement. No service area to date achieved substantial conformity for this measure during the current review, with the same service areas that had the most difficulty with assessment and service provision to parents also struggling to engage them in case planning.

**Caseworker Visitation with Children and Their Parents**

Frequent, quality caseworker visitation is the cornerstone of effective practice in child welfare from which all other practice builds. It is through such contact that caseworkers may engage families to successfully assess risk, safety, strengths, needs and resources and work with them to strengthen parental capacity. When these important interactions do not occur, the Agency cannot ensure children’s safety, permanency and well-being or work with families on the achievement of their case goals. During the SFY 2020 QSPR, children did not receive frequent, substantive caseworker visits in just 14 percent of the cases reviewed, a two-percentage point increase from the SFY 2019 QSPR. While there was virtually no disparity between case types in the quality of caseworker visits with children, the current review noted caseworker visits with children were ten percent less frequent in in-home cases as opposed to foster care cases. Additionally, caseworkers failed to provide parents with sufficient visits in more than one-quarter of the reviewed cases (29 percent). During the SFY 2020 QSPR, performance regarding caseworker visits to parents increased significantly, with a 12-percentage point increase from the SFY 2019 review noted. The SFY 2020 QSPR noted the rate of disparity between the frequencies of caseworker visits with parents was higher in foster care cases than in-home cases, although mothers were visited more frequently than fathers in both case types. There was more disparity between case types in the quality of caseworker visits with parents. The quality of visits with parents in in-home cases was less sufficient than visits in foster care cases, although the quality of visits with mothers was slightly better than with fathers in both case types. There has been substantially improved performance noted on both item measures regarding caseworker visits over the Round 3 CFSR; however, continued improvement is warranted as staff turnover remains a significant challenge in multiple service areas.

The problems with visitation with parents in almost every service area were two-fold, infrequent contact as well as poor-quality communication. As noted in previous items, caseworker contact with clients was too inconsistent or sporadic in most of the cases rated as being deficient; many of the contacts that did occur were not sufficiently focused on all pertinent issues. Caseworkers specifically failed to focus on issues pertinent to case planning, service delivery and goal achievement during contacts with families in some of the deficient cases. The lack of ongoing, substantive contact with families often resulted in in-home cases being left open far longer than needed (i.e., no lingering risk/safety issues or service needs) or permanency being delayed in foster care cases.

Caseworker visits with parents remains an issue although the majority of service areas reviewed had adequate contact with parents in at least half of the applicable cases reviewed, most substantially so. Area 7 had the most difficulty, making sufficient contact in slightly less than half of the reviewed cases (45 percent); this area also experienced significant caseworker turnover. No service area achieved conformity on this item measure. DCFS must find a way to ensure that caseworkers maintain regular contact with both children and their parents. Such visits should occur in the family home when possible and must involve discussions of issues pertinent to safety, permanency and well-being and the achievement of case goals. “Drive-by” visits for compliance do not lend themselves to sufficient risk, safety and needs assessments, active family engagement or timely case progression. Arkansas will continue to utilize in-depth analysis of case review data to ensure both children and their parents are provided frequent, quality visits while involved with the Agency.

**WELL-BEING OUTCOME 2**

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***SFY 2020 QSPR*** | ***SFY***  ***2019***  ***QSPR*** | ***Round***  ***3***  ***CFSR*** |
| **Well-Being 2: Children receive appropriate services to meet their educational needs** (N=SFY 2020) | **92%** | **93%** | **85%** |
| Item 16: Educational Needs of the Child (N=118) | 92% | 93% | 85% |

**Educational Needs of Children**

Staff again did well in the SFY 2020 QSPR in assessing and addressing the educational needs of children involved with the Division, ensuring the provision of appropriate services in 92 percent of the reviewed cases. This score is three percentage points shy of substantial conformity (95 percent) of Well-Being Outcome 2.

**WELL-BEING OUTCOME 3**

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|  | **SFY 2020 QSPR** | **SFY**  **2019**  **QSPR** | **Round**  **3**  **CFSR** |
| **Well-Being 3: Children receive adequate services to meet their physical and mental health needs** (N= SFY 2020) | **80%** | **76%** | **66%** |
| Item 17: Physical Health of the Child (N=166) | 82% | 81% | 81% |
| Item 18: Mental/Behavioral Health of the Child (N=95) | 92% | 85% | 68% |

**Physical and Dental Health Needs of Children**

DCFS put forth sufficient effort to assess and address the physical and dental health needs of children involved with the Division in 82 percent of the applicable cases, a one percentage point increase from the SFY 2019 QSPR and Round 3 CFSR. As in previous reviews, most deficiencies involved a failure to assess and address children’s dental health needs in applicable cases, including those of infants and toddlers, as recommended by the Academy of Pediatric Dentists. A few deficiencies in the current review were due to the Agency’s failure to provide timely, appropriate services to address identified physical health needs for children in foster care, often the result of a change in placement county and the need to establish a local PCP to address routine care and to make new service referrals. To date, only Areas 4 and 10 have achieved substantial conformity on this item. Area 9 again struggled the most with this item measure, making sufficient efforts in slightly less than two-thirds of applicable cases reviewed (63 percent).

**Mental and Behavioral Health Needs of Children**

DCFS put forth sufficient efforts to assess and address the mental and behavioral health needs of children involved with the Division in 92 percent of the applicable cases reviewed to date, earning a strength rating for this item. Arkansas’s performance improved by seven percentage points from the SFY 2019 QSPR and 24 percentage points over the Round 3 CFSR. Areas 5 and 10 were wholly successful on this item measure (100 percent), while Areas 1, 2, 6 and 8 achieved strength ratings (92 percent for Areas 1,2 and 6, and 90 percent for Area 8). While not achieving strength ratings, the remaining service areas successfully tended to children’s mental and behavioral health needs in at least three-quarters (75 percent) of the cases reviewed. The deficiencies were due primarily to a lack of appropriately assessing and addressing children’s needs in in-home cases, as well as insufficient oversight of prescription medications in a few foster care cases.

**SFY 2020 QSPR PERFORMANCE SYNOPSIS**

DCFS is charged with protecting victims of child maltreatment from further abuse and neglect. The Division must address initial safety concerns at the onset of the Agency’s involvement with families and then assess and address risk and safety concerns throughout the life of their case. The SFY 2020 QSPR highlighted continued improved efforts to initiate investigations timely, as well as ongoing efforts to better assess and address both initial and ongoing risk and safety concerns. However, overall performance on Safety Outcome 2 declined by one percentage point from the SFY 2019 QSPR due to a slight decrease in efforts to prevent removal and provide needed services to protect children in their homes. Additionally, infrequent caseworker visitation again played a role in preventing the Division from effectively assessing and addressing risk and safety concerns on an on-going basis in a number of the reviewed foster care and in-home cases. For those children who cannot safely remain with their families, DCFS must provide them with safe and stable living arrangements, while also working to sustain their important connections and help them attain permanency in the shortest amount of time possible. Regarding such permanency efforts, the State demonstrated improved or maintained performance on all but one of the permanency-related items during the SFY 2020 QSPR. Additionally, the State exceeded the national standard for discharging children in foster care to permanency within all three of the twelve-month periods being examined for length of stay. Despite these gains, Arkansas continued to struggle somewhat in making consistent efforts to maintain children in stable placements, place children with siblings when appropriate, preserve children’s important connections and support the relationship between the children and their parents through efforts beyond visitation alone. Arkansas did not achieve substantial conformity with either combined Permanency Outcome during the SFY 2020 QSPR.

In addition to ensuring children’s safety and fostering permanent connections for children placed in care, DCFS must tend to their physical, mental health and educational needs as well as any others. On the subject of well-being, the Division succeeded in ensuring that the educational needs of children receiving services were met in most cases reviewed, failing to achieve substantial conformity with Well-Being Outcome 2 by just three percentage points. On the other hand, despite substantial improvement, infrequent contact from caseworkers often prevented DCFS from properly assessing and addressing the needs of children and families. In fact, insufficient caseworker visitation and a frequent change in assigned workers continued to be the source of many of the Agency’s problems with casework practice in SFY 2020. Caseworkers are not in clients’ homes often enough and therefore cannot sufficiently carry out many of their assigned responsibilities. Since they are not frequently visiting with families, the caseworkers cannot properly assess strengths, needs, risk or safety, nor can they develop meaningful case plans or arrange for needed services to guide case progression. Participation in services and case progression was slowed by frequently changing primary caseworkers in many instances, although ongoing systemic issues with service providers also had an impact.

Arkansas continued to make strides to make casework more family centered during SFY 2020. Increased efforts to engage families in case planning led to some improvement on this performance measure; however, continued improvement is warranted. Some families are still not adequately engaged in ongoing decision-making concerning their cases, in both in-home and foster care cases. Caseworkers and Supervisors tend to make unilateral decisions about the cases, often guided by compliance rather than the appropriateness of services, and subsequently failing to recognize that families are essential to service planning. Family-centered practice begins with the assessment process, which forms the foundation of effective practice with children and families. Assessments should focus on the whole family, and family participation is critical to the process. Assessments should help families identify their strengths and needs and aid in the development of a case plan that assists them in caring for their own children without government intervention. Services should be tailored to best address the specific strengths and needs of individual families. Frequent, substantive communication between caseworkers and families will assist the families in achieving the goals and objectives outlined in their case plan and move them towards positive outcomes.

The SFY 2020 round of reviews to date underscored similar areas of challenge identified in previous reviews, but also noted maintained or at least some improvement in performance on the majority of item measures from the SFY 2019 QSPR. As observed in previous reviews, many of the issues stemmed from infrequent, inconsequential contact between caseworkers and clients as several service areas continue to face fallout from caseworker turnover; despite this, significant improvement in efforts to provide parents with frequent, substantive caseworker visits was noted during the current review. During the SFY 2020 QSPR, continued improvement in worker retention was noted in most of the several of the service areas reviewed. The SFY 2020 QSPR has again noted the impact of systemic issues such as turnover of Agency attorneys and changing service providers. In addition to a continued focus on consistent, state-wide family-centered practice, efforts should be made to ensure the Court and other State Systems, as well as all service providers, join and support Agency efforts to improve outcomes for all families in all service areas. The service areas differ in size, client population and service array, but the way the Division and other relevant systems serve clients should be as consistent as possible statewide.

The following recommendations are provided to help guide change based on the findings from the SFY 2020 QSPR.

* **Recommendation 1**: *DCFS should continue working to ensure that caseworkers and supervisors are prioritizing workloads based on risk and safety standards to protect children involved with the Division, with emphasis toward consistent ongoing assessments and increased understanding of risk and safety factors stemming from substance abuse.*

During this SFY 2020 review, the Agency maintained improvement in regard to assessing and managing risk and safety. However, DCFS must continue to focus on prioritizing its workload based on risk and safety to protect children, and to maintain performance gains. This is especially significant as substance abuse and related issues continue to affect families across the state, and more parents obtain medical marijuana cards.

Supervisors and managers must help family service workers with important decisions and hold them accountable for their work, including maintaining contact with children and families and assessing and addressing risk and safety concerns utilizing Structured Decision Making and other available tools such as removal consultations. The Division’s wealth of management reports as well as case review data should be used to monitor performance. These will help to ensure that those children most at risk are contacted frequently and that any safety concerns are adequately addressed by the Agency. In addition, relevant trainings and staff and stakeholder expertise should be customized to accommodate changing risk and safety concerns and location-specific systemic issues (judicial customs, service array, etc.).

* **Recommendation 2**: *DCFS should work to increase both the frequency and quality of caseworker contact with families.*

Even though caseloads must be prioritized based on safety with the most vulnerable children receiving priority, all children and caretakers involved in Arkansas’s child welfare system should receive frequent communication and engagement from their assigned caseworkers. Frequent changes in assigned caseworkers, while often unavoidable, impacted caseworkers and supervisors’ ability to monitor participation in services and case progression. Despite improved performance, DCFS continues to struggle with maintaining consistent contact with and providing timely services to children and families, failing to achieve substantial conformity with Well-Being Outcome 1.

As noted previously in the report, frequent, quality caseworker visitation is the cornerstone of effective practice in child welfare from which all other practice builds. If children and families are not seen regularly then risk, safety, strengths and needs cannot be assessed; families cannot be actively involved in case planning; safety, permanency and well-being cannot be ensured; case goals are not likely to be achieved; and cases are likely to be left open longer than needed.

Supervisors must not only ensure that caseworkers are regularly visiting children, parents and foster parents; they must also ensure such visits are substantive. A supervisor’s ability to assist the caseworker in efforts to conduct quality visits is often influenced by the quality of the communication between the supervisor and caseworker themselves. During the SFY 2020 QSPR to date, reviewers again often found that monthly visits in foster care cases occurred while the entire family was at the office for a familial visit or while parents were called to the office for drug screens. Neither setting is conducive to a quality visit. Workers must visit parents in their homes when possible, or other private, comfortable locations with the intent of spending time discussing relevant case issues. If workers are not having private, quality interactions with parents in their homes, it is unlikely they can make adequate decisions about when it is safe for children to be reunified, make ongoing assessments for changing service needs or monitor and encourage parents’ participation in services. Similarly, workers need to be visiting children in their foster homes or family homes and talking to them privately to ensure their safety and well-being.

In addition to a focus on quality, a shift toward determining the appropriate frequency of caseworker visits based on case circumstance rather than minimum compliance with policy remains a need. More than monthly visits with children and caregivers may be appropriate at critical junctures in a case, not only to ensure safety but to guide case progression and timely permanency; the age and vulnerabilities of participants may call for more frequent caseworker contact as well. This is still understandably a challenge given the lack of consistent caseworker contact with families seen in the current and previous reviews but should continue to be a goal of best practice in the development of Arkansas’s casework staff.

Supervisors must regularly model and support caseworker visits and other casework activities in addition to monitoring management reports to ensure that staff are visiting clients sufficiently often and engaging them in collaborative decision-making. Reports alone will not provide sufficient insight into whether the caseworker is having sufficient conversations with families to support case progression and timely goal achievement, and supervisors may wish to utilize the CANS/FAST approval process and frequent case consults to ensure accurate needs assessment, engagement and service provision. Insufficiently updated CANS and FASTs continue to be an issue across the state.

Finally, while the ratings for systemic factors are not determined directly by ongoing QSPR case reviews, the Service Quality and Practice Improvement (SQPI) Unit will continue to collect anecdotal information during case participant interviews that may be used to enhance qualitative information gained from focus groups and surveys. The SQPI Unit will also consider any applicable practice improvement strategies and activities when conducting QSPR case reviews.

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| **Statewide QSPR/CFSR Comparisons (Round 3 CFSR – SFY 2020 QSPR)**  **N= SFY 2020** | | | |
|  | ***SFY 2020 QSPR*** | ***SFY***  ***2019***  ***QSPR*** | ***Round***  ***3***  ***CFSR*** |
| **Safety 1: Children are, first and foremost, protected from abuse and neglect** | **88%** | **87%** | **69%** |
| Item 1: Timeliness of Initiating Investigations (N=104) | 88% | 87% | 69% |
| **Safety 2: Children are safely maintained in their homes whenever possible and appropriate** | **82%** | **83%** | **60%** |
| Item 2: Services to Prevent Removal (N=65) | 91% | 94% | 55% |
| Item 3: Risk and Safety Assessment and Management (N=200) | 83% | 83% | 61% |
| **Permanency 1: Children have permanency and stability in their living situations** | **53%** | **48%** | **36%** |
| Item 4: Stability of Foster Care Placement (N=120) | 73% | 73% | 70% |
| Item 5: Permanency Goal for Child (N=120) | 84% | 79% | 64% |
| Item 6: Achieving Reunification, Guardianship, Adoption or APPLA (N=120) | 79% | 77% | 58% |
| **Permanency 2: The continuity of family relationships and connections is preserved for children** | **80%** | **81%** | **43%** |
| Item 7: Placement with Siblings (N=82) | 76% | 74% | 47% |
| Item 8: Visiting with Parents and Siblings in Foster Care (N=99) | 89% | 85% | 64% |
| Item 9: Preserving Connections (N=119) | 76% | 75% | 49% |
| Item 10: Relative Placement (N=116) | 94% | 95% | 70% |
| Item 11: Relationship of Child in Care with Parents (N=83) | 51% | 55% | 48% |
| **Well-Being 1: Families have enhanced capacity to provide for their children’s needs** | **71%** | **61%** | **39%** |
| Item 12: Needs and Services of Child, Parents and Foster Parents (N=200) | 75% | 64% | 43% |
| Item 13: Child and Family Involvement in Case Planning (N=193) | 78% | 76% | 51% |
| Item 14: Caseworker Visits with Child (N=200) | 86% | 84% | 64% |
| Item 15: Caseworker Visits with Parents (N=174) | 71% | 59% | 48% |
| **Well-Being 2: Children receive appropriate services to meet their educational needs** | **92%** | **93%** | **85%** |
| Item 16: Educational Needs of the Child (N=118) | 92% | 93% | 85% |
| **Well-Being 3: Children receive adequate services to meet their physical and mental health needs** | **80%** | **76%** | **66%** |
| Item 17: Physical Health of the Child (N=166) | 82% | 81% | 81% |
| Item 18: Mental/Behavioral Health of the Child (N=95) | 92% | 85% | 68% |

**SYSTEMIC FACTORS UPDATES**

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

**Statewide Information System**

DCFS continues to operate the **CH**ildren’s **R**eporting and **I**nformation **S**ystem (CHRIS), CHRIS is a fully longitudinal database that permits tracking of children from the time they enter the child welfare system through the time they leave the system. DCFS Policy I-D, Official Record Keeping and Access to Official Records, provides that CHRIS maintains “the official record of child welfare information for DCFS” ([DCFS Policy and Procedures [Manual](https://ardhs.sharepointsite.net/CW/Shared%20Documents/Master%20DCFS%20Policy.pdf)](https://ardhs.sharepointsite.net/CW/Shared%20Documents/Master%20DCFS%20Policy.pdf), pg. 13).

During this reporting period enhancements to CHRIS included:

* Correction to prevent an invalid ‘Date of Death’ entry in the Date of Death field on the Referral Medical Information Screen.
* New Finding value of **‘**Exempted (No Risk)’added to the Individual Finding and Overall Finding drop down lists on the Investigation Findings Screen for selection when a true determination has been made and it is determined the offender does not pose a risk to a vulnerable population per Act 802 of 2019. Enhancement also included a three-tier approval process for this selection.
* New value of ‘Team Decision Making’ added to the Secondary Description Picklist in the ‘Responsibility’ grouping on the Referral/Investigation and Case Assign/Transfer Screen.
* Correction implemented on the General Info screen in both Case and Investigation to block a user if an invalid or future date is entered at the ‘Start Date’.
* New picklist Insurance Type **‘**PASSE’ added on the Medical Coverage/Insurance Screen. This new value is for the new ‘Provider-led Arkansas Shared Savings Entity’ program that was implemented on March 1, 2019.
* Three new placement services added to the ‘Service Provided’ drop down picklist on the ‘Provider Information Services’ tab:
* Therapeutic Foster Care L1: For Placement of Step-down or Sibling Clients
* Therapeutic Foster Care L2: For Placement of Regular TFC Clients
* Therapeutic Foster Care L3:For Placement of SRP-TFC Clients
* Family First Eligibility screen developed to help identify children who are ‘Candidates for Foster Care’. Candidates are eligible for up to 12 months for services.
* Prevention Plan screen added for children identified as a Candidate for Foster care.
* New screen developed that will allow users to enter a QRTP (Qualified Residential Treatment Placement) Assessment Meeting when a new service of QRTP or SRP-QRTP has been selected on the Case Plan.
* Addition of QRTP Alerts on the Workload screen to help primary assigned DCFS workers with timely monitoring and updating when Initial QRTP assessments and subsequent court reviews are completed from the ‘QRTP Status’ screen.
* Addition of Mississippi County as a TDM County to complete implementation of TDM in all counties in Area 8.
* New ‘Refer to DCFS for N.I. Substance Exposure’ Assessment added to the Referral Request for AssessmentScreen per Act 598 of 2019 for assessment of substance exposed infants.
* New values added to the ‘Filter Criteria for Contact’ Dialog Box and the ‘Select Purposes’ dialog box of the Client Contact Information Screen
* NYTD
* Permanency Safety Consultation-12 Month
* County value ‘Pulaski (East)’ no longer be available for selection picklists/Select boxes due to closure of this office.
* New Finding value of ‘Administrative Closure’added as Individual Finding and Overall Finding on the Investigation Findings Screen available for DCFS and CACD Investigations when a determination has been made that the allegation(s) do not meet the requirements for child maltreatment per Act 802 of 2019.

The Division also continued its contract with the National Council on Crime and Delinquency (NCCD) for reporting of the information entered in the CHRIS system to include a series of dashboards called SafeMeasures. The dashboards refresh daily so the information being presented is real time data. SafeMeasures is a web-based reporting service that transforms case management data into actionable information. Agency staff use SafeMeasures reports and dashboards to monitor performance, plan upcoming work, and review completed work. The SafeMeasures Core Team has worked throughout this reporting period alongside NCCD to add new reports to the SafeMeasures dashboards. The two most recently proposed dashboards current in the testing phase include:

* Resource Home Quarterly Visits
* Children in Pre-Adoptive Placement
* [Children in Pre-adoptive Placement have Monthly Contact](https://app.safemeasures.org/ar/pre_adopt_monthly_client_contact/graph/) Proposed
* [Pre-Adoptive or Relative Placement Types for Children in Care](https://app.safemeasures.org/ar/fc_pre_adopt_rel_placement_types/graph/) Proposed
* [Children Available for Adoption Receive Monthly Contact](https://app.safemeasures.org/ar/adopt_avail_monthly_client_contact/graph/)
* Children in Pre-Adoptive Placements Having Monthly Contact
* Children Available for Adoption Receiving Monthly Contact
* Children in Foster Care 14+ Provided Monthly Independent Living Skills
* Initial Health Screenings for Children Entering Foster Care
* Comprehensive Health Exams for Children Entering Foster Care

The other notable work that took place during this reporting period as the development of the Request for Proposal (RFP) for the state’s forthcoming Comprehensive Child Welfare Information System (CCWIS. The CCWIS RFP development took several months and was posted to the agency’s procurement website in spring 2020. A review of RFPs is currently underway as of June 2020. The anticipated contract start date for the vendor awarded the CCWIS contract is tentatively set for November 2020. It is estimated that it will take three to five years to transition the current SACWIS system to the new CCWIS system. The new CCWIS system will also include reports that can be pulled from the information entered into the system by the frontline workers.

**Case Review System**

**Case Planning**

Arkansas continues to use the QSPR case reviews to assess the current functioning of the case review systemic factor. Results of QSPR reviews from the baseline scores obtained during the CFSR and the subsequent reviews conducted in SFY 2020 have shown steady improvement in almost all areas. Please see the synopsis under Well-Being 1 in the “Update to Assessment of Current Performance” section above for more detailed information regarding engaging families in assessment and case planning.

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

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

In summary, data continues to describe a complex picture of the challenges with family engagement in needs assessment. Based on Round 3 CFSR and root cause analyses around assessment and case planning, there are multiple strategies in the CFSR PIP aimed at addressing the concerns. Strategies in the PIP will address family engagement and case planning (Goal 2, Strategies 6, 8, and 9); concurrent planning and relative placement to improve timeliness of permanency (Goal 3, Strategies 10 & 12); and reduce barriers to timely adoptions (Goal 3, Strategy 11). Arkansas has also implemented Permanency Safety Consultations at 3, 6, and 9 months post-removal to discuss the progress of the case and discuss next steps to move the case forward.

**Periodic Reviews**

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

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

Regarding the sample below:

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

Review Hearings

* Out of 1860 cases filed between 06/01/2019 & 06/1/2020, 894 cases had review hearing info available.
* Of the 894 cases, 91% had review hearings within 6 months, and 47% of the same set had a review hearing within 12 months.
* Of the 966 cases where no review hearing info was found, 584 of the cases opened after 12/31/2019, so their review hearing may not have occurred or waiting to be entered.

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

**Permanency Hearings**

Permanency Planning Hearing data that is available is mostly from courts that are already tracking this information on their own without any involvement from CIP. The PPH hearing date information is from either the hearing record, or from the date the hearing order was filed.

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

CHRIS does not capture sufficient data for use in evaluating the degree to which specific hearings are held within the required timeframes. However, the DHS Office of Chief Counsel fully implemented its legal case management system, Rocket Matter, effective January 1, 2020. Implementation began with certain case types and then in four pilot counties in August 2019. The remaining counties began implementation mid-September 2019. Statewide implementation was completed December 31, 2019.

OCC attorneys and legal support staff primarily utilize Rocket Matter in managing cases electronically. This has allowed CLO leadership to easily access cases to locate needed documents, monitor work product, and to have immediate access to a case status; attorneys to have access to files when covering cases or hearings more easily which has reduced travel and postage expenses; and for the entire unit to have one database of all CLO cases which has never been possible before. Rocket Matter has become especially important during the pandemic when OCC attorneys began working remotely, separated from their files, support staff, and clients.

OCC is awaiting further development in Rocket Matter’s granular permissions capabilities, which were custom requests. This will allow OCC to fully utilize reporting features to track efficiencies and productivity, including permanency hearings.

**Termination of Parental Rights**

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

TPR Data

* Out of 321 TPR petitions filed between 06/01/2019 & 06/1/2020, 189 petitions had a disposition recorded.
* Of the 321 TPR petitions filed, 60% were filed within 12 months of case opening, 15% within 15 months, and 25% within 24 months
* Of the 189 petitions that had a disposition, 8 were dismissed, 181 were granted.
* Of the 181 that were granted, 20% were finalized within 30 days of the original TPR petition, 23% within 60 days, 29% within 90 days, and 28% were over 90 days.
* Of the 132 petitions with no disposition, the disposition sheet may not have been filed or the disposition has not been entered yet.

**Notice of Hearings and Reviews to Caregivers**

DCFS policy states that the Department shall provide the foster parent(s) of a child, and any pre-adoptive parent(s) or relative caregiver(s) notice of any proceeding held with respect to the child and the opportunity to be heard. The method of notification varies across DCFS county offices depending upon what has proven most effective for a particular community and the practices of the local judge.

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

DCFS does not have quantitative data to track adherence for the notification requirement, but anecdotally Family Service Workers in most counties provide notice by calling or texting the foster parent(s), pre-adoptive parent(s) or caregiver(s), and also remind them in person of upcoming court dates during home visits. Some resource parents continue to rely on the attorney ad litem (AAL) or CASA (Court Appointed Special Advocates) volunteers to remind caregiver(s) of upcoming hearings. In addition, the majority of judges announce upcoming hearing dates in court and include the information in the court order and will inquire of the Department if/how a foster parent or caregiver was given notice and their reason for not attending if none are present at a hearing. In instances where a foster parent or relative caregiver cannot attend, the attorney ad litem most often provides the court a status update and raises any issues or concerns to be addressed on behalf of the caregivers.

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

**Quality Assurance System**

The Arkansas Department of Human Services, Division of Children and Family Services (DCFS) continues to utilize the Quality Services Peer Review (QSPR) process as a central component of its Continuous Quality Improvement (CQI) system. The process is used as a monitoring tool to evaluate Arkansas’s child welfare system; it constitutes DCFS’ qualitative case review process. Arkansas’s QSPR process employs the federal Child and Family Services Review’s Onsite Review Instrument (OSRI) for its reviews. Each review utilizes information gathered from the state’s SACWIS, physical case files, and interviews with various case participants and providers. DCFS adopted the revised Round 3 OSRI for use in the QSPR process beginning with State Fiscal Year 2016 and the Service Quality and Practice Improvement Unit has used the tool since to conduct Quality Services Peer Reviews in each of the DCFS ten geographic service areas. Since State Fiscal Year (SFY) 2016 and Round 3 of the CFSR, the statewide scores have been comprised of straight averages of the combined scores from the ten service areas in accordance with the approved federal sampling methodology. Arkansas uses the data from these case records to assess and compare its performance on the child and family outcomes pertaining to safety, permanency and well-being.

SFY 2020 QSPR reviews utilize the approved methodology that includes an annual review schedule of 20 cases per service area during the fiscal year. Cases reviewed are selected from the same three counties per service area as were reviewed for the Round 3 CFSR.

However, during this reporting period, the Division amended the contract with the SQPI vendor to require this team to conduct additional case reviews in the counties that are not a part of the PIP review counties to obtain a broader view of the strengths and areas needing improvement across the state. Each year two counties are selected in each area to participate in the QSPR process, with different counties selected in subsequent years until every county has a chance to participate. Ten additional cases will be reviewed in each service area, five in each of the additional counties. The additional cases reviewed from each county are randomly selected as they are for the QSPR reviews and focus on the same 12-month review period. While the same case review instrument is used, only the caseworker and/or supervisor will be interviewed for the additional case reviews. Results from the expanded reviews are summarized in a separate “Continuous Quality Improvement” section of each area’s QSPR report. Initial reactions to the addition of the non-QSPR counties has been positive since it is a more inclusive approach.

All reviewed cases continue to undergo two levels of quality assurance described in the 2020-2024 CFSP. Once all the cases in the sample have been reviewed, finalized, and gone through both levels of QA, the findings for the service area’s performance on each of the measures will be compiled and analyzed. An area report is compiled showing the area’s strengths and areas needing improvement. Initially the reports are shared with Executive Staff and Area Directors through email. The Program Administrator for Planning and Practice and the QA Supervisor then schedule an in- person meeting with the Area Director and the area supervisors to go over the findings of the review and brainstorm ideas for development of practice improvement plans to address the areas identified as needing improvement to improve future performance and services to families. These meetings are currently being held via Zoom due to the COVID-19 pandemic.

The Service Quality and Practice Improvement (SQPI) Unit continue to issue a Statewide QSPR Performance Report outlining Arkansas’s performance following the review of the entire state each year. These reports combine the results of each service areas’ reviews, 200 case reviews statewide, to provide an overall summary of the child welfare system’s performance pertaining to the goals of safety, permanency and well-being for children receiving services. The area’s individual QSPR report is disseminated to the Area Director via email and then the Area Director shares it with their field supervisors for review. The statewide QSPR report is presented at the Area Supervisor’s Meeting where sections of the report are discussed and highlighted. A copy of the Statewide QSPR report is also sent to the Area Directors and they share the report with their field supervisors upon receipt.

In addition to the QSPR reviews, multiple reviews continue to be conducted at the Central Office level. Each of the Program Managers or staff in the Prevention and Reunification Unit, Child Protective Services (CPS, also referred to as Investigations), Differential Response (DR), CANS/FAST, In-Home, and Team Decision Making (TDM), review cases for quality of practice using standardized review tools that are in survey monkey. As referenced in the case planning section above, a review tool for cases involving youth who participate in the TYS program is being developed and case reviews to assess quality of practice and service delivery will begin in SFY 2020.

**Staff Training**

**Initial Staff Training**

As has been the case in the past, SFY 2020 data to date shows that the vast majority of staff successfully complete the required initial training hours. Hiring and training completion details for various positions within DCFS are listed below.

**Family Service Workers (FSWs)**

Of the212 Total FSWs hired with a position start date between 07/01/19 and 05/31/20, 184 remain employed with the agency. The detailed breakout is as follows:

* 175 Active FSWs
* 6 Active FSW Extra Helps
* 1 Active FSW Clinical Specialist
* 1 Active FSW Program Coordinator
* 1 Active FSW Specialist
* 24 Inactive FSWs
* 3 Inactive FSW Extra Helps
* 1 Inactive FSW Adoption Specialist

180 Foundation Completions were completed between 07/01/19 and 05/31/20. Some active FSWs may not have completed Foundations to date given that Foundations spans several weeks so often crosses reporting periods or staff may currently be registered for an upcoming Foundations Training that has not yet started while a limited number of staff hired during this period either did not start or never finished Foundations Training before leaving the agency. Regarding Foundations completion, details are as follows:

* 153 Active FSWs completed Foundations between 07/01/19 and 05/31/20
* 1 Active FSW Extra Help completed Foundations between 07/01/19 and 05/31/20 (completed as FSW, left the agency, then re-hired as FSW Extra Help)
* 3 Active FSW Supervisors completed Foundations between 07/01/19 and 05/31/20
* 18 Inactive FSWs completed between 07/01/19 and 05/31/20
* 2 Inactive FSW Supervisors completed between 07/01/19 and 05/31/20
* 32 Active FSWs are currently in Foundations training
* 3 Active FSW Supervisors are currently in Foundations training
* 5 Active Extra-Helps hired between 07/01/19 and 05/31/20 are currently on the Wait List to attend training
* 7 Inactive FSWs hired between 07/01/19 and 05/31/20 either never started or did not finish Foundations Training

**Program Assistants (PAs)**

Of the101 hired PAs hired with a position start date between 07/01/19 and 05/31/20, 85 remain employed with the agency. The detailed breakout is as follows:

* 81 Active PAs
* 2 Active PA - Extra Help
* 2 Active Family Service Assistants
* 13 Inactive PAs
* 3 Inactive PA Extra Help

58 Program Assistant completed their New Staff Training between 07/01/19 and 05/31/20. Details are as follows:

* 50 Active PAs completed PA Training between 07/01/19 and 05/31/20
* 4 Inactive PAs completed PA Training between 07/01/19 and 05/31/20
* 4 Active FSWs completed PA Training between 07/01/19 and 05/31/20
* 11 Inactive PAs hired between 07/01/19 and 05/31/20 either never started or never completed PA Training
* 26 Active PAs are currently on the waitlist to begin or make-up PA Training

**Supervisors**

Of the 29 Supervisors hired with a position start date between 07/01/19 and 05/31/20, 24 remain active with DCFS with a breakdown of:

* 3 Active FSW County Supervisors
* 21 Active FSW Supervisors
* 5 Inactive FSW Supervisors

8 Supervisors completed New Staff Training between 07/01/19 and 05/31/20:

* 6 Active Supervisors completed Supervisor Training between 07/01/19 and 05/31/20
* 2 Inactive Supervisors completed Supervisor Training between 07/01/19 and 05/31/20
* 2 Active Supervisors with a start date between 07/01/19 and 05/31/20 completed Supervisor NST before the date range (re-hire and FSW Supervisor to FSW County Supervisor Promotion)
* 1 Inactive Supervisor with a start date between 07/01/19 and 05/31/20 completed Supervisor NST before the date range (Promotion from Clinical Specialist to Supervisor)
* 1 Active Supervisor hired between 07/01/19 and 05/31/20 is currently on the Wait List to attend Supervisor NST
* 15 Active Supervisors are currently in Supervisor Training
* 2 Inactive Supervisors hired between 07/01/19 and 05/31/20 either never started or never completed Supervisor NST

There were 397 total DCFS employees (all positions) hired with a position start date between 07/01/2019 and 05/31/20.

A survey conducted by the University of Arkansas at Little Rock (UALR) MidSOUTH Training Academy in the spring of 2020 to evaluate how training did or did not prepare FSWs for their initial period of employment with the agency and to determine what could be done to improve NST. Of the 168 surveyed, 69 responded. This represents a 41% return rate. This return rate reflects a decrease from 2019 when the return rate was 45%. The majority (70%) of the FSWs who participated in the survey indicated the initial training was either “excellent” or “good” when askedto rate the helpfulness of the classroom training in learning the FSW job duties from the date of employment until the time of the survey. The graph on the following page from the survey report provides additional detail.

**Ongoing Staff Training**

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

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

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

There are also typically trainings mandated by DCFS Central Office throughout the year for DCFS staff related to new programs or initiatives, or areas identified as needing additional training to improve practice. For example, during this reporting period, there were several trainings conducted via Zoom regarding the implementation of Family First in Arkansas.

Comments from staff in various meetings and the trainings themselves continue to include references to training fatigue. Caseloads and travel are sometimes mentioned as an issue that compounded time issues, but the DCFS Central Office has tried to address those training distance concerns by traveling to Central Office conducted trainings -- such as supervisor, resource, and investigative trainings -- regionally, rather than bringing these various groups of staff to Little Rock. In addition, the COVID-19 pandemic has forced many trainings to shift to a virtual platform. The majority of the initial feedback has been positive. However, there are some challenges for staff who do not have speakers, a microphone, and/or a camera on their computers at work. Staff have been encouraged to either download the Zoom application to their state-issued iPhones (recognizing that this is not the preferred method). Other options have included, when possible, allowing staff to participate in trainings from their home computers or travel to one of the five MidSOUTH Training Academy labs if no more than five people will be present in order to allow for social distancing in the lab. In addition, the Division has purchased webcams with microphones for staff to use in the county offices.

For additional updates and details regarding ongoing training for staff, please see the attached SFY 2020 Training Plan Update.

**Service Array**

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

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

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

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

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

Service accessibility and resource development across the state is an area that continues to need improvement. Based on recent feedback collected through the facilitated wrap-up conversations with staff following their participation in the online Substance Abuse Tutorial for Child Welfare Professionals, Arkansas continues to have an overall lack of services or at least limited access to quality mental health and substance abuse treatment services, especially in the more rural parts of the state. Complaints included infrequent and/or extremely short therapy or substance abuse sessions with not enough community wraparound services to help maintain sobriety in between outpatient sessions.

In response to concerns regarding quality and accessibility of services, the Division has contracted for new services, expanded services already in place, increased oversight on service contracts to improve quality and responsiveness to client needs. Some examples are listed below:

* Intensive In-Home Services contract: services are currently being provided by three providers to 37 counties in the state that did not have IFS.
* All provider contracts have been assigned to Program Managers appropriate for the service, (e.g. the TDM Program Manager provides oversight for all drug treatment contracts, the Foster Care Manager provides oversight on home study contracts and adoption summary contracts, In-Home Program Manager provides oversight for NFA, Intensive In-Home, and Intensive Family Services (IFS) contracts, etc.)

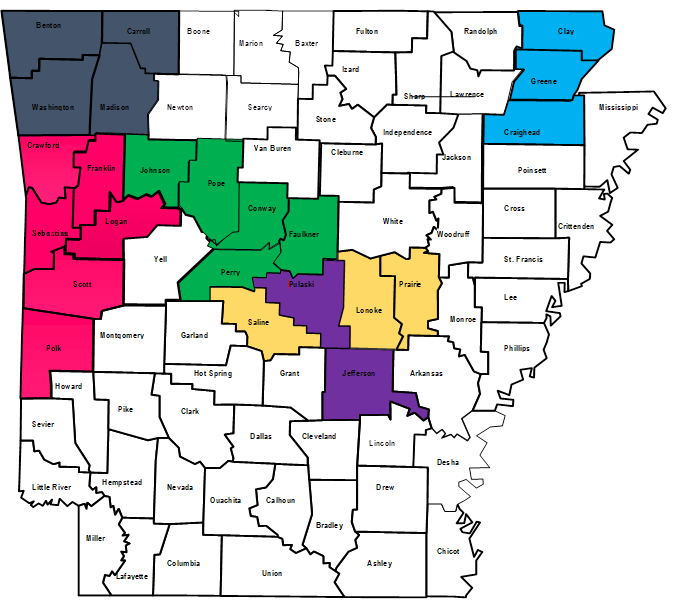
The Division also offers several intervention and treatment services to children and families, including but not limited to: Intensive Family Services, Anger Management, Parenting Education, Interpreter Services, Psychological Evaluations, Respite Care, and Counseling to safely maintain children in their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

***SFY 2020 INTENSIVE FAMILY SERVICES PROVIDERS***

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

**SERVICE AND IFS PROVIDER MAPS FOR SFY 2020**

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

**Intensive Family Services, SFY 2020**

**KEY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider** | | | **DCFS Areas/Counties** |
| 1 |  | Housley Counseling | Area 1 (Benton, Carroll, Madison, & Washington) |
| 2 |  | Counseling Associates | Area 2 (Johnson); Area 3 (Perry); Area 5 (Conway, Faulkner, and Pope) |
| 3 |  | HLH Consultants | Area 6 (Pulaski); Area 7 (Jefferson) |
| 4 |  | Life Strategies | Area 8 (Clay, Craighead, and Greene) |
| 5 |  | Martin Counseling Services | Area 3 (Saline); Area 7 (Lonoke and Prairie) |
| 6 |  | Western AR Counseling & Guidance Center | Area 2 (Crawford, Franklin, Logan, Scott, & Sebastian) |

**AR Department of Human Services- Division of Children and Family Services**

**Substance Abuse Treatment Services, SFY 2020**

JACKSON

LAWRENCE

SHARP

IZARD

STONE

SEARCY

NEWTON

MADISON

FRANKLIN

WASHINGTON

CRAWFORD

SEBASTIAN

JOHNSON

LOGAN

CONWAY

FAULKNER

POPE

VAN BUREN

CLEBURNE

WOODRUFF

WHITE

MONROE

PRAIRIE

LONOKE

PULASKI

PERRY

SCOTT

SALINE

GARLAND

MONTGOMERY

POLK

OUACHITA

GRANT

HOT SPRING

DALLAS

CLARK

PIKE

NEVADA

HEMPSTEAD

HOWARD

SEVIER

LITTLE RIVER

MILLER

COLUMBIA

UNION

CALHOUN

BRADLEY

CLEVELAND

JEFFERSON

ARKANSAS

LINCOLN

DREW

ASHLEY

CHICOT

DESHA

PHILLIPS

LEE

ST. FRANCIS

CRITTENDEN

CROSS

POINSETT

MISSISSIPPI

CRAIGHEAD

GREENE

CLAY

**RANDOLPH**

**FULTON**

BAXTER

INDEPENDENCE

LAFAYETTE

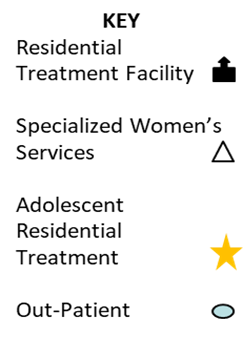
MARION

BOONE

BENTON

YELL

CARROLL

****

1.**Yellow**-Quapaw

2. Green-Western AR Counseling and Guidance Center

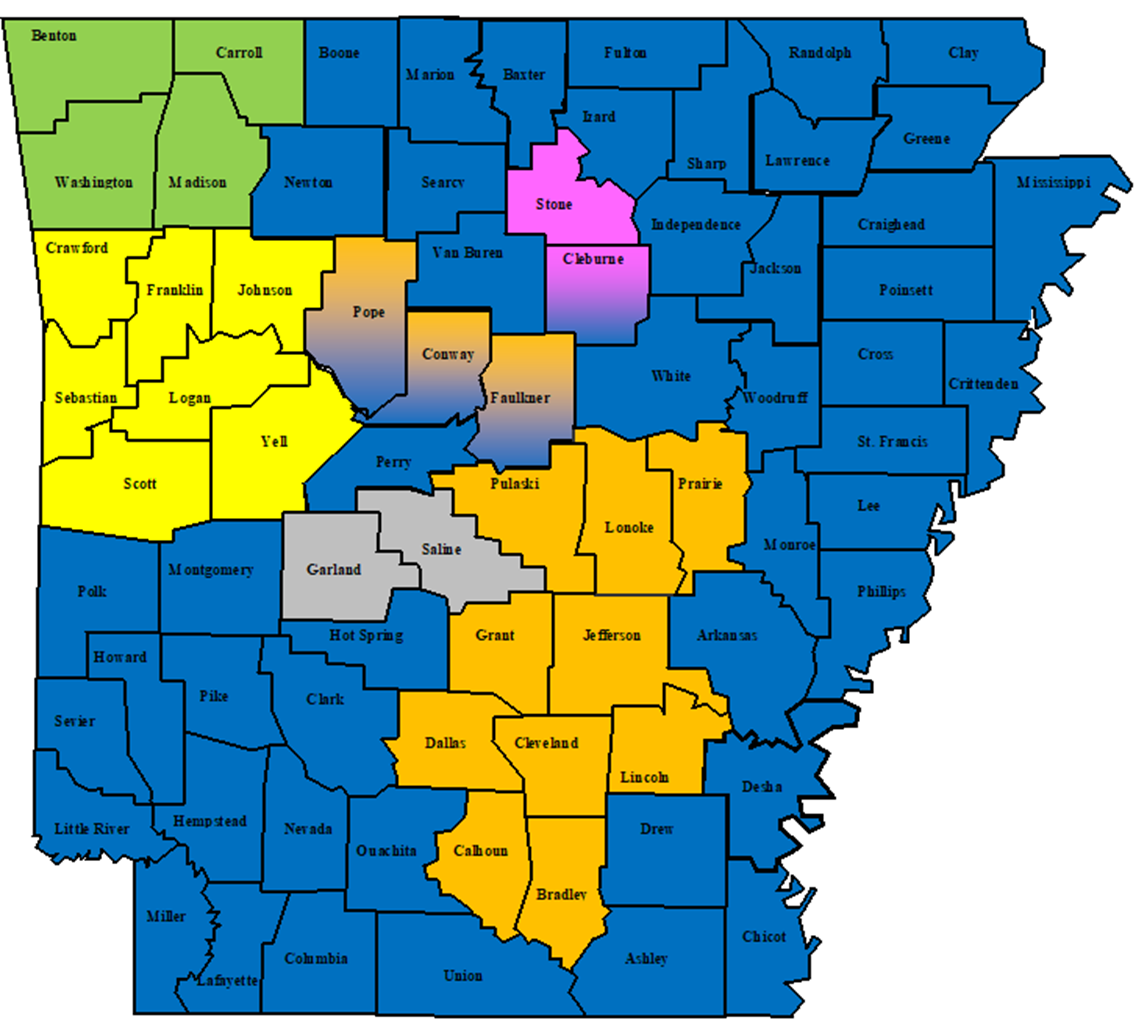
3. Gray-RCA

4. Blue-SW AR Counseling and Mental Health System

5. Red-10th District Substance Abuse Treatment (New Beginnings)

6. Purple- NE AR Community Mental Health (MidSouth Health System)

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

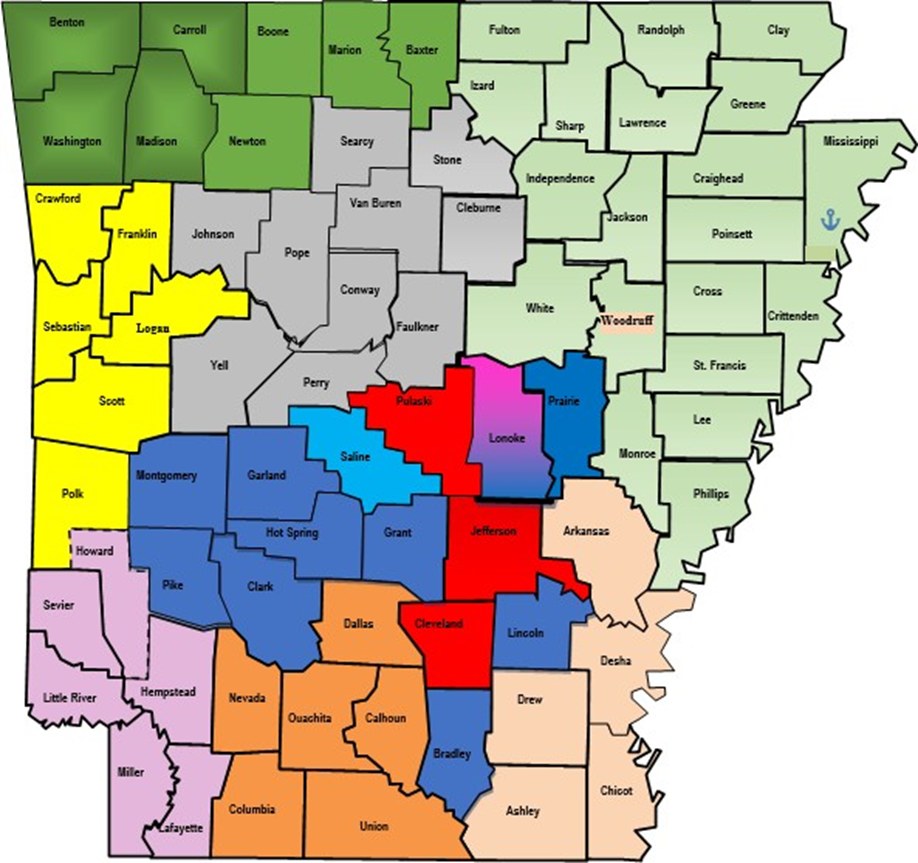
**Home Study Services, SFY 2020**

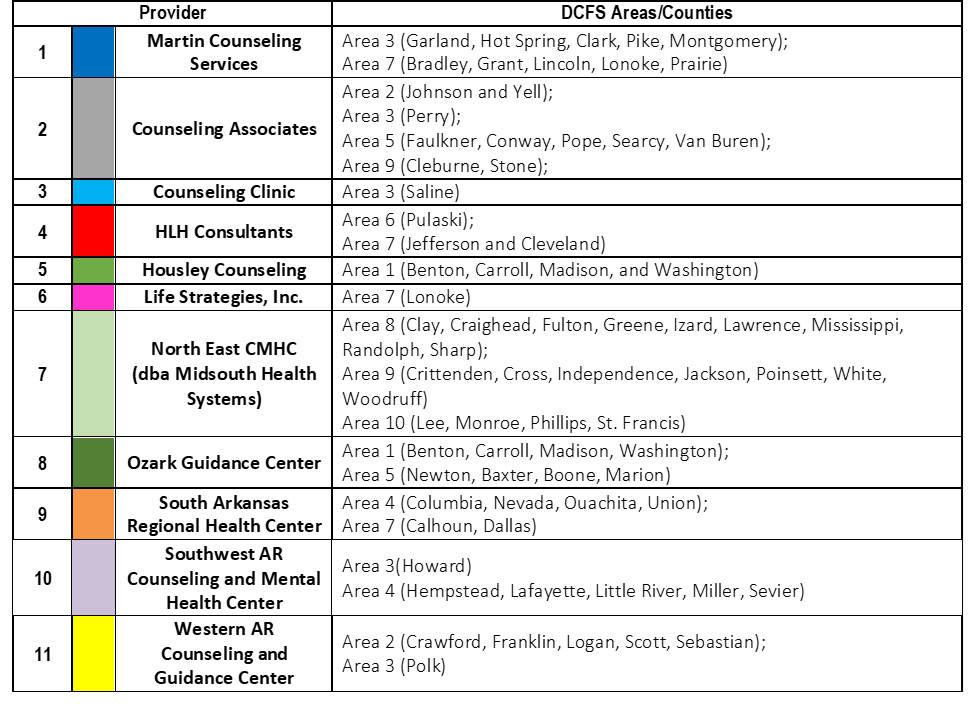
**KEY**

|  |  |  |  |
| --- | --- | --- | --- |
| Provider | | | DCFS Areas/Counties |
| 1 |  | Winn Counseling | Area 1 (Benton, Carroll, Madison, and Washington) |
| 2 |  | Serenity Counseling | Area 2 (Crawford, Franklin, Logan, Scott and Sebastian |
| 3 & 4 |  | Southern Counseling Services | Area 3 (Clark, Hot Spring, Montgomery, Perry, Pike, Polk ) |
|  | | | Area 4 (Columbia, Hempstead, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier, and Union) |
| Area 5 (Baxter, Boone, Marion, Newton, Searcy, and Van Buren) |
| Area 8 (Clay, Craighead, Fulton, Greene, Izard, Lawrence, Mississippi, Randolph, and Sharp) |
| Area 9 (Cleburne, Crittenden, Cross, Independence, Jackson, Poinsett, White, and Wodruff) |
| Area 10 (Arkansas, Ashley, Chicot, Desha, Drew, Lee, Monroe, Phillips, and St. Francis) |
| 5 |  | Libby Slatton, LCSW PA | Area 3 (Garland and Saline) |
| 6 |  | HLH Consultants | Area 5 (Conway, Faulkner, and Pope)  Area 6 (Pulaski)  Area 7(Bradley, Calhoun, Cleveland, Dallas, Grant, Jefferson, Lincoln, Lonoke, and Prairie) |
| 7 |  | Social Work Services of AR | Area 9 (Cleburne and Stone) |

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

**Counseling Services, SFY 2020**

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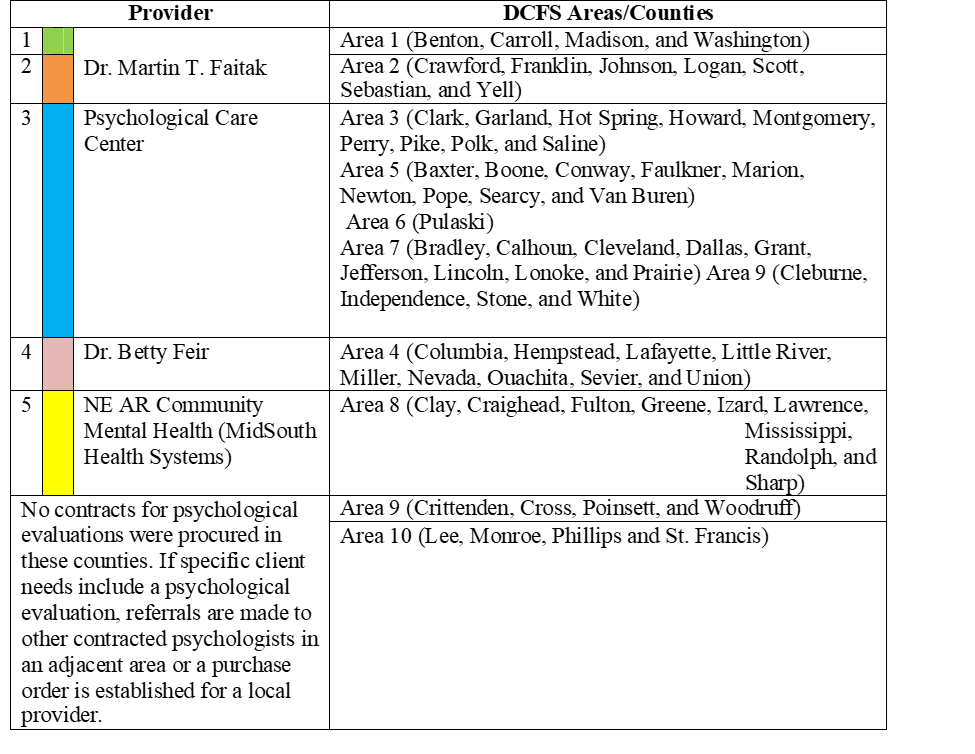
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**ARKANSAS DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILDREN AND FAMILY SERVICES**

**Psychological Evaluation Services**

**by County**

**State Fiscal Year 2020**

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**SFY 2020 FOSTER AND ADOPTION RELATED PROVIDERS AND CONTRACTS**

Adoption and foster home approval activities include:

* + Training for DCFS staff, prospective adoptive and foster parents, and current/active adoptive and foster parents

Additional Adoption Promotion and Support Services include:

* In-home consultation visits with prospective adoptive families
* Adoption home studies
* Adoption summaries on waiting children

*Purchased Services Decision Making Process: Overview*

Request for Proposals (RFPs) are issued to seek proposals from qualified organizations to provide services. Respondents operate community-based businesses, serving designated client populations. Moreover, they must be listed as being in good standing with the Secretary of State’s office.

The respondents submit proposals in two separate parts, technical and cost. The proposals are then evaluated in four phases:

* Phase 1 is the review to ensure all minimum qualifications are met and is mandatory. Proposals must pass this phase before being moved forward for further review.
* Phase 2 is the evaluation of the technical proposal. Respondents must demonstrate how they are able to effectively and efficiently deliver the service.
* Phase 3 is evaluation of the cost proposal.
* Phase 4 is ranking of the proposals after the final scores for each respondent for the technical and cost proposals are added together for a final overall score. The highest number of points is ranked number 1. The other proposals are ranked in descending order based on their number of points.

A contract is awarded to the respondent whose proposal is determined to be most advantageous to DCFS and DHS based on the selection criteria, not necessarily the lowest price.

**Promoting Safe and Stable Families Program**

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

Percentages of title IV-B, subpart 2 funds will be expended on service delivery as follows:

* Family Preservation: The State normally expends all of the federal funding and backs this up with state funding.
* Community-based family support: The state only receives a limited amount of funding and once this is used, then State General Revenue is used to supplement services.
* Family reunification: The state spends much of the funding (federal and state) on trying to keep families together and sometimes may fall short of the 20% but services are still being provided.
* Adoption promotion and support services, and on planning and service coordination: The state uses Adoption Incentive funds when available for these services.

**Agency Responsiveness to the Community**

DCFS continues to use a number of forums to share and gather information from stakeholders across the state. As described in the Collaborations section for this report, quarterly meetings with an Advocacy Council are used to identify ways to improve the assessment, engagement and service delivery practices of DCFS. The professions represented on the council include judges, juvenile justice, CASA, prosecuting attorney’s office, faith based communities including the CALL, medical, behavioral /mental health, clinical, a Maternal Child Health representative from the Department of Health, law enforcement, higher education, K-12 education, Commission on Child Abuse, Rape and Domestic Violence, Arkansas Advocates for Children and Family, foster care alumni, foster parent, biological parent, current youth in care and community at large.

Ongoing monitoring of activities and progress related to the implementation of the CFSP and various PIPs was provided by stakeholders participating on the state planning team as well as the Parent Advisory Council, Foster Parent Advisory Council, and Youth Advisory Board. The Division has also continued to encourage provider engagement has while working toward Family First Prevention Services Act implementation, building upon the initial discussions with placement providers that began in July 2018. DCFS also continues to work alongside its sister agency, the Division of Medical Services and the new managed care companies that participate in the Provider-led Arkansas Shared Savings Entity (PASSE).

Other forums or strategies used to gain input and support from the community include presenting at conferences and workshops, conducting and sharing information from surveys such as the Comprehensive Organizational Health Assessment (COHA) conducted through the National Child Welfare Workforce Institute, and holding meetings with targeted audiences. Internally, quarterly meetings are conducted with targeted audiences, such as with Differential Response staff, resource recruitment and retention staff, and supervisors. DCFS will continue to develop reports and data that are simple in presentation and can be understood in many venues. In fact, several new dashboards have been added to the DCFS SafeMeasures site within the last quarter. Please see the Statewide Information System above for more details.

Information gathered from stakeholders is shared with DCFS’ Executive staff on an ongoing basis which is then used to brainstorm and strategize on needed changes to enhance the support and supervision provided to direct services staff, help them to enhance their skills, and develop improved practices with families and relationships with community partners.

Continuous Quality Improvement meetings with Service Area staff are also conducted no less than annually. Findings from the Quality Services Peer Review, examination of child protective services practices, are used to identify promising practices and areas where practice improvement is needed. Area Directors are encouraged to develop and implement the goals and objectives of DCFS’ CFSP through development of individualized Program Improvement Plans.

**Foster and Adoptive Parent Licensing, Recruitment, and Retention**

**Diligent Recruitment of Foster and Adoptive Homes**

As of June 1, 2020, there were nearly 4,419 children in the State’s custody, which is an increase of almost 50 children in care from June 1, 2019. Over latter half of the SFY, there was a small but steady increase in the number of children in foster care. For more information, please see APSR Attachment A, Chart 1. Looking at entries and exits into foster care in APSR Attachment A, Charts 3 and 4, respectively, entries have somewhat vacillated during the reporting period with the decreased in the last quarter most likely, to a degree, by the reduced rate of calls to the Child Abuse Hotline during the COVID-19 pandemic (calls to the Child Abuse Hotline have decreased by approximately 50% during the public health emergency). Foster care discharges have also had alternating increases and decreases over the SFY with the number of discharges in March 2020 which, was, at least in part, a result of the pandemic. During the first few weeks of the public health emergency courts only held probable cause hearings. Consequently, discharges from care decreased during that time and thereafter as courts worked through a backlog. However, beginning again in April 2020 the number of discharges seemed to track with other months in the reporting period followed by a small decrease in May 2020. Also, in May 2020, there was almost a zero-net change in the number of kids in foster care 214 children entering care and 213 exiting care.

There are currently approximately 3,400 beds in 1,530 homes licensed to accept children in care (see APSR Attachment A, Chart 8 for more information). This is still almost 300 homes under the Division’s goal for available foster homes statewide and, more tellingly, results in only 0.76 foster home beds per foster child across the state, which is down from the June 2019 rate of 0.83 foster home beds per child in care. For more information regarding the bed to child ration over the last reporting period, see APSR Attachment A, Chart 9. With less than one licensed, approved foster home bed for each child in care, DCFS staff are often forced to place children based on the availability of placements versus on the individual needs of children. The goals and objectives of the recruitment and retention plan are to identify, process, and maintain permanent homes for children placed in foster care. These families will be able to meet all standards required for approval as an adoptive resource in Arkansas as well. While DCFS still has not reached its goal in terms of number of approved foster homes statewide, it is notably that as of May 2020, 87.9% of children in foster care were in some sort of family-like setting, exceeding the Division’s goal of having at least 85% of children in care in a family-like setting. Family-like settings include foster family homes, relative placements, pre-adoptive homes, therapeutic foster homes, and family-like residential facilities (i.e., home-like residential settings with live-in house parents). Please see APSR Attachment A, Chart 7 for more information on children placed in family-like settings over time.

The Division of Children and Family Services implemented targeted recruitment intervention, Arkansas’s Creating Connections for Children (ARCCC) program. The intervention was implemented across the state in service areas 3, 4, 5,7, 9, and 10. Areas 1, 2, 6, and 8 were covered by the Division’s Diligent Recruitment Grant, which came to an end on September 30, 2018. The only piece of the targeted recruitment strategies that is no longer operational is the Geographic Information System (GIS), which ceased in June 30, 2018.

Community Engagement Specialist (CES) are assigned to each of the 10 service areas except for Area 10 and that position is housed within the Central Inquiry Unit. The other counties continue to maintain a Community Engagement Specialist (CES) and they are supervised by the Resource Supervisors in each area. The CES staff are responsible for developing and implementing recruitment and retention strategies within their assigned areas and report them each month. The NCCD Children’s Research Center provide demographic data on the foster care population by county and area each month to inform recruitment strategies. The data is reviewed each month and recruitment strategies are updated to meet the changing needs of the counties.

Resource Development and Support.

Arkansas continues to develop and assess the activities of the local community recruitment teams to assist the CES with resource family recruitment and retention. Recruitment Teams are active in Areas 1 and 8. Some of the areas have not maintained Recruitment Teams due to the CES staff either leaving the agency or being reassigned to Resource duties.

Centralized Inquiry Unit

Centralized Inquiry Unit (CIU) continues to strengthen its process by communicating with applicants with a sense of urgency and maintaining engagement until the family has been assigned to the Resource Field Worker. The Central Inquiry Unit (CIU) is made up of one Program Eligibility specialist and three Family Service Workers. The staff obtain applicant information from the FosterArkansas.org website and complete the initial phone screening and provide a packet with background checks. During this initial phone screening, the agency’s need for provider families willing to accept children ages 6 and older, sibling groups, and children with disabilities is also communicated. The background checks are run, and the family is sent to the field staff to complete the application process. The CIU will continue to meet bi-weekly at the Lean Six Sigma Whiteboard to discuss the application process to determine if adjustments need to be made to move families through the process as quickly as possible.

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

The Area 10 CES position was placed in the Central Inquiry Unit in Central Office to focus on a pilot project that began April 1, 2019. The goal of this project is to reduce the amount of time it takes to open provider homes. The assigned staff member is responsible for preparing provider applicants to open their homes in Areas 4, 7, and 10. The pilot project has one assigned staff member (an FSW) who is responsible for processing applicants received on the FosterArkansas.org website. The FSW completes an initial phone call with the applicant, processes the background checks, and then refers the family to PRIDE Training and home study if the Resource Supervisor approves the applicant’s In-Home Consultation (IHC). The FSW gathers all pertinent documentation from the applicants and then provides the completed home study to the Resource Supervisor for final walk through and approval of the home. Since beginning the pilot project several homes have opened with many of them opening under the goal of 150 days. Some of the homes have been opened outside of the 150-day goal, but most have been due to either the family not attending training when first offered or families that had to go through the Alternative Compliance process due to a criminal hit. The CIU manager continues to monitor data each month in regards to the pilot and plans to expand the pilot are being discussed.

Targeted Recruitment Tools:

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

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

The Compliance Outcome Report (COR) is a monthly report generated by NCCD from CHRIS which measures 35 indicators that represent standard casework or case-related activities, many of which must comply with state regulatory requirements. Element 35 monitors foster home reevaluations, specifically the percentage of foster homes that require a reevaluation that receive a reevaluation. The following chart represents the percentage of resource homes that received their annual reevaluations from June 2019 through May 2020.

In an effort to support resource parents during the COVID-19 pandemic, the Division issued an increased board payment in the amount of $125 per child in the month of April to help defray additional costs resource parents may have incurred due to school and child care center closures and/or a decrease in their own work hours or job stability generally. The following service providers will receive this increased payment;

* Foster Family Homes
* Relative Foster Family Homes
* Fictive Kin Foster Family Homes
* Provisional (Fictive and Relative)
* Private Agency Foster Family Homes
* Pre-Adoptive Homes

In addition, Governor Asa Hutchinson created the Arkansas Coronavirus Aid, Relief, and Economic Security (CARES) Act Steering Committee to make recommendations on the “best uses of the CARES Act funding” under Section 601 of PL116-136, the “Coronavirus Relief Fund.” Because the COVID-19 crisis heightened awareness about the need for resource parents to provide services during the public health and economic crisis, a one-time, $500 CARES Act payment was also issued to any resource home that had at least one overnight placement between the dates of March 11, 2020 and April 30, 2020. This included traditional, relative, and fictive kin foster family homes; relative and fictive kin provisional foster homes; pre-adoptive homes; PLPA homes; TFC homes; and DDS foster homes.

**Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes**

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

During this reporting period, Arkansas has made strides toward achieving the vision set forth above. Over the course of SFY 2020, Arkansas become one of the first states to implement Family First which included the launch of Qualified Residential Treatment Programs across the state and associated assessment and court hearing requirements. Also, as part of Family First, Arkansas is one of the few states to gain approval of its Title IV-E Prevention Program Five Year Plan. In addition, the state received approval of its Child and Family Services Review (CFSR) Round 3 Program Improvement Plan (PIP) in October 2019. Many of the activities associated with Family First and the state’s CFSR PIP are also interwoven into the strategic plan below. The Division also continued its foray into more primary prevention services which are described in the activities update under Goal 1. As noted in the state’s 2020-2024 CFSP, The plan below and related updates must be read in conjunction with the CFSR PIP, the NYTD PIP, and the attached targeted plans associated with the CFSP and their respective progress update reports to gain a more comprehensive of the work occurring in Arkansas to ensure that every child has a safe, stable, and nurturing family every day.

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

* The early stage of implementation of the CFSP five-year strategic plan;
* Relative improvement in safety, permanency, and well-being outcomes in the SFY 2019 Statewide QSPR;
* Achievement of all stated CFSR PIP measures.

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

Several updates to the goal and progress measures provided in the table were gleaned from the state’s CQI/QA system to include, but not limited to, QSPRs, the Annual Report Card, Program Manager Monthly Monitoring Reports, and DHS Human Resources Dashboards. Finally, the Division utilizes it’s a multitude data resources to help assess progress measures and overall performance and practice statewide. The following list of reports and projects (and accompanying descriptions) account for the major quality assurance and evaluation activities undertaken in Arkansas during SFY 2020 that have also provided insight when assessing the goals, strategies, and activities within the Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes:

* **Monthly Profiles** – Each month DCFS reviews various performance data indicators over a rolling 12-month period on a statewide, Area-wide, and county-specific basis. These indicators range from the percentage of children in care who are placed in relative placements to the percentage of required visits made to see children in care and in-home families. These charts are made available and disseminated to all agency staff.
* **Quarterly Performance Report (QPR**) – The QPR is a statistical report created for legislative committees who provide oversight over the services DCFS offers and delivers to youth and their families. The report is completed quarterly for the state fiscal year.
* **Annual Report Card (ARC)** – The ARC is a statistical report that is also created for legislative committees providing oversight over the services that DCFS offers and delivers to youth and their families. The ARC is reported for each state fiscal year and is structured similar to the QPR. The report details the Division’s performance on several key performance indicators, displays the demographics of the population served by the agency, and documents any observable trends over time.
* **Workload Reports –** DCFS tracks the responsibilities of its workforce on a monthly basis. The workload reports allow the agency to track both the number and types (e.g., foster care, in-home protective services, investigation, differential response) of cases assigned to each worker, county, or Area.
* **Differential Response Reports –** On a monthly basis, DCFS closely examines data regarding its differential response (DR) program. The agency relies on these reports both on a micro level (i.e., ensuring quality practice and decision-making within individual cases) as well as on a macro level (i.e., steering programmatic decisions).
* **Adoption Reports** – On a monthly basis, DCFS closely examines the children whose adoptions have been finalized. This report offered detailed information on all finalized adoptions for the reporting month, which the agency utilizes to help improve its processes regarding this permanency option.
* **Juvenile Offender Reports** – On a monthly basis, DCFS closely examines any true report of child maltreatment that identifies an offender between 14 and 17 years of age. These reports display detailed information on these underage offenders, and the agency utilizes this information to examine whether there are ways that these investigations can be improved or better managed.
* **Foster Home Approval Report** – On a monthly basis, DCFS closely examines the foster family homes who were approved during the month. Aside from identifying those foster family homes, the report details additional information, including which homes were initially assigned to or approved by central office, average days from central office assignment to first field assignment, average days from first field assignment to final approval, and average days form earliest assignment to approval. The agency utilizes this information to improve its processes so that it can expedite the approval of and improve service to new foster homes.
* **Child Welfare Data Report** – Three times per week, DCFS emails an updated data report which displays (1) the number of children currently in foster care, (2) the placement settings of those children, (3) whether the children are placed in or outside of their home county, and (4) the number of foster homes that are currently approved. This report was developed to improve transparency and access to continuously updated data for DHS administration, DCFS leadership, and DCFS field staff.
* **SafeMeasures**® – DCFS implemented SafeMeasures, a state-of-the-art reporting service that helps the Division’s field staff transform data into actionable information, statewide during SFY 2020. The agency incorporates feedback from field staff to help make modifications and enhancements to SafeMeasures. Reconciliation is routinely completed on existing reports, while new reports are being researched, developed, and produced as well.
* **Compliance Outcome Report (COR)** – The COR represents a monthly report that assesses the performance of DCFS caseworkers in divisional and regional areas. Specifically, the COR measures 35 indicators that represent standard casework or case-related activities, many of which must comply with state regulatory requirements.
* **CANS/FAST Reviews** – NCCD produces a monthly report to of initial CANS/FAST assessments recently completed. A state employee of the DCFS Quality Assurance Unit is currently conducting qualitative reviews of recently completed CANS/FAST functional assessments.
* **Family Preservation Services Evaluation**– DCFS conducts this evaluation on an annual basis. This report focuses on the agency’s performance with respect to the children and families it serves as well as the impact that services have on these clients. In part, it does this by closely replicating many of the currently recognized federal measures. Additionally, it measures DCFS’ progress and overall transition over the three most recently completed calendar years (2017, 2018, 2019) at both the state, area, and county levels. Because this report places a strong emphasis on performance at the area and county level, DCFS leadership is able to better identify where performance is strong and where improvement might be needed.
* **Summary of Garrett’s Law Referrals–** On an annual basis, DCFS completes an analysis of Garrett’s Law referrals received during the most recently completed state fiscal year. Garrett’s Law refers to a bill enacted in 2005 that addresses situations in which a mother gives birth to a child, and either the mother or the newborn is found to have an illegal substance in his or her system. According to the law, the presence of an illegal substance in either the mother or newborn is sufficient to substantiate an allegation of neglect. The most recently completed Garrett’s Law Summary presented information on the Garrett’s Law referrals received from SFY 2016 through SFY 2019. This report displays information regarding the number of Garrett’s Law referrals received annually; the types of drugs cited in these referrals; how DCFS responds to Garrett’s Law referrals; and whether the parents involved in these referrals receive any type of treatment.
* **Family First Technical Reviews** – During SFY 2020 DCFS collaborated with NCCD to complete independent technical reviews of four different in-home service models. The four programs reviewed were Family Centered Treatment (FCT), Youth Villages Intercept (YVIntercept), Strengthening Families, and Nurturing Parenting. FCT and YVIntercept were approved by the Administrative for Children and Families, making the in-home services delivered via these models eligible for federal reimbursement and thus more readily accessible to the state’s vulnerable children and families.
* **Ad Hoc Reports** – On an ad hoc basis, DCFS examines data related to its various programs and policies to assess its own performance and understand the population of children and families served by its programs and policies. The Division also shares information to external stakeholders in an effort to improve communication and transparency. Approximately 300 ad hoc reports are completed in a given year.

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

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| **Goal 1: Promote and increase primary prevention efforts and coordination with community and federal programs so families are diverted from the child welfare system.**  Rationale: Coordinated and robust primary prevention efforts are critically important to strengthen families and prevent both the initial occurrence of child abuse and neglect and ongoing maltreatment; prevent unnecessary family disruption; reduce family and child trauma; interrupt intergenerational cycles of maltreatment; and build a well-functioning child welfare system. The Division has been fortunate to have the State’s Community-Base Child Abuse Prevention (CBCAP) Grantee as part of DCFS since July 2017. This has given the agency the ability to implement true primary prevention programs in coordination with other child welfare stakeholders. The strategies and activities below will allow the Division to build upon those as well as begin working toward additional primary prevention efforts.  *Primary prevention is not a goal addressed through CFSR PIP; CFSR PIP focuses on secondary and tertiary prevention so there are no related CFSR PIP strategies that apply.*  Goal Measures:   * Decrease the number of maltreatment reports to Child Abuse Hotline (SFY 2018: 35,867 reports received). * Year 1: 1% decrease from SFY 2018 APSR 2020 Update: Achieved. SFY 2019: 34,296 reports received or 4.4% decrease * Year 2: 2% decrease from SFY 2018 * Year 3: 4% decrease from SFY 2018 * Year 4: 5% decrease from SFY 2018 * Year 5: 7% decrease from SFY 2018 * Decrease the number of children entering foster care (SFY 2018: 3,289 entries). * Year 1: 2% decrease from SFY 2018 APSR 2020 Update: Not achieved but progress still made from SFY 2018. SFY 2019: 3,236 children entered care or 1.6% decrease * Year 2: 3% decrease from SFY 2018 * Year 3: 5% decrease from SFY 2018 * Year 4: 8% decrease from SFY 2018 * Year 5: 12% decrease from SFY 2018   CFSR measures non-applicable to primary prevention. | | | | | |
| **Strategy 1**: Strengthen and increase involvement with existing primary prevention programs: Baby and Me, Predict-Align-Prevent, and the Arkansas Home Visiting Network.  Rationale: Infants and very young children are the most vulnerable population due to long-term effects of early child abuse and neglect. Research shows that parenting education programs for children ages 4-8 show significant benefits for parents, caregivers, children, and families. [[1]](#footnote-1) Research shows that home visiting programs such as Healthy Families and Nurse Family Partnership showed favorable impacts on primary measures of child development, school readiness, and positive parenting practices. [[2]](#footnote-2)  In addition, DCFS wants to strengthen and expand upon some of its first efforts at primary prevention, the Baby and Me Program offered through the Department of Health’s Women, Infant, and Children (WIC) clinics and begin utilizing data collected through the Predict-Align-Prevent Program. | | | | | |
| **Activity** | **Party Responsible** | **Completion Timeframe** | **Expected Outcomes/Elements of Services Delivery** | **Progress Measures** | **APSR 2020 Update** |
| A1: Develop strategies to improve initial intake numbers of Baby and Me Program | CBCAP Lead/Baby and Me Advisory Committee and staff | Ongoing | * Higher post-test results * Strengthened parent/ child attachment * Increased protective capacity * Parent understands developmental milestones * Increased safe sleep/Decrease co-sleeping deaths * Decreased incidents of shaken baby * Decreased maltreatment | Year 1: Achieve 80% intake rate from recruitment population.  Year 2: Achieve 82% intake rate from recruitment population.  Year 3: Achieve 83% intake rate from recruitment population.  Year 4: Achieve 84% intake rate from recruitment population.  Year 5: Achieve 85% intake rate from recruitment population. | An advisory committee for Baby and Me meets weekly to discuss the progress of the program, to troubleshoot any issues, and suggest any necessary changes or additions. The advisory committee includes: The Children’s Trust Fund director, the director of Child and Adolescent Health for the Department of Health, the statewide director of the WIC program, a Regional director of the Department of Health, members of the UAMS RED Team, and staff from the MidSOUTH Training and Prevention Center. This group is working on developing improved data tracking and evaluation procedures. |
| A2: Develop strategies to improve program completion rates of Baby and Me Program | CBCAP Lead/Baby and Me Advisory Committee and staff | Ongoing | See above. | Year 1: Achieve 15% completion rate.  Year 2: Achieve 18% completion rate.  Year 3: Achieve 23% completion rate.  Year 4: Achieve 25% completion rate.  Year 5: Achieve 28% completion rate. | As of the April monthly reports from Baby and Me, 383 individual Baby and Me modules had been completed since March 2020. The Baby and Me Advisory Committee is working on developing improved data tracking and evaluation procedures. |
| A3: Work with DCFS Data Management & Analysis vendor (NCCD) to develop way to track subsequent maltreatment at 6 and 12 months for those who participated in Baby and Me | DCFS Deputy Director, Asst. Director of Prevention and Reunification, NCCD | Spring 2020 | * CHRIS/NCCD data report showing subsequent maltreatment at 6 and 12 months for those who participated in Baby and Me. * More data to inform Baby and Me program improvement efforts. | No baseline data at present. To be determined. | Not yet completed. The Children’s Trust Fund Program Manager position is currently vacant. Once filled, the Division plans for this position to take lead with the Baby and Me Advisory Committee and NCCD to determine next steps. |
| A4: Depending on data results, develop a data-informed plan to approach AR Health Department or other partners to propose investment in Baby and Me. Data will include:   * Numbers served; * Pre/post test results; * Number of enrollees who had report of maltreatment within one year of service | CBCAP Lead/Baby and Me Advisory Committee | 2023-2024 | More families to be positively impacted by Baby and Me:   * Higher post-test results * Strengthened parent/child attachment * Increased protective capacity * Parent understands developmental milestones * Increased safe sleep/Decrease co-sleeping deaths * Decreased incidents of shaken baby * Decreased maltreatment | N/A | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| B1: Through staff training, message importance of considering referrals to applicable Arkansas Home Visiting Network (AHVN) programs particularly as part of plan of safe care for infants who are not found to be neglected but who have reports to hotline of prenatal exposure to drugs, as appropriate | Differential Response Manager, Assistant Directors of Prevention and Reunification and Infrastructure and Specialized Programs, Federal Compliance Officer, AHVN Director | Starts July 2019 and then ongoing | * Strengthened parent/child attachment * Increased protective capacity * Parent understands developmental milestones * Increased safe sleep/Decrease co-sleeping deaths * Decreased incidents of shaken baby * Decreased maltreatment | Acceptance of reports of infants with prenatal exposure to drugs but who are not neglected will be a new type of report for DCFS, so no baseline data exists from which to base benchmarks and associated timeframes. Over the next five years the Division will:   * Track number of prenatal substance exposure referrals from the hotline; * Track number of referrals of non-neglected substance exposed infants from DCFS to AHVN programs and related intake numbers once MOU with AHVN is developed. See following activity. | The importance of considering referrals to a home visiting programs (outside of SafeCare since these infants would not meet SafeCare criteria) through AHVN has been messaged to staff during the 2019 Legislative Update Trainings, Transitional Youth Services and Resource Staff meetings, coaching sessions where applicable, and the newly developed Facilitated Wrap Up Conversations that take place following staff completion of the National Center on Substance Abuse and Child Welfare’s Online Substance Abuse Tutorial for Child Welfare Professionals.  To date, 9 referrals have been received for infants with prenatal exposure to drugs but who are not neglected (CARA). An MOU has not yet been established with AHVN so there is not yet a systematic way to track whether these infants were referred to an AHVN program. |
| B2: Develop MOU with AHVN that would allow AHVN and DCFS to develop tracking and information sharing protocols to better assess short and long-term outcomes of substance exposed infants who are referred to and participate in home visiting programs | Assistant Directors of Prevention and Reunification and Infrastructure and Specialized Programs, Assistant Director of Infrastructure and Specialized Programs | Summer 2020 | MOU | TBD | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| C1: Through Predict-Align-Prevent Geospatial Risk Analysis for Child Maltreatment in Little Rock, create maps of child maltreatment and environmental risk factors | CBCAP Lead and Predict-Align-Prevent Director and staff | Ongoing | Predict-Align-Prevent maps | For all five years, annual progress updates on use of data and enhanced services/programs in applicable communities/neighborhoods as determined by future Predict-Align-Prevent maps and potential surveys of neighborhood/community residents. | Over the past year, Predict Align Prevent and partners at the University of Arkansas at Fayetteville have worked to acquire the address level data from multiple sources and began mapping the data. The acquisition of address level data was slow, in order to assure partners that the data will be protected. Once the address level data was plotted, a grid was laid over the map that breaks the city in to 1000 by 1000 square foot cells. Then each cell was assigned a risk score based on the number of adverse events that were present. This process de-identified the data and began to give a clear picture of the specific areas of the city where the most abuse occurs. The team is now ready to drill down into the data of those high maltreatment areas and see what else is happening in that location.  The final report from PAP was expected in April of 2020, but it has been delayed due to complications of the COVID19 pandemic. The tentative release date is now August 2020. |
| C2: Convene advisory group to review results of risk analysis and develop recommendations to address concerns identified in data analysis | CBCAP Lead and Predict-Align-Prevent Director and staff | Fall 2020 | Advisory group recommendations | For all five years, annual progress updates on use of data and enhanced services/programs in applicable communities/neighborhoods as determined by future Predict-Align-Prevent maps and potential surveys of neighborhood/community residents. | In the upcoming year, DCFS with the support of CAPTA funding will bring together representatives from state and community-level service providers as well as parents/families from across the state to create the Strengthening Families Advisory Board (SFAB). The primary purpose of establishing the SFAB is to assist DCFS in developing a child abuse prevention plan for Arkansas and to advise the Children’s Trust Fund in implementing the plan. The SFAB will begin by reviewing state level data relevant to child maltreatment, to include data gathered through the Predict-Align-Prevent project, to gain a better understanding of the issues facing our state. The SFAB will also assist DCFS in conducting an environmental scan to determine what services are already available for families in our state and what types of programs or services are missing. Finally, the SFAB will make recommendation about evidenced-based strategies that are needed to address identified issues and gaps in services. This Advisory Board will support collective learning and shared resources, inform data collection, and offer solutions to address the prevention of child maltreatment. |
| C3: Work with stakeholders in local communities/neighborhoods to implement recommendations to address identified needs/risks | CBCAP Lead and Predict-Align-Prevent Director | Summer 2024 | * Increased community involvement and collaboration * Decreased child maltreatment * Increased community protective factors | For all five years, annual progress updates on use of data and enhanced services/programs in applicable communities/neighborhoods as determined by future Predict-Align-Prevent maps and potential surveys of neighborhood/community residents. | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| **Strategy 2: Increase support to pregnant and parenting teens in foster care as a primary prevention strategy for their children.**  Rationale: Feedback from staff, providers, and youth in care is that support for pregnant and parenting teens is lacking but much needed given the vulnerable populations in which both mother and baby fall. DCFS is also committed to implementing primary prevention strategies and activities aimed at the children of teenagers who are in foster care to prevent future maltreatment of those young children. On average, there are between 30-40 pregnant or parenting youth in the foster care system in Arkansas, so this is a reasonable initial goal for DCFS’ foray into primary prevention. Safety showers are a mechanism to provided needed safety information to expecting mothers but in a non-threatening and supportive environment. Research shows that home visiting programs, such as Healthy Families and Nurse Family Partnership showed favorable impacts on primary measures of child development, school readiness, and positive parenting practices. [[3]](#footnote-3) | | | | | |
| **Activity** | **Party Responsible** | **Completion Timeframe** | **Expected Outcomes/Elements of Services Delivery** | **Progress Measures** | **APSR 2020 Update** |
| A1: Refer parenting teens who do not qualify for other home visiting programs to Nurturing the Families of Arkansas (or in addition to home visiting, as applicable based on specific case) | Messaging from Assistant Directors of Prevention and Reunification and Infrastructure and Specialized Programs to staff about change in NFA PIs to accept referrals for this population; Family Service Worker (FSW) caseworkers and Transitional Youth Services (TYS) Coordinators for referrals | July 2019 and then ongoing | * Higher post-test results * Strengthened parent/child attachment * Increased protective capacity * Parent understands developmental milestones * Increased safe sleep/Decreased co-sleeping deaths * Decreased incidents of shaken baby * Decreased maltreatment | Year 1: 50% referral rate of designated population, of those, no maltreatment referrals during teen’s remaining time in foster care  Year 2: 75% referral rate of designated population, of those, no maltreatment referrals during teen’s remaining time in foster care.  Year 3: 80% referral rate of designated population, of those, no maltreatment referrals during teen’s remaining time in foster care  Year 4: 90% referral rate of designated population, of those, no maltreatment referrals during teen’s remaining time in foster care  Year 5: 98% referral rate of designated population, of those, no maltreatment referrals during teen’s remaining time in foster care | Initial messaging regarding the ability to refer teens in foster care who are also parents to NFA was limited. The Division has the additional challenge of not having a way to consistently track teens in foster care who are pregnant and parenting. There is a check box in CHRIS to denote when a youth is pregnant but this is rarely used and, when it is used, it is not uncommon for it to be updated when the baby is born. With the forthcoming implementation of CCWIS, the Division plans to explore better ways to track this sub-population of youth in care. |
| A2: Implement Safety Showers for pregnant teens in foster care. | Assistant Director of Infrastructure and Specialized Programs | Fall 2019 and then ongoing | * Increased knowledge of infant and home safety * Increased safe sleep/decreased co-sleeping deaths | Year 1: 75% completion rate, of those no incidents of unsafe sleep related deaths  Year 2: 80% completion rate, of those no incidents of unsafe sleep related deaths  Year 3: 90% completion rate, of those no incidents of unsafe sleep related deaths  Year 4: 98% completion rate, of those no incidents of unsafe sleep related deaths  Year 5: 100% completion rate, of those no incidents of unsafe sleep related deaths | Safety Showers for pregnant teens were implemented in mid-October 2019. The Transitional Youth Services Coordinator is trained in this curriculum. She leads the Safety Shower and relies on assistance from local staff to help coordinate the location and purchase of refreshments for the event. During the Safety Shower the pregnant mother is also presented with a box of diapers and wipes, a Halo sleep sack, and a board book about safe sleep from the Division. The COVID pandemic has made hosting the safety baby showers challenging. The TYS Coordinator is currently trying to design a way to potentially host them virtually for two youth who are currently pregnant in the Central Arkansas area. Between the mid-October 2019 implementation date and March 11, 2020 (date an emergency was declared in Arkansas due to COVID) two safety showers were held. Once again, the limited ability of the Division to track pregnant and parenting youth makes it challenging to accurately determine the completion rate for Safety Showers. However, given that only two were held, it is assumed that the Division did not achieve the 75% completion rate. There have been 0 deaths related to unsafe sleep environment for this population. |
| B1: Through staff training and other messaging platforms, message importance of considering referrals to applicable Arkansas Home Visiting Network (AHVN) programs, for pregnant and parenting teens in foster care. | Assistant Director of Infrastructure and Specialized Programs for messaging, FSWs and TYS Coordinators for referrals | Fall 2019 and then ongoing | * Strengthened parent/child attachment * Increased protective capacity * Parent understands developmental milestones * Increased safe sleep/Decreased co-sleeping deaths * Decreased incidents of shaken baby * Decreased maltreatment | * Cannot establish desired referral rate because referrals depend on whether mom was also referred to NFA (see Activity A1 above) and what AHVN programs are available in a specific county and, from there, whether a program has open slots. * Of those referred and accepted to AHVN program, no maltreatment referrals during teen’s remaining time in foster care. | The importance of considering referrals to a home visiting programs through AHVN has been messaged to staff during the 2019 Legislative Update Trainings, Transitional Youth Services and Resource Staff meetings, coaching sessions and other conversations with field staff where applicable, and the newly developed Facilitated Wrap Up Conversations that take place following staff completion of the National Center on Substance Abuse and Child Welfare’s Online Substance Abuse Tutorial for Child Welfare Professionals. There is not yet a way to systematically track parents who have been referred to an AHVN home visiting program (outside of SafeCare) so data regarding maltreatment referrals after participation in a home visiting program is not yet available. |
| C1: Explore possibility of contracting with University of Arkansas for Medical Sciences (UAMS) to create service coordinator position to assist pregnant and parenting teens in foster care navigate various services such as home visiting, high-quality child care. | Assistant Director of Infrastructure and Specialized Programs, AR Children’s Hospital Executive Director of Child Advocacy and Public Health, Associate Director of Research and Evaluation Division for  Department of Family and Preventive Medicine at UAMS | Fall 2020 | * Increased service coordination for pregnant and parenting teens in foster care * Improved parent-child well-being * Decreased maltreatment * Increased knowledge of FSWs and TYS Coordinators regarding services for pregnant and parenting teens | N/A | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| C2: Contingent upon funding, develop interagency contract for service coordinator for pregnant and parenting teens in foster care. | Assistant Director of Infrastructure and Specialized Programs, AR Children’s Hospital Executive Director of Child Advocacy and Public Health, Associate Director of Research and Evaluation Division for  Department of Family and Preventive Medicine at UAMS | Spring 2021 | * Increased service coordination for pregnant and parenting teens in foster care * Improved parent-child well-being * Decreased maltreatment * Increased knowledge of FSWs and TYS Coordinators regarding services for pregnant and parenting teens | Contract developed as applicable. | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| C3: Contingent upon funding, hire service coordinator for pregnant and parenting teens in foster care. | Assistant Director of Infrastructure and Specialized Programs, AR Children’s Hospital Executive Director of Child Advocacy and Public Health, Associate Director of Research and Evaluation Division for  Department of Family and Preventive Medicine at UAMS | Fall 2021 | * Increased service coordination for pregnant and parenting teens in foster care * Improved parent-child well-being * Decreased maltreatment * Increased knowledge of FSWs and TYS Coordinators regarding services for pregnant and parenting teens | * 100% referral rate of pregnant and parenting teens to service coordinator. * Evaluation measurements TBD as part of contract development. | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| **Goal 2: Strengthen response to maltreatment allegations and increase and improve services to protect children in their homes and prevent entry/re-entry into foster care.**  **Rationale**: Research shows that entry into foster care is yet another trauma for children and that children do best with their own families. As such, if at all safely possible, the Division strives to safely maintain children in their own homes. The CFSR identified challenges with initial and ongoing safety and risk assessment, and a lack of adequate safety planning and monitoring, particularly when substance use is an issue in the home. The Parent Advisory Council also made several recommendations in relation to services to prevent removal.  *This goal is supported by CFSR PIP Strategies 1, 2, 3, 4, 5, 6, 7, 8, 15, and 16.*  Goal Measures:   * Decrease the number of children entering foster care (SFY 2018: 3,289 entries). * Year 1: 2% decrease from SFY 2018 APSR 2020 Update: Not achieved but progress still made from SFY 2018. SFY 2019: 3,236 children entered care or 1.6% decrease * Year 2: 3% decrease from SFY 2018 * Year 3: 5% decrease from SFY 2018 * Year 4: 8% decrease from SFY 2018 * Year 5: 12% decrease from SFY 2018 * CFSR Safety 2 (SFY 2018: 70%) * Year 1: 85% ASPR 2020 Update: Not achieved but progress still made from SFY 2018 Statewide QSPR. SFY 2019: 83% * Year 2: 87% * Year 3: 90% * Year 4: 92% * Year 5: 94% | | | | | |
| **Strategy 3: Implement and expand Considered Removal Team Decision Making Statewide.**  Rationale: While QSPR results indicate that safety and risk items have improved for all case types since the CFSR, there is still room for improvement. QSPR 2018 data shows that necessary services to prevent children from entering foster care in 75% of the reviewed cases. During SFY 2018, sufficient efforts were not made to assess and address risk and safety concerns for children receiving services in more than a quarter of the reviewed cases (29 percent). The deficient ratings once again stemmed from problems with conducting ongoing assessments of risk and safety and with safety management.  The final IV-E Waiver Evaluation results showed that families who participated in TDM meetings were satisfied with the openness and non-judgmental atmosphere of the meeting. Staff also appreciated the family having a voice and their ability to highlight strengths and available resources. The TDM meeting also helped the worker to better identify services the families needed, and the families felt improved engagement and more positive relationships with DCFS as a result. The Parent Advisory Council also recommended expanding Team Decision Making statewide. | | | | | |
| **Activity** | **Party Responsible** | **Completion Timeframe** | **Expected Outcomes/Elements of Services Delivery** | **Progress Measures** | **APSR 2020 Update** |
| A1: Complete revised TDM policy for considered removals | Infrastructure and Specialized Programs, Program Administrator | August 2019 | * Policy completed reflecting new TDM triggers and considered removal framework | * Policy completed | Completed. (Please see attachment, TDM Protocol.) |
| A2: Train all Team Decision Making (TDM) facilitators, back-ups, and TDM supervisor on Anne E. Casey 3-day considered removal curriculum | TDM Manager | September 2019 | * All necessary staff trained in new triggers and considered removal framework. | * 100% completion rate | Completed. (Please see attachment, Training Curriculum.) |
| A3: Train all Area 8 staff that currently have TDM in their counties (not yet area-wide) on TDM, highlighting new triggers | TDM Manager | September 2019 | * All necessary staff trained in new triggers and considered removal framework. | * 100% completion rate | Completed. By September 2019 all Area 8 staff (a total of 78) was trained by the TDM Manager that had TDM in their counties on new triggers. |
| A4: Provide Considered Removal TDM orientation to applicable county Office of Chief Counsel (OCC) and external stakeholders (e.g., court, legal, CASA, schools, mental health providers, community partners) | TDM Manager, OCC Area 8 Supervising Attorney for OCC portion, AECF staff | September 2019 | * Majority of applicable stakeholders have knowledge about Considered Removal TDM values, goals, and processes. | * 75% completion rate | This orientation for external stakeholders was not held. However, all eight OCC attorneys in the area were trained and a meeting with one local judge also took place to provide her with an overview of Considered Removal TDMs. A training for Parent Counsel and Attorneys Ad Litem is currently in development. |
| A5: Go-live with Considered Removal TDMs in existing TDM counties in Area 8 | TDM Manager | October 2019 | * Decreased removals * Increased relative placements * Increased family engagement * Increased placement stability * Increased time to permanency within 12 months * Improved relationship with domestic violence prevention/intervention programs | For all five years, all applicable families receive Considered Removal TDM | Completed as of October 2019. The Go-Live date for Area 8 was launched on October 7, 2019.  “Potty Posters” were placed in the restrooms. There were four different posters that were ran over a month’s time. A “Jimmy Kimmel” skit was performed at the Area 8 Education meeting before the GO LIVE date. |
| A6: Train Area 8 resource families on Considered Removal TDM and their roles within it | TDM Manager, AECF staff | October 2019 | * Majority of resource families have knowledge about Considered Removal TDM values, goals, and processes. | * 75% completion rate | Not completed. The focus on training was to train Judges and Parent Counsel first before training resource families.  All trainings were put on hold due to COVID.  A meeting was held with Judge Halsey from Area 8 back in January 2020.  At that time, she informed that she would be retiring, and several new judges would be starting in the new term.  We still plan on getting this completed in the future and will keep you all abreast of any new updates. |
| A7: Begin scheduling quarterly meetings court team to check-in on progress, concerns, etc. and address concerns as needed | Area 8 Director, Area TDM Facilitator | November 2019 | * Improved communication and ability to strengthen CQI processes. | * For all five years, court team meetings occur quarterly and are reported to Assistant Directors of Community Services and Prevention and Reunification in monthly reports. | The Prevention and Reunification Unit is in the process of establishing a workgroup comprised of frontline managers, supervisors, and caseworkers; agency leadership; TDM facilitators; QA/performance staff. This will be a monthly meeting to discuss TDM-related data and practice that is guided by TDM Self-Evaluation Discussion Guide. This Discussion Guide was developed by the National Council on Crime and Delinquency Children’s Research Center. As per the recommendations of the TDM Self-Evaluation, external partners are brought into these meetings after the self-evaluation process is well-established. See APSR Attachment D: TDM Self-Evaluation Discussion Guide. |
| A8: Create protocols to ensure all newly hired staff in Area 8 receive training as part of onboarding | TDM Manager and Supervisor | November 2019 | * All necessary staff trained in new triggers and considered removal framework. | * 100% of newly hired staff receive Considered Removal TDM training. | Quarterly Zoom meetings are held to train incoming staff on Considered Removal TDMs. |
| A9: Evaluate progress of Area 8 Considered Removal TDMs | TDM Manager and Supervisor, Assistant Director of Prevention and Reunification | Ongoing | * Data analysis to inform CQI processes and statewide expansion plan. | * Establish baseline rates for current TDM counties’ removal rates, time to permanency, relative placements and establish progress measures based on that data. | Ongoing. See APSR Attachment E: TDM Meeting Summary Data for more information. |
| B1: Using data and consideration of county/area readiness per implementation science, develop statewide expansion plan using roll-out plan described in “A” activities above to ensure 100% coverage of TDM (currently TDM is implemented in 40% of the state). | TDM Manager and Assistant Director of Prevention and Reunification | Spring 2020 | * Statewide expansion plan informed by quantitative and qualitative data. | Year 1: Expand Considered Removal TDMs to remaining Area 8 counties  Year 2: Expand Considered Removal TDMs to ensure 70% of state has TDM  Year 3: Expand Considered Removal TDMs to ensure 100% of state has TDM  Year 4: Sustain TDMs statewide  Year 5: Sustain TDMs statewide | Completed. All counties within Area 8 are now TDM considered removal counties as of October 2019. Currently expansion beyond Area 8 is on hold due to COVID pandemic concerns and related budget constraints. |
| **Strategy 4: Expand Intensive In-Home Services statewide contingent on FFPSA funding and clearinghouse approval (currently in 37 counties).**  Rationale: The CFSR identified concerns with the overall service array and accessibility of services, especially in the rural areas of the state that affected service provision. According to information in the Statewide Assessment, parenting classes often are not individualized, and counseling and mental health services are rarely effective. In addition, the Intensive In-Home Services Program is what the Division hopes will be its first IV-E prevention service program pursuant to the Family First Prevention Services Act (FFPSA), so the Division has selected to place this FFPSA-related service into its CFSP. The Division has had traditional Intensive Family Services (IFS) within its service array for many years. However, while the traditional four to six-week IFS model is sufficient for many families experiencing relatively short-term crises needing intensive intervention, the traditional IFS model is not suited for families with generational child maltreatment issues and trauma. Due to this gap in the child welfare service array, the Division determined that a program that was similar to IFS, but stayed involved long enough to do crisis intervention and long term stabilization was needed: one that would address mental health and parenting, but also help the family create a natural social support system, navigate individualized educational plans, address housing issues, employment, problem solving skills, etc. To that end, DCFS put out an RFQ for Intensive In-Home Services (IIHS). The RFQ included the parameters for how the service would be provided including length of time, caseloads allowed, expectation for supervision, 24/7 availability, crisis intervention, who they were expected to serve, what issues they were expected to address, outcomes expected, the requirement that the intervention model they would use be evidenced based, and that they had experience in delivering that model. From the responses to the RFQ, the Division chose Youth Villages to deliver Intercept, St. Francis to deliver Family Centered Treatment, and Youth Advocate Program to deliver Strengthening Families. Below are some of the reasons we chose these three providers:  St. Francis   * Doing this work in 2 states already; * Experience in rural, impoverished areas; * Using a Family Centered Treatment model that is already promising on California Clearinghouse and is working towards well-supported; * Included in proposal statistics and understanding of poverty levels in communities that they bid on.   Youth Advocate Program   * Using the Strengthening Families model that will hopefully qualify for well-supported on Federal Clearinghouse; * Provides similar service in 12 other states with over 40 years’ experience; * Success rate of 84%; * Has a “No Reject – No Eject” policy.     Youth Villages   * Using a program based off of MST; * Providing this service in 11 states; * 88% success rate 2 years post discharge. | | | | | |
| **Activity** | **Party Responsible** | **Completion Timeframe** | **Expected Outcomes/Elements of Services Delivery** | **Progress Measures** | **APSR 2020 Update** |
| A1: Continue to analyze data/evaluations from providers of current Intensive In-Home Services (currently in 37 counties so 49.3% statewide coverage) and related CHRIS data | In-Home Services Manager | Ongoing | * Increased family stability and functioning * Decreased child maltreatment * Decrease in foster care entries | For all five years (contingent upon FFPSA funding and clearinghouse approval):   * 95% of families shall not have confirmed abuse/neglect within 6 months of intervention * 90% of families shall not have confirmed abuse/neglect within 12 months of intervention * 85% of families shall not have confirmed abuse/neglect within 24 months of service * 95% of children shall remain safely in their homes during intervention * 90% of families receiving intervention in a foster care case must successfully reunify during intervention * 95% of families receiving intervention through Protective Services Case shall not have a child removed during intervention * 92% shall not have a child removed within 6 months of intervention * 90% shall not have a child removed within 12 months following intervention * 85% shall not have a child removed within 24 months of intervention | The Prevention and Reunification Unit is still working with UAMS to get their designated staff access to the correct data so that UAMS can begin establishing baseline data. Access has successfully been granted for the UAMS team to CHRIS and SafeMeasures. The contract calls for a yearly report. The first one is set to be completed by November 2020.  Monthly IIHS Provider meetings are also held (though during the initial weeks of the COVID pandemic these meetings actually took place on a weekly basis). Process data is provided to the In-Home Services Manager from each IIHS Provider monthly. See attached excerpt for a summary example of such data |
| A2: Expand Intensive In-Home Services statewide contingent on FFPSA funding and clearinghouse approval to include evaluation and CQI strategies to continuously assess implementation. | In-Home Services Manager | TBD contingent upon FFPSA funding and clearinghouse approval and RFQ process | * Increased family stability and functioning * Decreased child maltreatment * Decrease in foster care entries | Contingent upon FFPSA funding and clearinghouse approval:  Year 1: 60% of state to have Intensive In-Home coverage  Year 2: 75% of state to have Intensive In-Home coverage  Year 3: 90% of state to have Intensive In-Home coverage  Year 4: 100% of state to have Intensive In-Home coverage  Year 5: 100% of state to have Intensive In-Home coverage | Beyond the existing 37 counties that are served by IIHS providers (providing 49.3% coverage rate for the state), any plans to expand are currently on hold as a result of the COVID pandemic and related budget constraints. |
| **Strategy 5: Continue implementing National Council on Crime and Delinquency-Children’s Research Center (NCCD-CRC) Structured Decision Making (SDM) and Safety Organized Practice (SOP) implementation plan years 3-5 per NCCD-CRC proposal (this will be a continuation of CFSR PIP Strategy 2 past the completion of the PIP itself).**  Rationale: During SFY 2018, sufficient efforts were not made to assess and address risk and safety concerns for children receiving services in more than a quarter of the reviewed cases (29 percent). The deficient ratings once again stemmed from problems with conducting ongoing assessments of risk and safety and with safety management.  For more than 20 years, CRC has partnered with child welfare agencies nationally and internationally to implement the SDM assessment system. The SDM system includes a series of evidence-based assessments used at key points in child protection casework to support staff in making consistent, accurate, and equitable decisions throughout their work with a family. Additionally, the SDM system allows an organization to better understand its data, better manage limited resources, and better direct its resources to families that are most in need. DCFS currently uses an older locally modified version of our older risk assessment mixed with other assessments.  Additionally, CRC integrates a family-centered, strengths-based social work practice alongside the SDM assessments known as SOP. This is an approach to day-to-day child welfare casework designed to help all key stakeholders involved with a child—parents; extended family; child welfare worker; supervisors and managers; lawyers, judges, and other court officials; and the child him/herself—to meaningfully participate in assessment activities and to develop culturally responsive collaborative plans that keep a clear focus on enhancing child safety at all points in the case process.  Combining the SDM system and SOP connects an evidence-based analytic system to rigorous, collaborative social work practice to support better outcomes for children and families. NCCD-CRC has implemented SDM and SOP in multiple jurisdictions in the United States as well as in Canada and Australia. | | | | | |
| **Activity** | **Party Responsible** | **Completion Timeframe** | **Expected Outcomes/Elements of Services Delivery** | **Progress Measures** | **APSR 2020 Update** |
| A1: SOP Initial Launch to include orientation sessions, foundational trainings, and supervisor trainings. | Assistant Director of Prevention and Reunification, Assistant Director of Community Services, NCCD-CRC | Fall 2021 | * Improved initial and ongoing risk and safety assessments * Decreased foster care entries * Increased permanency in 12 months | TBD | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| A2: SOP Implementation activities to include SOP intensive practice series, working across differences trainings, and coaching institute. | Assistant Director of Prevention and Reunification, Assistant Director of Community Services, NCCD-CRC | Fall 2022 | * Improved initial and ongoing risk and safety assessments * Decreased foster care entries * Increased permanency in 12 months | TBD | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| A3: SOP Sustainability activities include the training integration activities and fidelity review. | Assistant Director of Prevention and Reunification, Assistant Director of Community Services, NCCD-CRC | Spring 2024 | * Improved initial and ongoing risk and safety assessments * Decreased foster care entries * Increased permanency in 12 months | TBD | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| **Goal 3:** **Improve the foster care system for children who cannot remain safely in their homes.**  **Rationale:** According to the 2014 [In-Home Services in Child Welfare](https://www.childwelfare.gov/pubPDFs/inhome_services.pdf), Child Welfare Information Gateway, “Removing children from their families is disruptive and traumatic and can have long-lasting, negative effects. There are a number of stressors for a child that are associated with removal and can add to the initial trauma of maltreatment, including dealing with the substantiation of abuse and/or neglect findings and having to cope with parental loss (Schneider & Phares, 2005).” However, if a child must be removed from home due to child abuse or neglect, research and [federal legislation](https://www.ssa.gov/OP_Home/ssact/title04/0475.htm) (42 U.S.C 675(5)) supports the notion that a child should be placed in the least restrictive, most family-like environment available.[[4]](#footnote-4)  *CFSR PIP strategies that support this goal include Strategies 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 16. The Kinship Connect Program will also impact this goal.*  Goal Measures:   * CFSR Permanency 1: * Year 1: 45% ASPR 2020 Update: Achieved. SFY 2019: 48% * Year 2: 50% * Year 3: 55% * Year 4: 60% * Year 5: 65% * CFSR Permanency 2: * Year 1: 80% ASPR 2020 Update: Achieved. SFY 2019: 80% * Year 2: 82% * Year 3: 84% * Year 4: 85% * Year 5: 87% | | | | | |
| **Strategy 6: Support building relationships between foster and biological families to increase child and family well-being and improve permanency within 12 months.**  Rationale: Research shows that children, youth, and families benefit when foster parents and birth parents are supported by an agency culture that encourages meaningful partnerships and that provides quality support.[[5]](#footnote-5) This is general recommendation as well as some of the specific activities below came from the Foster Parent Advisory Council and the Parent Advisory Council. There are also strategies and activities in the Foster Adoptive Diligent Recruitment Plan that will integrate into this strategy (See Strategy E). | | | | | |
| **Activity** | **Party Responsible** | **Completion Timeframe** | **Expected Outcomes/Elements of Services Delivery** | **Progress Measures** | **APSR 2020 Update** |
| A1: Establish joint meetings between Parent Advisory Council (PAC) and Foster Parent Advisory Council (FPAC) to work on relationships. | Foster Care and Adoptions Program Administrator, CBCAP Lead | Spring 2020 | * Increased understanding between biological and resource parents. * Increased collaboration on resource parent and DCFS staff training strategies/development of training. | * Establish annual meeting schedule * For all five years, at least two joint meetings between the Parent Advisory Council and the Foster Parent Advisory Council each year. | This has not yet occurred. The Children’s Trust Fund within the DCFS Prevention and Reunification Unit are still planning on this taking place. However, a determination was made that this first joint meeting would work best as a face-to-face rather than a Zoom meeting or similar platform. As such, the face-to-face meeting is on hold for an in determinant amount of time due to the COVID pandemic. |
| A2: During selected, separate PAC and FPAC meetings, assess effectiveness of joint meetings. | CBCAP Lead, FPAC facilitators, Foster Care and Adoptions Program Administrator | Summer 2020 and then ongoing | See above. | * Establish once these assessments will occur during separate meetings. | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| B1: Research other foster parent training curricula and make recommendations to DCFS Exec Staff. | Foster Parent Advisory Council, Parent Advisory Council, Foster Care and Adoptions Program Administrator, Training Manager, MidSOUTH Training Academy | Spring 2021 | * Summary of review and recommendations completed | Year 1: N/A  Year 2: Review and recommendations completed  Years 3-5: See ‘B’ activities below. | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| B2: Develop implementation plan for revised foster parent training curriculum. | Foster Parent Advisory Council, Parent Advisory Council, Foster Care and Adoptions Program Administrator, Training Manager, MidSOUTH Training Academy | Fall 2021 | * Implementation plan completed and associated implementation supports determined | Year 1: N/A  Year 2: N/A  Year 3: Implementation plan completed and associated implementation support determined  Years 4-5: See ‘B’ activities below | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| B3: Implement revised foster parent training curriculum. | Foster Care and Adoptions Program Administrator, Training Manager, MidSOUTH Training Academy | Summer 2022 | * Foster parents better prepared for their role to both child and child’s family * Increased understanding of impact of trauma | Years 1-2: See ‘B’ activities above  Year 3: CFSR Item 11: 62%  Year 4 CFSR Item 11: 65%  Year 5 CFSR Item 11: 70% | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| B4: Develop surveys and/or focus groups to evaluate effectiveness of new foster parent training curriculum. | Foster Care and Adoptions Program Administrator, Training Manager, MidSOUTH Training Academy | Fall 2022 and then ongoing | * Foster parents better prepared for their role to both child and child’s family * Increased understanding of impact of trauma | Years 1-2: See ‘B’ activities above  Year 3: CFSR Item 11: 62%  Year 4 CFSR Item 11: 65%  Year 5 CFSR Item 11: 70% | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| **Strategy 7: Increase quality of parent-child visits in an effort to improve relationship of child in care with parents and permanency within 12 months.**  Rationale: Research shows consistent and frequent visitation between parents and their children in out-of-home care can reduce trauma for children (Smariga, 2007; Mallon & Hess, 2005; Haight, Kagle & Black, 2003). Visitation is crucial to strengthening and maintaining family relationships – it’s also important for parent-child attachments and can decrease the sense of abandonment that children often experience when they are removed from their home and placed into out-of-home care. Family visitation is linked to positive outcomes, including improved child well-being, less time in out-of-home care, and faster reunification when it is in the best interest of the child (Mallon & Hess, 2005; Hess, 2003). Throughout the 2018 root cause analysis focus groups, there were often concerns expressed about both the frequency and quality of parent-child visits. This strategy and some of the activities listed below are also recommendations from the Parent Advisory Council. In terms of the frequency/amount of parent-child visitation, this strategy may also be impacted by Act 558 of the 92nd General Assembly, Regular Session which mandates that if the court orders supervised visitation, the parent from whom custody was removed will have a minimum of four hours of visitation each week unless the court orders less than four hours each week because it determines that it is not in the best interest of the child or that it will impose an extreme hardship on one of the parties. | | | | | |
| **Activity** | **Party Responsible** | **Completion Timeframe** | **Expected Outcomes/Elements of Services Delivery** | **Progress Measures** | **APSR 2020 Update** |
| A1: Develop and implement best practice guide for family visitation and support field staff in creating quality family visitations. | Parent Advisory Council; CBCAP Lead; Infrastructure and Specialized Programs, Program Administrator; | Fall 2020 | * Increased knowledge of components of quality family visitation. | Year 1: Practice guide developed and implemented  Year 2: CFSR Item 8: 86%  Year 3: CFSR Item 8: 88%  Year 4: CFSR Item 8: 90%  Year 5: CFSR Item 8: 92% | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| B1: Research visit coach strategies and programs in conjunction with community partners such as community centers, high-quality child care centers, emergency shelters, private child welfare agencies, etc. | Foster Care and Adoptions Program Administrator, | Fall 2020 | * Summary of research and recommendations. | Year 1: N/A  Year 2: Develop recommendations  Years 3-5: See following ‘B’ activities | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| B2: Contingent upon funding and staffing and needed MOUs or contracts, develop implementation plan for visit coaching program. | Foster Care and Adoptions Program Administrator; Assistant Director of Community Services; DCFS Deputy Director; Leads of selected community partners | Spring 2022 | * Implementation plan and associated MOUs or contracts, as applicable. | Year 1: See ‘B’ activities above  Year 2: See ‘B’ activities above  Year 3: Implementation plan and associated MOUs or contracts developed.  Years 4-5: See ‘B’ activities below. | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| B3: Contingent upon funding and staffing, pilot visit coaching program in selected counties to include evaluation and CQI strategies to continuously assess implementation. | Foster Care and Adoptions Program Administrator; Assistant Director of Community Services; DCFS Deputy Director | Fall 2022 | * Increased frequency and quality of family visitation * Increased family engagement * Improved relationship of child in care with parents * Increased time to permanency within 12 months * Increased parent and child well-being | Year 1: See ‘B’ activities above  Year 2: See ‘B’ activities above  Year 3: CFSR Item 8: 88%  Year 4: CFSR Item 8: 90%  Year 5: CFSR Item 8: 92% | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| B4: Contingent upon funding and staffing and results of pilot visit coaching program, develop expansion plan to include evaluation and CQI strategies to continuously assess implementation of plan. | Foster Care and Adoptions Program Administrator; Assistant Director of Community Services; DCFS Deputy Director | Spring 2024 | * Increased frequency and quality of family visitation * Increased family engagement * Improved relationship of child in care with parents * Increased time to permanency within 12 months * Increased parent and child well-being | Year 1: See ‘B’ activities above  Year 2: See ‘B’ activities above  Year 3: CFSR Item 8: 88%  Year 4: CFSR Item 8: 90%  Year 5: CFSR Item 8: 92% | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| **Strategy 8: Increase number of Therapeutic Foster Care (TFC) homes to help improve placement stability for children in foster care.**  Rationale: As Arkansas prepares for the implementation of the Family First Prevention Services Act (FFPSA), the need for more family-like settings for children who may not be appropriate for a Qualified Residential Treatment Program (QRTP) but who also may not be able to maintain in a traditional foster home will continue to increase; or, for children who may have had a QRTP placement but need to step-down to a more structured family like setting than a traditional foster home. | | | | | |
| **Activity** | **Party Responsible** | **Completion Timeframe** | **Expected Outcomes/Elements of Services Delivery** | **Progress Measures** | **APSR 2020 Update** |
| A1: Develop strategy to communicate baseline data associated with new TFC performance-based contracts (this will also intersect with Targeted Foster Adoptive Parent Diligent Recruitment Plan Strategy C) to include evaluation and CQI strategies to continuously assess implementation of strategy. | Assistant Director of Placement Support & Community Outreach; Chapin Hall | Summer 2020 | * Improved communication between DCFS and providers * Increased knowledge regarding strengths and areas needing improvement for TFC providers * Increased knowledge about strengths and needs of children in TFC settings | * Communication strategy developed. * Meeting schedule with providers TBD | Baseline data was gathered through the TFC performance-based contracts supported by Chapin Hall and this initial data was reviewed with DCFS and the TFC placement providers. However, the Division has made the decision to eliminate this work with Chapin Hall and potentially pursue a similar method of performance-based contracting with its existing NCCD contract. |
| A2: Develop recruitment/retention plan in collaboration with existing TFC providers (this will also intersect with Targeted Foster Adoptive Parent Diligent Recruitment Plan Strategy B, Item 6 and all of Strategy C in that plan) to include evaluation and CQI strategies to continuously assess implementation of plan. | Assistant Director of Placement Support & Community Outreach; TFC Providers | Fall 2020 | * Increased placement options * Improved placement stability | Year 1: N/A (plan not developed until year 2)  Year 2: 2% increase in the number of TFC homes  Year 3: 4% increase in the number of TFC homes  Year 4: 5% increase in the number of TFC homes  Year 5: Sustain the number of TFC homes | N/A – Proposed completion timeframe beyond 2020 APSR report date but the timeframe will need to be pushed back since the Division is considering NCCD taking on this work. |
| **Strategy 9: Develop and implement Supervised Independent Living Contracts for 40 beds/program openings to provide more placement options and wraparound support for older youth.**  Rationale: Feedback from staff and stakeholders is resounding regarding the need for more placement options for youth who elect to stay in extended care. Arkansas plans to take advantage to claim IV-E dollars for youth 18 and older in foster care who reside in a Supervised Independent Living setting. | | | | | |
| **Activity** | **Party Responsible** | **Completion Timeframe** | **Expected Outcomes/Elements of Services Delivery** | **Progress Measures** | **APSR 2020 Update** |
| A1: Develop scope of work and contract deliverables | Assistant Director of Infrastructure and Specialized Programs, DHS Procurement Office | Fall 2019 | * Additional placement options for youth 18 and older * Additional support/wraparound services to help young adults prepare for transition to adulthood | Scope of work and PIs completed | Completed. The scope of work and contract deliverables for the Supervised Independent Living contracts were submitted to the DHS Office of Procurement in November 2019. |
| A2: Request for Proposal (RFP) Posted | Assistant Director of Infrastructure and Specialized Programs, DHS Procurement Office | Winter 2019-2020 | * Additional placement options for youth 18 and older * Additional support/wraparound services to help young adults prepare for transition to adulthood | RFP posted | Completed. The RFP for the Supervised Independent Living Contract was posted in February 2020 and closed on March 4, 2020. |
| A3: RFPs awarded and Supervised Independent Living services begin | Assistant Director of Infrastructure and Specialized Programs, DHS Procurement Office | Summer 2020 | * Assistant Director of Infrastructure and Specialized Programs, DHS Procurement Office | For all five years:   * Youth placed in these settings stay in foster care until age 21; * Youth have secured housing prior to leaving Extended Care; * Youth have some type of employment prior to leaving care; * Youth have identified support system outside of DCFS and Supervised Independent Living provider prior to leaving care; * Pre-exit surveys indicate youth feels prepared prior to leaving care | Due to the COVID pandemic, the RFP review process was temporarily put on hold to allow the Division time to assess its options regarding moving forward with the Supervised Independent Living contracts. The anticipation to award these contracts was posted in June 2020. Eight providers were awarded statewide with a total of 37 beds between them. The contract start date is set for September 1, 2020. The TYS Unit is currently working with the DHS Communications Team on a messaging strategy to help encourage youth to consider this as a placement option. |
| **Goal 4: Build a strong child welfare workforce.**  **Rationale:** The CFSR states that positive outcomes for children and families involved in the child welfare system are directly affected by the workers and supervisors in the field. Arkansas has historically struggled to maintain a strong workforce and has regularly faced high rates of turnover and vacancies with a turnover rate at 46% in SFY 2019. As a result, workers are not able to ensure the safety of children, comprehensively assess families’ needs, or effectively engage them in case planning to achieve timely and appropriate permanency. The Parent Advisory Council also made several suggestions regarding creating and retaining quality staff.  *CFSR PIP strategies that support this goal include Strategies 14, 15, and 16.*  Goal Measures:   * CFSR Well-Being 1 (SFY 2018: 51%): * Year 1: 62% ASPR 2020 Update: Not achieved but progress still made from SFY 2018 Statewide QSPR. SFY 2019: 60% * Year 2: 65% * Year 3: 68% * Year 4: 70% * Year 5: 75% * DCFS Turnover Rate (SFY 2019 FSW Turnover Rate: 46% (includes resignations, terminations, promotions, demotions, and transfers): * Year 1: Decrease staff turnover rate to 45% ASPR 2020 Update: Achieved. SFY 2019 FSW Turnover Rate: 42.9% (includes resignations, terminations, promotions, demotions, and transfers). * Year 2: Decrease staff turnover rate to 43% * Year 3: Decrease staff turnover rate to 40% * Year 4: Decrease staff turnover rate to 35% * Year 5: Decrease staff turnover rate to 33% | | | | | |
| **Strategy 10: Ensure child welfare staff have the support and tools to allow them to reach full potential.**  Rationale: In the Statewide Assessment, stakeholders reported that in areas with high turnover or vacancy rates, caseworkers are assigned cases before completing initial training and the state has difficulty implementing the mentoring and coaching aspects of initial training. The graduated caseload is designed to provide on the job training opportunities for new hires to practice the skills learned in formal training but without an overwhelming amount of cases assigned and provide casework support to existing staff through secondary case assignments.  The current Compliance Outcome Report (COR) shows data after the fact and is not an effective tool for workers to use as an ongoing monitoring tool. Safe Measures is a web-based reporting service that transforms case management data into actionable information. Agency staff will use Safe Measures reports and dashboards to monitor performance, plan upcoming work, and review completed work.  The addition of more case reviews of counties other than the counties reviewed as a part of the Quality Services Peer Review (QSPR) for PIP purposes has been a request from staff for years. Area directors have felt that the QSPRs do not present an accurate portrayal of services provided from their areas with only three counties reviewed for the QSPR when the average area is comprised on nine counties (with the exception of Area 6 which is made up only of Pulaski County and Area 1 which is comprised of four counties). The addition of more reviews for counties outside of the PIP counties should increase staff buy-in of the QSPR process and provide a more balanced picture of services provided in each area. | | | | | |
| **Activity** | **Party Responsible** | **Completion Timeframe** | **Expected Outcomes/Elements of Services Delivery** | **Progress Measures** | **APSR 2020 Update** |
| A1: Continue monitoring and enforcing graduated caseload. | Assistant Director of Community Services, Area Directors, Program Administrators | Ongoing | * Improved worker retention * Improved casework practice with families | For all five years, 95% compliance rate with graduated caseload. |  |
| B1: Implement Office of Chief Counsel (OCC) case management system to track key metrics related to DCFS legal representation. | Office of Chief Counsel Senior General Counsel and supervising attorneys | July 2019 and then ongoing | * More effectively and efficiently monitor and redistribute attorney caseloads to meet DCFS changing needs across the state. | New contract for case management system goes into effect July 2019, subsequent progress measures TBD once system in operational. | Completed. |
| C1: Continue implementation of SafeMeasures. | DCFS Deputy Director, Training Manager | Spring 2020 | * Better prioritize work and meet deadlines at FSW level. * Utilize tool to coach staff regarding best practices and identify and correct issues early at supervisor level. | Year 1: Complete initial training roll-out.  Year 2: Finalize plan for sustaining SafeMeasures Training in New Staff Training and as a refresher when needed and conduct surveys of staff to get feedback regarding use of SafeMeasures.  Years 3-5: Sustain SafeMeasures. | Initial training roll-out completed in November 2019. MidSOUTH Training Academy now holds quarterly SafeMeasures Orientation Trainings for staff hired during that quarter. |
| D1: Enhance PCG Contract for Quality Services Peer Reviews (QSPRs) to review of 100 additional cases per year so that team reviews cases in all 75 counties (additional cases to be primarily electronic reviews supported by interviews). | DCFS Deputy Director, Federal Compliance Officer | Summer 2020 | * Better inform finding for area directors and DCFS Executive Staff and improve buy-in | Year 1: Update PCG contract deliverables and budget.  Year 2: Implement revised contract and begin additional reviews.  Year 3: Sustain additional reviews.  Year 4: Sustain additional reviews.  Year 5: Sustain additional reviews. | Completed. The additional electronic reviews began in September 2019 with Area 10 and has been incorporated in each of the subsequent area reviews. Each year two counties are selected in each area to participate in the QSPR process, with different counties selected in subsequent years until every county has a chance to participate. Ten additional cases are reviewed in each service area, five in each of the additional counties. The additional cases reviewed from each county are randomly selected as they are for the QSPR reviews and focus on the same 12-month review period. While the same case review instrument is used, only the caseworker and/or supervisor will be interviewed for the additional case reviews. Results from the expanded reviews are summarized in a separate “Continuous Quality Improvement” section of each area’s QSPR report. Initial reactions to the addition of the non-QSPR counties has been positive since it is a more inclusive approach. The QSPR presentations for each area were re-initiated in June 2020 due to a vacancy of several months but the agency looks forward to gleaning more from these additional reviews. |
| **Strategy 11: Continue as National Child Welfare Workforce Institute (NCWWI) Workforce Excellent site (see below for more information regarding NCWWI grant).**  Rationale: DCFS has the organizational capacity to address its workforce issues but needs the enhanced university partnership and the NCWWI capacity-building services offered through this initiative to meet its goals. With the support of the governor and legislature, DCFS received 187 new positions and funding for those positions in the past two years, but turnover for frontline staff remains around 46 percent. DCFS has implemented strategies to address caseload size and retention, but a more holistic approach is needed, to include the Comprehensive Organizational Health Assessment (COHA), because DCFS needs the workforce framework and expertise offered through this initiative in order to make system change that will be sustained for the Arkansas child welfare workforce. | | | | | |
| **Activity** | **Party Responsible** | **Completion Timeframe** | **Expected Outcomes/Elements of Services Delivery** | **Progress Measures** | **APSR 2020 Update** |
| B1: Monthly meetings with NCWWI Project Team and Implementation Teams to include university partner | NCWWI, Implementation Teams, DCFS Exec Staff | July 2019 and then ongoing | * Increased staff buy-in | Monthly progress updates provided to NCWWI and Infrastructure and Specialized Programs’ Program Administrator. | Monthly Implementation Team Meetings began in July 2019 with the exception of December 2019 due to the holidays and March 2019 due to the onset of the COVID pandemic. Staff participation has been high and the overall feedback positive. |
| B2: Select NCWWI stipend students (this activity will then occur the following spring/summer of each year of the NCWWI grant) | NCWWI, UALR, Assistant Director of Infrastructure and Specialized Programs, Training Manager | July 2019 | * Improved staff capacity | Students selected and enrolled in BSW program and interviews conducted throughout process to assess student support and other program components. | There were four DCFS Program Assistants who were selected as the inaugural NCWWI Stipends. One of these stipends graduated with her BSW in May 2020 and was selected by her peers in the School of Social Work to deliver their class’s commencement address. She is now in a Family Service Worker position. The remaining three NCWWI stipends are set to graduate in May 2021. One new NCWWI stipend will begin the BSW program at UALR in Fall 2020. |
| B2: Review National Child Welfare Workforce Institute (NCWWI) Comprehensive Organizational Assessment (COHA) analysis | NCWWI, DCFS Executive Staff | November 2019 | * Increased staff buy-in * Improved organizational climate | TBD based on results of COHA. | Completed. The Implementation Team has used the COHA data to determine. |
| B3: Train the Trainers for Leadership Academies | NCWWI, Implementation Teams, DCFS Exec Staff | Spring 2020 | * Enhanced leadership capacity * Improved supervision and support to frontline staff | 100% of applicable population trained. | Not yet completed. The Train the Trainers for Leadership Academies is currently set to take place in August 2020. |
| B4: Facilitated Theory of Change process that leads to logic model and implementation plan | NCWWI, Implementation Teams, DCFS Exec Staff | Fall 2020 | * Increased staff buy-in * Improved organizational climate * Enhanced leadership capacity * Improved supervision and support to frontline staff | Creation of logic model and implementation plan. | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| B5: Deliver Leadership Academy to DCFS supervisors and managers | NCWWI, Implementation Teams, DCFS Exec Staff, Training Manager, Infrastructure and Specialized Programs’ Program Administrator | Fall 2021 | * Increased staff buy-in * Improved organizational climate * Enhanced leadership capacity * Improved supervision and support to frontline staff | 100% of applicable population trained. | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| B6: Provide coaching and support for Training and Action Team Liaison | NCWWI | Spring 2024 | * Increased staff buy-in * Improved organizational climate * Enhanced leadership capacity * Improved supervision and support to frontline staff | TBD | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| B7: Use Rapid Cycle Assessment and other CQI strategies to support implementation | NCWWI, DCFS Executive Staff, Implementation Teams | Spring 2024 | * Increased staff buy-in * Improved organizational climate * Enhanced leadership capacity * Improved supervision and support to frontline staff | TBD | N/A – Proposed completion timeframe beyond 2020 APSR report date |
| B8: Use evaluation and CQI strategies to continuously assess project implementation | NCWWI, DCFS Executive Staff, Implementation Teams | Spring 2024 | * Increased staff buy-in * Improved organizational climate * Enhanced leadership capacity * Improved supervision and support to frontline staff | TBD | N/A – Proposed completion timeframe beyond 2020 APSR report date |

While DCFS did not meet all of its established benchmarks and progress measures for this reporting period, overall the Division is pleased with progress made particularly considering Arkansas was one of the only states to implement Family First on October 1, 2019 and receive approval of its related IV-E Prevention Program Five Year Plan in February 2020. End of the reporting period efforts and progress were largely hampered by the response to the COVID-19 pandemic and attempting to maintain daily operations during this public health emergency.

**IMPLEMENTATION SUPPORTS**

The Division has worked hard to ensure that implementation supports are aligned across the CFSR PIP, the NYTD PIP, and the CFSP. Many of the implementation supports needed to achieve the strategies and goals within these plans are included in the activities under each strategy and include associated timelines. These implementation supports include training and coaching, improvements to data systems, revisions to policy, and budget considerations as the impact of COVID-19 is continually being assessed. For more information please refer to the agency’s CFSR PIP, NYTD PIP, and updated CFSP Strategic Plan above.

**TRAINING ANDTECHNICAL ASSISTANCE NARRATIVE**

Some of the implementation supports needed for the Division’s various activities included in its federal plans have included training and technical support. The Technical Assistance Plan outlined in the table below provides a summary of technical assistance the Division has received during the last reporting period. These capacity building services from partnering organizations and consultants are invaluable to the Division in terms of achieving its goals and objectives, particularly the implementation of Family First initiatives, sustained IV-E Waiver initiatives, and the Program Improvement Plan.

**TECHNICAL ASSISTANCE (TA) PLAN**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE**  **REQUESTED** | **TA DESCRIPTION** | **NRC/Provider** | **APPROVED** |
| 7/1/2017-6/30/20 | CFSR and PIP Planning | Region 6  Cedeline Samson/Janis Brown | N/A |
| 7/1/13-6/30/20 | Organizational, Strategic, Programmatic Consultation | Casey Family Programs-Shemeka Sorrells, Consultant | Yes |
| 9/1/2018-12/1/2019 | Statewide expansion of Team Decision Making Meetings (TDM). | Annie E. Casey | Yes |
| 9/1/2018-6/30/20 | Statewide expansion of Team Decision Making Meetings (TDM) | NCCD | Yes |
| 4/1/19-6/30/20 | Workforce Excellence sites in the NCWWI | National Child Welfare Workforce Institute (NCWWI) | Yes |

Casey Family Programs have several initiatives in works with Arkansas in providing TA. Please see below for an update:

***Education/Planning on Family First Prevention Services Act***

Casey hosts a Family First Learning Collaborative that began as a space for 2019 implementers to exchange ideas but has grown over the fiscal year to allow for all interested states or jurisdictions to participate. Family First Learning Collaborative provides discussion twice monthly on a range of Family First topics and has improved states’ ability to learn from each other.

***Chapin Hall/Performance-Based Contracting***

Casey supported efforts to develop outcomes related to performance-based contracts with congregate care providers by supporting Chapin Hall’s work with DCFS on developing performance-based contracts for therapeutic foster care (TFC). During the period, Chapin Hall provided TA to DCFS for 6 months to finalize the project. Chapin Hall analyzed the historical data and worked with DCFS to determine the performance baselines for each provider, whose new contracts began on July 1, 2019. Then, Chapin Hall assisted by communicating the baseline information to providers in one-on-one meetings between each provider and DCFS.

***Casey Family Programs provides TA through the Deckinga group in Sebastian County***

Deckinga supported strategies targeted to promote cultural change, leadership development, community engagement, and permanency values. TA included increasing timeline of permanency for long stayers, with Vision of Hope meetings requiring action plans for children in care over 24 months, similar to permanency roundtables. TA also included funding for the Change Coalition, led by a subcontract with the Whitson Group, which worked with DCFS employees and stakeholders to create a culture of change and improve staff morale. Deckinga completed final report on progress in Sebastian and Crawford counties as their TA role ended in December 2019.

***Casey Family Programs provides technical assistance and support through contract with the Children’s Research Center (“CRC”) to develop safety assessments and Structured Decision Making (“SDM”)***

During the relevant time frame, CRC conducted/facilitated workgroups for hotline tool development and the risk and safety assessment tool development. CRC completed hotline tool, including inter-relater reliability (“IRR”) testing, and created training curriculum. CRC completed first version of safety and risk assessment tools and completed IRR testing. Through Casey’s support, CRC is developing training curriculum for safety and risk assessment tools. CRC presented SDM information to OCC attorneys. CRC is also working closely with DCFS to plan for roll out and training of DCFS staff, which will occur in the next fiscal year.

***NON-CASEY FAMILY PROGRAMS TECHNICAL ASSISTANCE***

***Annie E. Casey/NCCD***

DCFS Prevention and Reunification Unit has been receiving technical assistance from Annie E. Casey and NCCD on statewide expansion of Team Decision Making Meetings (TDM). DCFS implemented a pilot program with the traditional TDM triggers in one of the current TDM Areas. TA has included planning and supporting the pilot, facilitating workgroup meetings and training, and providing consultation to Central Office leadership on the implementation efforts. TA has also included the implementation workplan for TDM expansion. Pilot began in October 2019, and TA will continue with monitoring the current pilot and planning for the expansion to other areas. Oversight of TDM transitioned from Annie E. Casey to NCCD in December 2019, so NCCD is the sole entity providing TA at this point.

***National Child Welfare Workforce Institute (NCWWI)***

DCFS and its university partner were selected to be in the cohort of Workforce Excellence sites in the NCWWI and will receive technical assistance from 2019-2023 as part of the WE Initiative. During this fiscal year, NCWWI finished collecting data for the COHA, analyzed the data, and wrote and disseminated the COHA findings in a report. Dissemination included webinars for DCFS staff. TA also included facilitating exercises and discussion with the implementation team to dissect the COHA findings and select workforce priorities that will be focused on for the project. NCWWI provided financial and programmatic support to the university partnership through the stipend student component of the WE Initiative. TA also included planning for the Leadership Academy and creation of action teams.

**EVALUATION AND TECHNICAL ASSISTANCES REPORTS AND PROJECTS**

The Division’s data and evaluation reports are largely built around the three core goals of child welfare—child safety, permanency, and well-being—while also considering and accounting for other factors that might support or even impede these goals. Reports generally track performance over time, as well as compare performance to the agency’s goals, federally established standards, and/or national averages when applicable. In addition to the data and evaluation reports listed on pages 85-87 of this document, the Division also implemented several evaluations as part of its IV-E Prevention Program Five-Year Plan. For example, the Department of Family and Preventative Medicine, Research and Evaluation Division of the University of Arkansas for Medical Sciences has contracts with the Division for the following programs and services: Baby and Me, SafeCare, YVIntercept (Intensive In-Home Program), and Family Centered Treatment (Intensive In-Home Program).

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

Finally, DCFS also amended its contract with the Public Consulting Group (PCG) to include additional CQI efforts to examine its Intensive In-Home Programs to guide decisions about implementation, expansion, and monitoring outcomes. These CQI reviews will include semi-annual reviews of twenty-five (25) cases that received Intensive In-Home Services, for a total of fifty (50) cases reviewed annually. These cases are stratified. Interviews will be held with at least one (1) parent or caregiver from each case and the Intensive In-Home Services case manager assigned to the case. Surveys will also be administered to all families as they exit the Intensive In-Home Services Program, regardless of if the family successfully completed the program or not.

**POPULATIONS AT GREATEST RISK OF MALTREATMENT**

In the 2020-2024 CFSP, Arkansas designated two specific populations as being at the greatest risk of maltreatment: Garrett’s Law/Substance Exposed Infants and

Garrett’s Law/Substance Exposed Infants and Children Affected by Domestic Violence. Updates on efforts to reduce the risk of maltreatment to each of these populations follow.

**Garrett’s Law/Substance Exposed Infants**

Garrett’s Law (GL), which was named after a child who was born under such circumstances, is the commonly used term to describe infants found to neglected as a result of the presence of an illegal substance in the mother's or infant’s bodily fluids or bodily substances at the time of birth. Mothers cited in GL reports are not listed in the state’s Child Maltreatment Central Registry, even if the report is determined to be true. This change was made in response to concerns that being listed in the maltreatment registry might have negative consequences on employment prospects of mothers involved in such reports, among other drawbacks.

The Division considers the infants involved in Garrett’s Law referrals and cases to be one of the populations at greatest risk given the vulnerability of young infants, the impact substance use can have on parenting, and the fact that many of Arkansas’s co-sleeping deaths involve drugs of some kind (some of which did have GL referrals at birth and others that did not). For this reason, the Division has attempted a significant number of efforts related to supporting GL babies and their families. These include referring all GL families, regardless of whether the child is removed, to Team Decision Making Meetings and selecting GL families as one of the target populations for the SafeCare Home Visiting Program. SafeCare is an evidenced-based program that provides intensive home visiting services to participating families. This program focuses on improving parent/child interaction, and the parent’s ability to address health and safety issues for the children in the home. It is an 18-22-week program in which the home visitor spends approximately 1.5-2 hours each of those weeks in the home working with the family. With the implementation of the state’s Title IV-E Prevention Program, GL infants not removed from the home are considered foster care candidates to substance exposed infants will continue to benefit from this program following the implementation of Family First in Arkansas.

Other efforts to provide more services and supports to the population of families with a GL referral in an effort to protect this vulnerable population include reviewing substance abuse providers’ contract program deliverables and beginning a new monitoring process for those providers, providing information to all families regarding safe sleep, and trying to determine a stronger training curriculum for DCFS staff and legal stakeholders to have a better understanding of substance use disorders – from engagement with families suffering from substance use disorder to screening and referrals to treatment and the road to recovery. This is one of the Division’s Child and Family Services Review Program Improvement Plan strategies (Goal 1, Strategy 4) and the roll-out of the online Substance Abuse Tutorial for Child Welfare Professionals developed through the National Center on Child Welfare and Substance Abuse began in June 2020.

Following is information on GL reports received during state fiscal year (SFY) 2018. As in previous years’ reports, many of the data for 2019 appear in comparison to data from the preceding three fiscal years.

**GARRETT’S LAW REPORTS RECEIVED**

The number of GL reports accepted for investigation has consistently increased since the law’s inception 14 years ago. During SFY 2019, 1,311 GL reports were received,1 an increase of 2% from the previous year. The number of GL reports received annually has more than tripled since SFY 2006. GL reports increased, on average, by 7% per year from SFY 2006 through SFY 2011. The number of GL reports increased at more than twice that rate (an average of 16% per year) from SFY 2012 through SFY 2016 before increasing at a lesser rate from SFY 2017 onward (an average of 5% per year; Figure 1).



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

**CHARACTERISTICS OF GARRETT’S LAW REPORTS**

Act 1176 requires that an annual report be delivered to the Legislature that includes the following characteristics of GL reports.

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

Although age distribution of mothers involved in GL reports fluctuates some from year to year, mothers are generally younger than 30 years old at the time of the child’s birth

(Table 1). The median age of all GL mothers was 26 years for SFY 2019 (not shown). The age distribution of the mothers cited in GL reports was similar to previous years.



Of the 1,311 mothers cited in GL reports for SFY 2019, 286 (22%) were prior offenders of child maltreatment; of the same 1,311 mothers, 162 (12%) were prior offenders of Garrett’s Law.

Table 2 shows the types of drugs involved in GL reports. By far, marijuana (including THC and cannabis) was most commonly mentioned and was cited in 70% of the GL reports for SFY 2019. The second most commonly cited drug was amphetamines/methamphetamines (27%). Opiates (e.g., heroin, morphine, codeine, and oxycodone) were the third most commonly cited drug (11%) during the year, followed by benzodiazepines (e.g., prescription drugs such as Xanax and Valium) at 8% and cocaine at 4%. Barbiturates, hallucinogens, and non-categorized prescription drugs (e.g., tricyclics), are seldom identified in GL reports.



Table 3 shows the gestational age distribution of newborns in GL reports over the past four years. Nearly 23 percent were born prematurely during SFY 2019, similar to previous years.

2 “Prescriptions” includes drugs not categorized elsewhere.

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



\*Defined as a gestational age of 37 weeks or more.

†Defined as a gestational age of less than 37 weeks

Among newborns reportedly exposed to substances in utero, 76% did not have any reported health problems, higher than the previous year. Approximately 13% required treatment in a neonatal intensive care unit (NICU), 11% suffered from respiratory distress or other respiratory problems, and 6% exhibited drug-related withdrawal symptoms (Table 4).



\*Multiple health problems can be included in a single report.

†“All Other Problems” includes a wide range of observed health issues that could not be categorized elsewhere, including conditions such as low blood sugar, low heart rate, heart murmur, congenital heart defect, anemia, physical deformity, feeding problems, hypoglycemia, and syphilis.

Among the mothers cited in GL reports, those who allegedly used cocaine were the most likely to give birth to children with a documented health problem (46% each), followed closely by those who used opiates (45%). Health problems were also found to varying extent among newborns whose mothers reportedly used amphetamines/methamphetamines (35%) and benzodiazepines (33%). Mothers who allegedly used marijuana were the least likely (20%) to give birth to children with a health problem. Newborns whose mothers allegedly used cocaine were also far more likely to spend time in the NICU (25%) than those whose mothers used any other drug, followed by those using opiates (22%). Less than 11% of newborns whose mothers allegedly used marijuana spent time in the NICU.

**DCFS RESPONSES TO GARRETT’S LAW REPORTS**

This section presents information regarding Arkansas Division of Children and Family Services’ (DCFS) response to GL reports, including:

* The percentage of reports that are substantiated after an investigation;
* The percentage of substantiated reports that result in opening a child protective services (CPS) case; and
* The percentage of substantiated reports that result in removing the newborn from the mother’s custody.

In SFY 2019, 94% of the GL reports received statewide were substantiated, similar to previous years. The substantiation rate among individual service areas ranged from 86% (Area 1) to 99% (Area 5; Table 5).



Statewide, the rate at which DCFS caseworkers opened a CPS case in response to a substantiated finding of a GL report was 95% for SFY 2019, similar to the case opening rates observed in recent years. Whether caseworkers responded to a substantiated GL report by opening a CPS case varied somewhat among most DCFS service areas, with a low of 82% in Area 10 to a high of 99% in Areas 2 and 9 (Table 6).



NOTE: In addition to CPS cases opened due to the GL referral, percentages include cases opened prior to the referral *and* still open at the time of the referral. This more accurately represents the percentage of substantiated GL referrals that were handled within the context of an active CPS case.

Table 7 shows the percentage of substantiated GL reports that resulted in removing the newborn from the mother’s custody. Just over 14% of the newborns, statewide, were removed during SFY 2019, lower than the removal rate observed in previous years. The removal rate varied considerably among DCFS service areas. Area 10 was the least likely to remove children from their homes as a result of a substantiated GL report (8%), followed by Area 6 (12%).

Meanwhile, for the fourth consecutive year Area 9 was, by far, most likely to remove children in response to a substantiated GL report (25%); the next closest was Area 8 (16%).



The rate at which children were removed in response to a substantiated GL report also fluctuated somewhat at the county level. The relatively high removal rate observed in Area 9 can be largely attributed to the decisions made in Cross and White counties, which collectively removed nearly half (16 of 34) the children involved in substantiated GL reports. In comparison, less than 15% (10 of 68) were removed in response to substantiated GL reports in the rest of Area 9. Additionally, children from Saline County in Area 3 (seven of 26 removed), Ouachita County in Area 4 (five of 11), and Faulkner County in Area 5 (12 of 45) were removed at rates noticeably higher than the statewide average.

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

An analysis of the substantiated GL reports received during SFY 2019 revealed that 33% of the children who were removed from their homes returned home or were discharged to relatives within 12 months, lower than the rate observed for the previous year (37%).Among children involved in substantiated GL reports who were not removed from the home immediately, 5% were removed within 12 months and nearly 3% were cited in a subsequent substantiated maltreatment report over the same period. These figures were slightly lower than those reported for the previous year (7% and 4%, respectively).

**SUMMARY**

This report reviewed select characteristics of GL reports and the DCFS response to those reports for SFY 2019 and several preceding years, as appropriate. The highlights of this review are presented below.

* The number of GL reports accepted for investigation has steadily increased since the law’s inception 14 years ago. During SFY 2019, 1,311 GL reports were accepted for investigation, a 2% increase from the previous year.
* Marijuana was the most commonly mentioned illegal substance in GL reports. For SFY 2019, 70% cited marijuana usage, either separately or in combination with other drugs, followed by amphetamines/methamphetamines (27%) and then opiates (11%). Benzodiazepines were cited in 8% of the reports, while cocaine was cited in 4%.
* During SFY 2019, 94% of the GL reports statewide were substantiated, similar to the substantiation rate observed in recent years.
* The rate at which DCFS caseworkers opened a CPS case in response to a substantiated GL report was 95% for SFY 2019, similar to the rates observed for the previous three years.
* Compared to recent years, DCFS demonstrated greater restraint during SFY 2019 with respect to removing newborns from the mother’s custody in response to a true GL report. Among the 10 DCFS service areas, Area 10 exhibited the lowest rate of removing children in response to a substantiated GL report, followed by Area 6. Conversely, Area 9 exhibited the highest rate of removals in response to a GL report, driven by Cross and White counties.
* Of the children removed in response to a substantiated GL report during SFY 2019, 33% either returned home or were discharged to relatives within 12 months. Among those not removed initially, 5% were removed within 12 months and 3% were cited in a subsequent substantiated maltreatment report over the same period.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table A**  **Garrett’s Law Reports Received During SFY 2019 by County and Area** | | | | | |
| **Area** | | **County** | | **Number of Reports** | |
| **1** | | Benton | | 78 | |
| Carroll | | 12 | |
| Madison | | 7 | |
| Washington | | 86 | |
| **Area 1 Total** | | | | **183** | |
| **2** | | Crawford | | 29 | |
| Franklin | | 7 | |
| Johnson | | 6 | |
| Logan | | 4 | |
| Scott | | 3 | |
| Sebastian | | 90 | |
| Yell | | 7 | |
| **Area 2 Total** | | | | **146** | |
| **3** | | Clark | | 16 | |
| Garland | | 118 | |
| Hot Spring | | 24 | |
| Howard | | 3 | |
| Montgomery | | 4 | |
| Perry | | 8 | |
| Pike | | 7 | |
| Polk | | 4 | |
| Saline | | 26 | |
| **Area 3 Total** | | | | **210** | |
| **4** | | Columbia | | 4 | |
| Hempstead | | 10 | |
| Lafayette | | 3 | |
| Little River | | 3 | |
| Miller | | 24 | |
| Nevada | | 6 | |
| Ouachita | | 13 | |
| Sevier | | 6 | |
| Union | | 13 | |
| **Area 4 Total** | | | | **82** | |
|  | | | | | |
| **Area** | | **County** | | **Number of Reports** | |
| **5** | | Baxter | | 18 | |
| Boone | | 10 | |
| Conway | | 11 | |
| Faulkner | | 45 | |
| Marion | | 8 | |
| Newton | | 0 | |
| Pope | | 22 | |
| Searcy | | 3 | |
| Van Buren | | 4 | |
| **Area 5 Total** | | | | **121** | |
| **6** | | Pulaski | | 169 | |
| **Area 6 Total** | | | | **169** | |
| **7** | | Bradley | | 1 | |
| Calhoun | | 2 | |
| Cleveland | | 3 | |
| Dallas | | 1 | |
| Grant | | 2 | |
| Jefferson | | 40 | |
| Lincoln | | 2 | |
| Lonoke | | 18 | |
| Prairie | | 4 | |
| **Area 7 Total** | | | | **73** | |
| **8** | | Clay | | 8 | |
| Craighead | | 50 | |
| Fulton | | 3 | |
| Greene | | 26 | |
| Izard | | 6 | |
| Lawrence | | 7 | |
| Mississippi | | 25 | |
| Randolph | | 7 | |
| Sharp | | 8 | |
| **Area 8 Total** | | | | **140** | |
| **9** | | Cleburne | | 4 | |
| Crittenden | | 31 | |
| Cross | | 14 | |
| Independence | | 10 | |
| Jackson | | 4 | |
| Poinsett | | 13 | |
| Stone | | 4 | |
| White | | 20 | |
| Woodruff | | 4 | |
| **Area 9 Total** | | | | **104** | |
| **10** | | Arkansas | | 8 | |
| Ashley | | 9 | |
| Chicot | | 7 | |
| Desha | | 6 | |
| Drew | | 6 | |
| Lee | | 4 | |
| Monroe | | 11 | |
| Phillips | | 11 | |
| St. Francis | | 21 | |
| **Area 10 Total** | | | | **83** | |
| **TOTAL** | | | | **1,311** | |

**Children Affected by Domestic Violence**

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

Team Decision Making (TDM) has continued to allow the counties in which TDM operates to make some initial headway in improving relationships with local domestic violence shelters and prevention programs. Over the next five years, DCFS plans to build on those relationships. In addition, the agency has hypothesized that the roll-out of the NCCD-CRC Structured-Decision Making suite of tools and Safety Organized Practice will also help it improve risk and safety assessments of families where domestic violence is an issue (among others) and improve planning around domestic violence issues.

During this first year of the Division’s implementation of its 2020-2024 CFSP, the agency has not yet been able to fully focus on this greatest risk of maltreatment population beyond what is described above. This is, in part, as a due to significant resources put toward the launch of Family First in Arkansas during the first half of the SFY and the latter half of the reporting period being impacted by COVID-19. However, the Division intends to keep children affected by domestic violence as one of its greatest risk of maltreatment populations and plans to more fully focus on developing strategies to better identify and serve this population for the remainder of the five-year strategic plan implementation.

The groups referenced above are some of the greatest risk populations served in Arkansas’s child welfare system. These do not cover the entire populations that could be discussed. If DCFS can impact these groups through case practice, shifts in service capacity, resource development and availability, then the outcomes for these populations will improve and, as a result, the positive impacts will have a ripple effect throughout the child welfare system in Arkansas.

# SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

***Early Intervention/Well-Being***

Arkansas has developed and/or accesses an array of services to ensure the well-being needs of the children under the age of five years population is served and to reduce the length of time children in foster care under the age of five are without a permanent family. The Division worked diligently on strengthening the relationship with the Division of Child Care and Early Childhood Education (DCCECE) as well as local community providers who focus on early intervention services for high risk populations. DCFS utilizes data reports as well as a trending report at the executive level and a lower level for identification of needs, services, and monitoring the effectiveness of services provided. DCFS continually promotes the use of Head Start and Arkansas Better Chance (ABC) quality early childhood programs for children in foster care as the preferred childcare option and as way to help address the developmental needs of all vulnerable children under five years of age.

DCFS has been working on various strategies over the past five years to impact the well-being needs and to reduce the length of time in foster care for children under age five. Some of the strategies used are:

* Dashboard accessible for data management;
* Quality assurance strategies are aligned with state and federal regulations and Arkansas Practice Model;
* Trauma Informed Training;
* Messaging regarding the requirement to refer all children under the age of three (3) involved in a substantiated case of child maltreatment (regardless of whether all of the children are named as alleged victims) to DDS Children’s Services for an early intervention screening if not already referred while the investigation was pending in an effort to address the developmental needs of these young children;
* Protocols put in place to prevent the placement of young children in emergency shelters and other congregate care settings and, when young children must be placed in emergency shelters, protocols to ensure that special approval is granted before allowing children under 10 to stay in emergency shelters for longer than ten (10) days;
* Focus on opening more relative provisional homes (research shows children have a higher rate of placement stability with relatives which in turn often positively impacts long-term permanency outcomes for children);
* Continued use of Removal Consultations held within 24 hours of all removals to ensure consistency in decision-making and, if appropriate, release the 72-hour hold if removal was not warranted;
* Continued use of Permanency Safety Consultations (held at three, six, and nine months of each foster care case with a goal of reunification) in an effort to safely expedite a child’s return home or, if necessary, pursuit of the concurrent permanency plan.

A link to the DCFS Annual Report Card to illustrate the agency’s evaluation of the effectiveness of these efforts can be accessed [here](https://humanservices.arkansas.gov/images/uploads/dcfs/publications/ARC_SFY_2019_-_Final.pdf).

Below are additional Early Intervention /Well Being strategies and initiatives that continue to operate in an effort to improve the lives of Infants and Toddlers in Arkansas Child Welfare System:

***Zero to Three, Safe Babies Court Team Project***

The Zero to Three Safe Babies Court Team (SBCT) Project is a collaboration between the Division of Children and Family Services, the Division of Child Care/Early Childhood Education (DCC/ECE), and Zero to Three. The purpose of this program is to:

* Reduce the occurrence of abuse and neglect
* Increase awareness of the impact of abuse and neglect
* Improve outcomes for vulnerable young children

Currently the SBCT is implemented in the 10th Division of Pulaski County and in Judge Smith’s court in Benton County. In addition, the DCFS In Home Services Program Manager, who oversees reunification efforts, continued to attend SBCT meetings and the DCFS Assistant Director of Infrastructure and Specialized Programs continue to participate in quarterly SBCT planning meetings.

***Project PLAY*** **(Positive Learning for Arkansas’ Youngest)**

Within DHS, the Division of Child Care and Early Childhood Education partnered with the Division of Children and Family Services along with University of Arkansas for Medical Sciences to facilitate collaboration between early childcare programs and specially trained mental health professionals.

The goals of Project PLAY are to:

* Promote positive social and emotional development of children through changes in the early learning environment; and
* Decrease problematic social and emotional behaviors of young children in early childcare settings by building the skills of childcare providers and family members.

Project PLAY activities include:

* Outreach to Better Beginnings approved childcare centers in targeted areas to identify high quality centers that are currently serving foster children or may be appropriate for future placements for foster children. Work to increase quality in centers at the lower levels of Better Beginnings that are currently serving foster children. Use Project PLAY staff to educate biological parents, foster parents, DCFS workers, and other on the importance of a high-quality child-care environment that remains consistent for the child regardless of changes at home or custodial changes.
* Ensure that childcare professionals have the support they need to maintain foster children in quality care settings.
* Educate the childcare professionals about what to expect when working with children who may have experience trauma, and the importance of their role as a stable figure in the life of the child.
* Provide support for the caregivers regarding ways to manage difficult behavior and support healthy social and emotional development.

Promote communication and consistency between home and school.

* Provide one-on-one education to biological and foster parents about the importance of continuity of childcare when the child is transitioning between homes, or if a change in childcare cannot be avoided, assist with the transition.

***Child Care & Child Welfare Partnership Toolkit***

This toolkit is designed to enhance the important partnership between childcare providers and family service workers in the child welfare system, with the goal of ensuring that foster children get the best care possible. The toolkit includes:

* A brief article about the impacts of trauma on young children and what caregivers can do to help.
* An Information Exchange guide designed to ‘jump-start’ the sharing of information between the childcare provider and the family service worker. You may choose to use this communication guide as is or incorporate pieces of it into your normal paperwork. The important thing is to share information for the good of the child.
* A Child Progress Update form that teachers may want to complete and give to the family service worker to let them know how the child is doing in the preschool classroom. This information may be useful for the family service worker in the ongoing development of the child’s case plan and in reporting to the court.
* Information about how to obtain Immunization records when needed.
* “Saying Goodbye” – Suggestions for creating a smooth transition when it is time for the child to leave the center.
* A Developmental Milestones handout with information on typical behavior for children of different ages and suggestions for teachers/caregivers/parents to promote healthy development in young children.

***Natural Wonders/Home Visiting Services***

This project is made possible through the Department of Health’s $1.2 million Maternal, Infant, and Early Childhood Grant. Projects include:

* Infant Mortality/Support for infant death review and investigation
* Injury Prevention/Safety Baby Showers

***SafeCare***

SafeCare reached statewide implementation during this reporting period. SafeCare is available to IV-E prevention plan foster care candidates which includes, among others, infants involved in Garrett’s Law referrals if not removed from the home. SafeCare is an evidenced-based program that provides intensive home visiting services to participating families to address health and safety issues for the children in the home.

Garrett’s Law reports were selected as foster care candidate trigger because a number of families who initially come to the Division’s attention due to Garrett’s Law allegations later have a child removed from the home and because several co-sleeping deaths have also occurred in families who had a Garrett’s Law report. As a result, the Division wanted this evidence-based home visiting program to provide enough support and services in the home to ensure the child’s safety and prevent removal.

***Teaching Important Parenting Skills (TIPS)***

Teaching Important Parenting Skills (TIPS) is an evidenced-based parenting education toolkit based on the Brief Parenting Intervention Model and developed by the University of Arkansas for Medical Sciences (UAMS). It translates recent research on a variety of topics from biting to potty training to “spoiling” babies into brief, family-friendly messages. It essentially is a toolkit designed to meet parents where they are in terms parenting their children at any given point in time. As such, TIPS allow professionals to engage parents, respond to parents’ most current concerns, and tailor parenting information to individual families. TIPS is available to all parents without them attending parenting classes, though TIPS may be used as a supplement to traditional, classroom-based parenting programs. TIPS is also utilized by childcare providers licensed through the DHS Division of Child Care and Early Childhood Education and who participate in the Better Beginnings Program. Unfortunately, due to lack of model fidelity by DCFS staff, TIPS is no longer supported by UAMS in what the TIPS pilot counties of Randolph were, White, and Conway.

***Arkansas Children’s Trust Fund Programs***

The Arkansas Children’s Trust Fund also continues to be a component of the DCFS Prevention and Reunification Unit and spearheads primary prevention efforts for the Division, many of which are geared toward the under-five population and designed to improve child outcomes. These activities and programs include:

All Babies Cry – A hospital-based intervention that teaches parents how to handle infant crying. It starts with an 11-minute video shown prior to discharge. Parents are also provided with an educational booklet about infant crying that includes an Arkansas specific code. Parents may enter the code on a website or via a mobile device (cell phone) that allows them to access additional videos. Fourteen hospitals across the state are currently participating.

ACEs Activities – The Children’s Trust Fund program director is a member of the steering committee of the Arkansas ACEs and Resilience Collective Impact. In addition, the Children’s Trust Fund is supporting the development of an ACEs introductory presentation that will be available for our own use internally and for members of the Collective Impact’s Speakers Bureau. The presentation will help educate more people across the state with a consistent and clear message.

Baby and Me WIC Clinic Project – The Children’s Trust Fund supports Parent Support Mentors in nine WIC Clinics across the state. The Mentors provide one-on-one sessions with mothers beginning prenatally and through the first six months of the baby’s life. The sessions include a brief educational lesson and a check of developmental milestones followed by activities to promote parent/child interaction. Parents are also be connected to community services and supports as needed.

Predict-Align-Prevent – The Children’s Trust Fund is working with Predict-Align-Prevent to conduct a three-phase project. The first phase utilizes multiple data sets to determine where child abuse is most likely to occur in the state. The second phase will allow the agency to determine the types of services or strategies that are needed in the identified areas. The third phase will be implementation of those strategies in the selected areas.

The following is a breakdown of children in foster care four and younger and their average length of stay for SFYs 2016 through 2020. As these data show, from SFYs 2016-2017, there was an increase in the number of children in this age range and in the average length of time in foster care this age group experiences. However, this cannot necessarily be tied directly and/or solely to the availability and/or quality of services for children under the age of five. In SFY 2018, the number of children ages four and under dropped dramatically, though the average length of stay for this population increased from 304.4 days in SFY 2017 to 322.8 days in SFY 2018. However, in SFY 2019, the number of children ages four and under increased to 1,559, but there was a noticeable decrease in the average length of stay for this group – down to 291.2 days, or a 9.8% decrease from the previous year. In the current reporting period of SFY 2020, the number of children in foster ages four or younger increased slightly as did their average length of stay.

* As of **06/30/2016**, there were 1,856 children in foster care ages four or younger. The average length of stay for those children as of 06/30/2016 was 290.4 days.
* As of **5/31/2017**, there were 1,924 children in foster care ages four or younger. The average length of stay for those children as of 5/31/2017 was 304.4 days.
* As of **5/31/2018,** there were 1,423 children in foster care ages four or younger. The average length of stay in foster care for those children as of 5/31/2018 was 322.8 days.
* As **of 5/31/2019**, there were **1,559 children in foster care ages four or younger**. The average length of stay in foster care for those children as of 5/31/2019 was **291.2 days**.
* As **of 5/31/2020**, there were **1,596 children in foster care ages four or younger**. The average length of stay in foster care for those children as of 5/31/2020 was **293.5 days**.

Arkansas explored the removal reasons among the children (ages 4 and younger) who were in care as of those dates, also comparing the years to one another.  For several years’ substance abuse was increasingly cited as a removal reason among these children. For example, substance abuse was cited as a removal reason for 56.3 percent of the children in care (ages 4 and younger) as of 6/30/2015, but this figure climbed to 60.3% percent for children in care (ages 4 and younger) as of 5/31/2020 (though this was an almost 3 percent decrease in the percentage of children ages four and younger for which substance abuse was cited as a removal reason between 2018 and 2020).

While the number of children in this age range has increased by approximately 9.5%, perhaps the reason for the decrease in the average length of stay in foster care for this same group can be tied to, though not necessarily caused by, maintaining a reasonable statewide average caseload in the recent past and the somewhat lower turnover rate in family service worker staff. As of May 2020, the average statewide caseload was 17.8 – an almost all-time low for the Division. Please see APSR Attachment A, Chart 14 for more detailed information regarding statewide average caseloads.

While these trends have been taking place over the past two to three years, it is possible that these trends are just now impacting service delivery and outcomes. Having manageable caseloads allows caseworkers to more fully focus on the families to which they are assigned and work those cases more intensively than they would be able to with a higher caseload. A consistent caseworker throughout the life of a case may also impact families’ abilities to work through their case plans more efficiently. The SafeCare Home Visiting and Intensive In Home Services Programs described earlier in this document above should also help to improve services and supports for children under the age of five.

The table below displays the percentages for six timeframes:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Number of Children in Care, Ages 4 and Younger** | **Number of Children, Ages 4 and Younger,** **for which Substance Abuse was Cited as a Removal Reason** | **Percentage (%)** |
|  |  |  |  |
| 6/30/2015 | 1,615 | 910 | 56.3 |
| 6/30/2016 | 1,848 | 1,114 | 60.3 |
| 5/31/2017 | 1,920 | 1,182 | 61.6 |
| 5/31/2018 | 1,423 | 896 | 63.0 |
| 5/31/2019  5/31/2020 | 1,559  1,596 | 952  962 | 61.1  60.3 |

**EFFORTS TO TRACK AND PREVENT CHILD MALTREATMENT DEATHS**

***Child Fatality Data and Sources of Data on Child Maltreatment Deaths***

Below are the fatalities for SFY2020 (July 1, 2019-March 31, 2020). These are not fatalities in which children necessarily had prior involvement with DCFS, but all fatalities that were investigated within a context of a child maltreatment report.

True Fatality Reports for SFY 2020

#Fatalities: 22

Unsubstantiated Fatality Reports for SFY 2020

#Fatalities: 4

Pending Fatality Reports for SFY 2020

#Fatalities: 3

Exempt (No Risk) Fatality Reports for SFY 2020

#Fatalities: 1

Fatalities of Children in Foster Care Who Did Not Receive a Maltreatment Investigation for SFY 2020

#Fatalities: 2

Information regarding child fatalities and near fatalities is compiled by DCFS in the first 3 Quarters of SFY 2020 Report Card.

DCFS also exchanges information with its partners in order to improve outcomes for children and families. Please refer to SFY Health Oversight and Coordination Plan Updates for specific data reports received and reviewed.

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

***Steps to Track and Prevent Child Maltreatment Deaths***

**DCFS Internal Child Death Review Committee**

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

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

The sunset clause for the Child Death and Near Fatality Multidisciplinary Committee went into effect July 30, 2017. As such, this committee was no longer be required by law at that point. However, this committee, now, renamed the External Child Near Fatality and Fatality Review Team, has continued to meet throughout this reporting period to review applicable near fatalities and fatalities and worked to make some revisions the DCFS Child Near Fatalities and Fatalities Policy.

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

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

**Arkansas Infant and Child Death Review Program**

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

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

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

**The Arkansas Infant Mortality (AIM) Team:** This team was formed to exclusively review deaths of infants under the age of one in counties not covered by local Infant Child Death Review Teams, allowing 100% of eligible infant deaths in the state to be reviewed. Since May 2016, the AIM Team combined with the Pulaski County Infant and Child Death Review Program in order to streamline work in this area. The State Review Panel and the local child death review teams consist of the representatives listed below:

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

**KINSHIP NAVIGATOR FUNDING**

The Arkansas Division of Children and Family Services was one of the states awarded Kinship Navigator Funding in SFY 2020 for Arkansas Kinship Connect. Kinship Connect still abides by two primary components: 1) support of relative and fictive kin caregivers through information dissemination and resource coordination, and; 2) identification of relatives and fictive kin for the purpose of placement and/or otherwise maintaining connections with their relatives/fictive kin who are in foster care.

DCFS partnered with Assemblies of God Family Services/COMPACT to case mine and deliver detailed kinship information for either placement, a visiting/respite source, or provide any family/medical information using COMPACT FINDS. Approximately 14 cases were sent to COMPACT to re-establish connections with siblings and parents whose rights were terminated over three years. The FINDS helped Arkansas to evaluate case mining, get creative with placement options, and support specific family needs.

Arkansas kinship families participated in a focus group and completed a kinship survey via Survey Monkey during the SFY 2020 year. From the data collected, Arkansas kinship families were interested in support groups, needed assistance navigating the child welfare system, understanding the process of guardianship and adoption, and access to more information pertaining being a kinship placement.

The kinship navigator program Kinship Connect will start hosting kinship support groups so that relatives will be able to connect with their peers who are also caring for their relatives in foster care. Conducting research on having specialized trainings for provisional/fictive kin foster parents and inquire about partnering with United Way on opening a 2-1-1 line for kinship families. The Division will also collaborate with agencies to help local staff in searching for relatives and fictive kin placements as children enter and exit foster care.

**CONSULTATION AND COORDINATION BETWEEN STATE AND TRIBES**

DCFS provides services and supports to all child populations in Arkansas—including Native American. Children’s ethnicity is captured in the CHRIS system when a case is opened. A family’s ethnicity is also discussed at the probable cause and adjudication hearing to determine if the family is a member of a Native American tribe. The attorneys for the Department take the lead on notifying any Tribal Nation and assisting with coordination of steps to verify the membership of the child with a specific Tribe including verifying maternity and paternity of the child. During this verification process, as well as after Tribal membership has been confirmed, DCFS staff ensure that Tribal Liaison representatives are included in all aspects of the case management.

During this reporting period there were **two (2**) cases that was moved to tribal court:

* One to Cherokee Nation
* One to Eastern Shawnee Tribe

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

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

Some examples of case management activities that DCFS provides include:

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

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

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

Currently, the majority of the ICWA cases in Arkansas are predominately in Northwest Arkansas—Benton, Carroll, Washington, Boone, Crawford, and Sebastian counties. However, there are a few other cases scattered throughout the state. In this area, almost all of the foster children involved with ICWA are part of the Cherokee Nation. The FSWs communicate one-on-one with the Tribal caseworkers from the Cherokee Nation on cases. Generally, it appears to be a good working relationship between the DCFS staff and the Cherokee Nation caseworkers.

On the few other Native American cases, typically the OCC attorney regularly consults with the Tribal representatives. These same OCC attorneys provide notice as required by ICWA and have ongoing communication with the Tribal representatives to discuss participation in the court hearings and case plan staffings. The OCC attorneys also help assist in identifying potential placements, although the placement options are not always utilized.

Arkansas continues to only have a few child welfare cases that have Native American children identified. Please see below the breakdown for SFY 2020:

For **SFY 2020** CHRIS reflects for foster children American Indian and Alaskan Native Data:

* **130** current foster children who are identified as American Indian and Alaskan Native (AIAN)
* **14** children left foster care between **July 1, 2019 - May 31, 2020**
* **69** children who are identified as American Indian and Alaskan Native (AIAN) entered care between **July 1, 2019 - May 31, 2020**

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

Note: The totals are distinct counts of children with each Client ID counted one time for the number of children who entered foster care. If a child left foster care and then returned to care within the time frame of July 1, 2019 - May 31, 2020, that child is counted one time. There was one child during the time period who did leave foster care and later was removed a second time. If the duplicate count is needed that would be:

70 children who are identified as American Indian and Alaskan Native (AIAN) entered care between July 1, 2019 - May 31, 2020.

***Tribal Communication/Collaboration***

DCFS continues its good working relationship with the Cherokee Nation, the tribe where the majority of the Arkansas foster children have heritage.

There continues to be two primary Cherokee field caseworkers working here in Arkansas. The tribe decides which cases are assigned to each worker and they continue to have a good rapport with the local office staff. DCFS Central Office Tribal liaison assisted these caseworkers several times over the last few months with assignments such as a relative placement issue, conducting CHRIS searches for case history (and some for other Cherokee workers), and providing policy clarification around visitations through ICPC. The two Cherokee Nation field caseworkers continue to provide ongoing training to DCFS field staff in the Northwest region of Arkansas as needed. They are invited to staff meetings and continuing education seminars where they provide information on ICWA policies and the importance of what active efforts mean to each case.In the fall, the DCFS Central Office Tribal liaison worked with the lead prosecutor for the Choctaw Nation on a case specific request. The agency and the tribe were able to come to an agreement on a temporary relative placement before the children were ultimately reunited with their non-native father.

The DCFS tribal liaisons continue to participate in the monthly State ICW managers phone calls.  These calls are very informative and do an excellent job of relaying timely national policy and funding information.  The calls provide an opportunity for state ICW managers to share ideas and collaborate on challenges being faced. Since Arkansas does not have any federally recognized tribes within our state, the calls are mainly informative in nature.

The DCFS Director also continues the annual contact with the tribal leaders, via email, to promote an avenue to express any issues/concerns/ideas on an ongoing basis. The establishment of the two Central Office liaisons has continued to help strengthen the collaboration/partnership with Tribal agencies. In April 2020, the Division Director made contact via email with the leaders of all the tribes with which Arkansas has the potential to have affiliation regarding placements of children. The email provided the Directors contact information, the two Central Office liaisons contact information, the approved FFY 2020 APSR, a link to the DCFS master policy manual, and an excerpt of the ICWA policy. The tribal leads were:

* **Nikki Baker,** Cherokee Nation of Oklahoma
* **Lari Ann Brister**, Choctaw Nation of Oklahoma
* **Tamara Gibson,** Eastern Shawnee Tribe of Oklahoma
* **Mandy Dement**, Quapaw Tribe of Oklahoma
* **Mark Westfall,** Seneca-Cayuga Nation of Oklahoma
* **Andrea Patterson**, Cheyenne-Arapaho Tribes of Oklahoma
* **Nethia Wallace**, Kickapoo Tribe of Oklahoma
* **Shannon Ahtone,** Kiowa Indian Tribe of Oklahoma
* **Kimee Wind,** Hummingbird, Muskogee (Creek) Nation
* **Amanda Farren,** Pawnee Nation of Oklahoma
* **Amy Oldfield,** Ponca Tribe of Indians of Oklahoma
* **Tracy Haney**, Seminole Nation of Oklahoma
* **Christi Gonzales,** Tonkawa Tribe of Indians of Oklahoma
* **Tara Gragg,** Wyandotte Nation

There were no negative responses and or suggestions to the policy from members who received the APSR and policies.

Arkansas continues to look for ways to engage other tribes in meaningful case consultation and to ensure collaboration for the best interest of each child. While Arkansas has made some progress, communication and collaboration with the tribal partners could still be improved. Field staff and practicing attorneys need to continue to receive training on all ICWA requirements.

As referenced above, the Division Director will continue to make contact with the tribal leaders on an annual basis to promote an avenue to express any issues/concerns/ideas. The Division believes that establishing the two Central Office liaisons will continue to help strengthen its collaboration/partnership with Tribal agencies.

**JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM**

***Agency Administering Chafee***

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

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

The Transitional Youth Services (TYS) Unit in Central Office is staffed by the TYS Program Specialist. This position handles all daily, administrative operations of the Chafee Program such as processing purchase requisitions related to transitional services, processing driver’s license and car insurance reimbursement requests, and processing Education and Training Vouchers. The TYS Specialist is also typically the Division’s representative at the annual Chafee Grantee meeting and attempts to bring a youth as well if possible based on youth school and work schedules.

The TYS Program Specialist also leads, coordinates, and supports the Youth Advisory Board in their activities and leadership development. The Youth Advisory Board (YAB) is a group of youth in foster care from across the state who represent their peers in foster care at various conferences and events, advocate on their behalf, and inform the Division’s policy and plans as they relate to youth ages 14 and older in foster care. The TYS Specialist schedules and facilitates the monthly Youth Advisory Board meetings along with providing technical and logistical support to Youth Advisory Board officers and members. The TYS Program Specialist works with the YAB to develop the annual Senior Recognition/Educational Achievement event and the annual Youth Leadership Conference as well. Finally, the TYS Program Specialist communicates with DCFS staff, providers, and local communities regarding the needs of the youth in the system.

The statewide Youth Advisory board members have been consistent and active since Fall 2019. The YAB has participated in local meetings discussing how the Division can improve the way we service our youth and families. The YAB has also volunteered and supported our local community partners at their annual foster parent conference. Additionally, the YAB created a Public Service Announcement (PSA) that was designed to bring awareness to the importance of youth advocating for themselves and realizing “Their Voices Matter.” The TYS Specialist is currently collaborating with the DHS Communications Office to determine the best way to promote this PSA will maintaining the confidentiality of youth.

The TYS Unit receives and reviews a monthly report provided by each Transitional Youth Services Coordinator throughout the state. These monthly reports allow the unit to determine whether appropriate services are provided to transition aged youth with consistency throughout the state. Additionally, this report provides information on the number of transition-aged youth participating in Life Skills trainings. Life Skills Classes cover topics that include but are not limited to banking basics, hygiene and general health, budgeting, the college application process, creating a resume, job interview preparation, meal planning and shopping, basic cooking skills, etc. The TYS Coordinators are currently the staff responsible for providing Life Skills Classes to youth in foster care, but may, as needed, coordinate other presenters, panels, community leaders, etc. to provide some of the Life Skills Trainings as needed. In SFY 2020 to date (July 1, 2019 through May 31, 2020) 2,166 participated in Life Skills classes offered by DCFS staff. This includes duplicate counts of youth. Please see the chart on the following page for a breakdown of youth participating in Life Skills Classes by area. These numbers include duplicated counts.

|  |  |
| --- | --- |
| Area | # of Youth |
| 1 | **119** |
| 2 | **327** |
| 3 | **259** |
| 4 | **127** |
| 5 | **61** |
| 6 | **377** |
| 7 | **250** |
| 8 | **233** |
| 9 | **106** |
| 10 | **307** |
| Total | **2,166** |

Placement providers also play a key role in ensuring that youth learn basic household management skills and adequate educational support. Throughout the state, DCFS works with a variety of other providers to help youth in foster care achieve independence. Examples include [Arkansas Rehabilitative Services](https://arcareereducation.org/about/arkansas-rehabilitation-services) and [Youth Challenge](https://www.aryouthchallenge.com/).

Board payments for IV-E eligible youth may be made through title IV-E funds. Board payments for youth who are not IV-E eligible are paid using State General Revenue funds. The Division also offers several other financial supports to assist youth with achieving normalcy while in foster care as well as helping them to transition to adulthood as outlined in the Transitional Youth Services Support Table (see ASR Attachment F: Transitional Services and Supports Table).

Historically Arkansas has limited placement options for youth in Extended Foster Care. Those that do exist -- such as [Immerse Arkansas](https://www.immersearkansas.org/youth) and [Get Real 24](https://childrensemergencyshelter.org/get-real-24/) --have strong programs that wrap additional case management support and services around this older population in foster care in an effort to give them an independent living setting and help youth in foster care successfully achieve independence. However, over this last reporting period the Division worked to develop a scope of work and request for proposals to provide Supervised Independent Living placement contracts statewide. The requirement to incorporate Positive Youth Development principles and approaches and the requirement for program staff to complete CORE Teen Training developed by Spaulding Inc. are included in the performance indicators for the Supervised Independent Living contracts. See APSR Attachment G for more information on CORE Teen Training competencies. The targeted contract start date for this service is September 1, 2020. For more information, please see Strategy 9 in the Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes Table above.

As part of the Division’s NYTD PIP, during this reporting period the agency developed a case review tool for Transitional Youth Services (TYS) cases. The Division’s data management and analysis contractor pulls a report at the beginning of each month showing case and client identification numbers of youth in foster care ages 14 to 19 who have been in care for at least 9 months as of the end of the preceding month. Nine to ten of these are selected each month to review. Two areas are reviewed each month with an even breakdown of cases between those two areas. A mix of placement types and range of ages are considered when pulling the cases. With this set number reviewed each month, a little over 10% of the TYS cases in Arkansas are reviewed over the course of the SFY. Feedback regarding the reviews is provided directly to TYS Supervisors and Coordinators as well as to Area Directors to share with their other staff. To date, these reviews have helped ensure that TYS publications such as [PUB-49: Be Your Own Advocate (The Short List)](https://humanservices.arkansas.gov/images/uploads/dcfs/publications/PUB-49.pdf), which is a list of youth rights while in foster care, and its companion publication, [PUB-50: Be Your Own Advocate](https://humanservices.arkansas.gov/images/uploads/dcfs/publications/PUB-50.pdf) which provides a more detailed description of what to expect in foster care, youth rights, and resources, are provided to youth in foster care ages 14 and older. These TYS case reviews have also identified some concerning case specific practices and issues, such as shortage of educational credits and medication management, that have since been addressed in Interdivisional Staffings. Please see APSR Attachment H: NYTD PIP Progress Report for more information. As noted in this attached document, significant progress made on the NTYD PIP includes the release of several CHRIS enhancements to improve the data collection capability related to NYTD, the implementation of the TYS case reviews to identify practice strengths and challenges as it relates to TYS, and the development of a new TYS module that will be added to New Staff Training series in the fall. Work remains to be done in the area of revising and strengthening the TYS policy.

The Division appreciated Foster Club and some of its Foster Club All Stars for being a part of the 2019 Youth Leadership Conference in July as this group seems to truly embrace and put into practice Positive Youth Development principles. Foster Club and the Foster Club All Stars provided the following workshops at the 2019 Youth Leadership Conference:

* **In Transition**

Learn the essential assets that a youth should put in place prior to leaving foster care and get set for your transition to adulthood. *Learning Objectives:*

* *Craft a comprehensive transition plan*
* *Understand the importance of transition planning and preparation*

* **Better Together**

How should you be involved in decisions about your own case plan? What's your role in designing or improving the programs and services that profoundly impact your life? In this session, we'll define youth-adult partnerships, discover why they’re important, and challenge participants to think outside the box about how youth and adults can work together! Not only does it benefit you but could help change foster care (and maybe the world!). *Learning Objectives:*

* *Define what these partnerships are*
* *Discuss some advantages and challenges*
* *Understand the different types*
* *Brainstorm strategies for dealing with challenging situations*
* **Strategically Sharing Your Story**

Reframe foster care experiences as expertise, how to safely tell stories by retaining boundaries, and understanding the purpose for which one might share a personal story. *Learning Objectives:*

* *Define Strategic Sharing as a concept*
* *Safely tell stories by creating boundaries*
* *Understand why one might share a personal story*
* *Understand how pieces of our stories contribute to our identities*
* **Family Matters**:

Dealing with birth family can be confusing and chaotic! These relationships often require special attention. Through role-playing scenarios and rich group discussion, begin to formulate strategies for building safe and healthy relationships with family members. *Learning Objectives:*

* *Identify positive ways to stay connected to bio family members*
* *Develop informed strategies for managing tough relationships or situations*
* *Talk about why relationships are important*

The Division hopes the evaluations of these workshops may serve as a launchpad for the state to learn how to better incorporate Positive Youth Development principles into its work with older youth in foster care and even access Foster Club and similar resources to provide training to staff and foster parents. While the Division had planned to once again contract with Foster Club to assist with the delivery of the 2020 Youth Leadership Conference, this event has been cancelled due to the COVID pandemic.

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

* Transition to the Triple P Parenting Program that can also serve pregnant and parenting teens in foster care (this will replace the Nurturing Families of Arkansas Program). The transition to Triple P will help Arkansas transition to a parenting an evidence-based parenting program that may be included on the Title IV-E Prevention Services Clearinghouse. For more information, please see Strategy 2, Activity A1 in the Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes Table above. This program will not only help better support teens in care who are parenting but also align with the state’s vision of providing increased primary prevention services.
* Increased use of Safety Baby Showers to pregnant and parenting teens. For more information, please see Strategy 2, Activity A2 in the Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes Table above. Once again, this program will not only help better support teens in care who are parenting but also align with the state’s vision of providing increased primary prevention services.
* Exploration of technical assistance offered through Foster Club and consideration of fully contracting out the tentative 2021 Youth Leadership Conference development and logistics to Foster Club (spring 2021).
* Implementation of an online Transitional Youth Services module that will be incorporated into the New Staff Training for FSWs. The initial draft is completed and is currently under review by TYS Central Office and field staff. A more substantive practice-based training is also needed for staff and stakeholders but this will be a long-term goal for the Division given a variety of other training initiatives occurring as a part of the Division’s CFSR PIP and Family First.
* Continued surveying of how the COVID-19 pandemic is affecting youth and what additional services or supports they may need during the public health emergency.

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

During this reporting period, the state also continued to implement its NYTD Program Improvement Plan. Much of the work over the last year has focused on strengthening the collection of high-quality data through NYTD by making several CHRIS enhancements that were recommended as a result of Arkansas’s Onsite NYTD Review that occurred in April 2018. For more information, see APSR Attachment H. In terms of how the state is integrating NYTD data into the state’s quality assurance system, the state is still struggling to pull county-level data from NYTD that would be more helpful to families and youth; tribes; courts; and other partners verses a statewide snapshot that is currently available. However, the hope is that this may be accomplished with the implementation of the state’s CCWIS over the next few years. The TYS case reviews, however, (see above), have been extremely eye opening in terms of services provided and other practice issues the state hopes to address over the next few years as well.

The Division has also worked with several local public housing authorities during this reporting period to establish Memoranda of Understanding (MOUs) regarding the Foster Youth Independence vouchers. To date, DCFS has either already signed an MOU with the following public housing authorities or the MOU with some of these public housing authorities is currently under review by OCC and, therefore, pending signatures:

* Drew County Public Facilities Board
* Fayetteville Housing Authority
* Fort Smith Housing Authority
* Johnson County Section 8 Housing HCV Program
* Little Rock Housing Authority/Metropolitan Housing Alliance
* Pulaski County Community Services
* Universal Housing Development Corporation (comprised of Franklin County Public Housing Agency, Yell County Public Facilities Board, and the Pope County Public Facilities Board)

To date, Pulaski County Community Services is the only public housing authority that has received the Foster Youth Independence Housing Choice Vouchers along with appropriation from the quorum court. A meeting is scheduled in July between Pulaski County Community Services and Area 6 staff to work out the details of the referral process for the FYI vouchers and wrap around supports to be provided by DCFS.

Aside from the specific activities described in this section of the APSR regarding Chafee services that involve different public and private stakeholders, the state also involves the public and private sectors in helping youth to achieve independence throughout the various collaboration described in the Collaborations section of this report.

Regarding other goals for the Transitional Youth Services Program set forth in the Division’s CFSP, the TYS Program has not yet focused on those goals due to other efforts. Remaining goals include Create a video to be used for foster home recruitment

Expand Youth Advisory Boards at the state and local level

**EDUCATION AND TRAINING VOUCHER PROGRAM**

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

Arkansas currently manages the ETV program. Youth, who apply and are deemed eligible for participation in the program receive up to $5000 each state fiscal year. These funds are treated much like a “scholarship” and typically dispersed in $2,500 increments each Fall and Spring semester. ETV can be utilized to pay for summer school as long as the $5,000 limit is not exceeded in any state fiscal year. ETV can be used to pay undergraduate tuition/ and fees, books, and other costs associated with post – secondary education for eligible youth. ETV is paid directly to the post-secondary institution. If there are remaining ETV funds available to the youth after all post-secondary institution tuition and fees have been paid, the ETV funds may be used for other costs of attendance as long as the other items do not exceed the total cost of attendance for a particular school. Other costs of attendance are paid either directly to the provider of those goods or may be paid directly to the youth on a reimbursement basis provided the appropriate documentation is submitted by the youth.

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

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

Services provided through ETV since the submission of the 2020-2024 CFSP have not changed. The TYS Program continued to receive and process ETV applications for youth pursuing post-secondary educational goals. ETV continued to be applied to the cost of attendance for youth enrolled in an accredited institution of higher education. The financial assistance provided through ETV complements additional funding the youth receive through Pell Grants and other local scholarships and programs. The TYS Program is currently revamping the ETV application forms to streamline them into one form and provide additional information on eligible costs of attendance.

**Consultation and Coordination Between States and Tribes**

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

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

To date, no tribes have requested the development of an agreement to administer or supervise the Chafee Foster Care Program or an ETV program with respect to eligible Indian. All children with Indian heritage who otherwise qualify for Chafee and/or ETV, are eligible for Chafee (transitional youth) services and the ETV program.

**MONTHLY CASEWORKER VISIT FORMULA GRANT**

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

         **FFY 2019: 90.09% (for FFY 2018: 85.44%)**

        Number of monthly visits made to children in the reporting population (Numerator) –   **41,713**

        Number of such visits that would occur during the FFY if each such child were visited once per month while in care (Denominator) – **46,302**

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

         **FFY 2019: 95.20% (for FFY 2018: 93.80%)**

        Number of monthly visits made to children in the reporting population that occurred in the residence of the child (Numerator) – **39,711**

        Number of monthly visits made to the children in the reporting population (Denominator) – **41,713**

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

**Caseworker Visits with Foster Care Children-Details by Month**

This report gives an overview of the Caseworker Visits with Foster Care Children information by selected month. The report provides totals and percentages by Area, County and Primary Staff Name. This report can be used as a good monitoring tool for Staff to determine what foster care clients should receive a visit and have/have not been visited as per the Case Contact documentation. The report is refreshed daily.

The report includes all children under age 18 who are considered to be in foster care for the full calendar month (Calendar month = last day of previous + all days during current month + first day of subsequent month). The Area(s) and Month should be selected and then the ‘View Report’ button for the results to appear. To be considered as a Completed ‘Regular Visit’, the following criteria must be met in a Case Contact:

* Contact Date should be in the actual Calendar Month (1st-end) to determine if Visit was made
* Type/Location: must be Any ‘Face to Face’ type
* Status: ‘Completed’ must be selected
* Participants pick list: The foster care child must be selected
* Only pull the following Staff Positions (Contact Attempted/Completed By field) are considered as a Caseworker Visit:
  + DHS Area Manager
  + DHS Assistant Director
  + DHS Deputy Director - DCFS
  + DHS Program Coordinator
  + DHS Program Manager
  + DHS Program Specialist
  + DHS Staff Supervisor
  + Family Service Worker
  + Family Service Worker Clinical Spec
  + Family Service Worker County Supervisor
  + Family Service Worker Specialist
  + Family Service Worker Specialist-Adoption Specialist
  + Family Service Worker Supervisor
  + Family Service Worker-Adoption Specialist
  + Family Services Program Coordinator

The above criteria is considered as a Completed ‘Home Visit’ with the exception that only the following Type/Location are applicable:

* Face to Face (Placement Provider ICPC)
* Face to Face (Placement Provider)
* Face to Face (Home)

The report is sorted by Area/County of Current Primary Assigned Worker (Staff Name). Report also includes the following:

* Primary Staff County
* Client Count: The number of Clients that are considered to be ‘In Foster Care’ for the month and should have a visit
* Case ID
* Client ID
* Client Name
* Age
* Birth Date
* Reg. Visits Count (Regular Visits): The number of ‘Face to Face’ Visits that were completed as there is a Case Contact that meets the report criteria; Y will appear if met, N will appear if not met
* Home Visits Count: The number of Visits that were completed in the home as there is a Case Contact that meets the report criteria; Y will appear if met, N will appear if not met. If Home Visits is a Y, then Reg. Visits should be a Y
* Percentage of Completed Reg. Visits: The Percentage of Regular ‘Face to Face’ Visits that were completed. Percentages that are under 95% show in red because 95% is the performance standard for regular visits that is required by the feds or there could be a reduction in Federal Financial Participation.

**Caseworker Visits with Foster Care Children-Details for FFY**

This report gives an overview of the Caseworker Visits with Foster Care Children information for the FFY. The counts and percentages are submitted to the Feds by December 15 each year for the previous FFY (October-September). It provides an overview for each month for the FFY. This report can be used as a good monitoring tool for staff to determine what foster care clients should receive a visit and have/have not been visited as per the Case Contact documentation per Month. The report is refreshed daily.

This report includes all children under age 18 who have been in foster care for at least one full calendar month during the FFY. (Calendar month = last day of previous + all days during current month + first day of subsequent month).

The report is sorted by Area/County of Current Primary Assigned Worker (Staff Name). Report also includes Primary Staff County, Case ID, Client ID, Client Name, Age, DOB, and the monthly information:

A column appears for each month October-September:

* + In Care: Y will appear if the client is considered in care for that entire month (Visit required) or N will appear if the client is not considered in care (Visit not required)
  + Regular visit (Reg. Visit): For the month, Y will appear if at least one Case Contact meets the conditions (in Requirements) or N will appear if the conditions are not met.
  + Home Visit: For the month, Y will appear if at least one Case Contact meets the conditions (in Requirements) or N will appear if the conditions are not met. If Home Visits is a Y, then Reg. Visits should be a Y

There is a Total Months in Care column that gives the total count of months the foster care child is considered to be in care and should have had a visit.

There is a Total Reg. Visits that gives the total count of visits that meet the regular visits criteria.

There is a Total Home Visits column that gives the total count of visits that meet the home visits criteria.

The total per Staff, per County, and per Area appear in rows after each condition.

At the end of the report, the overall totals and percentages show what will be sent to the feds when it is time to submit, by December 15 for the previous FFY.

The state missed previous performance standards due to high caseloads and staff turnover. There has been a decrease in the number of children in foster care over the past year, but staff turnover has remained a consistent issue.

Arkansas continues to monitor and assess the frequency and quality of worker visits. During monthly Area Director meetings, the Assistant Director over Community Services will discuss with the Area Director’s monthly home visit numbers. As needed, each Area Director will identify barriers specific down to their county level and the county supervisor must develop a plan to increase number monthly caseworker visits and improve performance at the local levels. These local improvement plans will also be monitored by the Area Director.  This will be a standing topic in each monthly meeting both locally, Area wide and in the Area Director’s monthly meetings. These plans are also added to their monthly reports that the Area Director’s submit.  Through this planning, monitoring, and tracking the Division believes there will be more focus around monthly caseworker visits, so numbers should improve. The statewide level data from the monthly charts and also on our new SafeMeasures tool has also been discussed in DCFS All Statewide Zoom meetings that have been done on a weekly bases by the Director/Deputy Director of DCFS during the COVID-19 pandemic.

The caseworker visit funds were part of salaries to direct service staff to ensure activities are carried out. Although DCFS has not recently seen a major improvement in caseworker visit percentages overall and were at 90% with foster children per federal guidelines for the month of April, there has been some incremental improvement more so at certain county and/or Area levels. The Division continues to assess what strategies are working for those areas and share with other areas for consideration during discussions held at Area Director’s meetings. It is the Division’s intent to continue with the implementation of its practice model framework which has an emphasis on safety, family engagement, involvement, and visits with parents and children. In addition, the Assistant Director of Community Services has included this item as a priority area needing improvement for field with both primary and secondary cases assigned in each Area. As she meets with the Area Directors and their staff, she includes data specific to their area and county and ensures it is a part of the agenda and consultations by the use of COR/monthly charts and now SafeMeasure usage that are now part of data that helps in monitoring compliance all the way to the local county and even worker level.

Since March 2020, steps have been implemented for worker safety to ensure that visits to families and parents are done in such a way to protect the health and safety of both staff and families/children that we serve. This includes being able to use virtual formats such as face time, google duo, and other virtual platforms to communicate and see families and children in their homes in such a manner, when it is best. The DCFS Director has been having weekly zoom meetings for all levels of DCFS staff during the covid-19 pandemic. During these zooms various data resources are pulled to show each areas strengths and weaknesses and Q&A forums are held.

**ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS**

Arkansas has received Adoption Incentive Money and listed below is the information:

**CFDA#93.603** – Adoption and Legal Guardianship Incentive Payments Program

**Grant Award#** - AIPP16 – Amount - $38,844.00 + 146,156.00 = 185,000.00

**Grant Period** – 10/01/2015 – 09/30/2019

These funds must be obligated by 09/30/2019 and liquidated no later than 12/31/2019**CFDA#93.603** – Adoption and Legal Guardianship Incentive Payments Program

**Grant Award #** - AIPP18 – 1801ARAIPP – Amount S478,378.00 (9/7/18) and $754,122.00 (12/20/18) = $1,232,500.00 total **Grant Period**: - 10/01/2019 – 12/31/2021

These funds must be obligated by 09/30/2021 and liquidated no later than12/31/2021. A total of $645,955.32 remains to be used by 09/30/2021.The Adoption Incentive money was spent on a variety of services that include post-adoption services, home studies, adoptive and foster parent recruitment activities, counseling and other services permitted under Titles IV-E and IV-B.

**CFDA #93.603** – Adoption and Legal Guardianship Incentive Payments Program

**Grant Award#** - AIPP19 – 1901ARAIPP – Amount $ 601,538.00 (09/18/49) and $540,462.00 (10/24/19) = $1,142,000.00.

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

These funds must be obligated by 09/30/22 and liquidated no later than 12/31/2022.

No funds have been used from this grant.

**ADOPTION SAVINGS**

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

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

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

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

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

**[CHILD ABUSE PREVENTION AND TREATMENT STATE PLAN](#_ARKANSAS_CHILD_ABUSE_1)**

The Arkansas Child Abuse Prevention and Treatment (CAPTA) State Plan assures that Arkansas directs funding to the CAPTA allowable and required programmatic areas. The Arkansas CAPTA Coordinator (State Liaison Officer) may be contacted at:[lindsay.mccoy@dhs.arkansas.gov](mailto:lindsay.mccoy@dhs.arkansas.gov) P.O. Box 1437 Slot S563Little Rock, AR 72203.

There were no substantive changes to state law or regulations relating to the prevention of child abuse and neglect that could affect the state’s eligibility for the CAPTA State Grant. There were no changes during this reporting period to the state’s previously approved CAPTA plan in how the state proposes to use funds to support the fourteen CAPTA program areas.

A varied collaboration of stakeholders developed this plan utilizing multiple strategies. Stakeholders included but were not limited to: community-based providers; court personnel; Division of Children and Family Services (DCFS) field staff; foster parents; youth in foster care; families who receive services; and other child-serving divisions and agencies (e.g., Division of Youth Services, Division of Disabilities Services).

Strategies to elicit feedback and identify needs included: surveys; focus groups; individual meetings; contract monitoring activities; and Quality Service Peer Review (QSPR) interviews.

Arkansas annually reviews and revises plans to reflect any changes in the State’s strategies or programs and as noted in the APSR as well as directly notify the Regional Office (RO) for Arkansas.

The CAPTA State Plan for Arkansas will continue to align with the strategic and Program Improvement Plans developed and implemented to continually improve child welfare services and child and family outcomes in Arkansas.

***Activities Supported by CAPTA and Prevention Funding:***

*Case management including ongoing case monitoring and delivery of services and treatment to children and their families through:*

* Family Treatment Program contracts provide parents and caregivers of sexually abused children with treatment. Participants receive an assessment, diagnostic interview, psychiatric review, and individual or group psychotherapy. Services are offered statewide. There are no planned changes to this program.
* Intensive Family Services (IFS) contracts also continue. Providers and caseworkers continue to assist families in identifying their own needs. Updates are provided below.
* Three Citizen Review Panels, which review investigations and work to improve child welfare related practices and systems.
* Statewide Language Interpreter Services contracts for county staff with families who are not proficient in English. Interpretation and telephone services are provided 24 hours a day, seven days a week. This service assists staff in the translation of documents and provides an avenue by which family service workers are able to communicate with non-English speaking families. DHS Office of Chief Counsel uses the language interpreter contract for appeals hearings in maltreatment cases. Translation of documents continue to be used by the policy and legal department. There are no planned changes to this service.

*Developing, strengthening, and facilitating training topics including:*

* + - Research-based strategies and Differential Response (DR) to promote collaboration with the families. Please see the “Child Welfare IV-E Waiver Demonstration Activities” section regarding DR for Differential Response program updates.
    - Legal duties/activities of DCFS staff.

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

* + - Social and health services;
    - Financial assistance;
    - Services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption through an agreement with the Arkansas Chapter of Pediatrics for the availability of a physician to assist in responding to “Baby Doe” reports.

*Developing and delivering information to improve public education relating to the role and responsibility of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect through:*

* + - * + Child abuse prevention materials and promotional items distribution;
        + Prevention website updates.

***Outline of Activities for SFY 2020 supported by CAPTA:***

* DCFS will continue to maintain a prevention website. The Prevention Unit will continue to research topics and upload to the website those that might be of interest to the public and assist in bringing about awareness regarding the prevention of child maltreatment.
* DCFS will purchase promotional items and prevention materials to target the reduction of child abuse and community awareness on the importance of prevention. These materials will also continue to be distributed to DCFS staff and community stakeholders to raise the community’s knowledge of the need to protect children.
* DCFS Program Assistants will be trained and certified through MidSOUTH in Parenting Education (i.e., Active Parenting).
* Additional parenting training resources will be made available to field staff for guidance in providing services to families.
* DCFS will continue to support the Citizen Review panels.
* Statewide Language Interpreter Services contracts are in place for county staff with families who are not proficient in English.
* Continue with the FASD and Strengthening Families work Intensive Family Services (IFS) contracts.

During the last fiscal year, CAPTA-related activities included:

**The Fetal Alcohol Spectrum Disorder (FASD) Taskforce**

This group meets monthly and includes representatives from the following agencies: Pulaski County Juvenile Courts, Partners for Inclusive Communities, UAMS Departments of Family and Preventive Medicine, DHS/DCFS,  Administrative Office of the Courts, Division of Child Care & Early Childhood Education, UAMS PACE team,  Division of Behavioral Health, Arkansas Department of Education, Special Education, Division of Developmental Disabilities Part C, Arkansas Foundation for Medical Care, Arkansas Zero to Three Safe Babies Court Team, Arkansas Department of Health, March of Dimes, Arkansas Association of Infant Mental Health, and Adoptive Parent Representatives.  The group has served as an advisory board to in meeting the needs of families affected by FASD and has set goals of promoting FASD awareness in Arkansas such as Fetal Alcohol Syndrome (FAS) Awareness Day, facilitating the request for the Governor’s proclamation every September, and supporting and promoting the FASD yearly conference.  The Differential Response (D.R.) Program manager, who is the lead on FASD for the agency, does not hold any office within the Taskforce but meets monthly with the Taskforce to collaborate on the above-mentioned tasks. The Taskforce continues to advocate for children in the state of Arkansas and has been instrumental in providing insight on services needed for children 0-18 years of age who have prenatal alcohol exposure.

**Intensive Family Services Program**

The DCFS Intensive Family Services (IFS) program offers an array of services including time-limited intensive counseling, skill building, support services and referrals to resources that target the needs of the family. The primary intent of IFS is to prevent out of home placements of children; however, it is also used for reunification of children with their families. Services are available for 4 to 6 weeks for 24 hours a day, 7 days per week, and are provided in family homes or in alternative natural environment settings. DCFS procures contract providers throughout the state as a means to offer IFS to appropriately referred families.

Below are updates with the DCFS IFS program for the period of July 1, 2019 – June 30, 2020.

**Service Coverage**:

* **SFY 2016 –** IFS was provided in 35 counties (47% of the state covered)
* **SFY 2017** – IFS was provided in 50 counties (67% of the state covered)
* **SFY 2018** – IFS was provided in 56 counties (69% of the state covered)

**SFY 2019** – IFS was provided in 50 counties (67% of the state covered) **(\* July 2018- March 2019)**

IFS was provided in 23 counties (31% of the state covered) **(\*April 2019- June 2019)**

**- SFY 2020 -** IFS was provided in 23 counties (31% of the state covered)

Currently the DCFS has 23 counties covered for IFS Services from the latest procurement, 31% of the state offering this service. Each IFS provider utilizes the pre and post North Carolina Family Assessment Scale (NCFAS) for each family they serve. The NCFAS continues to be a valuable tool for IFS, especially for the contracted provider to measure outcomes and to use with individual clients to help them understand the value of the changes the family has made in various domains of functioning. An evaluation contract was put in place in Oct. 2019 to measure the outcomes of several of the state’s prevention services, this was to include IFS. It was subsequently decided that this evaluation would not include IFS in the first year but would wait until IFS was officially a part of the state’s Five-Year Prevention plan and following an evidence-based model. The state put out an RFP in January, with plans to replace our current IFS with the HomeBuilders in July 2020. However, no proposals met minimum requirements. The current IFS contracts will be extended for SFY21. The RFP for HomeBuilders will be reworked with plans to implement at some point in 2021.

**Monitoring of Services**

A monthly data collecting report is required of all IFS providers. The report captures the number of new families, number of children per family, and significant issues and barriers per contract provider. Quarterly DCFS and provider conference calls are held to discuss programmatic and financial matters. DCFS staff are encouraged to reach out to the In-Home Program Manager with any concerns and/or positives regarding IFS or the providers. These are addressed as needed. AR DCFS will continue to use the North Carolina Family Assessment Scales (NCFAS) to measure functioning for families that participate in IFS. At the point of intake and discharge of IFS, families are assigned a rating in each NCFAS domain based on whether a strength or problem exists. There are 8 general domains included in the NCFAS.  Additionally, 2 domains are applicable only to families with the goal of reunification.  Below is a list of all 10 NCFAS domains.

**General Domains**

1) Environment

2) Parental Capabilities

3) Family Interactions

4) Family Safety

5) Child Well-Being

6) Social-Community Life

7) Self-Sufficiency

8) Family Health

9) Caregiver/Child Ambivalence

10) Readiness for Reunification

The NCFAS has been used by AR DCFS since 2010 and data consistently support that families have experienced improved family functioning as a result of participating in IFS.

**Services for Families of Disabled Infants with Life Threatening Conditions (“Baby Doe”)**

DCFS maintains an agreement with the Arkansas Chapter of Pediatrics for the availability of a physician to assist in responding to “Baby Doe” reports. The Division has a policy that outlines procedures to be taken in the event a “Baby Doe” report is received. DCFS did not receive any “Baby Doe” reports during this reporting period. “Baby Doe” services are provided statewide.

**Citizen Review Panels**

CAPTA funded three Citizens Review Panels (CRP) operating in Pope, Logan and Ouachita Counties. The citizen review panels play a very important role in the success of the agency and recommendations are used to improve practice and outcomes for the children and families served. Some of the responsibilities of the panels include:

* Ensuring agreements of confidentiality are signed by members;
* Development of an annual plan to identify and carry out specific short- and long-term goals, unique to their area. The goals are designed to assist DCFS to better serve children and families;
* Reviewing information on pending child maltreatment investigations;
* Making recommendations for services on each investigation reviewed at the CRP meeting and submitting to DCFS.

***Update on Services to Substance-Exposed Newborns:***

**Garrett’s Law**

DCFS policy regarding Garrett’s Law referrals and subsequent plans of safe care for substantiated Garrett’s Laws referrals are located in the DCFS Policy Manual, which can be accessed [here](https://humanservices.arkansas.gov/images/uploads/dcfs/Master_DCFS_Policy.pdf).

More specifically, please refer to:

* Policy II-D: Child Maltreatment Investigations, p. 36 under “Investigation Initiation Timeframes” as well as pp. 46-48 under “Investigation Closures and Resulting Referrals and Case Openings
* Procedure II-D7: Other Child Maltreatment Investigation Activities,” Item C, pp. 54
* Policy II-G: Team Decision Making, pp. 73-76
* Procedure VIII-D4: Fast Track Adoption Under Garrett’s Law, p. 273

As far as the interpretation of the policies and procedures above, it has been messaged to staff and stakeholders in supervisory meetings and email correspondence that the minimum federal CAPTA requirement for all true (but exempted) findings of Garrett’s Law is that a plan of safe care be established. In Arkansas, a plan of safe care for this purpose is defined as opening a protective services (PS) case. What services are provided within the PS case would depend on the assessment and dynamics of that particular case.

If there are no safety concerns, and staff do not believe a PS case is warranted, then there is a 3-tiered approval process in Arkansas’s SACWIS (CHRIS) system in order to not open a case even if there is a true finding. Documentation in SACWIS must be clear as to why the local office does not plan to open a PS case/establish a plan of safe care. An example of when it may be appropriate to not open a PS case/establish a plan of safe care for a true (but exempt) finding of Garrett’s Law is if the mother of the infant is working with a private agency to adopt the child out.

If at any point in time it is determined that the safety factors (and/or lack of protective factors) involved in a true (but exempt) finding of Garrett’s Law warrant removal of the child, then an out-of-home services case would be open, which would also satisfy the plan of safe care requirement.

During SFY 2019, DCFS also continued its contract with Arkansas Children’s Hospital/Arkansas Home Visiting Network to implement the evidence based SafeCare Home Visiting Program in Arkansas. SafeCare is currently active in Areas 2, 6, and 8 with plans to be statewide by November 2019. This program provides another possible service for any Garrett’s Law report (as well as PS cases opened as a result of a true finding for medical neglect, failure to thrive, and/or Munchausen by Proxy) in an effort to provide additional support to mothers and their infants who suffered from withdrawal symptoms due to prenatal drug exposure from either illegal substances or from legal substances for which the mother did not have a prescription.

***Update on Efforts related to the Comprehensive Addiction and Recovery Act of 2016 (CARA)***

During the 92nd General Assembly, Regular Session the Division worked to pass state law to allow Arkansas to come into compliance with the amendments to CAPTA made by the Comprehensive Addiction and Recovery Act of 2016 (CARA). Effective July 24, 2019, Act 598 requires all healthcare providers involved in the delivery and care of infants to report to the Department of Human Services, by way of a report to the child abuse hotline, all infants born with and affected by:

* A fetal alcohol spectrum disorder (FASD);
* Maternal substance abuse resulting in prenatal drug exposure to an illegal or a legal substance; or
* Withdrawal symptoms resulting from prenatal drug exposure to an illegal or a legal substance.

While this requirement for healthcare providers involved in the delivery and care of infants to report to the Department for infants born with and affected by FASD has been in place in Arkansas since 2013, the subsequent two categories listed above are new to the state as of last year. These include infants whose mothers have been lawfully prescribed a drug. These referrals are not routed to the investigative or differential response pathways. Rather, these are assigned for an assessment by Differential Response (DR) staff. DR staff are responsible for developing a plan of safe care with the family for the purpose of ensuring the safety and well-being of an infant following the release of the infant from the care of a healthcare provider and addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver.

See APSR Attachment I for the policy regarding a response to infants affected by prenatal exposure but not considered neglected as defined in the Arkansas Child Maltreatment Act. This policy and its procedures were informed by feedback from the DCFS Advocacy Council and members of the medical community as to how best to identify these infants and properly provide supports to them and their families. A public hearing was also held during the public comment period of the promulgation process. The policy has been shared with the Arkansas Chapter of the American Academy of Pediatrics (a Zoom “lunch and learn” was also conducted by the DCFS Assistant Director of Infrastructure and Specialized Programs for this group), the Arkansas Home Visiting Network, and members of the Arkansas Children’s Hospital Nursery Alliance which supports hospitals around the state so that their patients and families can receive care closer to home. The Arkansas Children’s Hospital Nursery Alliance is comprised of six member hospitals NICUs and newborn nurseries to help further improve the quality of newborn care as measured through outcomes.

A general overview of the new non-investigative prenatal substance exposed infant referrals was provided to all DCFS caseworker and supervisory staff in the 2019 Legislative Update Trainings. A more comprehensive training was then provided to Differential Response (DR) Supervisors at the end of July regarding these referrals and development of the corresponding plans of safe care given that their staff will be the ones responsible for this work.

To date in SFY 2020, nine FASD/CARA referrals have been received. The Differential Response Unit monitors these referrals to provide technical assistance to DR field staff as needed. It is the DR Unit that also assigns these referrals to DR field staff. There have not been any changes made to policy or practice to date based on the implementation of the plans of safe care for infants experiencing withdrawal but not considered neglected under the Arkansas Child Maltreatment Act. The state does not currently require technical assistance to support the implementation of the CAPTA/CARA provisions.

**STATISTICAL AND SUPPORTING INFORMATION**

# *JUVENILE JUSTICE TRANSFERS*

**For SFY 2020 *(July 1, 2019 to May 31, 2020)* there were 21** distinct foster children placed in Division of Youth Services (DYS) and who had a DCFS Classification active at any time between their most recent commitment date and 5/31/2020.

This data was obtained from the CHRIS system and DYS RiteTrack system.

DCFS has children that are in Foster Care that at times are adjudicated and enter the Juvenile Justice System which we reference as Division of Youth Services (DYS). Although they are considered in the custody of DYS at the time of this transfer, DCFS continues involvement in lieu of a parent. DCFS has a Memorandum of Understanding with DYS so that a smooth transfer of custody upon entering and discharging from the DYS system can be ensured. The discharge process could mean a transfer back to DCFS custody and authority, reunification with parent/relative, or the youth ages out on their own. For youth aging out, the goal is to help identify and/or facilitate a support system that is available to the youth upon discharge. DCFS has an identified liaison that works closely with DYS on youth and the custody.

***ANNUAL REPORTING OF EDUCATION AND TRAINING VOUCHERS AWARDED***

**Name of State/ Tribe: ARKANSAS**

|  |  |  |
| --- | --- | --- |
|  | **Total ETVs Awarded** | **Number of New ETVs** |
| Final Number: **2018-2019** **School Year**  (July 1, 2018 to June 30, 2019) | **81** | **42** |
| **2018-2019 School Year\***  (July 1, 2019 to June 30, 2020) | **102** | **56** |

**Comments:** *The 2019-2020 awards are the number of ETV applications received up until 5/31/2020*

***INTER-COUNTRY ADOPTIONS***

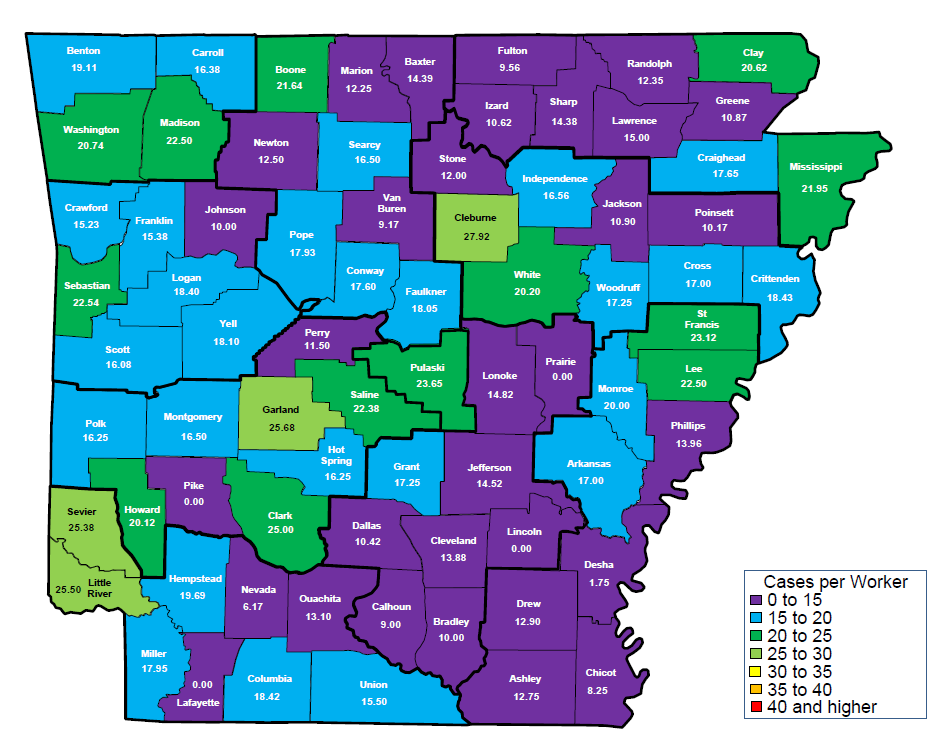
Reports the number of children who were adopted from other countries and who entered into State custody is **(0).**

***SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES***

The Adoption Specialist will open a supportive service case when providing post adoption services and assign to the adoption unit. If the case stays open longer than 30 days, it will require a FAST and case plan to be completed. This will help document needed services and hold the agency and the family accountable for the services. If the case turns into a foster care case the worker will be able to show what post adoption services were offered to the family and how the family worked with the agency to help prevent the child from entering foster care.

# *WORKFORCE DEMOGRAPHICS*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Information on Child Protective Service Workforce as of June 2020*** | | | | | | | |
| ***For******child protective service personnel responsible for intake screening, assessment, and investigation of child abuse neglect reports, the following data is available:*** | | | | | | | |
| ***DCFS averages****:* | |  | ***CACD averages:*** | |  | ***Hotline Operator averages****:* | |
| Female | 90% | Female | 89% | Female | 75% |
| Male | 10% | Male | 11% | Male | 25% |
| ***Race:*** | | ***Race:*** | | ***Race:*** | |
| Caucasian | 57% | Caucasian | 81% | Caucasian | 50% |
| African American | 42% | African American | 18% | African American | 45.5% |
| Hispanic | 1% | Hispanic | 1% | Other | 5.55% |
| Asian | Less than 1% |  | |  | |
| ***Ages:*** | | ***Ages:*** | |  |  |
| 20’s | 28% | 20-30 | 18% |  |  |
| 30’s | 29% | 31-40 | 30% |  |  |
| 40’s | 24% | 41-50 | 30% |  |  |
| 50’s | 15% | 51-60 | 21% |  |  |
| 60+ | 4% | 61-70 | 1% |  |  |
| ***Educational Level:*** | | ***Educational Level:*** | | ***Educational Level:*** | |
| BSW | 12.81% | BSW | 33% | Related degree | 8.33% |
| Related Degree | 52.07% | Related Degree | 65% | BS/Master's Degree related field | 91.67% |
| MSW | .89% | MSW | 2% |  | |
| Associate | 4.95% | Associate | 0% |
| No Degree | 18% | No Degree | 0% |
| Doctorate | .32% |  |  |  |  |  | |
| Non-Related Degree | 10.95% |  |  |  |  |  | |



# ATTACHMENTS LISTING

* APSR Checklist
* Annual Progress and Service Report (APSR)
* APSR Attachment A: Statewide Monthly Charts
* APSR Attachment B: Length of Time from TPR to Adoption Finalization
* APSR Attachment C: Foster Care Discharges to Permanency During the Public Health Emergency
* APSR Attachment D: TDM Self-Evaluation Discussion Guide
* APSR Attachment E: TDM Meeting Summary Data
* APSR Attachment F: Transitional Services and Supports Table
* APSR Attachment G: CORE Teen Training Competencies
* APSR Attachment H: Arkansas NYTD Progress Report January 2020
* APSR Attachment I: DCFS Policy II-F: Substance Exposed Infant Referrals and Assessments
* SFY 2020 Citizen Review Annual Report and Responses
* SFY 2020 Health Care Oversight and Coordination Plan Updates
* SFY 2020 Disaster Plan
* SFY 2020 Foster and Adoptive Recruitment and Retention Plan Updates
* Foster and Adoptive Recruitment and Retention Plan Attachment 1: PRLU Placement Agency Information
* Foster and Adoptive Recruitment and Retention Plan Attachment 2: Placement Agency Service Hours
* Foster and Adoptive Recruitment and Retention Plan Attachment 3: Protocol for Health Service Workers
* 2020 Training Plan Updates
* Training Plan Attachment 1: Online Substance Abuse Tutorial Roll-Out
* Training Plan Attachment 2: Training Matrix

1. Child Welfare Information Gateway, February 2019: Parent Education and Strengthening Families and Prevent Child Maltreatment [↑](#footnote-ref-1)
2. Sama-Miller, Emily, et. al, October 2018: Home Visiting Evidence of Effectiveness Review: Executive Summary; OPRE Report # 2018-113 [↑](#footnote-ref-2)
3. Sama-Miller, Emily, et. al, October 2018: Home Visiting Evidence of Effectiveness Review: Executive Summary; OPRE Report # 2018-113 [↑](#footnote-ref-3)
4. National Conference of State Legislatures, 2016: The Child Welfare Placement Continuum: What’s Best for Children? [↑](#footnote-ref-4)
5. Child Welfare Information Gateway, May 2019: Partnering with Birth Parents to Promote Reunification. [↑](#footnote-ref-5)