



OCTOBER 2019

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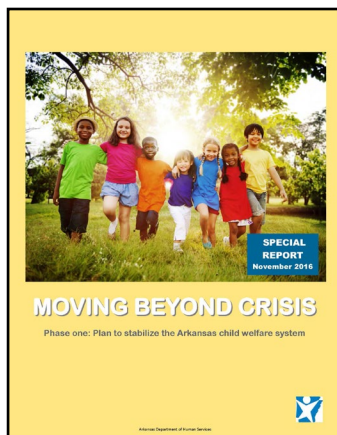
# INTRODUCTION

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Three years ago, the Arkansas Department of Human Services (DHS) Division of Children and Family Services (DCFS) began an aggressive but strategic set of reforms designed to pull the Arkansas child welfare and foster care system out of a crisis—one defined by extraordinarily high numbers of children in care, unmanageable caseloads, and families, workers, and partners who felt unsupported and undervalued. Our system had reached its tipping point.

*Moving Beyond Crisis 2016*

We pulled together every resource available—national child welfare experts, practically every division in DHS, the Governor’s Office, and key community stakeholders—to come up with a plan to move intentionally and methodically away from crisis and toward stability and strength. In November 2016, we released a report called *Moving Beyond Crisis*. It outlined an honest look at system weaknesses and a necessarily ambitious set of goals and strategies that, if successful, would reshape the system over the long term.

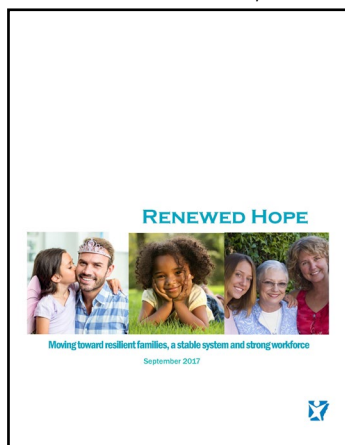


A year later, the number of children in foster care had stopped rising and fewer young children were staying in emergency shelters. Caseloads had declined and families felt more supported. These were encouraging steps forward, but significant work remained. So, in September 2017, we ushered in Phase Two of our efforts with the release of the *Renewed Hope* report.

*Renewed Hope* focused on three key areas of improvement:

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

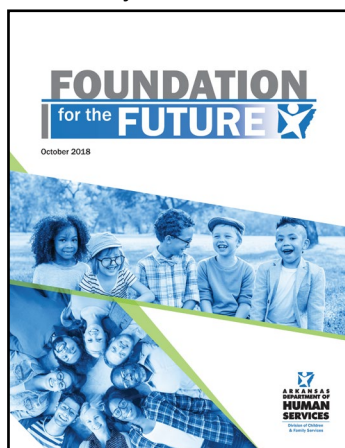
*Renewed Hope 2017*



Again, it was an ambitious but focused plan designed to lay the groundwork for positive and sustainable improvements.

The heavy-lifting done in 2016 and 2017 shored up the weakest areas of the system, creating a stronger foundation for the next phase of work. In October 2018, we released *Foundation for the Future* as Phase Three of our reform efforts with a continued focus on strengthening families, improving foster care, and supporting the workforce. Why? Because we know that resilient and supported families and workers are the core of a strong child welfare system, and these key elements reflect the work behind that belief.

*Foundation for the Future 2018*



At the same time, states were beginning to get guidance about a landmark piece of federal legislation called the Family First Prevention Services Act. More commonly known as Family First, it is the first major federal child welfare reform effort in decades. The law includes

reforms to help keep children safely with their families and avoid the traumatic experience of entering foster care. At the same time, the law stresses the importance of children growing up in families and helps ensure children are placed in the least restrictive, most family-like setting to meet their needs when they do come into foster care. It emphasizes that every child deserves a safe, stable family every day.

As we looked back at our reform efforts, we saw that our work in Arkansas mirrored the new requirements in the Family First legislation. What could have been a daunting overhaul instead will be an effort to build upon the foundation laid over the last three years. In other words, *Family First Fits Us*. This report outlines Phase Four of our work that began in earnest because we were in crisis and continues today because it is the right thing to do for children and families in Arkansas.

## Progress So Far

Item	August 2016	August 2019
Children in foster care	5,196	4,285
Children placed with relatives	23.4%	30.3%
Children placed in family-like setting	77.6%	86.9%
Ratio of foster home beds to children	.69	.79
Average caseload	28	19
Overdue investigations	721	104

# STRENGTHENING FAMILIES THROUGH PREVENTION

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Family First prioritizes what research has made clear—growing up in a family, not in a residential or group setting, is essential for all kids, especially those who have experienced trauma from abuse or neglect. The law's drafters understood that keeping kids at home meant that states would need more resources aimed at preventing abuse and neglect and more flexibility to design programs that better fit the families that states serve. For Arkansas, that means more tools to serve the families with open cases whose children remain at home. That's important because we serve more families in the home each year than we do through foster care—over 12,000 children were served in their homes in 2018 compared to roughly 7,800 in foster care cases.

We plan to expand or enhance several of our programs over the next year to prevent abuse and neglect. We know that these prevention efforts help

avoid unnecessary family disruption, reduce family and child trauma, and interrupt chronic cycles of maltreatment, which are outcomes that we want to promote.

## **Baby and Me Program**

In late 2018, we partnered with the Arkansas Department of Health to provide parenting education to parents of newborns up to six months of age who are getting benefits at one of 14 WIC clinics. The sessions include a brief lesson on essential parenting skills as well as a check of developmental milestones. These lessons also feature easy activities to promote parent/child interaction. Parents also are connected to community services and supports as needed. In the next year, we will expand the program with a primary goal of increasing the number of parents who participate in and complete the program. Another goal will be to determine whether

the Baby and Me program decreases the occurrence of child abuse and neglect, increases safe sleep awareness, and improves parents' ability to keep their children safe.

## **Predict Align Prevent Program**

In 2019, we partnered with an organization called Predict Align Prevent to identify high-risk places in Little Rock where child maltreatment and fatalities are likely to occur. Using address-level data, we are mapping past maltreatment data, child and adult death data, crime data, and other risk factors associated with maltreatment. In addition, we are mapping the locations of

positive supports in the community such as childcare centers, churches, and home-visiting programs. Laying those maps of resources and challenges over each other will demonstrate the areas with the most need in the city and provide insight on the major issues facing those neighborhoods. We will then use this data to develop prevention and support plans to address the issues identified in those areas. It's a promising blend of high-tech analysis and old-fashioned community engagement that we hope will allow us to more accurately focus agency efforts and resources where they are needed most.

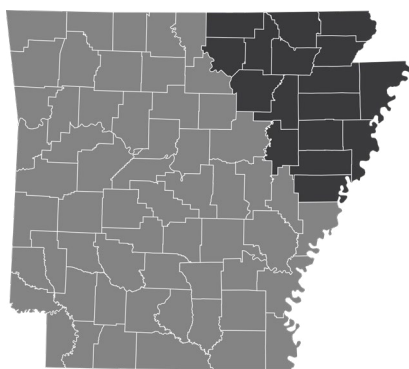


## Team Decision Making

Through collaboration with the Annie E. Casey Foundation, we are working to test a refreshed version of an existing program called Team Decision Making (TDM). This program brings everyone involved in a case to the table to make a real-time decision about the best way to keep children safe. When TDM was initially implemented in some counties in Arkansas, we decided to alter the model so that families with a Garrett's Law case (i.e., substance-exposed infant) would be eligible, ensuring additional oversight for this vulnerable population. Under the refreshed plan, we are returning to the tried and true TDM model that brings families together with agency staff, community supports, service providers, and each family's own support network to make collaborative decisions about whether temporary separation of a child from their parents or caregivers is necessary to ensure the child's safety.

For those children who remain safely supported in the home, TDM results in smaller chances

of experiencing repeat abuse or neglect within six months. For those children who are removed to ensure their safety, TDM leads to increased chances of returning home within one year. As part of the refresh, any removal that comes to court in the areas where the new TDM is being rolled out will have had a TDM meeting before the first court hearing, making TDM practice relevant to legal stakeholders and making buy-in from the courts essential for success. When TDM is conducted as intended, courts can expect to receive more detailed information, clearer and more supported recommendations, and better prepared families and workers.



We've worked with Annie E. Casey to roll out the refreshed TDM in early October 2019 in



Area 8, which is in the northeastern corner of the state. Work over the past several months has included defining the new triggers for TDM and engaging with local staff and stakeholders to train and spread awareness about the refreshed framework. The rollout also includes an evaluation plan to measure outcomes for families who have a TDM meeting. Next year, we will create the statewide expansion plan with the rollout schedule and then continue the same process to roll out to additional areas. The goal is to expand TDM statewide within three years.

## **Strategic Decision Making and Safety Organized Practice**

DCFS's second effort to enhance our ability to assess risk and safety and manage safety concerns is working with the National Center on Crime and Delinquency's (NCCD) Children's Research Center (CRC) to implement Structured Decision Making (SDM) and Safety Organized Practice (SOP). This effort is also being supported by Casey Family Programs. SDM sounds a lot

like TDM, but it is different in a very important way. While TDM involves one meeting of team members after a specific trigger event or concern, SDM involves a series of evidence-based assessments at key points in child protection casework to help staff make consistent, accurate, and fair decisions in working 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. We currently use an older locally modified version for risk assessment which will be replaced by SDM moving forward.



Additionally, the Children's Research Center integrates a family-centered, strengths-based social work practice alongside the SDM assessments known as Safety Organized Practice, or SOP. A central belief of SOP is that all families have strengths. SOP

strategies and techniques treat a child and his or her family as the central focus. In SOP, the partnership between the agency and the family exists to find solutions that ensure safety, permanency, and well-being for children. This approach brings everyone together—parents; extended family; child welfare worker; supervisors and managers; lawyers, judges, and other court officials; and the child—to achieve authentic family engagement and to develop collaborative plans that keep a clear focus on enhancing child safety at all points in the case process.

These efforts to guide staff and support decision-making are integral to the success of the in-home program and Family First implementation. CRC is providing the support necessary to write policy revisions, create validated assessment tools, train, and coach staff on how to implement the SDM and SOP models. These training and coaching efforts are vital to support practice change and use SDM correctly. Customization of the SDM tools will begin this fall, and

staff training on the finalized safety and risk assessment tools is planned for late spring 2020. Once those tools are implemented, the SOP work will begin, which will also involve staff training and coaching. NCCD will also monitor progress and offer support over the course of the implementation.

## **Improving Access to Prevention Services**

In addition to improving the tools and practice of assessing and managing safety, we need appropriate services for in-home families that effectively address safety and well-being. We established the centralized Prevention and Reunification Unit in 2017, and much of the prevention focus has been on starting or growing in-home services that expand the available service array to strengthen and keep children safe. The Prevention and Reunification Unit also regularly receives input from parents who have been involved with the child welfare system through their participation on the Parent Advisory Council, or PAC. The PAC began in 2018 and provides

an avenue for parents' voices to be heard and influence the system. The PAC agrees that more services are needed, and it has specifically advocated for more services that are tailored to fit each family's unique needs. Under Family First, federal funding is available to expand evidence-based programs that meet federal requirements. As part of implementation, we are using this opportunity to build on the work already being done.

## **Nurturing Families of Arkansas**

Nurturing Families of Arkansas (NFA), an evidence-based and trauma-informed intensive parenting program, began in Arkansas in 2015. As part of Arkansas's IV-E waiver initiative, NFA was Arkansas's first evidence-based prevention program. The 16-week program is designed to build and strengthen positive parenting skills. The lessons promote reasonable parenting expectations; use of empathy; effective and suitable discipline; appropriate family roles; and encouraging children's strengths and independence. In July 2019,



we expanded eligibility for the program to include foster youth who also were parents and families involved in Differential Response (DR) cases. DR cases involve lower-risk allegations of maltreatment in which a traditional investigation is replaced by a short-term family engagement approach that links a family with any needed services. As a IV-E waiver initiative, NFA has been thoroughly evaluated over the past four years. The evaluation showed that parents who completed the program gave consistently positive feedback about the program and the staff. Because of the positive feedback received and the measurable positive outcomes for our families, we are continuing this service as part of our prevention program. NFA is already available in all 75 counties.



## SafeCare

SafeCare is an evidence-based home-visiting program that began as a Medicaid-funded pilot in Pulaski County in 2017 and is currently implemented in five of the division's ten areas. SafeCare is under the umbrella of the Arkansas Home Visiting Network, but unlike other home visiting programs in the network, it is exclusively for DCFS clients. SafeCare has 30 years of research supporting its effectiveness at reducing child abuse and neglect and strengthening positive parenting skills. The parent skill-based intervention is for parents or caretakers of

children, newborns to age five, and is delivered over multiple sessions. The sessions address three risk factors that can lead to child abuse and neglect: (1) the parent-child relationship, (2) home safety, and (3) caring for the health of young children. In the coming months, SafeCare will continue to expand until it reaches statewide implementation by January 1, 2020.

## Intensive Family Services

We also are planning to continue an effective service already in place called Intensive Family Services, or IFS. IFS is a four- to six-week

intensive in-home service to improve parenting skills and parent-child relationships. The program uses a hands-on, one-on-one approach that is unique to each family served. The existing IFS program is offered to our clients in 23 counties by six different providers, and the current contracts expire June 30, 2020. The current contracts do not require the programs to be implemented according to evidence-based models. To take advantage of the federal funding opportunity in Family First, new IFS contracts will require providers to deliver an evidence-based model that is also a good fit for families.

## **Intensive In-Home Services**

We implemented Intensive In-Home Services in February 2019 as a pilot program in 37 counties. We identified a gap in our service array for families that needed intensive services for longer than the existing four- to six-week IFS program to help them achieve stability and maintain gains. The new Intensive In-Home Services provide crisis intervention and longer-term support to help

families achieve the necessary skills and social support network to maintain long-term stability.

For a family to be eligible for these Intensive In-Home Services, the family must have an open in-home case where at least one child is at risk of entering foster care, or they must be involved in an open foster care case where intensive services are needed for reunification to be successful. Any of the Intensive In-Home programs may be appropriate for a foster youth who is also a parent, if their needs cannot be met by NFA or SafeCare.



# INTENSIVE IN-HOME SERVICES



From L to R: Tammy (mother), Avionna (Daughter), Whitney (Clinician with St. Francis Ministries)



Tammy and her daughter Avionna were at a crossroad. Their relationship was fractured, and every discussion seemed to turn into a shouting match. Their home was chaotic and stressful, and some poor decisions were made to cope, resulting in Avionna coming into foster care.

Both Tammy and Avionna knew they had to make changes, but they didn't know what to do, and they didn't know how. Luckily, Whitney Owens with St. Francis Ministries came into their lives, and she helped them realize they had what they needed to make things right all along. They just needed some help to see it.



St. Francis Ministries is one of three providers of a new Intensive In-Home Services program in Arkansas. These providers focus on working with families where they are most comfortable—at home, in a familiar environment—to help them heal and learn to build upon their existing strengths so they can better provide for the health and security of their children.

Whitney Owens is one of their clinicians, and Tammy and Avionna were her first family to work with in the program. “I could see right away that we had some work to do,” said Whitney. “Everyone talked over everyone else, and there was very little structure in the home and even less respect for each other. But I saw a real strength in Tammy and real promise in Avionna...I just had to find a way to help them re-discover those things.”

So, they all got to work. It wasn't easy, according to Tammy. “We dug up a lot of things from my past that I didn't want to talk about at first,” she noted. “But I trusted Whitney immediately, and I knew that she wanted the best for me and Avionna. I finally was able to get it all out in the open and deal with it, and it really helped me to be able to move forward instead of being stuck in the past.”

Avionna had her own work to do, too. Her life was filled with drama, so Whitney helped her slow down and listen instead of reacting quickly. “One of the things Miss Whitney taught me,” said Avionna, “was this saying—If it's not going to be important in five years,

don't waste five minutes on it now.’ That helped me think about what I was saying and doing, and I learned to focus on what was important.”

After breaking through some of the barriers, Whitney saw what Tammy and Avionna couldn't—they were incredibly strong and resilient—and she knew she had to build them back up again. Tammy is a single mom, working a full-time job to support herself and Avionna. Slowly, Tammy began to see the strength in herself that Whitney already saw. “She helped me find the real me,” said Tammy. “The old me didn't think I could do this, but Whitney showed me how to do it.”

Six months after starting their journey with Whitney and St. Francis Ministries, the family is back together and stronger than ever. Whitney, Tammy, and Avionna shared lots of hugs, tears, smiles, and laughs as they worked together. “I'm so proud of them both,” said Whitney. “I know my time with them is limited, so I want them to know how strong they are and that they have the tools now to handle whatever life throws at them.”

Those lessons have resonated with Tammy and Avionna. “We know how to get along as mother and daughter now,” said Tammy. “We know there will be bumps, but Miss Whitney helped us see that we can do it together. This lady right here is an angel.”



To meet these needs and requirements, we chose three providers that each presented different intervention models. All three providers are fully implemented in their assigned counties, but DCFS needs more time to determine to what degree they have been successful. Early returns, however, are quite promising.

## Evaluation of Services

The next step is to evaluate the effectiveness of the different prevention programs in strengthening Arkansas families. The major goals of the evaluations are to determine if each service (1) reduces the chances of abuse and neglect occurring, (2) reduces the likelihood of family separation through foster care placement,

and (3) reduces future involvement with the child welfare system while improving child safety, permanency, and well-being.

In order to pull down federal funding in Family First, the prevention services must have either promising, supported, or well-supported evidence of effectiveness, as defined by federal law and policy. To ensure that enough of Arkansas's services meet the required designations, we are partnering with an independent contractor to conduct independent and systematic reviews of the prevention services that we expect to meet the criteria. The results of these reviews are expected by the end of 2019.



# IMPROVING FOSTER CARE

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Family First ensures children and teens grow up in family settings by changing the way child welfare placements are funded. Specifically, it limits federal funding available for settings that are not with a family. As we noted in the introduction, these changes align with our long-held value to place foster children with family. We know and believe that children who cannot remain safely at home should live with relatives and close friends, and when that is not

possible, they should live with a loving and supportive foster family. Children also should grow up with their siblings. If children need a higher level of care, placement should be based on identified treatment needs that the provider can address. When it's needed, high-quality residential treatment is for short-term stabilization and provides follow-up when children return to family.



## Family Settings

Our first priority regarding placement when a child comes into foster care is to place the child with a safe and appropriate relative. Our foster children have better outcomes with relatives as compared to other placement types. They are less likely to experience abuse or neglect while in care; they are less likely to change placements; and they are more likely to go home to family within a one-year period. Relative placement of children in foster care has steadily

increased messaging on the importance of relative placements. Additionally, we've seen steady improvement in the percentage of children whose first placement in foster care is with a relative, which stood at 20.2 percent in August 2019. We still lag behind most of the surrounding states, which have relative placement rates in the 30 to 40 percent range. We have not yet reached our goal of 33 percent of children in foster care placed with a relative, but we will continue efforts to place children with relatives at all stages of a case.



increased since 2015, from 14 percent that year to 30.3 percent at the end of August 2019 thanks to removing systemic barriers to placing children quickly with appropriate relatives and

A second key focus regarding placement is finding foster homes for older children and sibling groups. Last year, we began tracking how many older children are placed in a foster home. Over the past year, the



percentage of children ages 10 to 17 placed in foster homes went up from 35 percent to 39.5 percent, thanks in part to efforts to encourage existing foster parents to consider older children. DCFS has seen similar increases in our ability to place siblings together. The improvement is encouraging, but more homes for these children are needed to ensure children are placed with family, whether it's with a relative, fictive kin, or traditional foster family. We will continue to work with our recruitment partners on recruiting foster homes for older children and sibling groups.

Some children come into foster care with needs that cannot be effectively met by relatives, fictive kin, or regular foster homes. These children require placement with foster families

who can meet their unique therapeutic needs, called Therapeutic Foster Care placements (TFC). To both replace expiring contracts and increase the number of these types of settings, we put out new TFC contracts starting July 1, 2019. The new contract opportunity resulted in adding three additional providers for a total of 14 in the state. The following outcomes for children placed in TFC homes will be measured for each provider: (1) placement stability, (2) time to achieve permanency, and (3) rates of re-entry into foster care. Tracking this data will allow us and the providers to know when and where permanency efforts need to be targeted. This performance-based contracting effort is being supported by Casey Family Programs and the Chapin Hall Center for Children at the University of Chicago. Other changes to the TFC program include making more funding available for placing siblings together. In the next year, we hope to expand the number of TFC homes even further through the addition of new homes through our existing providers.

## Qualified Residential Treatment Programs

While most children who enter foster care can be safely and appropriately cared for in a family setting, some children require a higher level of care. A new category of placement type created by Family First—Qualified Residential Treatment Programs, or Q RTP placements—is designed to meet the needs of these children. Because contracts for our existing residential providers were set to expire in 2019, we began the procurement process for Q RTP contracts to replace residential group-home settings in 2018. A large part of this effort was working with current providers to determine their willingness and ability to transition their existing programs to the new placement type. Because children in this type of foster care placement are not in family-like settings, the requirements for becoming a Q RTP placement are stringent. However, many of our providers embraced the changes because they understood that these changes would benefit our children. New Q RTP contracts were awarded in April 2019 to

16 providers, and the effective date of the new contracts was July 1, 2019.

## Other Placement Settings

One final placement type was addressed in Family First—emergency shelters. Because they are not a family placement type, Family First only allows states to access federal funding for up to 14 days for emergency shelter placements. This new change in the law mirrors what we have been doing over the past three years. We have already shifted to using emergency shelters as a



placement option as they were originally intended—as temporary placements in true emergency situations for older children and siblings when other placements could not be found. We previously updated our emergency shelter contracts to support these values, and so far, the outcomes have been positive. Limiting our use of emergency shelter placements has coincided with a decrease in the number of different placements that children experience while in care, as hoped. It's proof that getting children into family-like settings results in greater stability. Furthermore, last year, we began tracking shelter placements that last more than 14 days, with a goal of identifying why those stays were longer than intended and what could be done to get the child to a family-like setting as quickly as possible. That work also has helped get kids into more appropriate placement settings, and we plan to continue those efforts.



## **Focus on Permanency**

One of the keys to success under Family First is to

transition children to permanency with a greater sense of urgency. We wholeheartedly believe in this value. The foster care system is not meant to raise children. It is designed to provide children with a safe but temporary place to stay. Put simply, our belief is that every child deserves a place to call home. But home can mean different things for different children. For some children, home means going back to live with their mom and dad. For others, home may mean living with a relative. But home also can be a loving adoptive home when it's not possible to go back to family. So, we're focusing on permanency this year—moving kids quickly but safely from their temporary home in foster care to their permanent home with family. After focusing on timely reunification this summer, we continued that work by officially kicking off a targeted permanency initiative in August 2019.

The targeted permanency initiative involves reunification, adoption, subsidized guardianship, and securing connections for youth with a



goal of Another Permanent Planned Living Arrangement (APPLA). In our efforts to reduce our use of emergency shelters, we set up weekly meetings with field staff to discuss specific cases that had been identified as needing extra attention to move children into better placement options. This targeted approach was very successful, so we're borrowing it for our targeted permanency initiative. We began holding weekly permanency team meetings in September 2019 to focus on children who have been in foster care over 24 months. Like the emergency shelter efforts, the goal is to identify why these kids are staying in care and what might be done to achieve the best form of permanency for them.

We've also begun a three-month adoption hyper focus, which will culminate with National Adoption Month in November.

## Impact of New State Laws

Two state law changes passed during the 2019 legislative session will help us with our efforts toward timely permanency. Act 968 allows us to consider fictive kin for federal subsidized guardianship based on the same criteria used for relatives. Opening subsidized guardianship up for fictive kin can be an especially useful permanency tool for older youth who have created strong connections with





appropriate adults. Additionally, Act 558 reinforces the belief that unsupervised visitation is in a child's best interest when safe and appropriate. If supervised visitation is ordered, the parent should receive a minimum of four hours weekly unless it is a hardship on any party or not in the best interest of the child. In these situations, we still want to move with a sense of urgency toward

permanency, so we're emphasizing the use of concurrent permanency plans—preparing and working on two permanency goals at the same time. We welcome these legislative changes, and we believe they should help improve both the frequency and quality of family visitation, which is one of the most effective ways to achieve lasting permanency and is essential for a child's well-being.

## SUPPORTING THE WORKFORCE

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All of the hard work done over the past three years to strengthen families and improve the foster care system would be squandered without the equally important work to

build a more knowledgeable and supported workforce. Every interaction and every connection made with families goes through our frontline staff. We must give them the

opportunities and the tools to allow them to engage our children, families, and partners in the most effective ways possible if we hope to continue our progress.

One thing that we have focused on, with considerable support from Governor Asa Hutchinson and the Arkansas State Legislature, is creating and filling more frontline worker positions. Without a doubt, our frontline workforce is more robust than it was a year ago. The number of filled Family Service Worker (FSW) positions has increased by 7 percent since last September, with 566 FSWs currently working with children and families across the state. Over the past two and half years, we have received 187 new positions, with 67 of those positions being made available in July 2018. In the past year, we have filled 86 percent of those new FSW positions.

What has that effort led to? The increase in and strategic assignment of FSWs to areas of the state with the greatest need has helped lower the average caseload for FSWs statewide. That means our staff have more

time to devote to each child and family they work with. Our goal is an average of 20 cases per worker. We first reached that goal in June 2018 with 19.9 average cases per FSW. The goal was again met this summer, when we reached a new low of 18 average cases statewide in July 2019 followed by 19 average cases in August. Not all areas of the state are experiencing the relief of lower caseloads, but at the end of July 2019, nine out of the ten service areas in the state had average caseloads below 21. Thanks to the increase in positions and balancing out of caseloads, we now have the capacity to really focus on families and their needs, with the overall goal of improving outcomes for children and families.

## **Increasing Workforce Expertise**

Now that we are reaching appropriate staffing levels, we must do more to ensure our staff have the knowledge and tools they need to be the very best. One of our biggest developments in the last year in our effort to reach that goal was the work done to be chosen as a Workforce





## Excellence (WE) site.

In January 2019, we partnered with the University of Arkansas Little Rock (UA Little Rock) School of Social Work to apply for a five-year grant funded by the federal government through the National Child Welfare Workforce Institute (NCWWI). In March 2019, we learned that we had been selected as one of only eight jurisdictions in the country to participate in the program. As a selected site, we will undergo a comprehensive approach to identify and address our workforce needs, with expertise and guidance provided by NCWWI at every step of the way.

Participation as a Workforce Excellence site involves several different elements:

- an enhanced university partnership through a NCWWI stipend program
- leadership development through integration of the NCWWI Leadership Academy for supervisors and middle managers
- a Comprehensive Organizational Health Assessment to identify our workforce gaps, which will include the implementation of organizational interventions to address the workforce gaps and an analysis of the success of selected workforce strategies.

# WORKFORCE STIPEND PROGRAM



Diamond Adams,  
Saline Co. Program Assistant



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What a difference a year has made for Saline County Program Assistant Diamond Adams. "If you had told me a year ago that I would be doing what I'm doing now," she said, "I wouldn't have believed it." Not long ago, Diamond was a new employee with DCFS learning the ins and outs of the child welfare system in Arkansas in her role as a Program Assistant, or PA.

When Diamond started working with DCFS, she already was enrolled in college and working toward her

Bachelor's degree in Social Work because she knew she could have an even greater positive impact on children and families with a degree. She had the drive and determination to work full-time as a PA and attend school, but about a year ago, an opportunity presented itself that has changed Diamond's life.

DCFS had recently announced a partnership with the National Child Welfare Workforce Institute, or NCWWI, to strengthen its workforce. This partnership included funding for an educational stipend to help staff transition from non-degreed positions, like a PA, to degreed positions like an FSW. Diamond learned of the stipend opportunity and applied, never believing she'd be selected.

"I got pretty emotional during the interview," Diamond said. "I thought to myself, 'They'll never pick me now.'" But Dr. Stephen Kapp, Director of the School of Social Work at the University of Arkansas Little Rock, saw something different in those tears. "We loved her drive and passion for helping children and families," he noted. "We knew we had to reward that kind of commitment."

She was one of four staff chosen to be a NCWWI stipend student. Diamond knew that it would take all that she had to balance the demands of her job, school, and the additional task of an internship, but she was determined to take advantage of the opportunity.

Her internship with the ZERO TO THREE Safe Babies Court Team in Pulaski

County has provided her with critical lessons on the impact of abuse and neglect on child development in the first three years of life, lessons that Diamond is always excited to share. "I've learned so much," said Diamond. "Every day, I can't wait to get back to the office and share new tips and techniques with my team and with my families."

Diamond's supervisor in Saline County, Kathy Thurman, has been impressed with Diamond's commitment to learning and sharing that knowledge with her peers and with the families they serve. "Diamond already sees the importance of involving the whole team in helping her families," said Thurman. "My favorite example so far was Diamond's idea to get a book that records your voice as you read and have the baby's mom read the book to her baby during family visits. Then Diamond gives the book to the foster mom so the baby can hear its mom's voice all the time. It's an incredible bonding tool, and it helps both 'moms' work together as a team."

The lessons Diamond is learning and sharing will make her a real asset to her peers and her families for years to come, which is the real point of the stipend program. "We want our students to be leaders in effecting change for others well beyond their time in our program," noted Dr. Kapp. "Diamond is a wonderful example of someone who has a natural desire and ability to help others and a commitment to becoming the best at her chosen field. We hope to see many more just like her through our partnership with NCWWI and DCFS."



First, NCWWI staff will train the selected Arkansas trainers/coaches who will then deliver the Leadership Academy to groups of supervisors and managers. The first set of supervisors will begin the Leadership Academy by June 2020. Including six months of continued coaching, the Academy lasts for a total of 12 months. Not only will this enhance staff's leadership capacity, but the other outcomes will be improved supervision and support to frontline staff.

## **Leadership Academy**

While the expertise of the workforce is growing through the stipend program, the expertise of our supervisors will also be strengthened through the incorporation of NCWWI's Leadership Academy. NCWWI leadership development is based on its research-supported Leadership Framework that includes key elements such as fundamentals of leadership, leading change, leading for results, leading in context, and leading people. This fall, we will plan the roll out of the Leadership Academies.

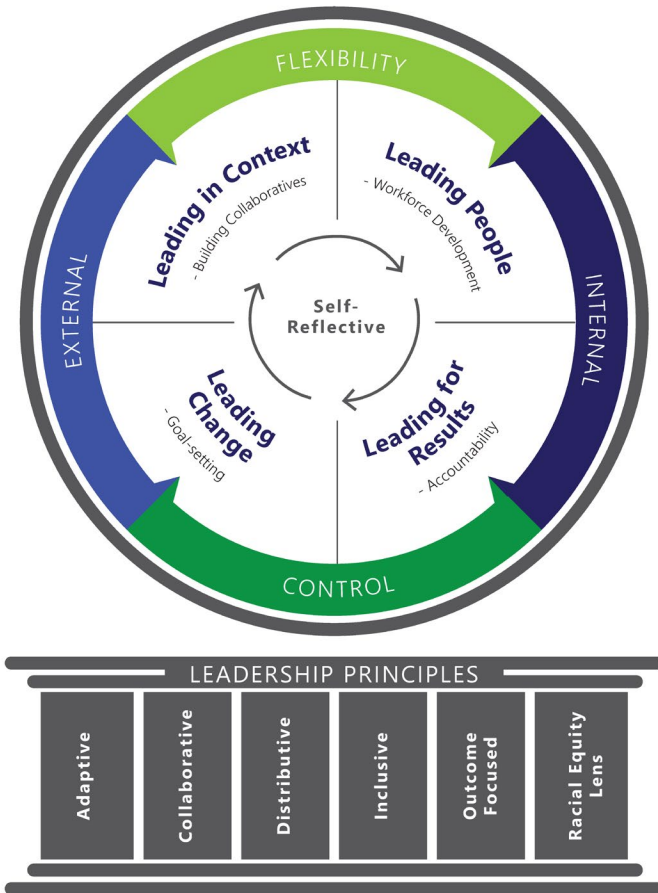
## **Comprehensive Organizational Health Assessment**

While we were working closely with the UA Little Rock School of Social Work this summer to begin the stipend program, NCWWI staff began the Comprehensive Organizational Health Assessment, or COHA. The purpose of the COHA is to provide us with a comprehensive understanding of our organization's strengths and weaknesses. The goal is to identify areas of growth and opportunity for agency workforce recruitment, development, and retention.



National Child Welfare  
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LEARNING, LEADING, CHANGING

## Leadership Model



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The COHA is conducted and analyzed by NCWWI staff. This summer, an online survey was given to all levels of our staff, and we had a 90 percent response rate, which was the highest of all Workforce Excellence sites. Qualitative information also was gathered through individual and group interviews with agency staff. NCWWI staff are currently evaluating the Arkansas data, and the results are expected in late fall. The COHA results will be used to strategically design workforce interventions to address any identified gaps. This process to identify strategies will begin after the COHA results are shared with staff and stakeholders.

## **Local Efforts to Support Workforce**

To strengthen the workforce in innovative ways, we also are working to create and improve other university partnerships in the state. Beginning this fall, we are partnering with Northwest Arkansas Community College (NWACC) to develop a career path in their Child Advocacy Studies program for students interested in working at the local DCFS office. As a

community college, NWACC is committed to creating a well-prepared workforce that meets local needs, which is especially important in northwest Arkansas due to its competitive job market. The partnership establishes a paid internship program for selected NWACC students interested in child welfare to be placed in the local DCFS office in an extra help position. The program is designed to provide “real-world” opportunities for interested students to become well acquainted with and better prepared for a potential career in child welfare with DCFS. The first internship placement occurred this semester, and we plan to work with NWACC to recruit more students in the next year to participate in the internship program.

## **Resource Efficiency**

A piece of strengthening the workforce is to be more efficient in our use of important but limited resources. Over the last year and a half, we have reviewed monthly reports outlining mileage reimbursement for every employee and the use of the division’s state cars.

Between these two reports, we have reassigned some existing state vehicles to areas that needed them most. Additionally, in response to employees' recommendations, we were able to purchase five new multi-passenger vans so staff could transport large sibling groups in one vehicle rather than in multiple cars. We also implemented a new travel policy in November 2018 that required staff to file their reimbursement requests for travel in their personal vehicles within 30 days of travel. That same policy also required that staff submit a form declaring that a state vehicle was not available to drive in order to receive reimbursement and that supervisors approve vicinity miles, which are miles driven in the same town. Combined, these changes resulted in more efficient and fair distribution of vehicles and savings of over a million dollars in fiscal year 2019.



## Improving Technology

In a world that becomes more and more dependent on technology every day, we must



do what we can to make sure that our staff have access to improved technology to help them better serve our children and families. One key change impacting our workforce in the coming years will be replacing the division's case management system, currently known as the Children's Reporting and Information System, or CHRIS. In 2016, the federal Administration for Children and Families (ACF) issued a new regulation that changed the way child welfare information systems would be funded. It included new requirements around design, data quality, and data exchange standards, and it also aligned with current and emerging technology. As a result of the new requirements, we asked our technology contractor to assess whether the existing CHRIS system could

be upgraded to meet the new requirements or whether a new system was needed. The analysis resulted in a decision that a new system was needed, and we submitted our intent to develop a new system to ACF in July 2018.

In the past nine months, we have worked closely with the DHS Office of Procurement and Office of Information Technology, as well as a contract vendor that has expertise in information technology systems, to develop a Request for Proposals (RFP) document for the development of the new case management system. The anticipated timeline is to post the RFP in November 2019, review the received proposals through February 2020, and notify the selected vendor in March 2020, with a contract start date in June 2020. With this timeline, the projected development of the new system will begin next summer, and the entire process will take a few years. The result will be an information system that is not only upgraded to current technology but is specially designed to meet the needs of our workforce here in Arkansas.

The DHS Office of Chief Counsel (OCC), which provides legal representation for DCFS, in addition to the rest of the agency, is also undergoing technology upgrades. OCC procured a legal case management software this year called Rocket Matter, which is a set of tools designed to help attorneys organize their practice. Rocket Matter is first being rolled out to OCC attorneys who handle child welfare cases, and the soft roll out launched in the first county in August 2019. Soft roll out to more counties continued into September 2019, and statewide roll out occurred this month. In addition to attorneys using the new software to manage existing and new cases, they are expected to complete data entry of all closed files by July 1, 2020. The use of Rocket Matter will help track the legal timeframes related to Family First implementation, and it also allows improved tracking of key performance metrics related to DHS' legal representation. This will help OCC more effectively and efficiently monitor and redistribute attorney caseloads to meet the agency's changing needs across the state.



# CONCLUSION

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The past three years have been marked by intensive efforts to reform the Arkansas child welfare and foster care system. Thanks to the support of Governor Asa Hutchinson, the Arkansas Legislature, national child welfare experts, our foster care partners and providers, and staff at all levels of DHS and DCFS, we have made significant progress in many areas.

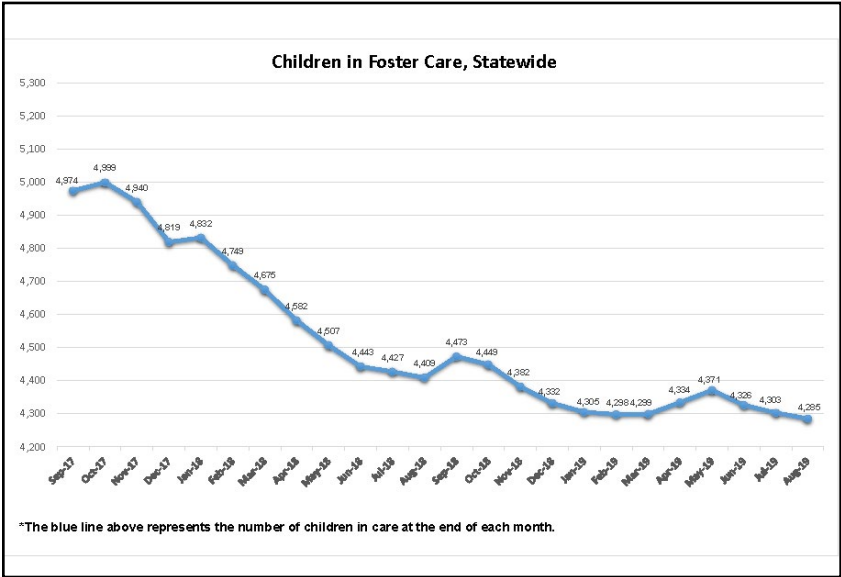
The number of children in care in Arkansas has dropped from 5,196 in late 2016 to 4,285 in August 2019. Children placed with relatives is up from 21.3 percent in 2016 to 30.3 percent. Children placed in family-like settings is up from 77.6 percent in 2016 to 86.9 percent. The average caseload of a frontline caseworker is down from 28 to 19. Overdue child maltreatment investigations are down from 721 in 2016 to 104.

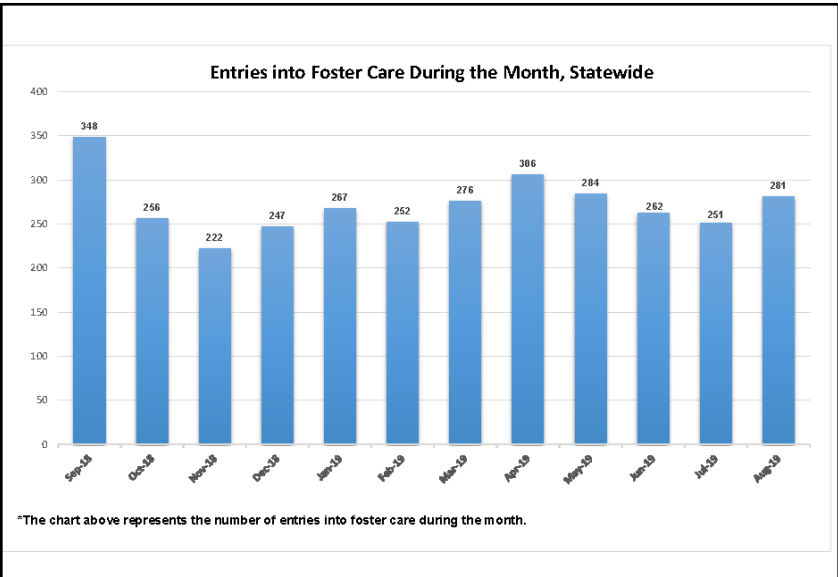
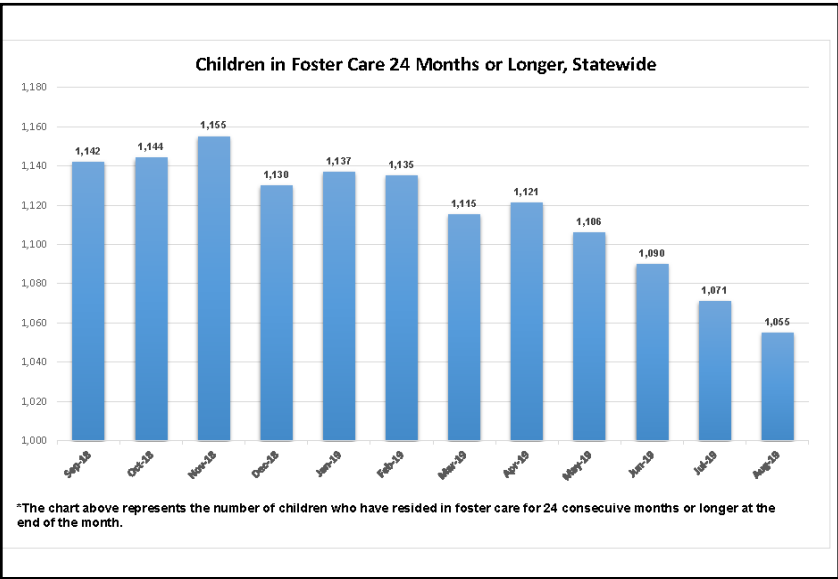
Not all our goals have been met, however. As you'll see in our data charts in the appendix to this report, we still have work to do. But we are confident in our goals and our values. We must keep children safely with their families and avoid the traumatic experience of entering foster care when it is possible to strengthen that family with in-home supports. At the same time, we know the importance of children growing up in families, so we must ensure children are placed in the least restrictive, most family-like setting to meet their needs when they must come into foster care. Our shared value is that every child deserves a safe, stable family every day.

As the federal Family First Prevention Services Act becomes active, we see that *Family First Fits Us*. Our efforts and our values are directly in line with this landmark piece of federal legislation. It provides a roadmap and the support for us to continue to build upon the foundation DCFS has laid over the last three years. The work will not be easy, but the effort to move from crisis to stability to progress is worth it because it is the right thing to do for children and families in Arkansas.

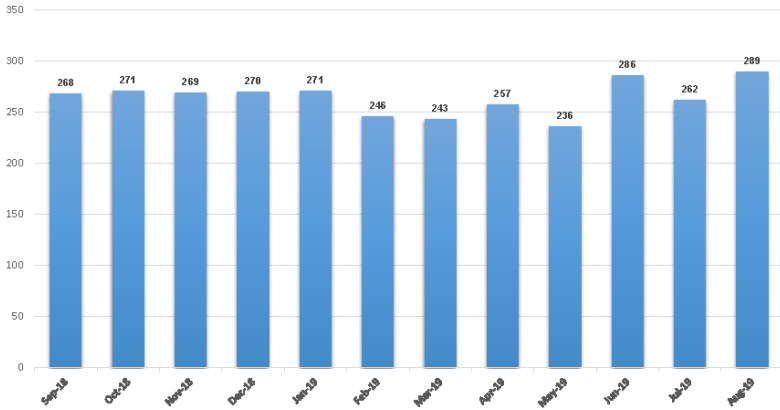
# APPENDIX A:

## AUGUST 2019 STATEWIDE DATA CHARTS



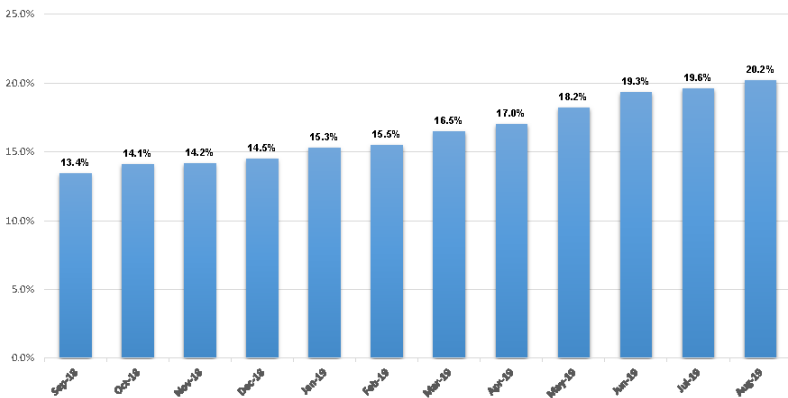


**Discharges from Foster Care During the Month, Statewide**

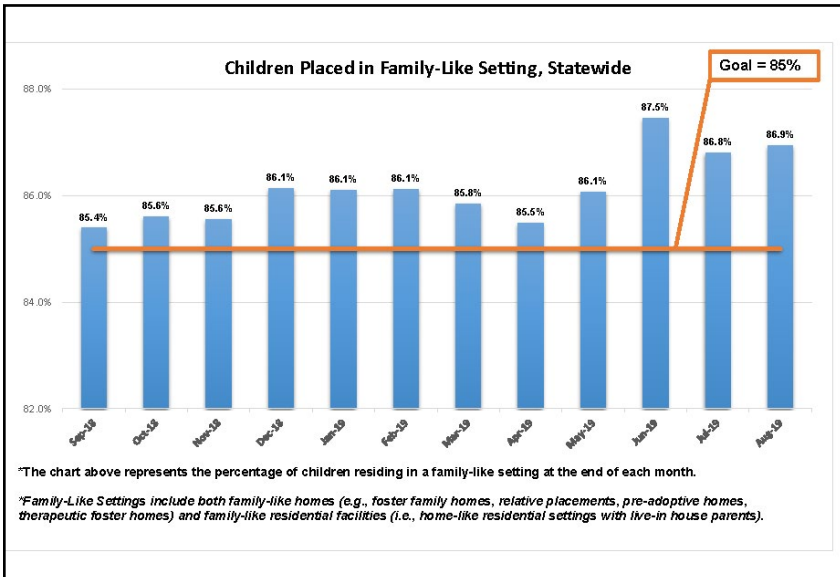
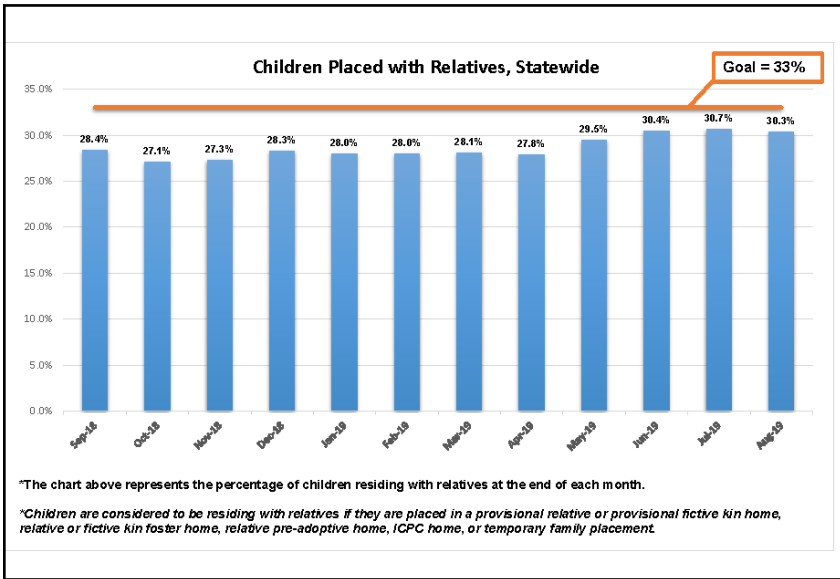


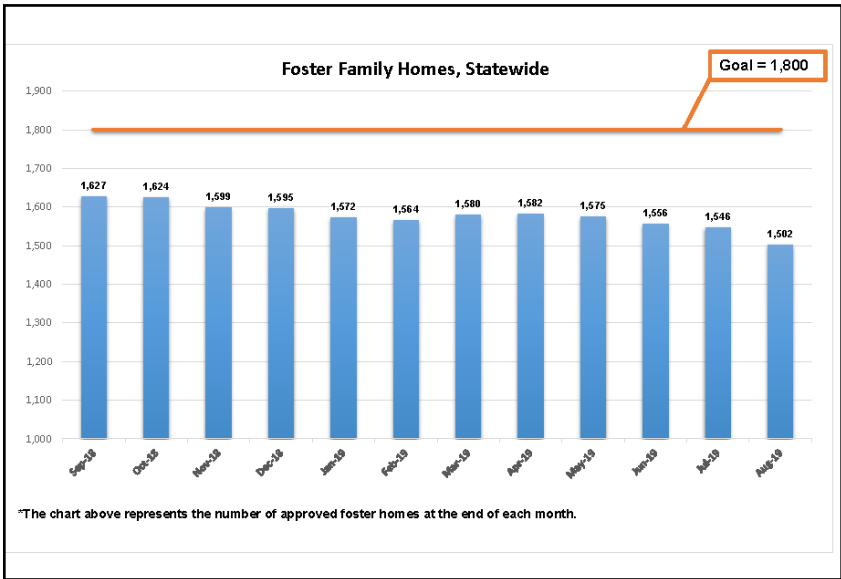
"The chart above represents the number of discharges from foster care during the month.

**Children Entering Care whose First Placement is with Relative, Statewide**

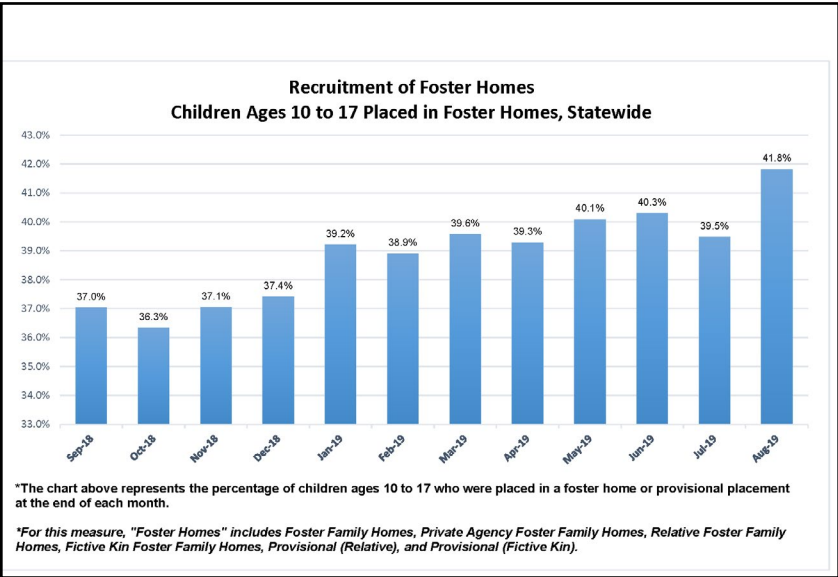
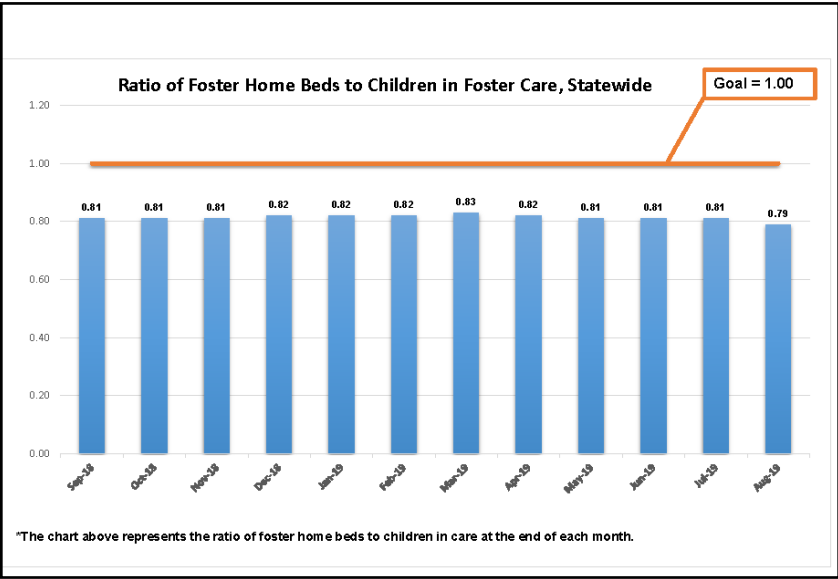


"The chart above represents the percentage of entries into care for the 12-month period concluding at the end of each month in which the child's first placement was with a relative or fictive kin.

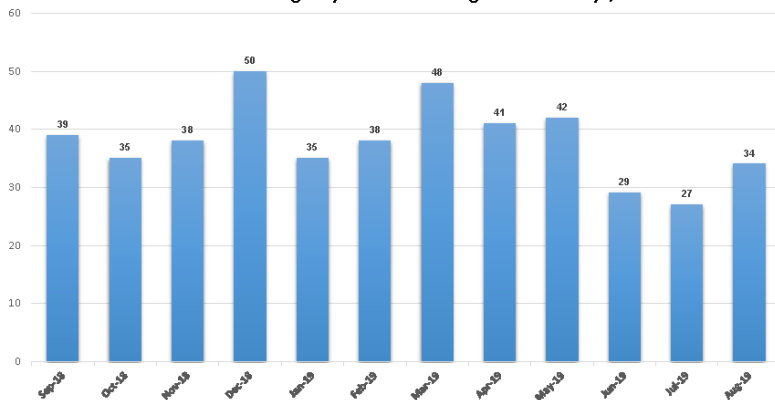




Foster Homes Recruited During the Month, Statewide		
Recruitment Source	Number	Percentage
ABCH / Get Connected	0	0%
ARCCC/DCFS	41	56%
The CALL	25	34%
Christians 4 Kids	2	3%
COMPACT	0	0%
Greene County Baptist Association	0	0%
Out of State	1	1%
Private Agency Foster Home	4	5%
Project Zero	0	0%
<b>Total</b>	<b>73</b>	<b>100%</b>

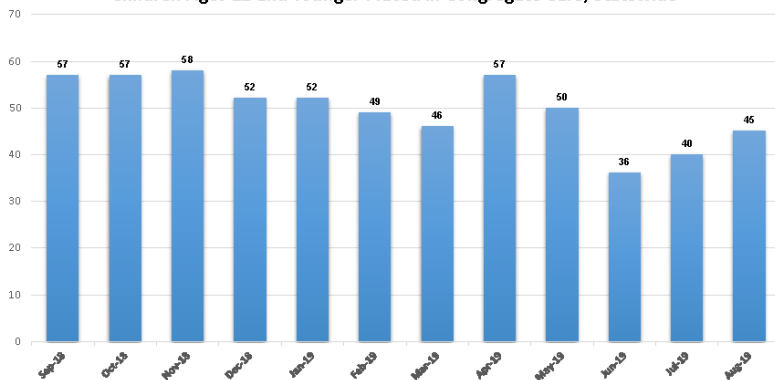


**Children Placed in Emergency Shelter for Longer than 14 Days, Statewide**



"The chart above represents the number of children residing in an emergency shelter for longer than 14 consecutive days at the end of each month.

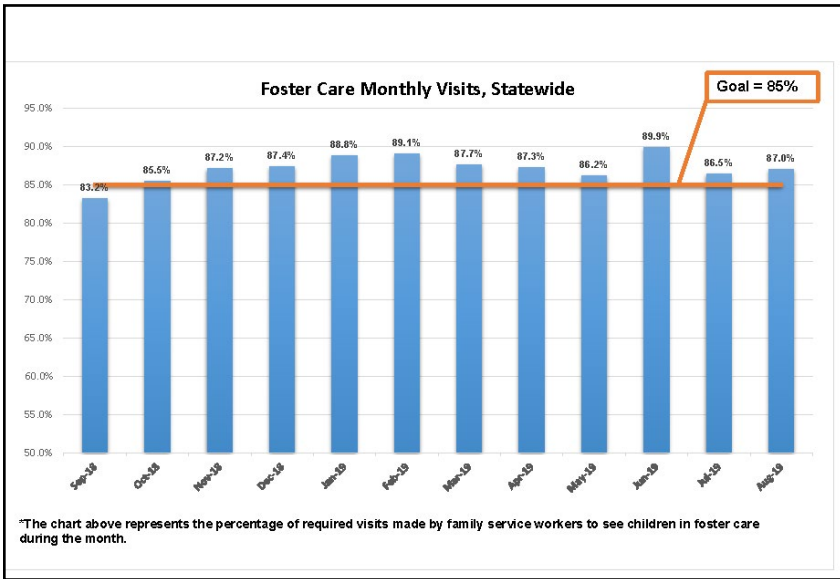
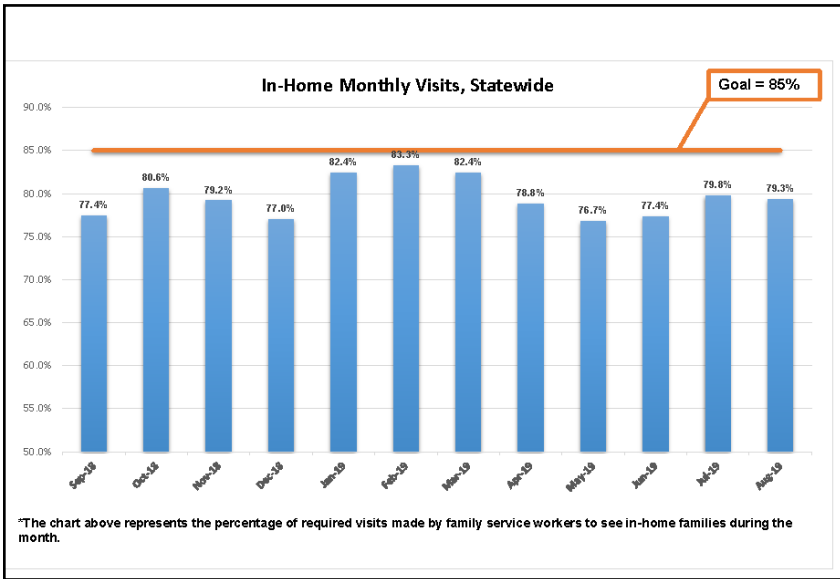
**Children Ages 12 and Younger Placed in Congregate Care, Statewide**

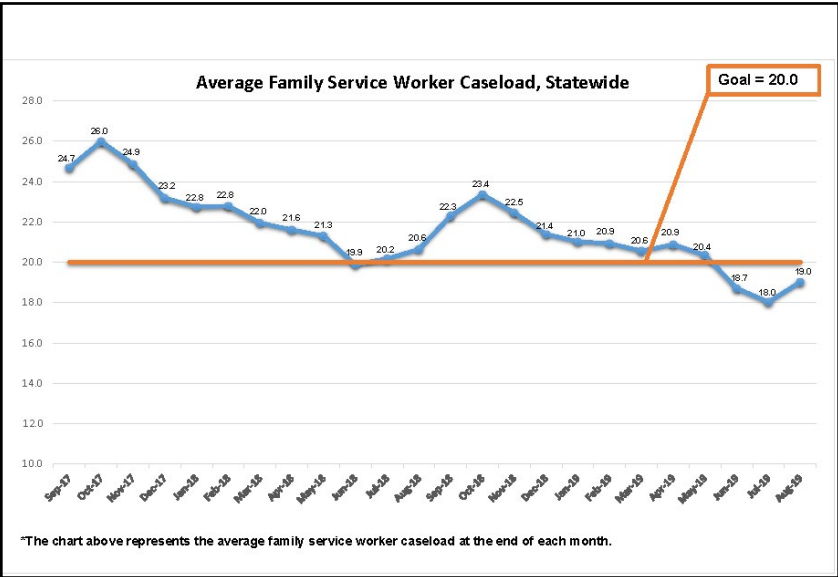
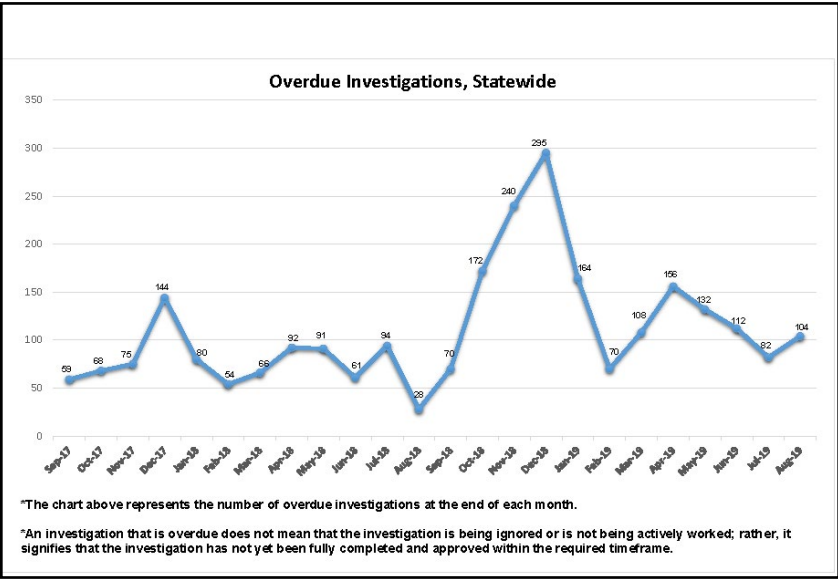


"The chart above represents the number of children ages 12 and younger placed in congregate care at the end of each month.

"For this measure, "Congregate Care" includes Emergency Shelter and Q RTP placements as well as Residential Treatment Care and Residential Care Only programs that do not qualify as a family-like setting.







# APPENDIX B:

## PERMANENCY FOCUS CHARTS

### Statewide

