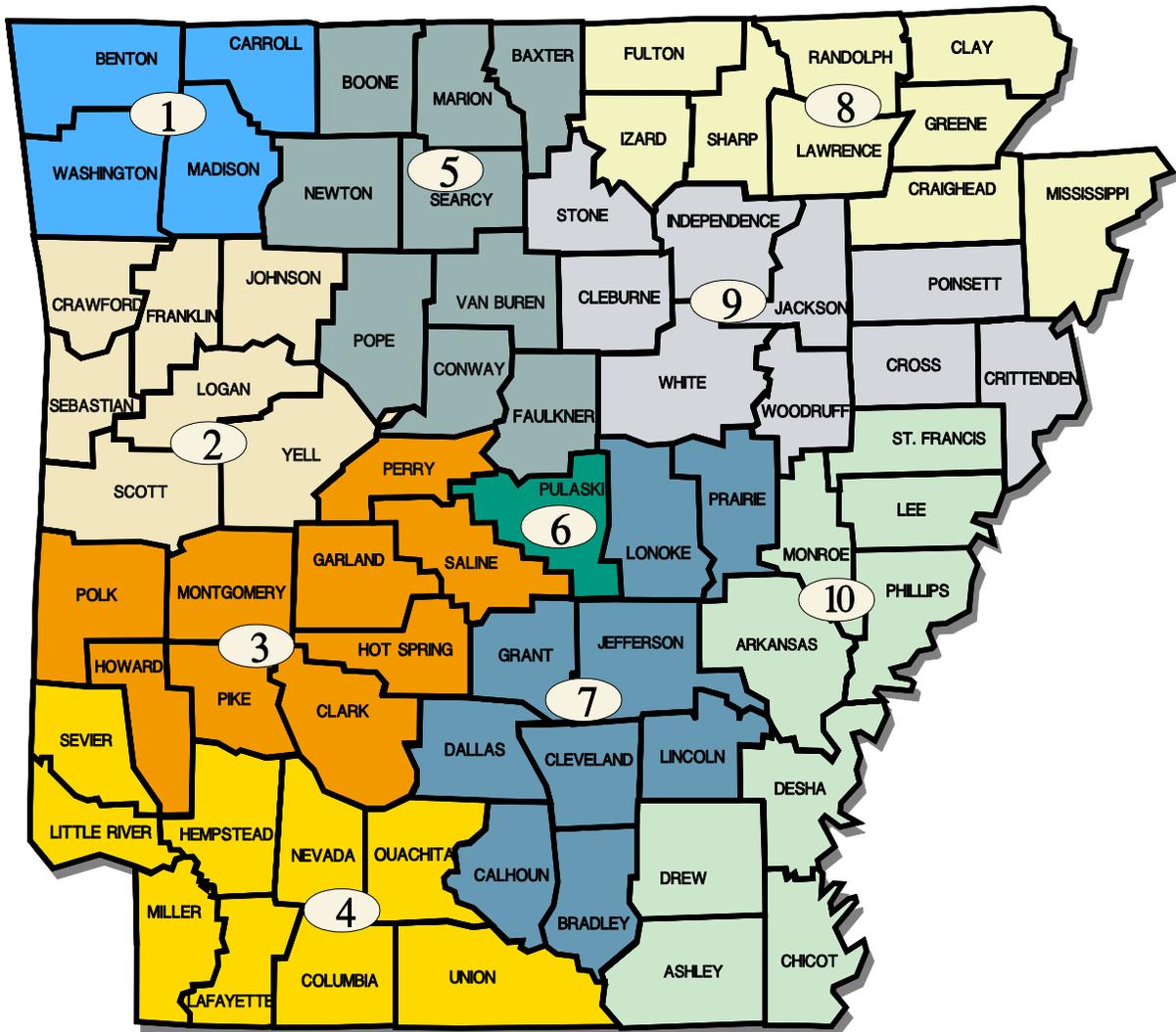


**FEBRUARY  
2018**

**Arkansas  
Department of  
Human Services**

**Division of  
Children and  
Family Services**



**SEMI-ANNUAL PROGRESS REPORT  
Title IV-E Waiver Demonstration Project**

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## OVERVIEW

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

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

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

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

These interventions are at varying stages of implementation, but progress continues for these five interventions. At the initiation of the Waiver, there were six interventions, since that time, one intervention, Permanency Roundtables, has been discontinued due to lack of adequate outcomes. This report summarizes the project and evaluation activities and accomplishments for Arkansas's Waiver during the period of August 1, 2017 through January 31, 2018.

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

## **DEMONSTRATION STATUS**

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### **Program Improvement Policies**

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

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

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

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

## Differential Response

Arkansas's Differential Response (DR) program was implemented statewide in August 2013. As reported in prior reports, the program is administered by the DR Unit in Central Office, which consists of the DR Program Manager and DR Program Specialist, and is implemented by DR Specialists and Supervisors in each service area. The DR Unit, in Partnership with the Kemp Center, held a two-day Advanced Differential Response Training led by Amy Hahn on December 12, 2017 and December 13, 2017. One day was reserved for the workers and the other day was reserved for the supervisors.

On January 8, 2018 the DR Supervisors began reviewing and assigning reports from the Statewide DR box. During the review, if a supervisor finds that the referral doesn't meet DR criteria, an email is then sent to the Central Office DR staff to switch the referral to the investigative pathway.

Also in January 2018, it was identified that DR data was pulled incorrectly according to policy. Policy considers the DR report initiated when the DR Specialist assesses the health and safety of the alleged victim in the family's home and when the DR Specialist has also met with at least one parent/caregiver in the home. DR reports, per policy, are required to be initiated within 72 hours from the time the referral was received at the hotline. There is an additional DR policy that requires the DR Specialist to also visit with all other household members within five days from the time the referral was received at the Child Abuse Hotline, but that protocol is not tied to the initiation requirements, but until January 2018 the data pulls were only considering DR reports initiated once the DR Specialist spoke to all household members. In order to accurately reflect the initiation rate the DR report was corrected and modified to reflect DR policy.

The following data and accomplishments represent the DR program's functioning between August 1, 2017 and January 31, 2018:

### Differential Response Data:

- ☐ DR referrals worked: 3,188
- ☐ DR referrals screened out: 309
- ☐ DR referrals re-assigned to investigations: 443

\*In examining the number of referrals that were screened out and switched from DR to investigations, it is important to note that each DR referral goes through a three-tier screening process. The first review is conducted by the Arkansas Child Abuse Hotline at the onset of the initial call. The second-level review is conducted by the DR Supervisor in the field and includes a history search to determine if the family is currently involved with

DCFS (i.e., in an open investigation or services case) and a review of the intake narrative to determine if the allegations and information included are eligible for Differential Response. If the DR Supervisor determines that the referral should be sent through the investigation pathway instead of DR, then the third-level review is conducted by the DR Unit to make the final determination.

### **Summary of Differential Response Activities for this Reporting Period:**

#### August 2017

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

#### September 2017

- DR Unit attended CHRIS meetings to discuss upcoming program updates
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Program Manager met with the Prevention Director to discuss DR goals.
- DR Program Manager attended procurement training.

#### October 2017

- DR Program Manager unit held an initial/refresher training on October 9<sup>th</sup> and 10<sup>th</sup>.
- DR Program Manager attended the 2017 International Conference on Innovations in Family Engagement in Denver, CO.
- DR Program Manager attended Waiver Core Team meeting to provide DR updates.
- DR Program Manager reached out to trainer Amy Hahn to discuss a 2 day training for advanced practice in DR scheduled for December.
- DR Unit attended CHRIS meetings to discuss upcoming program updates

#### November 2017

- DR Program Manager attended the Area Director meeting to discuss timely initiation rates and services offered rates.
- DR Unit attended CHRIS meetings to discuss upcoming program updates
- DR Program Manager attended Waiver Core Team meeting to provide DR updates

- DR Program Manager met with Area 6 DR Supervisor about concerns about high volume of caseload dealing with Educational Neglect.
- DR Program Manager met with Prevention Unit Director to discuss the procedure of DR assignment being rolled out to the field beginning January 8, 2018.
- DR Program Manager continued to correspond with trainer Amy Hahn to discuss the two-day Advancement Training for December.

#### December 2017

- DR Unit held a two-day Advance Training that took place December 12, 2017 and December 13, 2013. Supervisors were also trained on how to assign DR referrals from the statewide box.
- DR Program Manager attended Waiver Core Team meeting to provide DR updates.
- DR Unit attended CHRIS meetings to discuss upcoming program updates.

#### January 2018

- DR Program Manager held a half day refresher training in Area 5 for DR Supervisor
- DR Unit attended Teaching Important Parenting Skills (TIPS) parenting training.
- DR Program Manager and Prevention Director met with Paul Knipscheer, in Quality Assurance, about DR data and timely initiation rates.
- DR Program Unit attended CHRIS meetings to discuss upcoming program updates
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Program Manager attended CHRIS Enhancement Meeting

## **CANS & FAST Functional Assessment Tools**

As reported in our previous Semi Annual Report, the Division shifted the originally planned phase-in approach for the Child and Adolescent Needs and Strengths (CANS) and Family Advocacy and Support Tool (FAST) intervention to an implementation in two counties (Pulaski and Miller) in November 2014 followed by all remaining counties on February 12, 2015.

The decision to implement the assessment tools in Pulaski and Miller counties was based on several factors. Pulaski County is the largest urban county (by population) in the state while Miller County is a more rural county in Arkansas. Pulaski has a high enough volume of cases and has a well-balanced case-to-worker ratio to effectively implement the tools. Moreover, the Miller County Supervisor participated in the national CANS training in 2013 and certified on the CANS assessment tool. Therefore, she was able to support staff and guide them on the use of the tools.

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

During a previous reporting period, the larger CANS/FAST Implementation Committee was 'put on hold' to allow the Program Manager to focus on more specific work to occur in various other workgroups/sub-committees. These other targeted efforts have included the Program Manager holding workshops with the identified CANS Champions across the state; serving on an In-home Workgroup to ensure focus on best practice use of FAST with in-home cases; working extensively with the MidSOUTH curriculum writers to develop appropriate training surrounding CANS/FAST for workers, supervisors, and community stakeholders; and beginning to work within the CANS/FAST Annual Revision workgroup to look at necessary changes and improvements to the Arkansas tools.

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

CANS/FAST Stakeholder Orientations continue to be conducted quarterly by MidSOUTH at each of their five training academies across the state. All stakeholders are invited and encouraged to attend the Stakeholder Orientations (the targeted audience is providers, foster parents, CASA volunteers, and attorneys/court teams). The orientation explains the

AR DCFS history and background with CANS/FAST, what our agency goals are with CANS/FAST, and goes in depth about the actual tools (item review, how to determine ratings, what action levels mean, etc.). Essentially, they are educated on how to interpret the CANS/FAST so that they can be involved in the process and give appropriate feedback on the CANS/FAST for clients with whom they are working. They also complete a CANS in small groups with a practice vignette and review a case plan based on that CANS/practice vignette. There have been a total of 40 Stakeholder Orientations to date. The feedback from the stakeholder trainings has been very positive so far, and partners have shared that they are excited to be a part of the CANS/FAST process and use the assessments as they work with DCFS clients.

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

The supervisors are encouraged to use the practice scenarios completed on the call to then do inter-office trainings with their staff to improve fidelity and reinforce workers' understanding of the tools. There were no coaching calls that took place during this reporting period, however, with turnover and hiring new supervisors, many supervisors had not received the previous coaching call materials. The Program Manager previously attended the Quarterly Statewide Supervisors Meetings in each area of the state and presented some of the material previously covered in coaching calls including best practice in supervision of CANS/FAST, how to determine quality CANS/FAST and steps in the review/approval process, and coaching to best practice and supporting fidelity of the model including providing structured coaching materials/activities for supervisors to take back and facilitate with their staff. Previous coaching call topics have included 'Meaningful Use of the CANS,' 'CANS as a Communication Tool,' an in depth review of the six key characteristics of the CANS and how to determine appropriate ratings, and case reviews from a supervisor's perspective on a real (but de-identified) DCFS FAST and CANS. There has now been a session added as a standard part of New Supervisor Training; the Program Manager attends and speaks specifically on Supervision and Coaching of CANS/FAST and provides coaching materials to all new supervisors.

Dr. Lyons has also been available for consultation as Arkansas looks at potential changes to the current tools and future development of new tools. During a previous reporting period, Dr. Lyons approved changes to the rating scale for the trauma section of the CANS (which was implemented in August 2016) and expressed support of Arkansas beginning the process of converting to a hybrid CANS/FAST modeled after Utah's UFACET for both in-home and out-of-home cases (any modules specific to foster care/out-of-home case would just be triggered). A condensed version of this hybrid tool will then be employed for use in investigations and differential response. Arkansas's research suggests that most states that

utilize multiple different tools use CANS for a level of care recommendation for children in foster care (which Arkansas is not currently doing) or use FAST in investigations/DR (which Arkansas would still like to do). The Division believes that if the tools are combined (like Utah has done with great success) so that the basic assessment is the same regardless of case type (but additional modules would be completed for out-of-home cases) then that will increase ease of use for staff and, therefore, also augment fidelity to the model.

In fact, the number one complaint from the field has been that it is too time consuming to do a single CANS for every child when there are so many cases with multiple children in them and that it is complicated to switch back and forth between CANS and FAST based on case type (e.g., when a child is taken into foster care or returned home). Arkansas's CANS and FAST do not directly align, so caseworkers must start over with the new instrument when the case type changes, which impacts their ability to track a child's or family's progress on individual items. The Division believes that staff buy-in and fidelity to the tool will increase if they don't see it as such a burden. Once Arkansas has transitioned to a more finely-honed single assessment tool, it will be easier for DCFS to develop and implement the modified/shortened version that the investigator/DR worker would conduct during the assessment phase. Dr. Lyons will be available for consultation throughout this process and will approve any changes that Arkansas makes. Arkansas has also included strategies surrounding this goal in the Program Improvement Plan (still pending approval from the Children's Bureau) with a goal of finalizing changes by August 2018, and full implementation by January 2019. The Program Manager has been working on the detailed manual updates for this hybrid tool throughout this review period, and these are almost finalized.

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

The Division has offered ongoing support for this IV-E Waiver initiative by continuing to add frontline field staff to counties where the caseload-to-worker ratio is still high (above 25 cases) and, as referenced above, hiring a Program Manager dedicated solely to CANS/FAST in Central Office to ensure fidelity is monitored as well as to provide ongoing support to the field throughout implementation. Additionally, there is an extra-help position dedicated exclusively to reviewing CANS/FAST. The Program Manager and extra-help reviewer worked together to develop the CANS/FAST Review Tool in Survey Monkey to be used for the case reviews. This CANS Unit has been completing detailed case reviews with feedback specifically on CANS/FAST and how it guided the case plan and providing that directly back to the field staff and Area Directors.

During this reporting period, the extra-help reviewer completed a project of completing case reviews on a specific population of children identified as difficult to place by the placement team who are currently on contract in acute or sub-acute facilities. The agency hoped that by getting a thorough and accurate assessment on these children the placement

team/central office can work with the field to identify the most appropriate placements for these children and be able to successfully step them down from their current placement setting. Many youth whose CANS were reviewed as a part of this project have been placed in less-restrictive settings. The agency is currently working with Casey Family Programs to do a larger data review of all the CANS for this identified population.

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

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

During a previous review period, the Program Manager began shadowing in Pulaski County during case staffings to observe (and model when necessary) the proper use of CANS in a staffing scenario and how to use the CANS to guide the decisions surrounding services and building the case plan as a family team. The Program Manager has continued this and is specifically working with the Pulaski County 0-3 Safe Babies Court Team (SBCT) Coordinator to ensure that the CANS is being utilized in those facilitated staffings as a decision support tool and to identify and prioritize services for the families. During this reporting period, the Program Manager worked with the SBCT liaison and the FTM facilitator to make modifications to the staffing agenda and forms that are used during these staffings to include CANS items and language when identifying families’ strengths and needs and beginning at the staffing to connect specific CANS-identified needs to services.

The Program Manager continues to share the full CANS/FAST Family Engagement Tool at various meetings and specifically with staff who seem to be struggling with engagement and gathering all the necessary information for the CANS/FAST, as identified during case reviews. This tool goes domain by domain and provides suggested questions and conversation starters to help workers gather the information needed to complete the CANS/FAST, as well as general tips for engaging families and ways to engage stakeholders and collaterals to obtain a more comprehensive assessment of families' needs. The Program Manager also continues to provide the field with recertification coupons as needed, enter certifications into the CHRIS system to enable access to the CANS/FAST tools, assist the field with technical issues regarding both the CANS training site and CANS/FAST/Case Plan in CHRIS.

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

CANS/FAST Champions have been identified across the state. These individuals are field supervisors who oversee Protective Service and/or Foster Care cases who were identified as a leader in the area by the Area Director. Their role is to be a peer in the field who staff can go to if they have questions or need help and to help achieve buy-in at the county and service area level. The Program Manager has worked with the champions to build their skills and knowledge around CANS/FAST so they can truly be leaders of CANS/FAST in their respective areas. The Program Manager has provided additional trainings and support, and the Champions have taken on assignments in their areas to do presentations/small group trainings with staff or engage stakeholders regarding CANS/FAST. So far, seven champions have also had the opportunity to participate in a site visit to another state using CANS or go to the Annual CANS Conference and bring that knowledge learned back to the field. The CANS Champions have also been working with the Program Manager to identify coaching tools that can be shared among supervisors for CANS. At this time, many of the supervisors originally identified as CANS Champions have moved into new roles. The CANS Program Manager is currently utilizing the case review process to identify supervisors who seem to be promoting best practice with CANS/FAST and looking for fidelity of the model to identify some additional/new Champions across the state.

During this reporting period the Director convened a CANS War Room. This is made up of assistant directors, the program manager, and field staff to identify how to strengthen CANS as an agency and how various program leaders can also work to support best practice of CANS/FAST in all cases. Topics covered so far have been a history of the CANS/FAST implementation, a demo of the CANS/FAST and Case Plan screens in CHRIS

and a demo of the TCOM training site staff use to certify, sharing the current review tools, and sharing the work done so far on the hybrid UFACET tool.

CANS/FAST has been implemented statewide for almost three years now (since February 2015). As of February 14, 2018, there were 13,511 children in 7,327 cases assessed in a CANS, and 32,706 children in 14,958 cases assessed in a FAST.

### **Summary of CANS/FAST Activities for this Reporting Period:**

August 2017

- Ongoing meetings with CHRIS team on outstanding ITN's for CANS, as well as new SSRS reports for supervisors (new report identified will list all cases whose most recent assessment has no actionable items; supervisors should be able to use this to staff with workers about why the case is open if there is no further action to take or if the assessment needs to be updated to accurately reflect the current needs of the family as actionable)
- Held meeting with HZA and CHRIS to discuss additional reports and determine whether CHRIS or HZA will be completing reports for CANS to monitor fidelity
- Received request from Casey Family Programs for additional data on clients in 'Stuck' Kids Review Project. Worked with Casey Families Representative to develop spreadsheet and had CANS Reviewer pull the additional data; this was completed and provided to Casey Family Programs
- Program Manager attended Safe Babies Court Team Family Team Meeting in Benton County and Pulaski County
- Attended Safe Babies Court Team Quarterly Meeting; work is continuing around incorporating CANS into the Family Team Meetings and Program Manager was also identified to participate in the hiring committee for the new SBCT Community Coordinator position
- Program Manager observed court on the SBCT docket in Pulaski County
- Presented at the monthly Area Director's meeting. Covered initial case review project concerns, monthly reports, and asked for feedback on continuing to guide fidelity in the field and getting supervisors to actively coach to fidelity of the CANS model in the field
- Worked with MidSOUTH to develop a CANS focused case plan training, per request of Washington County staff. This training was held at the end of the month and will now be offered to additional counties as requested.
- Attended Waiver Finance Presentation facilitated by Casey Family Programs
- Extra Help Reviewer continues to complete case reviews on initial CANS/FAST and Case Plans, from weekly report of recently approved case plans. This project is

currently still focusing on FSW's with lower workloads. As reviews are completed they are shared with the assigned local county staff and area directors.

### September 2017

- Present at Area 6 Staff Day with assistant directors regarding issues surrounding drug screening/family visitations identified in SBCT cases
- Finish SBCT interviews and candidate selection for hiring committee
- Meet with new SBCT Community Coordinator (Jeni Mege-Smith) for CANS overview
- Steering Committee conference call with NWA (Benton County) SBCT
- TSDT-call in by phone to address NWT concerns (new workers not getting full CANS information about communication/calling CANS an 'internal document')
- Waiver Core Team Meetings
- Attend and present session at Midsouth New Supervisor Training on CANS/FAST Supervision and Coaching
- Participate in Webinar-Independent Assessments
- SBCT Monthly (attend and prep with team for introductions to new community coordinator and state coordinator)
- Conference call with Casey Family Programs to discuss Stuck Kids Project Data Review
- CHRIS-several meetings to finalize requirements for SSRS report RE: cases with no actionable items
- Send monthly updates out to Area Directors and include information as requested on suggested documentation areas for showing use of 'CANS as a Communication Tool.'
- Ongoing:
  - Provide coupons
  - Provide assistance/troubleshoot on various CANS/FAST/Case Plan case specific questions from the field
  - Case Reviews-assigning and reviewing Extra Help Reviewer's work to go out to field/identifying safety issues that need to be immediately addressed

### October 2017

- Waiver Core Team Meetings
- CHRIS/Exec monthly meeting
- Attended and presented at Annual TCOM Conference; FSW from field was also in attendance and co-presented on a worker's perspective of the Arkansas CANS/FAST Implementation

- Shared with Assistant Directors info from conference session on TCOM Child Death Review Tool being used in Tennessee (Safety Systems Improvement Tool-SSIT) to share with new CPS Manager
- Attended and presented CANS/FAST overview at Child Death and Near Fatality Multidisciplinary Review Committee
- Attended final day of Zero to Three Leadership Academy
- SBCT Pulaski FTM's-attend staffings and partial court date; address identified issues with Assistant Directors as appropriate (for example, visitation supervision and provider concerns)
- Held meeting with Anne Wells/Cindy Waller to provide details and samples re: provider concerns
  - Follow-up meeting held with Lynn Hemphill/HLH provider to address concerns specific to this provider and provide supporting documents. It was decided he will attend an SBCT staffing for observation and identify another 'dedicated' SBCT therapist, potential that I will do on-site CANS training with his staff.
- Invited to attend Annual Zero to Three Conference with Arkansas team. Helped identify and coordinate other potential attendees from DCFS.
- Case review concern came up that brought to light a trend from a worker seen by multiple central office units; it was brought to attention of exec staff that we need to coordinate when we are providing feedback for example in-home unit made suggestions that a worker needed additional training on CANS/FAST and Program Manager was never notified and a year later reviewing the worker's case found the same ongoing issues happening.
- Program Manager shared requested coaching materials and info with the Prevention and Reunification Unit
- Sent request to Midsouth for them to schedule next round of Stakeholder Orientations around early January if possible
- Shared weekly report that HZA sends for CANS unit to identify reviews with Assistant Director over Community Services as it could potentially help identify field issues with the graduated workload (when they are just putting cases under supervisor but still having new staff work them)
- PIP Monthly Meeting
- Per request of Assistant Directors, CANS unit looked back at Area 5 reviews and sent summary of practice issues/trends from cases reviewed in the area to be shared with Area Director
- CHRIS-several meetings to finalize requirements for SSRS report RE: cases with no actionable items. Report almost finalized and will be available in CHRIS Net soon. Also, identified new defect and sent ITN request re: not requiring an actual service

to be selected on client in case plan prior to approval (found case plans where clients had no services listed).

- Send monthly updates out to Area Directors and include information as requested on suggested documentation areas for showing use of 'CANS as a Communication Tool.'
- Completed requisition and renewed survey monkey license for FY17 (using for case review tool).
- Requested/received additional 500 coupons from Praed under FY17
- Requested access to UFACET on TCOM Training Site to have access to materials and tests in preparation for hybrid tool
- Ongoing:
  - Provide coupons
  - Provide assistance/troubleshooting on various CANS/FAST/Case Plan case specific questions and/or certification questions and issues from the field.
  - Case Reviews-reviewing weekly report from HZA to assign cases for review and then completing secondary review of Charlotte's work prior to emailing to field/identifying safety issues that need to be immediately addressed and share those with assistant directors as needed to immediately address with area directors.

#### November 2017

- Waiver Core Team Meetings
- CHRIS/Exec monthly meeting
- Attended Annual Zero to Three Conference (fully sponsored by ZTT)
- Prep for and attend Bentonville ZTT/SBCT staffings. Completed staffing notes as they have not filled community coordinator position yet.
- Coordinated with HARK/Tiffany Kell on the advertising/interview prep for the ZTT community coordinator position
- Court Report Workgroup
- SBCT Pulaski FTM's-attend staffings
  - Issues identified followed up on via emails to Assistant Directors as appropriate(for example, drug screening issues and staffing/transportation issues)
  - Brainstorming with ZTT potential to bring back dedicated workers. Emailed Area 6 director to arrange discussion.
- Sent additional coaching materials to Prevention and Reunification Unit.
- CHRIS-several meetings to finalize requirements for SSRS report RE: cases with no actionable items. Report almost finalized and will be available in CHRIS Net soon. Also, reminded of ITN for defect re: not requiring an actual service to be selected on

client in case plan prior to approval (found case plans where clients had no services listed), as well as 90 day report. Met on December release with defect fix for automating due dates.

- Sent request/reminder to HZA about updating COR to align with new automated due dates in CHRIS.
- Send monthly updates out to Area Directors and include info of upcoming report that will be available.
- Provided Director with talking points on FAST for upcoming meeting with another state.
- Met with Assistant Director over Community Services to discuss how her unit can support CANS; discussed potentially doing another survey monkey out to poll the field. Provided her with previous survey questions that have been done for CANS.
- Received new 'tip sheet' for certification from Praed. Provided this to a few supervisors having difficulty with testing and also sending it with coupons from now on.
- Attended Lean Six Sigma orientation.
- Participated in AAIMH webinar regarding the behavioral health transformation; shared some upcoming trainings with Anne to share with providers to get certified in various evidence based trauma therapies.
- Ongoing:
  - Provide coupons (totaling 34 for month of November)
  - Provide assistance/troubleshooting on various CANS/FAST/Case Plan case specific questions and/or certification questions and issues from the field.
  - Case Reviews-reviewing weekly report from HZA to assign cases for review and then completing secondary review of Extra Help Reviewer's work prior to emailing to field/identifying safety issues that need to be immediately addressed and share those with Assistant Directors as needed to immediately address with Area Directors. Extra Help Reviewer completed 13 reviews for the month of November, as well as a detailed review of a case specifically requested by Assistant Director of Community Services.

#### December 2017

- Waiver Core Team Meetings
- CHRIS/Exec monthly meeting
- Attended Annual Zero to Three Conference (fully sponsored by ZTT) (11/28-12/2)
- Court Report Workgroup
- SBCT Pulaski FTM's-attend staffings and one court day

- Pulaski County/Bentonville site visit @ Pulaski-attended court and discussion session with team
- CHRIS-several meetings to finalize requirements for SSRS report RE: cases with no actionable items. Report was completed and went live but was taken down within days due to errors; meetings pending to correct.
- Attend and present on CANS/FAST Supervision and Coaching at New Supervisor Training
- Attend DR Training with supervisors
- SBCT Quarterly Meeting
- Attend meeting with Prevention and Reunification Unit on Coaching Models
- Finalize Casey Family Program Systems Analysis/Stuck Kids Project (phone conference with Peter Pecora and finalization of report)
- Ongoing:
  - Provide coupons (totaling 64 for month of December)
  - Provide assistance/troubleshooting on various CANS/FAST/Case Plan case specific questions and/or certification questions and issues from the field.
  - Case Reviews-reviewing weekly report from HZA to assign cases for review and then completing secondary review of Charlotte's work prior to emailing to field/identifying safety issues that need to be immediately addressed and share those with assistant directors as needed to immediately address with area directors. Charlotte completed 9 reviews for the month of December.

## January 2018

- Waiver Core Team Meetings
- War Room Meeting commenced (summary of CANS history presented, presentation of UFACET, review process in detail, do demo of CHRIS screens and certification screens)
- CHRIS/Exec monthly meeting
- Court Report Workgroup
- SBCT Pulaski FTM's-attend monthly staffings, two emergency staffings, and one court day
  - Issues identified/addressed out of SBCT as necessary (ex: provisional placement expedited waiver, continued work with provider/contract concerns)
- SBCT Bentonville FTM's-attend and complete notes for them; Community Coordinator still not in place but was hired this month.

- CHRIS-several meetings to finalize requirements for SSRS report RE: cases with no actionable items. Met with new developers with Deloitte, case connect ITN/defect, and finalize current outstanding ITN's for February release.
- PIP meeting
- Meet with Prevention and Reunification Unit on survey monkey; assist with developing review tools for the unit being modeled after the CANS/FAST review tool.
- Attend TIPS Parenting Program training with Prevention and Reunification Unit
- Attend Permanency Safety Consultation training in preparation for coaching PSC's in Pulaski and Perry County.
- Stakeholder Orientations were held across the state (Fayetteville, Jonesboro, Monticello, Little Rock, and Arkadelphia). Program Manager did not attend and this was the first round for Midsouth to facilitate completely on their own. Program Manager has requested the reviews from the trainings to see the feedback from attendees.
- Did phone call with field re: case review from Extra Help Reviewer (Area 9)
- Ongoing:
  - Provide coupons (totaling 117 for month of January)
  - Provide assistance/troubleshooting on various CANS/FAST/Case Plan case specific questions and/or certification questions and issues from the field.
  - Case Reviews-reviewing weekly report from HZA to assign cases for review and then completing secondary review of Charlotte's work prior to emailing to field/identifying safety issues that need to be immediately addressed and share those with assistant directors as needed to immediately address with area directors. Charlotte completed 10 reviews for the month of January.

## Team Decision Making

Arkansas launched Annie E. Casey Foundation's Team Decision Making (TDM) model in Saline, Conway, Faulkner, Craighead, Lawrence, Randolph, Pulaski, Pope and Sebastian, Crawford, Garland, Hot Spring, Perry, Miller, Lafayette, Union, Columbia, and Greene Counties. Van Buren County implemented TDM on May 2, 2016. Clay, Sharp, Hempstead, Nevada, and Ouachita Counties on June 13, 2016. Fulton and IZard Counties implemented November 6<sup>th</sup>, 2017. DCFS used removal data, staff capacity data and information, and geographic considerations when determining in which counties to implement TDM. With an implementation date still to be determined, the next implementation phase will include Washington and Madison Counties in Area 1; Lonoke and Prairie Counties in Area 7; Crittenden, Cross, Poinsett, and Woodruff Counties in Area 9; and St. Francis, Lee, Monroe, Phillips, and Arkansas Counties in Area 10. Statewide implementation is tentatively scheduled for July 1, 2019.

There are no current vacancies in the six implemented areas of TDM. All six Facilitators continue to act as back-ups in other areas when a Facilitator must be off. TDM also, has one back-facilitator from Bowen Law School. The back-up facilitator is utilized in Area 8.

Even after expanding the number of counties in each area covered by the TDM facilitators, referrals for TDM meetings have remained low. Protection Plan TDM meetings have decreased from the previous reporting period. There were 91 protection plans implemented in the previous reporting. During this reporting period there have only been 78 protection plans implemented, a decrease of 2 percent. The Waiver Core Team previously made the decision to include all investigations accepted by the Child Abuse Hotline for Substance Exposed Infants, also referred to as Garrett's Law. The number of Garrett's Law referrals accepted for investigation has consistently increased in recent years. There were 1,241 Garrett's Law referrals for SFY 2017. This represents a 9 percent increase from SFY 2016.

The number of Garrett's Law referrals in Pulaski County helped in the decision process of implementing Garrett's Law as a TDM trigger. In the previous reporting Pulaski County received 20 percent of all the Garrett's Law reports received by the Hotline statewide. According to data from *Summary of Garrett's Law Referrals* for SFY 2017, Pulaski County's Garrett's Law referrals decreased by 5 percent in SFY 2017. The data also showed for SFY 2017, Area 3 received the highest number of Garrett's Law referrals, at 5.4 percent, which were consistently assigned to Garland County one of the implemented TDM counties.

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

business days of receipt of the referral. The new policy is still in the promulgation process to incorporate the new timeframes.

DCFS policy mandates that a protective services case be opened to establish a plan of safe care for the infant and the family which aligns with the Child Abuse Prevention and Treatment Act (CAPTA) requirement. The TDM meeting serves as an opportunity to begin developing the Plan of Safe Care and initiating services on the front end during the investigation prior to the protective services case opening. The Waiver Core Team has continued to discuss other potential triggers for a TDM.

As of January 31, 2018, there have been 1,854 TDM meetings in the 30 implementation counties and these meetings have involved 4043 children. Of these 1,854 meetings:

- 37% were triggered by a protection plan, 60% were triggered by a Garrett's Law referral, and 2% were other meeting type.
- 65% of the TDM recommendations were to Maintain Children in Own Home/No Court Involvement.
- 28% of the TDM recommendations were to File for Court Intervention Not Involving Removal.
- 6% of the TDM recommendations were to file for any Type of Custody that Includes Removal. Of these children that were removed at the time of the TDM, 40% were on a Garrett's Law TDM and 60% on a Protection Planning TDM.
- 6% of the children involved in a TDM were removed within 30 days of the meeting.

Once technical assistance from Annie E. Casey Foundation ended in May 2015, the monthly Case Consultations continued and are led by the TDM Sponsor and TDM Lead on the second Wednesday of each month. The Case Consultations provide peer-to-peer learning, live case consultation, and guest speakers from the Community/Service Providers. In October of 2017, the TDM Program Manager and Differential Response Program Manager attended the International Conference on Innovations in Family Engagement in Vail, Colorado. At the conference, several new techniques and skills were shared that would benefit TDM meetings and practice in Arkansas. The TDM Program Manager will model the new techniques and skills to expand learning across the state. In November 2017, The TDM Program Manager and Area 2 Facilitator attended Children and Family Team Meeting Training in Illinois. The end of November 2017, Assistant Director of Prevention and Reunification and TDM Program Manager observed "live" Children and Family Team Meetings in Illinois. TDM Program Manager will model and share techniques learned from Children and Family Team meetings with TDM Facilitators to improve best-practice in Arkansas.

As reported previously, the sustainability plan is to partner a TDM facilitator with a MidSOUTH trainer for future training needs as TDM is implemented. The TDM Facilitators have been leading all TDM policy and procedure trainings for DCFS staff. The MidSOUTH trainer, TDM Sponsor/Program Manager, and a TDM facilitator have combined the One-Day Staff orientation and the TDM policy training into one training for field staff. MidSOUTH trainer and the TDM Program Manager and the area facilitator will be hosting

mock TDMs with staff to help them gain a better understanding of the TDM process. Mock TDMs will take place in each of the implemented counties.

When the TDM facilitators are not conducting TDM meetings, they continue community/stakeholder engagement and identifying available services within each of their respective communities, e.g., drug treatment providers, home visiting programs, domestic violence shelters, etc. The TDM facilitators have developed a community/stakeholder resource list. The facilitators have designed a three-hour curriculum to introduce and familiarize key community stakeholders/partners with the goals of Team Decision Meetings (TDM) and the important role that stakeholders play in the TDM process.

TDM data is gathered by automated CHRIS Net reports for tracking, monitoring TDM implementation, and progress.

As previously reported, during the 2017 legislative session, the piece of Act 1017 of 2015 requiring all protection plans to be filed with the court was repealed. The new law only requires a protection plan to be filed with the court if after 30 days of the implementation of a protection plan the safety factor still exists. This new law went into effect August 1, 2017. The safety concerns will be reassessed in thirty days (30) and if the safety concern remains they are to file with the court, so the following new picklist value has been added to the TDM Meeting screen, under the TDM Recommendations: "File for Court Intervention not involving removal will be reassessed" was added on 12/6/2017.

### **Summary of Team Decision Making Activities for this Reporting Period:**

#### August 2017

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

#### September 2017

- TDM Supervisor conducted coaching and supervision with Area Facilitators

- TDM case consultation was held on 13<sup>th</sup> of September; the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Sponsor and TDM Lead
- TDM Supervisor conducted Individual and Group Supervision
- Phone conference with Paul Vincent and Ann Stanley concerning Family Team Meetings
- TDM Supervisor and TDM Facilitators attend Stewards of Children training
- TDM Supervisor participated in a webinar on Housing and Family Instability
- TDM Supervisor and the Area 2 Facilitator attended a meet and greet for Local Law Enforcement in Fort Smith

#### October 2017

- TDM Supervisor conducted coaching and supervision with Area Facilitators
- TDM case consultation was held October 11, the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Sponsor and TDM Lead
- TDM Supervisor attend a luncheon with the Arkansas Coalition against Domestic Violence
- TDM Supervisor attended Innovations in Family Engagement Conference in Vail, Colorado
- TDM Training was held for Izard and Fulton County on October 25

#### November 2017

- TDM Supervisor will conduct coaching and supervision with Area Facilitators
- TDM Supervisor and the Area 2 Facilitator attend Permanency and Values Training in Fort Smith
- TDM case consultation was canceled for November
- TDM Supervisor and Area 2 Facilitator attend Children and Family Team Meeting Training in Illinois
- Assistant Director of Prevention and Reunification and the TDM Supervisor attend observations training of Children and Family Team Meetings in Illinois

#### December 2017

- TDM Supervisor conducted coaching and supervision with Area Facilitators
- TDM case consultation was canceled for December
- TDM Supervisor conducted individual phone supervisor with Area Facilitators
- CHRIS enhancement was made to the TDM screen, which involved a new picklist item to the TDM recommendation screen: "File for Court Intervention not involving removal will be reassessed"

## January 2018

- TDM Supervisor conducted coaching and supervision with Area Facilitators
- TDM case consultation was held on January 24 the meeting included TDM Facilitators, Back-up Facilitators, and was led by TDM Sponsor and TDM Lead
- TDM Supervisor conducted Individual and Group Supervision
- TDM Supervisor attend DCFS Supervisor Training
- TDM Supervisor conducted individual phone supervision with Area Facilitators
- TDM Supervisor met with Pope County Case Work Supervisor and Conway County Supervisor to discuss concerns and strengths with TDM
- TDM Supervisor attended Permanency Safety Consult Training

### **Nurturing the Families of Arkansas**

During this reporting period the Nurturing the Families of Arkansas (NFA), Arkansas's version of the Nurturing Parent Program (NPP), continued to provide evidence based parenting education to families across the state that have an active in-home protective service case. As of Oct. 15, 2017, the referral criteria have been expanded to include at least one child in the home between the ages of 5-18. At this time, we have kept the other criteria: Non-court-involved PS case; Substance misuse does not prevent family participation; At least one of the eight FAST items related to NFA has been scored with a rating of 2 or 3. Exceptions to these criteria are made on a case by case basis with approval from the In-Home Program Manager.

As of Jan. 31, 2017, 862 NFA referrals have been received. 295 families (360 adults, and 944 children) have successfully graduated and 120 families are currently receiving NFA services. This number includes those families that have had their first meeting, completed their assessment and have their first parenting session scheduled. The number of inappropriate referrals, or referrals closing prior to NFA completing (for a variety of reasons), has continued to decrease.

All parents take a Comprehensive Parenting Inventory (CPI) pre, midway, and post program. The purpose of the CPI is to look at parenting behavior/knowledge in the 5 constructs of Appropriate Expectations, Empathy, Discipline, Appropriate Roles, Power and Independence as well as Nurturing Parent Knowledge and Nurturing Parent Use. Low scores (1-3) indicate a high risk for abusive parenting behaviors while high scores (8-10) indicate positive parenting attitudes with a low risk of abuse. Scores in the 5-7 range are "normal" and indicate a moderate risk of abuse. The goal of NFA is to move parents from low scores of 1-3/4 to the normal or high range with more nurturing parenting skills. Results of the CPI continue to show NFA as effective in lowering the risk of abusive parenting behaviors at the midpoint and the final assessment.

State level NFA Lead, MidSOUTH staff, and Central Office staff began monthly meetings in December to brain storm ways in which to improve and strengthen the NFA program. While NFA is effective for the people it serves, we want to continue to improve the process and communication between local NFA staff and DCFS field staff so that more families may benefit from NFA. Out of those two meetings and planning conversations a few things have developed. NFA is now sending weekly “active/triage” emails out that list each family they have received a referral on by county and the status of each family. This way we can see if NFA is having trouble contacting the family, not getting responses from the FSW, if a family is missing sessions, etc. It also allows us to really see which areas are utilizing NFA and conversely which areas are not utilizing NFA. This will allow us to focus our efforts in a strategic way and come up with targeted solutions. We also talk about messaging and brain storm ideas on how NFA staff can build relationships with their local DCFS staff. In addition, we are looking at ways to address the barriers staff continue to have regarding transportation and group sessions. NFA is currently conducting approximately 63% of their sessions in group settings. While we want to increase that number, we must remain flexible and focused on meeting the needs of each family.

NFA administrative staff members have continued to use their autonomy to determine which referrals meet NFA criteria. If a referral has been made that does not meet criteria, but DCFS staff and NFA staff believe the family will truly benefit from the program, NFA Program Lead can request an exception from the In-Home Program Manager. These requests are few, but often approved. The most common reason to ask for the exception is that the family also has an open FINS case. MidSOUTH documents when an exception is made. Hornby and Zeller Associates (HZA) discard any exception cases that get pulled in their evaluation sample since these cases do not meet the referral criteria set out in Arkansas’ IV-E Waiver Demonstration Project Initial Design and Implementation Report (IDIR).

MidSOUTH continues to have moderate turnover with NFA staff, but for the most part have been able to fill vacancies in a timely manner. There is a Child Program Specialist (CPS) position in Jonesboro that they have had trouble filling. Currently NFA has 8 CPS educators and 9 PE (Parent Educators) throughout the state, including two bilingual PEs. There are currently 2 CPS positions open and 1 PE position open. All NFA employees have a minimum of a Bachelor’s degree in social work, education, sociology, psychology, human services, counseling, or related field or have at least one-year experience with a social service organization and all must have at least 2 years’ experience facilitating groups. All staff have attended NFA facilitator training and are cross-trained to be able to work with both parents and children. Due to expanding the age criteria, all NFA educators were trained in the NPP adolescent curriculum module and supplemental materials. NFA staff receive supplemental

continuing education on specific topics such as trauma informed care, managing defiant behaviors, etc.

**Summary of Nurturing the Families of Arkansas Activities for this Reporting Period:**

August 2017

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

September 2017

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA extended verbal offers for the Monticello, Jonesboro, and Fayetteville CPS positions.

October 2017

- NFA educators completed training in the NPP adolescent curriculum.
- NFA began accepting referrals up to the age of 18.
- CPS position for Monticello and Fayetteville were filled.
- CPS position for Jonesboro was reopened.

November 2017

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- CPS educators in Fayetteville and Monticello completed training.
- Jonesboro CPS position closed.

## December 2017

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH Administrative staff, NFA programmatic lead, DCFS In-Home Program Manager, and DCFS Assistant Director of Prevention and Reunification had first monthly meeting.
- NFA Parent Educator in Jonesboro submitted resignation.
- NFA began providing weekly “active/triage” referral reports for Central Office, Area Directors, and field supervisors.

## January 2018

- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH Administrative staff, NFA programmatic lead, DCFS In-Home Program Manager, and DCFS Assistant Director of Prevention and Reunification had second monthly meeting.
- Interviews conducted for Jonesboro Parent Educator position and offer extended for the position.
- Jonesboro and Arkadelphia CPS Educator position posted.

## Arkansas's Creating Connections for Children Program

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

ARCCC continues to have challenges in staffing. As of this reporting period Area 9 has had a vacancy since the former CES was promoted to a supervisor position. While ARCCC experienced turnover, recruitment activities continued in the communities through partners that are actively recruiting and/or the Community Recruitment Teams that are active in the communities. Some of the CES staff have been assisting with casework and/or conducting foster home re-evaluations rather than being devoted to community engagement. During the next reporting period we will undergo strategic planning around foster home recruitment focusing on gaining foster parents that are willing to accept children that are ages 6 and up. The CES's will have a major role in the strategic plans and will be reporting their effort monthly.

### Resource Development and Support

Arkansas continues to develop and assess the activities of the local community recruitment teams to assist the CES with resource family recruitment and retention. The counties that specifically have an active recruitment team include:

- Area 3
  - Garland County, 6 members
  - Howard and Pike Counties, 4 members
  - Perry County, 5 members
  - Montgomery and Polk Counties, 6 members
  - Hot Springs County, 5 members
  - Saline County, 4 members
- Area 4
  - Columbia County 3 members
  - Hempstead County 4 members
  - Lafayette County, 2 members
  - Little River County, 2 members
  - Miller County, 4 members
- Area 5
  - Pope County, 15 members
  - Conway County, 12 members
  - Van Buren County, 9 members
- Area 6
  - Little Rock, 6 members

- Area 7
  - Jefferson County, 4 members
- Area 9
  - No recruitment teams active at this time
- Area 10
  - St. Francis County, 5 members
  - Phillips County, 2 members

### Community Partnerships

The ARCCC workgroup meets on a quarterly basis and was able to meet twice within this reporting period. The workgroup identified barriers with recruiting resource families for children with behavior needs such as training, and also timeliness of Resource Workers opening of new homes. The workgroup reviewed data from Hornby Zeller Evaluators to also identify ways the partners can work to meet the recruitment needs of children in foster care. For example, the data showed that resource families are not finding their training realistic of their experiences after the first placement. It was discussed during the workgroup to have consistency with the scenarios provided to resource families during trainings and discussion such as a need for families to accept older youth and children that have some behavior needs. The workgroup was also able to view an online demonstration of DCFS foster parent training which provides a realistic picture of a DCFS workers duties as well as how a child may react in a foster family home. The group agreed that current foster parents are the best recruitment tool as they can give accounts of experiences they have had with foster children. The workgroup felt that it would be beneficial to have foster parents that accept teens in their homes to give accounts of their experiences at recruitment meetings.

The workgroup aims to create an environment that supports partnership between DCFS and other groups by:

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

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

ARCCC's current strong foster home recruitment partnerships include:

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

### Geographic Information System

Arkansas continues to utilize the Geographic Information System (GIS) website during this reporting period. The GIS website went 'live' and became available to DCFS staff beginning on December 4, 2015. While the GIS is a useful tool, staff are utilizing the tool less as they become more familiar with their areas and implementation of the recruitment teams.

Plans to update removal screens in CHRIS have been put on hold as the decision to discontinue the GIS contract was made during this reporting period. The GIS contract will end on June 30, 2018. The decision not to renew the GIS contract was made due to the expense of the contract, the fact that the system is often down, and the information on the system being incorrect attributed to the end of the contract.

### National Resource Center for Diligent Recruitment

The technical assistance that had previously been provided by the National Resource Center for Diligent Recruitment ended June 30, 2017.

### Targeted Recruitment Tools

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

- Foster Children Demographics by County – Age, Race and Gender
- Foster Families and Adoptive Families by County – Race

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

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

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

CES continue to utilize the following tools to guide recruitment:

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

The ARCCC Recruitment Planning Tool and the use of data reports continue to drive the Program Manager's and CES' efforts to identify placement gaps and provide real education to stakeholders about the needs of Arkansas's child welfare system. The teams are expected to recruit, at a minimum, two resource family homes that are willing to accept the target populations and two volunteers to support resource families or youth in care on a monthly basis. This means the work of the team will lead to at least two resource families inquiring online each month. While the goal is for the family to be open and approved as a resource family, the CES is primarily responsible for sharing the need and providing any additional information to support the potential family. Once the family has inquired and

submitted appropriate background paperwork, the CES generally is no longer involved as the family is assigned to a Resource Worker. However, the CES is encouraged to follow up with pending resource families and make their contact information available to assist with the engagement process.

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

### **Summary of Targeted Recruitment Activities for this Reporting Period:**

August 2017

#### Area 3

- Spoke at the Oaklawn Rotary Club and they plan to donate hygiene products to the families with open Protective Services Cases
- Participated at the Back to School Bash which was held at the Ouachita Children's Center
- Spoke at the Homeless Coalition in Montgomery County about partnering with DCFS
- Created a flyer for the informational meeting to be held in September

#### Area 4

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

## Area 9

- On 8/8/17 CES held the Poinsett County Recruitment team meeting at Gavin's in Harrisburg. The team discussed some further plans for the Community Outreach Meeting. CES also attended the Poinsett County Health Coalition this date at the DHS office.
- On 8/14/17 CES was the speaker for the Batesville Rotary Club at Kelly-Wyatt's Restaurant. Resource Supervisor, Susan Simmons, attended and observed CES at the meeting. CES spoke about the needs of Independence County, provided handouts, and answered questions.
- On 8/16/17 CES attended the Crittenden County Hometown Health Coalition where we are planning a health fair in West Memphis on 9/30/17 that CES will have a booth at.
- On 8/18/17 CES had an article ran in the Batesville Guard thanking Citizens Bank for sponsoring my booth at the fair and letting everyone know my contact information in case they were interested in getting involved. (Please see attached)
- On 8/21/17 CES traveled to Central Office and picked up supplies for the upcoming Poinsett County Fair.
- On 8/22/17 CES traveled to Harrisburg and set up the booth for the Poinsett County Fair. CES worked the first night of the fair. The Extension building closed early this night and was not well attended.
- On 8/23/17 CES traveled to Harrisburg and worked a booth at the Poinsett County Fair talking to people about the need for foster homes in the area. FSW then traveled back to Independence County.
- On 8/24/17 CES traveled to Harrisburg and worked a booth at the Poinsett County Fair talking to people about the need for foster homes in the area. FSW then traveled back to Independence County.
- On 8/25/17 CES traveled to Harrisburg and worked a booth at the Poinsett County Fair talking to people about the need for foster homes in the area. FSW then traveled back to Independence County.
- On 8/26/17 CES traveled to Harrisburg and worked a booth at the Poinsett County Fair talking to people about the need for foster homes in the area. FSW then traveled back to Independence County.
- On 8/28/17 CES held the Jackson County Recruitment Team Meeting at US Pizza in Newport. The White County CALL Coordinator attended the meeting and shared her plans for Jackson County with DCFS Staff.

## September 2017

## Area 3

- Held recruitment meetings in all 9 counties
- Presented information on the need for foster homes at the Garland County Community Breakfast
- Spoke about the need for foster parents at the CADC Preschool in Delight
- Set-up a table at the Malvern High School Open House

## October 2017

## Area 3

- Attended the Garland County Community Breakfast
- Created a booth at the Boo with the Badge Event
- Spoke at Goza Middle School and gained 2 individuals interested in volunteering
- Held an informational meeting in Arkadelphia
- Spoke at the Hot Springs School District regarding the need for foster parents
- Created a booth at the Goat Festival in Perryville
- Created a booth at the Battle of the Badges in Sevier

## Area 4

- Spoke at the UCRC meeting in Texarkana
- Attended the Hempstead County Chamber of Commerce Coffee and distributed information on foster care and volunteering
- Attended the Rotary Club meeting in Lafayette County and spoke about the needs of the county
- Attended the Battle of the Badges Recruitment Event in Dequeen
- Hosted a community outreach meeting in Miller County

## Area 5

## Vacant-filled beginning of October

- Attended the CALL meeting in Boone County to aide in coordinating a Christmas Pageant
- Hosted a booth at an adoption event
- Met with Boone County team to help coordinate Christmas gifts for foster children
- Promoted an adoption awareness event

## November 2017

## Area 5

- Hosted a booth at an adoption event for Adoption Awareness Month
- Worked with the CALL to put on the Christmas Pageant which raised \$2,000 and gained \$5,000 in donations
- Solicited local businesses to sponsor Christmas gifts for the foster children in Marion County

## December 2017

## Area 4

- Attended the Miller Hometown Christmas Event

## Area 5

- Gathered Christmas gifts from community stakeholders in Marion County
- Assisted the staff in Boone County to put on a Christmas Event for the foster children
- Met with a local business owner who donated Christmas gifts for a sibling group of 4 and delivered the gifts to the children
- Accompanied the CALL when delivering care baskets to all of the foster homes in Boone County

## January 2018

## Area 5

- Assisted the CALL with two informational meetings; one being in Boone County and the other in Baxter County
- Participated in a panel at the foster parent training
- Attended a coalition meeting in Searcy County
- Met with the Judge for Boone, Newton, Marion, and Baxter Counties to discuss their thoughts on how to best serve the teens in these counties
- Interviewed two foster parents who foster teens to gain insight on how to best recruit foster parents for older children

## Area 10

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

## Planned Activities for Upcoming Reporting Period

The following are some of the activities planned for the upcoming reporting period (February 1, 2018 through July 31, 2018) for some of the Waiver interventions:

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

- Continue with the War Room efforts to look at strengthening the overall practice of the assessment
- Continue development of the hybrid tool to be used across all case types
- Finalization of the curriculum for upcoming practice trainings by 3-31-18 and then training the FSWs and Supervisors in all service areas on the new Practice Training by 7-31-18.

### ***Team Decision Making***

#### *Feb 2018*

- TDM Program Manager conducted coaching and supervision in Areas 2, 3, 4, and 5.
- TDM case consultation was held Feb 14th, the meeting included TDM Facilitators, Back-up Facilitator, and was led by TDM Sponsor and TDM Lead
- TDM Program Manager conducted Individual and Group Supervision

#### *March 2018*

- TDM Program Manager will conduct coaching and supervision with Area Facilitators
- TDM case consultation is scheduled for March 14
- TDM Program Manager will conduct Individual and Group Supervision
- TDM Program Manager and Area 6 Facilitator will train Stakeholders on March 30, 2018 about Stewards of Children

#### *April 2018*

- TDM Program Manager will conduct coaching and supervision with Area Facilitators
- TDM case consultation is scheduled for April 11
- TDM Program Manager will conduct Individual and Group Supervision
- TDM Program Manager and Area 2 and 3 Facilitator will train Stakeholders about Stewards of Children

#### *May 2018*

- TDM Program Manager will conduct coaching and supervision with Area Facilitators
- TDM case consultation is scheduled for May 9
- TDM Program Manager will conduct Individual and Group Supervision
- TDM Program Manager and Area 4 and 8 Facilitator will train Stakeholders about Stewards of Children

#### *June 2018*

- TDM Program Manager will conduct coaching and supervision with Area Facilitators

- TDM case consultation is scheduled for June 13
- TDM Program Manager will conduct Individual and Group Supervision

*July 2018*

- TDM Program Manager will conduct coaching and supervision with Area Facilitators
- TDM case consultation is scheduled for July 11
- TDM Program Manager will conduct Individual and Group Supervision

*Nurturing Families of Arkansas*

- Continue to have monthly meetings.
- Further discussions about other cases that can be referred – possibly implement additional criteria in designated pilot counties.

## EVALUATION STATUS

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### EVALUATION

#### Background

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

The Waiver Demonstration Project is designed to accomplish three goals:

Goal	Associated Initiatives
Safely reduce the number of children entering foster care	<ul style="list-style-type: none"> <li>▪ DR</li> <li>▪ CANS/FAST</li> <li>▪ NFA</li> <li>▪ TDM</li> </ul>
Increase placement stability for children in foster care	<ul style="list-style-type: none"> <li>▪ CANS</li> <li>▪ ARCCC</li> </ul>
Expedite permanency for children in foster care	<ul style="list-style-type: none"> <li>▪ CANS</li> <li>▪ PRT</li> </ul>

Four data collection activities were employed over the last six months to inform the evaluation: stakeholder interviews, case record reviews, family satisfaction surveys and CHRIS analysis. The stakeholder interviews, case record reviews, and family satisfaction surveys completed for this reporting period are designed to inform the process evaluation while analysis of data from CHRIS, Arkansas' case management system, is designed to measure the impact or outcomes of each initiative.

#### Methodology

**Stakeholder Interviews:** HZA conducted interviews with program leaders as well as area level staff. Questions focused on the ongoing implementation of the initiatives, training efforts which might be continuing, staffing, and strengths and challenges.

**Case Reviews:** Case review data are used to supplement information collected from CHRIS. The reviews are used to gather information from case notes which are not available in a coded format. For most initiatives, case review data are merged with CHRIS data so that information can be correlated across data sources. The structured case reading instruments use fixed answer, objective questions that can be answered using information

found in the records. Separate case review instruments (presented in previous semi-annual reports) were created for each initiative and reviewers were trained specifically to collect case record evidence for each initiative.

***Family Surveys:*** Families involved in three of the interventions, DR, TDM and NFA, are asked to complete a survey following receipt of the intervention. A survey is also administered to resource families, following their approval as resource homes, to learn about the recruitment and approval process for ARCCC. Surveys consist of a combination of multiple choice, yes/no, Likert scale and open-ended questions.

***CHRIS Analysis:*** CHRIS data supply the evaluation with objective data on families, case plans, services, strengths and risks, as well as safety and permanency outcomes of children and families. Propensity score matching (PSM) was used to construct a comparison (Comp) group that is similar to the treatment (Tx) group for each initiative, using a number of variables to match across the two groups. The matching variables include demographics as well as relevant prior experience with DCFS. Matched comparison groups for each initiative were drawn from periods prior to the implementation of the respective initiatives, typically the 12-month period immediately prior to implementation. The comparison group for CANS uses a reverse PSM to create the matched groups because the treatment population is larger than the population for the comparison group. Each treatment group is selected in six-month cohorts based on the beginning (TDM, NFA, CANS/FAST) or end of (DR, ARCCC) the program or process, with the PSM selected comparison cases matched on a cohort-by-cohort basis. Outcomes are then measured forward from the date used to select each case, whether treatment or comparison.

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

### ***General Waiver Outcomes***

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

Table 1 shows the percentage of cases where no children were removed from the home within three and six months of the DR case closing, TDM meeting date, the NFA graduation date, and the initial FAST assessment completion date, respectively. Youth involved in the

waiver initiatives are typically less likely to be removed than comparison group members. The small percentages of youth from NFA families who were removed within three and six months represent an increase in removals; in the previous report, no NFA-involved youth were removed.

**Table 1. Percentage of Cases with No Children Removed from the Home**

Initiative	Within 3 Months		Within 6 Months	
	Tx	Comp	Tx	Comp
DR	99%	97%	99%	96%
TDM	92%	90%	88%	88%
NFA	96%	97%	94%	96%
FAST	98%	98%	97%	96%

For youth who are in foster care, the CANS assessments and ARCCC initiative are designed to increase placement stability. Youth with a CANS assessment are more likely to achieve placement stability than youth who received an assessment using the previous tool, FSNRA.

**Table 2. Percentage of Children with Placement Stability**

Initiative	Within 3 Months		Within 6 Months	
	Tx	Comp	Tx	Comp
ARCCC	85%	87%	65%	70%
CANS 0 - 4	78%	65%	57%	48%
CANS 5+	61%	52%	39%	35%

Placement stability is slightly lower for youth placed into a newly approved ARCCC home than for youth who were placed in a home from the historical match comparison group.

Once a child has been removed, it is hoped that the CANS assessment will provide the necessary tools and supports to reunify the child with his or her family. Table 3 shows the percentage of youth who were

**Table 3. Percentage of Children Reunified or Placed in Relative Custody**

Initiative	Within 3 Months		Within 6 Months	
	Tx	Comp	Tx	Comp
CANS 0 - 4	9%	3%	12%	15%
CANS 5+	11%	3%	24%	15%

reunified with their biological family or were given relative custody. Youth five and older with a CANS assessment completed in the most recent reportable period are significantly more likely to reunify within three and six months than youth with an FSNRA. Youth under five are significantly more likely to reunify within three months.

At a broad level, it appears that the treatment groups are more successful than the comparison groups at keeping children out of foster care but less successful at getting children reunified with their families after they were removed.

## Differential Response

Differential Response, first implemented in August 2013, was one of the first initiatives implemented under the IV-E Waiver. The purpose of the initiative is to provide services quickly to families referred with low-risk child maltreatment allegations as a means to avoid removal and placement of their children into foster care, focusing on family engagement rather than investigation. Between August 2013 and January 2018, 18,695 families have been served by DR, involving a total of 28,067 children.

### Methodology

As mentioned earlier, a survey is administered to families soon after the DR case closes to gain the perspective of the families on the services they received. To help increase the rate of response, starting in February 2017, the survey along with a postage-paid, pre-addressed envelope is given to the family by staff at the time of DR closure. Between February 2017 and January 2018, 84 surveys were returned. A total of 285 families have returned the DR survey.

**Table 4. Number of Survey Responses**

Cohort	Responses
August 2013 - January 2014	0
February 2014 - July 2014	123
August 2014 - January 2015	24
February 2015 - July 2015	16
August 2015 - January 2016	0
February 2016 - July 2016	21
August 2016 - January 2017	13
February 2017 - July 2017	29
August 2017 - January 2018	59
<b>Total</b>	<b>285</b>

To gain the perspective of the agency, staff from HZA spoke to 33 stakeholders, inclusive of Area Directors, DR supervisors, and DR specialists about the program. Open-ended questions were used to learn about training, community resources, and successes and challenges of the program.

Six-month time frames are used to measure the impact of the initiative in keeping children safe. With DR first implemented under the Waiver on August 1, 2013, the comparison pool of cases is comprised of cases for which an investigation was closed from August 1, 2012, to July 31, 2013, with an allegation(s) satisfying the DR criteria. PSM was used to select members from the comparison pool who resemble the characteristics of those in the treatment group. Propensity scores were determined using allegation type(s), service area,<sup>1</sup> county, number of male children in the case, number of female children in the case, the average age of the children in the case, the race of the family, and the ethnicity of the family.

<sup>1</sup> In Cohorts 8 and 9, the characteristics of the treatment group changed significantly, necessitating a change in the criteria applied to select the comparison group. The service area, educational neglect, and inadequate supervision criteria were unable to be matched. These adjustments were driven by the changing characteristics of DR cases, not from the evaluators' decision.

An added requirement in selecting the groups is that the treatment group needed to have at least one child under the age of 18 or one child with a known date of birth. Under these restrictions the comparison group always has a lower number of cases than the treatment group. Propensity scores were matched using a nearest neighbor algorithm. Table 5 shows the statewide count of cases in the treatment and comparison groups for each cohort. There are consistently more DR cases in Area 1 than any other area and the number of DR cases in Area 1 increased by 86 percent between Cohorts 7 and 8.

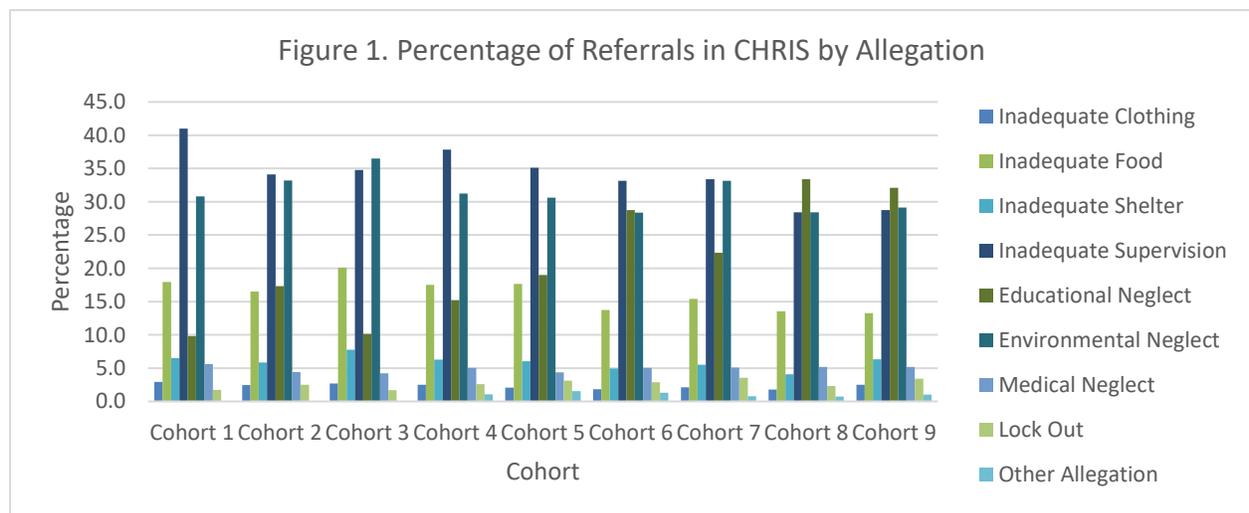
**Table 5. Number of Cases in Treatment and Comparison Groups by Cohort**

Cohort	Number of Tx Cases	Number of Comp Cases
1	1884	1538
2	1862	1719
3	1713	1587
4	1747	1651
5	1770	1659
6	2299	2157
7	1956	1551
8	2694	2522
9	2770	2538

**Process Evaluation**

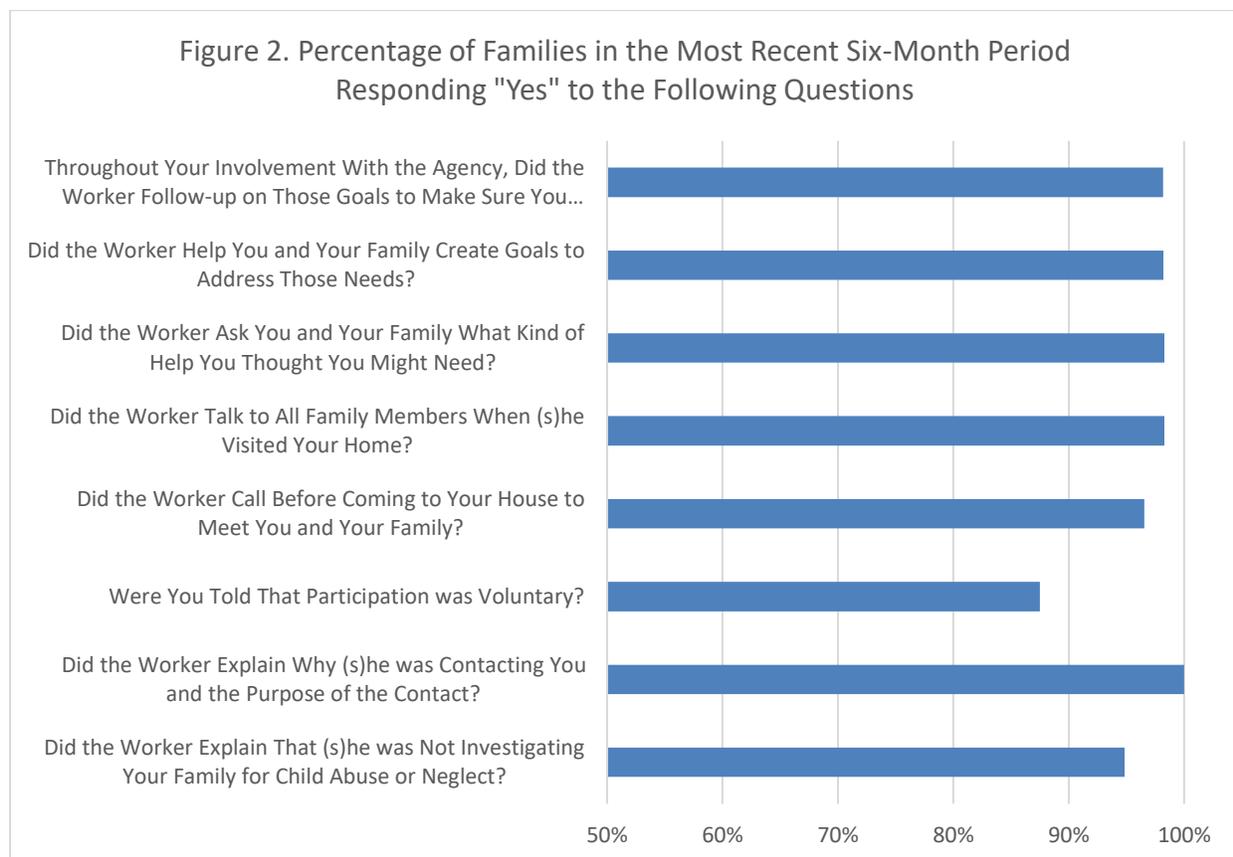
**DR Referrals**

Figure 1 shows the percentage of all DR cases opened in CHRIS with a given allegation for each six-month treatment cohort. In the two most recent cohort periods, educational neglect is the most common allegation for which families are referred, which is likely due to a large push by the school systems for teachers to report truant youth to DCFS. Allegations for inadequate supervision and environmental neglect are the next most common allegations among DR referrals. While the percentage of DR referrals with an allegation of “Lock Out” is relatively small, the number of cases with such an allegation has nearly tripled since DR implementation, increasing from 33 referrals within the first cohort period to 92 referrals in the most recent six-month timeframe.



### *Implementation*

The family satisfaction survey asked families a series of questions regarding the implementation and fidelity of the DR Service, with results provided in Figure 2.<sup>2</sup> All of the families but one reported the workers talked with each family member in the home, worked with the family to find services, created goals specific to that family, and followed up with the family to make sure the goals were being met. In 88 percent of the responses, families reported the DR worker explained that participation was voluntary. In the interviews with DR specialists, the majority (nine out of 13) reported families are receptive to the idea of a voluntary program and one interviewee reported he or she did not tell families it was voluntary because “if we did, [the family] would not cooperate with us - especially if there is a parent accused of using drugs. If we tell them it's voluntary and they deny using drugs but are using, we can't do anything about it- they can't be drug tested.”



### *Services Referred and Received*

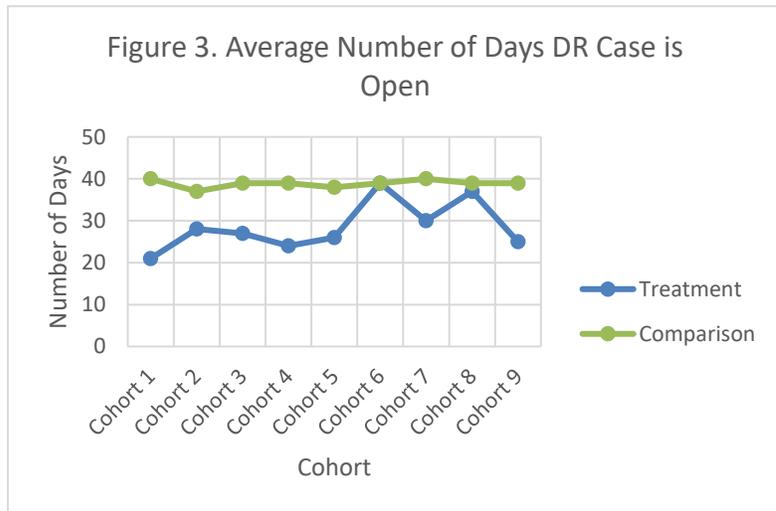
Family surveys asked which services the family needed and if they received them. In the most recent reporting period, the 59 respondents reported 18 service requests where two-thirds of the families reported receiving the services they wanted. In the previous reporting

<sup>2</sup> A number of families did not answer all the questions contained within the survey. The percentages are reflective of those for which an answer was received to the question.

periods, the 226 respondents reported 273 service requests where no more than 40 percent of the responding families reported they received the services they needed. Counseling (14 percent) is the most common service families requested in the most recent six-month timeframe, followed by food, clothing, and housing (five percent). Both counseling and substance abuse treatment services were received by half of the families that wanted those services.

### *Case Duration*

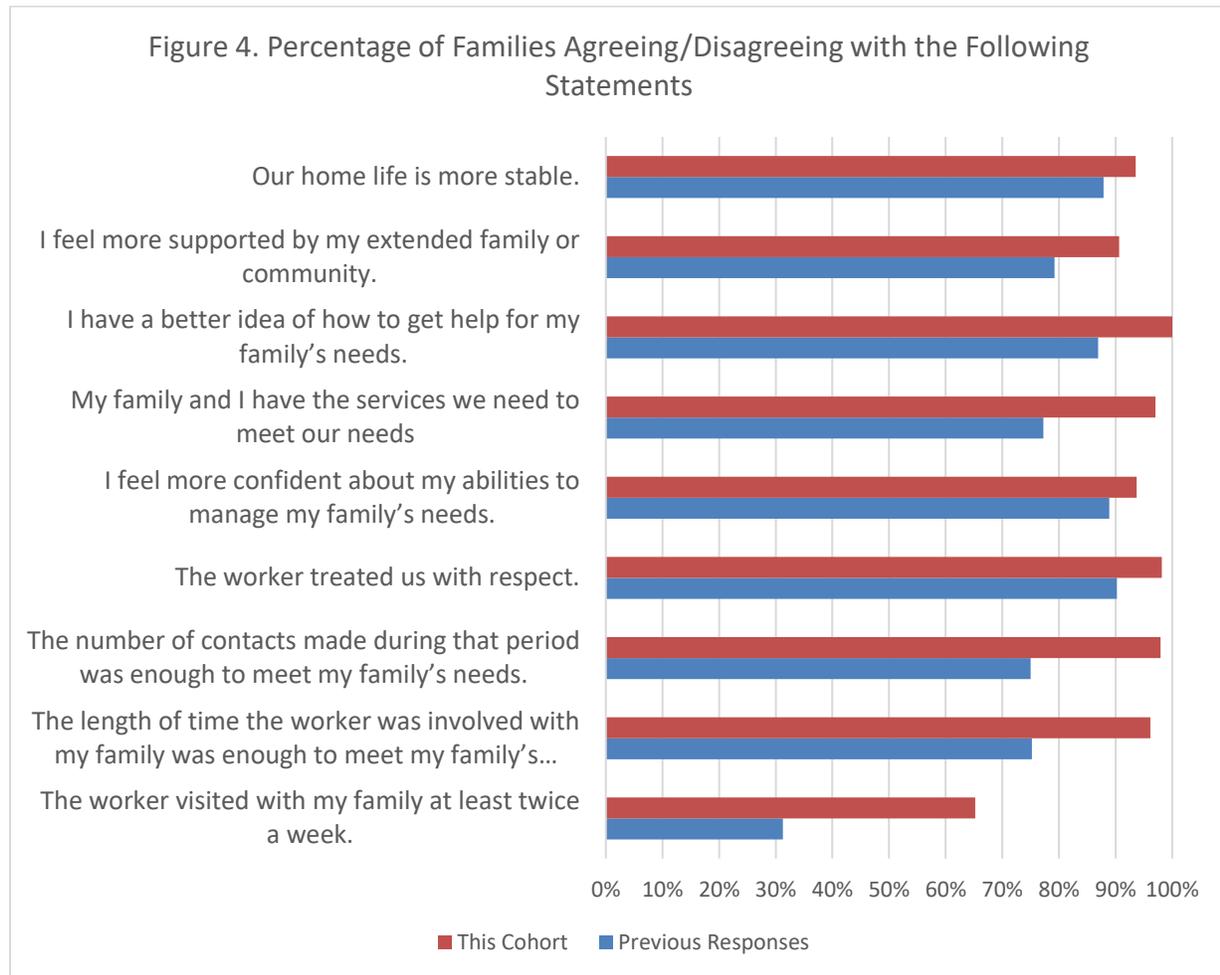
DR is designed to expedite workers' engagement with the families, provide frequent visitation and offer intensive yet short-term support. Figure 3 shows the average number of days DR cases were opened. In the most recent six-month timeframe, the average length of time a DR case was active decreased by 12 days from the previous reporting period, even though there are roughly the same number and types of referrals as received in the previous reporting period.



Over the last year, the number of educational neglect referrals has increased by four times since the initiative began in August 2013. DR specialists interviewed report that this increase in educational neglect referrals started to interfere with their existing workload and increased the length of time a DR case remained open. In order to optimize their time with educational neglect referrals, DR specialists meet with the family in the school since this is the most convenient place to make face-to-face contact and learn what supports the family needs. This effort has reduced the time it takes to schedule a meeting location as well as the length of time the case is open.

### *Family Engagement*

The family survey asked the extent to which families agreed or disagreed with particular statements on a four-point scale from "Strongly Agree" to "Strongly Disagree," with results provided in Figure 4. Every family responding to the survey reported they have a better idea of how to get help for their family's needs. Two-thirds of the families reported the DR worker met with the family twice a week, an increase from roughly one-third in previous reporting periods; 96 percent of the families indicated the amount of time the worker spent with the family is enough. The most common challenge reported by interviewees was the time it takes to implement DR correctly, including logistical issues (e.g., distance between families), trouble locating families, and incorrect referrals which hinder workers from implementing DR with fidelity.



**Outcome Analysis**

**Subsequent Report**

The underlying goal of DR is twofold: first, reduce the percentage of cases that suffer from subsequent maltreatment and, second, reduce the number of children removed from their homes. The former is addressed in Table 6<sup>3</sup> which shows the percentage of cases in the treatment and comparison groups with subsequent involvement with DCFS within three, six and twelve months of the DR case closure. Highlighted cells are those with statistically significant differences between the treatment and comparison groups. Cohort 8 shows families receiving DR are significantly less likely to have a subsequent maltreatment within 3 months or subsequent CPS case within 6 months.

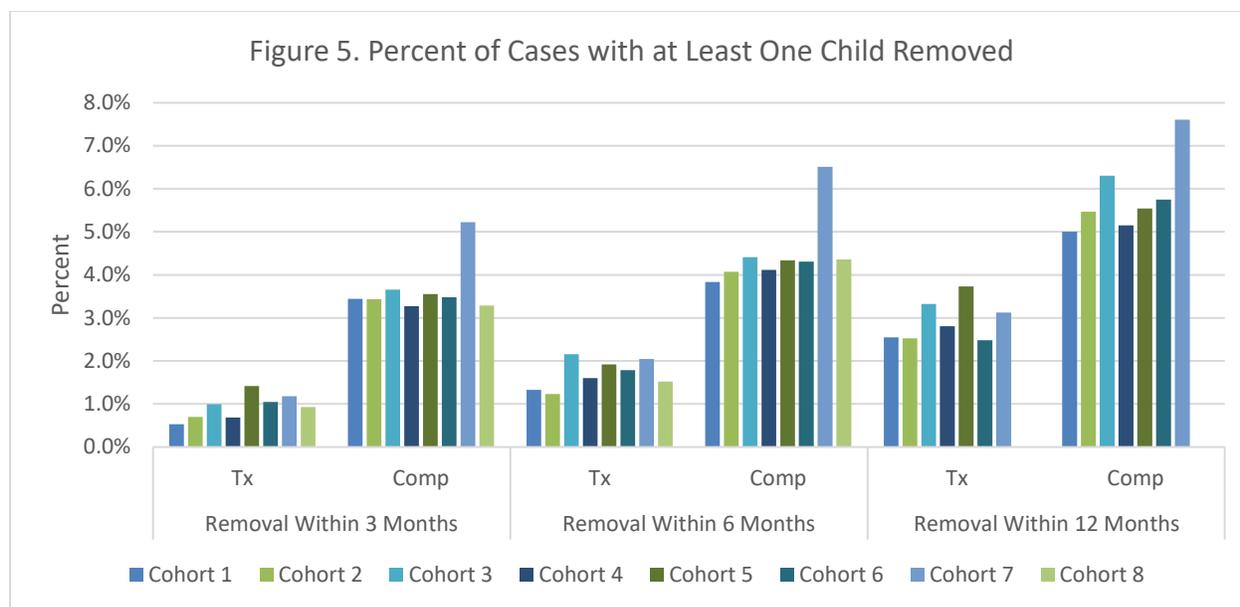
<sup>3</sup> Cohort 9 is not included for the remainder of this section since not enough time has passed to measure outcomes.

**Table 6. Percentage of Cases with Subsequent DCFS Involvement Within 3, 6, and 12 Months of DR Closing Date**

Cohort	Group	Subsequent Maltreatment			Subsequent DR Referral			Subsequent CPS Case			Subsequent SS Case		
		3 Mo	6 Mo	12 Mo	3 Mo	6 Mo	12 Mo	3 Mo	6 Mo	12 Mo	3 Mo	6 Mo	12 Mo
Cohort 1	Tx	1.4%	2.7%	4.5%	1.1%	2.4%	4.0%	1.8%	3.0%	4.7%	0.7%	0.8%	1.0%
	Comp	2.9%	4.2%	6.0%	-	-	-	12.9%	13.8%	15.2%	0.8%	0.8%	0.9%
Cohort 2	Tx	2.3%	3.7%	5.9%	1.4%	2.4%	5.2%	2.7%	4.2%	6.6%	0.9%	1.0%	1.1%
	Comp	2.4%	4.1%	6.6%	-	-	-	13.8%	15.0%	16.8%	0.6%	0.9%	1.0%
Cohort 3	Tx	2.9%	4.6%	7.2%	2.5%	4.3%	7.1%	2.3%	4.6%	6.6%	1.2%	1.3%	1.4%
	Comp	2.1%	3.9%	6.9%	-	-	-	13.2%	14.2%	16.4%	0.7%	0.9%	0.9%
Cohort 4	Tx	1.8%	3.7%	5.8%	3.0%	4.5%	6.5%	2.5%	4.6%	7.6%	1.0%	1.1%	1.3%
	Comp	2.7%	4.2%	6.4%	-	-	-	13.6%	14.8%	16.4%	0.3%	0.4%	0.5%
Cohort 5	Tx	2.4%	4.0%	6.4%	2.6%	4.6%	6.4%	2.5%	3.8%	6.2%	1.3%	1.4%	1.6%
	Comp	2.5%	4.2%	6.0%	-	-	-	14.6%	15.7%	17.2%	0.6%	0.8%	1.0%
Cohort 6	Tx	2.2%	3.4%	4.9%	2.2%	3.4%	6.3%	2.0%	3.1%	4.8%	0.2%	0.3%	0.4%
	Comp	3.0%	4.7%	7.1%	-	-	-	15.9%	17.0%	18.9%	0.3%	0.4%	0.5%
Cohort 7	Tx	2.6%	4.7%	7.3%	5.0%	7.9%	12.0%	2.8%	5.7%	7.9%	1.8%	1.9%	2.2%
	Comp	2.1%	3.9%	6.8%	-	-	-	17.7%	19.3%	21.5%	0.3%	0.5%	0.6%
Cohort 8	Tx	1.9%	3.5%	-	2.6%	4.8%	-	1.7%	3.0%	-	0.7%	0.7%	-
	Comp	3.0%	4.4%	-	-	-	-	14.3%	15.5%	-	0.4%	0.5%	-

### *Removals*

Figure 5 shows the extent to which children are remaining in their homes within three, six, and twelve months from the closing of the DR case. Like all other previous reporting periods, families receiving DR in Cohort 8 are significantly less likely to have a child removed from their home within three and six months. Similarly, families in Cohort 7 are significantly less likely to have a child removed at 12 months.



### *Children Discharged from Care*

If a child is removed from the home, it is hoped that the services and community supports provided to the family as part of the DR case might allow for the child to be returned to the home sooner than what has transpired in the past. Table 7 shows both the percentage of children who entered foster care within one year after the DR case closed and the percentage reunified or placed in relative custody within three, six, and twelve months of removal. Once children in a DR case are removed from the home, the percentage of children reunified is lower than the historical comparison group. Youth with a DR case in the fourth and fifth reporting periods are significantly less likely to reunify within six and twelve months.

Cohort	Percent of Children Entering Care		Percentage of Children Removed from Home Who are Discharged from Care Within					
	Tx	Comp	3 Months		6 Months		12 Months	
			Tx	Comp	Tx	Comp	Tx	Comp
<b>Cohort 1</b>	2.5%	5.3%	24.3%	30.6%	33.8%	42.7%	51.4%	58.9%
<b>Cohort 2</b>	2.4%	5.2%	22.5%	32.4%	33.8%	46.0%	50.7%	59.7%
<b>Cohort 3</b>	3.1%	6.5%	24.7%	30.1%	35.3%	38.7%	55.3%	55.8%
<b>Cohort 4</b>	2.6%	5.2%	21.7%	28.8%	26.1%	41.7%	37.7%	60.6%
<b>Cohort 5</b>	3.3%	6.1%	13.5%	39.6%	21.3%	50.0%	32.6%	64.3%
<b>Cohort 6</b>	2.1%	5.5%	26.8%	34.5%	42.3%	52.0%	-	-

### *Summary*

DR cases exhibit a significantly lower percentage of cases with at least one child removed from the home after the case closes than the comparison group. However, if a child is placed into care, a lower percentage of children are reunified with their families after three, six, or 12 months than in the comparison group. DR cases also show a lower percentage of subsequent CPS cases and slightly higher percentages of subsequent SS cases than the comparison group. DR case duration has decreased in the last reporting period.

## Team Decision Making

Team Decision Making meetings provide an opportunity for families, workers, and other family supports such as relatives or community members to come together and brainstorm action plans to keep child(ren) safe. Meetings are held within 48 hours of a protection plan being put into place. Currently, TDMs are being implemented in six of Arkansas's ten Service Areas: Areas: 2, 3, 4, 5, 6, and 8. Since the start of the waiver, 1497 families involving 3239 children have participated in a TDM meeting.

### Methodology

After the completion of a TDM meeting, families are asked to complete a survey which gathers information about the family's perception of the meeting and its effectiveness. As of February 1, 2018, a total of 1037 surveys have been returned for a response rate of 69 percent.

Case records for 100 TDM meetings held between March 1, 2016, and February 28, 2017, were also used to inform the evaluation. Reviews were used to assess fidelity, engagement of families and other meeting participants, and identify involvement of families in service planning and the overall quality of case documentation as it pertains to the meetings.

Thirty-eight stakeholders including Area Directors, County Supervisors, Family Service Worker Supervisors, and Family Service Workers were interviewed about the TDM initiative. Questions centered on ongoing implementation, training, supervision of caseworkers, and successes and challenges.

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

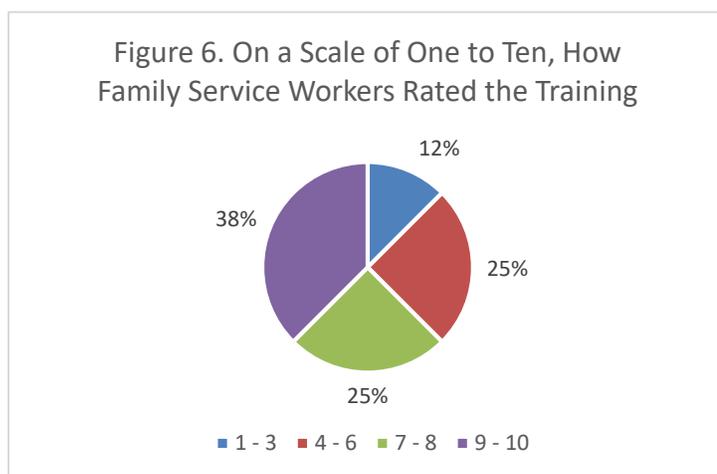
**Table 8. Number of Survey Responses by Cohort**

Cohort	Responses
September 2014 - August 2015	25
September 2015 - February 2016	199
March 2016 - August 2016	146
September 2016 - February 2017	214
March 2017 - August 2017	211
September 2017 - January 2018	242
Total	1037

<b>Table 9. Team Decision Making Outcome Analysis Cohorts</b>		<b>Cohort 1 (9/1/2014 – 2/28/2015)</b>	<b>Cohort 2 (3/1/2014 – 8/31/2015)</b>	<b>Cohort 3 (9/1/2015 – 2/29/2016)</b>	<b>Cohort 4 (3/1/2016 – 8/31/2016)</b>	<b>Cohort 5 (9/1/2016 – 2/28/2017)</b>	<b>Cohort 6 (3/1/2017 – 8/31/2017)</b>
<b>Treatment</b>	Cases	32	204	297	338	294	332
	Children	62	489	641	724	639	686
<b>Comparison</b>	Cases	32	204	149	169	147	166
	Children	56	420	308	336	290	332

### *Training*

As Team Decision Making continues to be implemented across the State, training is provided to prepare Area staff to prepare and engage families in team meetings. Figure 6 shows the rating Family Service Worker interviewees gave the TDM training. The majority (62 percent) rated the training as a seven or higher and reported it helped them to define the worker's role in the meeting and logically explained the process of conducting a meeting. Those who reported a six or under described the training as too long and "based on the best-case scenario" instead of providing more realistic scenarios of a TDM meeting.



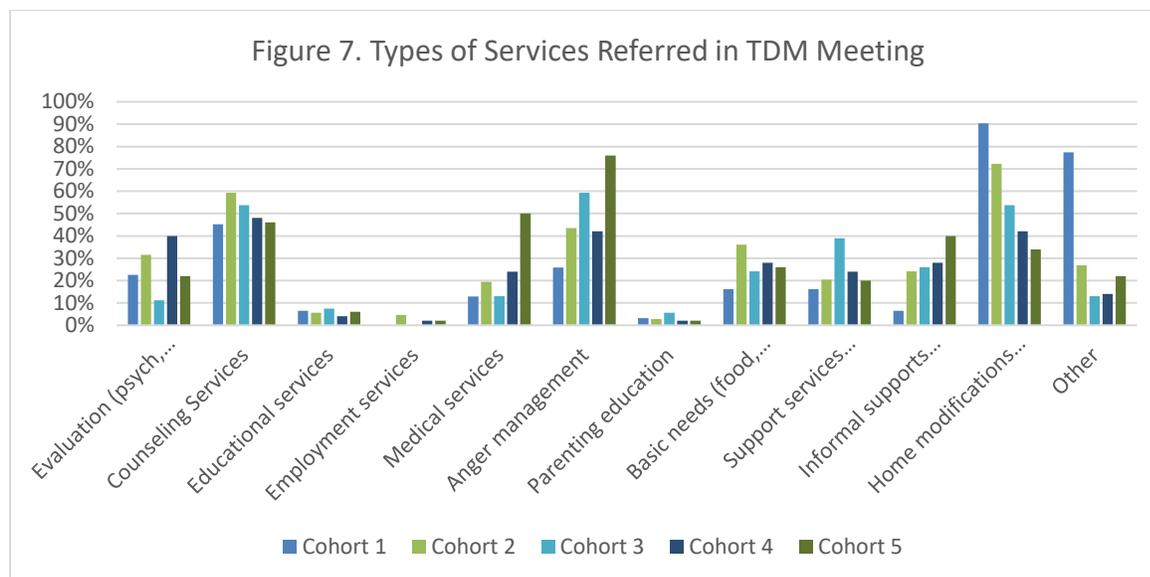
### *Meeting Implementation*

Agency staff most commonly reported during the interviews that family participation is one of the strengths of the TDM meetings. One family service worker reported that, "it provides a unique platform for the parent's voice to be heard." Additionally, interviewees report the meetings provide a chance for families to learn about the services they need to keep their children safely in the home, or if a removal is necessary, the steps the parents can take to reunify with their child.

The challenges most often reported in the agency staff interviews for implementing TDM effectively are the time it takes to prepare for and conduct the meeting, scheduling families to meet, and finding a location to hold the meeting. Interviewees reported challenges for Garrett's Law cases where the mother had a C-section and suggested the ability to meet in a hospital or the client's home in these special circumstances.

### *Participation*

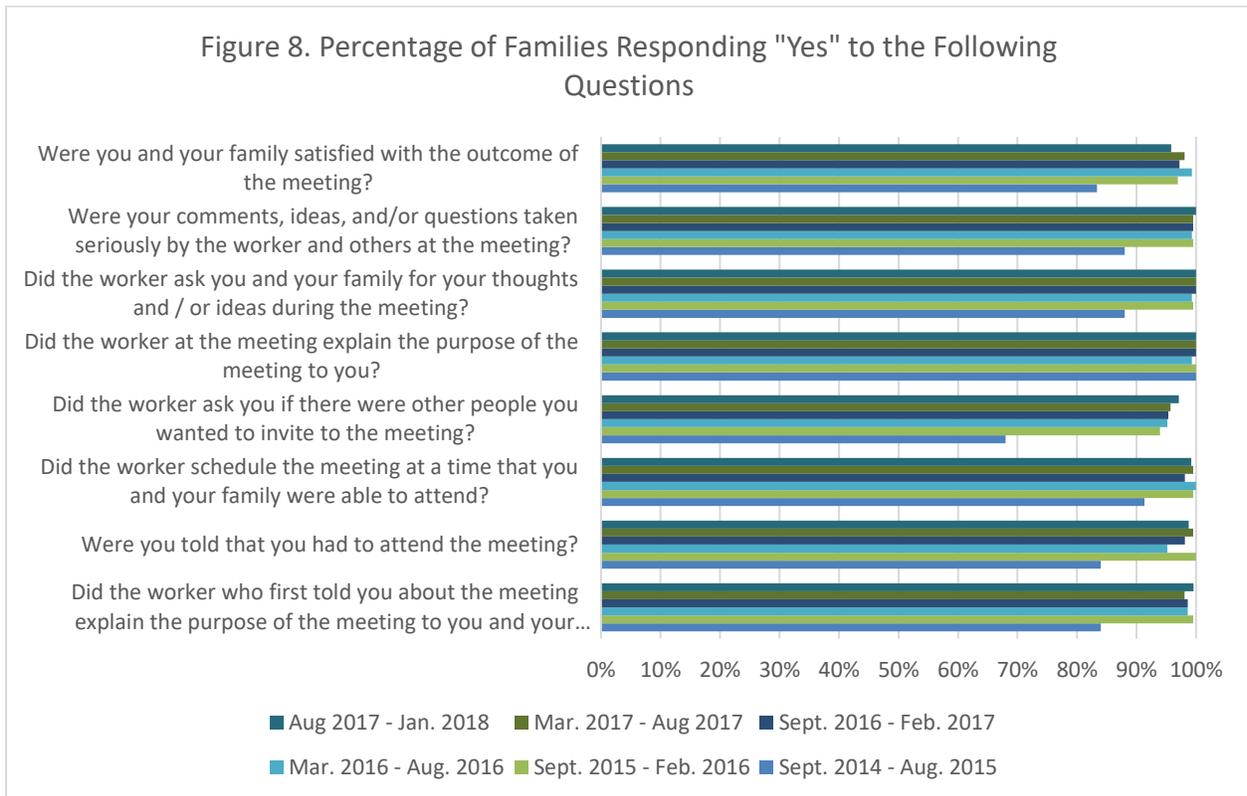
The case record reviews looked at the types of services families were commonly referred to receive as a result of the TDM meeting. As shown in Figure 7, between March 2016, and February 2017, the most commonly referred services were anger management (59 percent), counseling (47 percent), and home modifications and medical services (38 percent). There is a decreasing trend in home modification referrals since initiation of TDM meetings and an increasing trend in medical service and anger management service referrals.



The case reviews were also used to examine the fidelity of the meetings. In 82 percent of the TDMs reviewed, safety factors in the home, the protection plan, and the family's strengths were discussed. Moreover, four out of five families were found to be engaged in discussing their family's needs and strengths, including safety factors in the home and steps needed to implement the protection plan. Since TDM was first implemented, the case record reviews have shown an increase in the percentage of cases in which the family's strengths are reviewed during the meeting, rising from under ten percent in the initial reporting period to almost 90 percent in the most recent period reviewed.

### *Family Perspective*

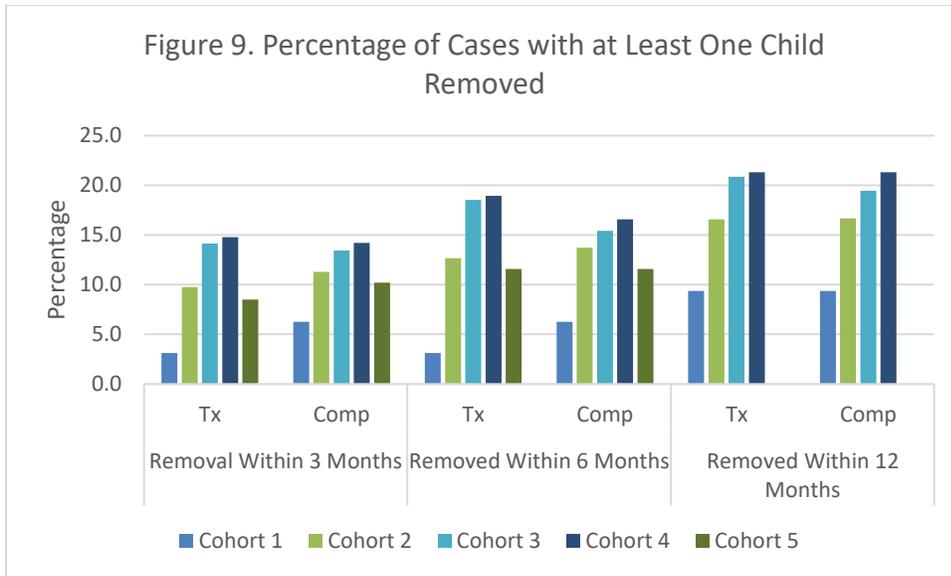
The survey administered to families at the close of the meeting asks a series of Yes or No questions which serve to measure satisfaction with and fidelity of the meetings to the model. The percentage of families who replied affirmatively is shown in Figure 8. In the most recent six-month cohort, all families responding to the survey reported workers asked for the family's thoughts and comments and were taken seriously by the workers. The responses from the most recent period are consistent with responses from the prior two years and indicate that workers are consistently implementing TDM meetings with fidelity.



**Outcome Analysis**

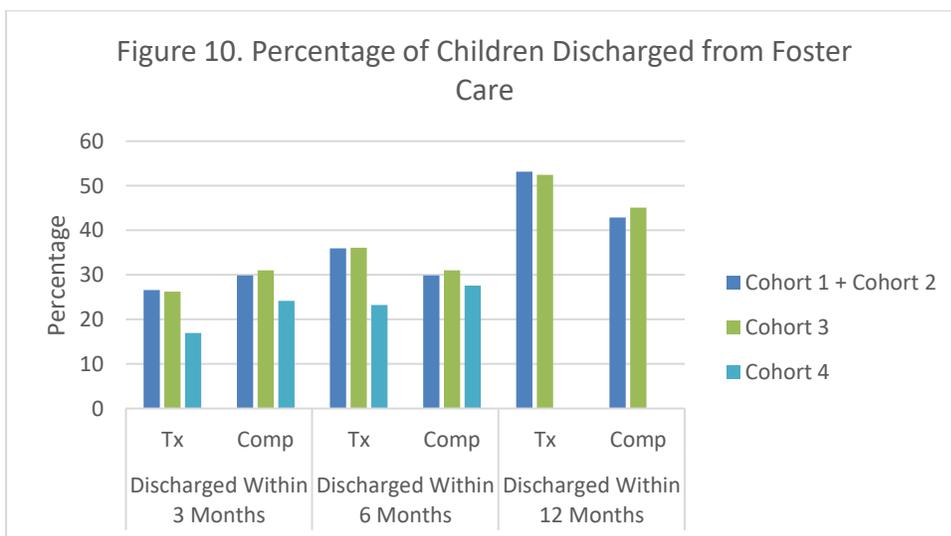
**Removals**

TDM meetings are designed to place the child in the safest environment available and, whenever possible, keep the child safely in the home as services are provided to the family. Figure 9 shows the percentage of cases where at least one child was removed from the home within three, six, and twelve months of the meeting, or in the case of the comparison group, following development of the protection plan. In the most recent six-month cohort, fewer treatment group cases had a removal than the previous two reporting periods and fewer youth were removed from their families than the comparison group, but the results are not significant.



**Discharges**

In the event that a child was removed from care after the TDM took place, it is possible that the action plan laid out in the meeting will also serve to help bring the child home faster. Figure 10 displays the percentage of children who were removed from their home within 12 months following the TDM meeting or development of the protection plan and were subsequently reunified with their families or placed into relative custody. Cohorts 1 and 2 were combined in this figure to provide more meaningful results since only three children were removed from the treatment group in Cohort 1. Outcomes are displayed where enough time has passed. Results for the first three reporting periods show a higher proportion of treatment youth are reunified within 12 months of entering foster care than comparison group cases, though the results are not significant. In the fourth reporting period, there is a smaller percentage of children reunified after a removal involving a TDM meeting than the comparison group, though again, these results are not significant.



*Summary*

Families generally report being satisfied with TDM meetings and report the meetings are completed with fidelity. TDM cases show similar rates of removal for children as the comparison group and slightly higher rates of reunification at 12 months for those who were removed.

## **Nurturing Families of Arkansas**

The Nurturing Families of Arkansas initiative is an evidence-based child abuse and neglect prevention and treatment program for families; it was first implemented in March 2015. A total of 409 families, comprised of 1115 children, have participated in the program as of the end of January 2018. A total of 292 families have graduated from or are still active in the program, with 117 leaving the program prior to completion.

### **Methodology**

A total of 40 stakeholders were interviewed to gather information about NFA, including Area Directors, County Supervisors, Family Service Workers, and Parent Educators regarding preparation and ongoing implementation of the program, supervision of workers, and the capacity to meet demand for the program.

As families graduate from NFA, they are asked to complete a survey which addresses the families' interactions with the NFA instructor, the strengths and weaknesses of the program, and their perception of the effectiveness of the program. As of the end of January 2018, 199 surveys have been completed and returned to HZA for analysis.

The analysis of outcomes is limited to the four cohorts which have come to a close and where at least six months have transpired since the families' completion of the program, i.e., families completed NFA between March 1, 2015, and February 28, 2017, as displayed in Table 10. The most common reason for not completing the program was non-compliance with the program, typically after missing multiple program sessions. A comparison group of families who had a Protective or Supportive Services case open between March 1, 2013, and February 28, 2015, were selected to compare the effectiveness of NFA to those who participated in the program. Comparison cases, using propensity score matching, were selected based on the families' geographic location, i.e., area of responsibility; number of children in the household by gender and average age of the children; racial and ethnic make-up of family members and prior agency involvement. Propensity scores of the treatment group were compared to those of the comparison group, with families selected based on a nearest neighbor algorithm.

<b>Table 10. Count of NFA Participants and Comparison Group Size</b>				
<b>Cohort</b>		<b>Graduated / Active</b>	<b>Dropped Out</b>	<b>Comparison Group</b>
3/1/2015 8/31/2015	-	65	42	97
9/1/2015 2/29/2016	-	55	13	61
3/1/2016 8/31/2016	-	61	30	87
9/1/2016 2/28/2017	-	50	18	71
3/1/2017 8/31/2017	-	61	14	71

## **Process Evaluation**

### ***Implementation***

NFA has recently expanded the age criteria for referral to the program to include families with children ages up to 17 year-olds from serving families with children ages five to eleven. This age expansion comes with additional materials to help serve families with teenagers. Parent educators reported they are already serving this population when working with families that have multiple children. The expanded age range should lead to more referrals to NFA in the future and address, at least in part, the most common barrier currently reported by caseworker and Area Director interviewees: limited criteria for NFA inclusion. Several interviewees reported a desire to relax the limitation on referring court involved clients, particularly when they involve behavioral or FINS cases.

Nearly 80 percent of interviewed Family Service Workers and Parent Educators report the program is very effective at keeping children safely in their home. One worker reported, "The families are functioning better, improve themselves, and are better in the community. NFA is just not telling them what to do, but helping them learn." The other 20 percent report the program is moderately or mildly effective at keeping kids safe in the home, citing clients with drug problems as the primary reason a child would be removed from the home.

Parent Educators expressed a desire to have more training around the process of NFA and the social welfare field in order to better fulfill their roles for the families they serve. Additionally, one educator commented that families are not always informed by DCFS that they are to participate in the NFA classes; such families express surprise or even anger or resentment when the educator makes first contact.

### *Family Nurturing Plans and Parent Coaches*

Family Nurturing Plans (FNP) are specifically designed to focus on each family's needs while utilizing its strengths. Typically, these plans are created during the first NFA session. Table 11 displays the number of NFA cases with no FNP and the average number of days from the initial Comprehensive Parenting Inventory (CPI) assessment to the FNP by reporting period. Roughly 97 percent of the cases referred to NFA between March and August 2017 completed a FNP. Of two families that did not have a FNP completion date, one family is still participating in sessions while the other family was unable to be located. Additionally, the Table below shows that the time to complete the FNP has decreased substantially for cases starting the program after September 2016.

Reporting Period	Cases	Cases with No FNP	Average Days from Initial CPI to FNP
3/1/2015 - 8/31/2015	107	14	14
9/1/2015 - 2/29/2016	68	5	12
3/1/2016 - 8/31/2016	91	12	13
9/1/2016 - 2/28/2017	68	1	7
3/1/2017 - 8/31/2017	75	2	9

In addition to the NFA instructors, a parent coach may be assigned by the FSW to help the family receive additional, more intensive supports which cater to the family's specific needs. These supports include, but are not limited to, working on reinforcing skills, encouraging family nurturing time, reminding parents of upcoming sessions, and providing transportation. Four parents referred between March and August 2017 received a parent coach, and all four graduated from the program.

### *Family Engagement*

Eighty-nine percent of families report attending all 16 parenting classes, according to the family survey responses. Those who were not able to attend all 16 classes cite conflicts with work schedule and transportation issues. Roughly half of the families report their child attended all classes with them. Of those whose children did not attend all of the classes with the parent, all but one family reported the children attended a separate session at the same time as that attended by the parents.

The survey offered families the opportunity to rate, on a scale of 1 to 4 or Strongly Agree to Strongly Disagree, their engagement with their instructor and the impact of the NFA program on their families. Overwhelmingly, families reported good communication with

their instructor, with families also indicating the instructor focused on their positive qualities as a parent. Instructors were found to have treated families with respect and modeled good parenting behaviors. In the most recent six-month timeframe, two families selected “Strongly Disagree” to all questions on the questionnaire, but did not provide feedback for why they were dissatisfied with the program.

### *Family Satisfaction*

At the end of the survey, space was provided for families to comment on what they liked and disliked about the program. Parents consistently reported the instructors were respectful, motivating, and patient. Many parents reported a deeper understanding of themselves and how to effectively parent their children, particularly around behavior. Parents reported transportation issues and the time it takes to complete the 16-week course as barriers to their success.

Family Service Workers who are involved with NFA cases were asked, as part of the onsite interviews, if they have seen a difference in the families after they have attended the NFA sessions. Seven out of nine reported large growth in the families and the other two reported moderate growth. One worker reported, "Absolutely, I have seen weekly changes in the families. The families and children can't wait to tell me what they have learned from NFA. The families have insight on things they can apply right away." However, another worker reported she saw progress with the family while they attended the classes but they reverted to their old habits after the classes were over.

### **Outcome Analysis**

#### *Removals*

One of the objectives for the NFA program is to reduce the number of children removed from their homes following completion of the program for the treatment group and after four-months from case opening for the comparison group. Table 12 shows graduating participants referred to the program between March and August 2016 continue to report a smaller percentage of youth removed from the home within 12 months of graduation. However, families referred between September 2016 and February 2017 have a slightly greater chance of having a child removed from their home than the comparison group.

<b>Table 12. Percentage of Cases with No Child Removed from the Home Following NFA Initiation</b>								
<b>Time to Removal</b>	<b>Cohort I</b>		<b>Cohort II</b>		<b>Cohort III</b>		<b>Cohort IV</b>	
	<b>Tx</b>	<b>Comp</b>	<b>Tx</b>	<b>Comp</b>	<b>Tx</b>	<b>Comp</b>	<b>Tx</b>	<b>Comp</b>
3 months	98%	98%	98%	98%	100%	97%	96%	97%
6 months	98%	98%	96%	97%	100%	97%	94%	96%
12 months	98%	94%	96%	95%	95%	92%	-	-

### *Repeat Maltreatment*

Another way to examine the ability of the program to keep children safe is to avoid repeat involvement in the child welfare system following participation in the program, as seen in Table 13. Graduating participants referred to the program between March and August 2016 (Cohort III) were significantly less likely to have a subsequent substantiated CPS case within 12 months of graduating than the comparison group. Participants referred between September 2016 and February 2017 are slightly less likely to have a new substantiated CPS case within three and six months.

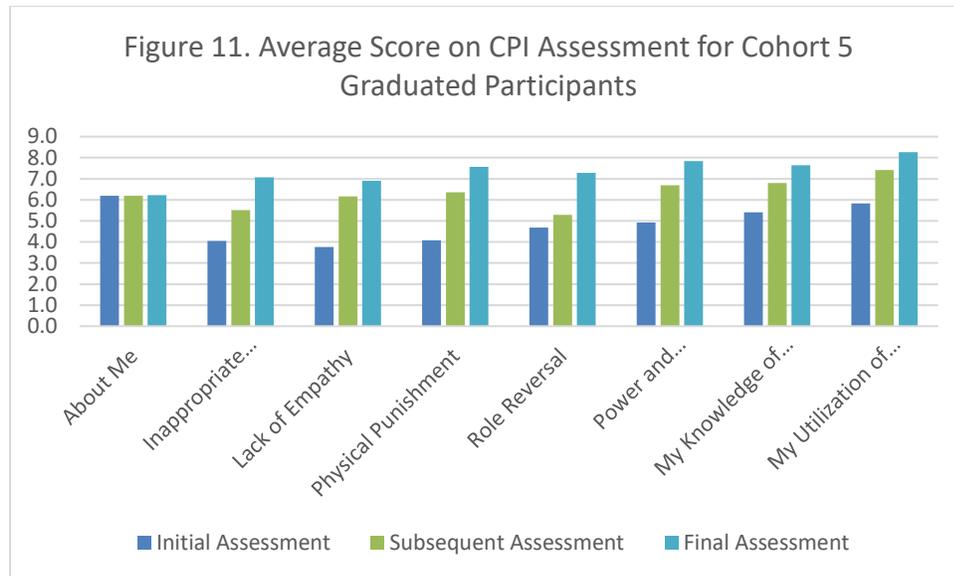
<b>Table 13. Percentage of Cases with Repeat Maltreatment Following NFA Initiation</b>								
<b>Time to New CPS</b>	<b>Cohort I</b>		<b>Cohort II</b>		<b>Cohort III</b>		<b>Cohort IV</b>	
	<b>Tx</b>	<b>Comp</b>	<b>Tx</b>	<b>Comp</b>	<b>Tx</b>	<b>Comp</b>	<b>Tx</b>	<b>Comp</b>
<b>Subsequent Substantiated Child Protective Services Case</b>								
3 months	3%	2%	4%	7%	3%	2%	2%	4%
6 months	5%	7%	7%	7%	3%	5%	2%	4%
12 months	8%	14%	15%	12%	5%	14%	-	-

### *Improved Parenting Skills*

During the course of the 16-week NFA program, three Comprehensive Parenting Inventory (CPI) assessments are administered to the parent, one at baseline, one during the program, and a final assessment upon completion of the program. Using a ten-point scale, with one representing a low score and ten a high score, these assessments are used to track the progress of parents in developing needed skills and their abilities to care for their children. Eight parenting skills are used to measure the nurturing and caring capacities of families.

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

Figure 11 displays the average scores of participants at the time of their initial, interim and final assessments, broken down by parenting skill for participants who graduated and entered the program between March and August 2017. Scores at the time of the initial assessment and subsequent assessment, where appropriate, are included. The trends in the most recent reporting period mirror those found in the previous reporting periods. Scores for the “About Me” domain remain constant throughout the 16-week program while the other CPI domains that focus on parenting techniques continuously improve. The average score for the “Physical Punishment” domain shows the largest difference from the initial to final assessment in every reporting period.



## Summary

Parents report high levels of satisfaction with the program and indicate it is performed with fidelity. FNP's were created for 97 percent of the families who were accepted to the program in the most recent reporting period and all families who graduated received a FNP. In general, parents who complete the NFA program show an increased CPI assessment score throughout the life of the program. NFA cases in the most recent reporting period show a slightly larger percentage of children removed from the home and a lower percentage of subsequent maltreatment after the program.

## Arkansas Creating Connections for Children

Arkansas Creating Connections for Children is a statewide initiative implemented to recruit and retain foster and adoptive resource families. “Targeted Recruitment” is the name by which ARCCC is known under the Waiver, which serves Service Areas 3, 4, 5, 7, 9, and 10; “Diligent Recruitment” is the name by which ARCCC is known under the Diligent Recruitment grant, which serves Areas 1, 2, 6, and 8. Targeted Recruitment was first implemented in February 2015 while Diligent Recruitment began three months earlier. Since statewide implementation of ARCCC, 5,442 foster families have been recruited, 3,045 from the Diligent Recruitment service areas and 2,397 from the Waiver areas.

### Methodology

In the month following approval to serve as a foster home, families are asked to complete a survey which addresses their perception of the recruitment process and its effectiveness. As of February 1, 2018, a total of 316 completed surveys have been returned.

To gain the agency’s point of view, interviews with 20 key stakeholders including Area Directors, ARCCC Resource Supervisors and workers, and Community Engagement specialists (CES), were interviewed about the ARCCC initiative. Questions focused on worker training, community partnerships, foster/adoptive family recruitment, foster/adoptive parent training, foster/adoptive family retention, and successes and challenges encountered in implementing the initiative.

To measure child outcomes, a comparison group was selected for children in care following implementation of ARCCC to those in care prior to the start. A propensity score was developed using the characteristics of the first child placed into the home after the home opened, applying the following variables: home service area, child removal area, age of the child at placement, child’s length of time in care, race and ethnicity of the child, and the allegation of the case presented at the time the child became known to DCFS. The comparison

group was created from among the children placed into a family foster home between August 1, 2013 and January 31, 2015, after the home was first approved. Propensity scores

**Table 14. Number of Children in Tx and Comp Group by Cohort**

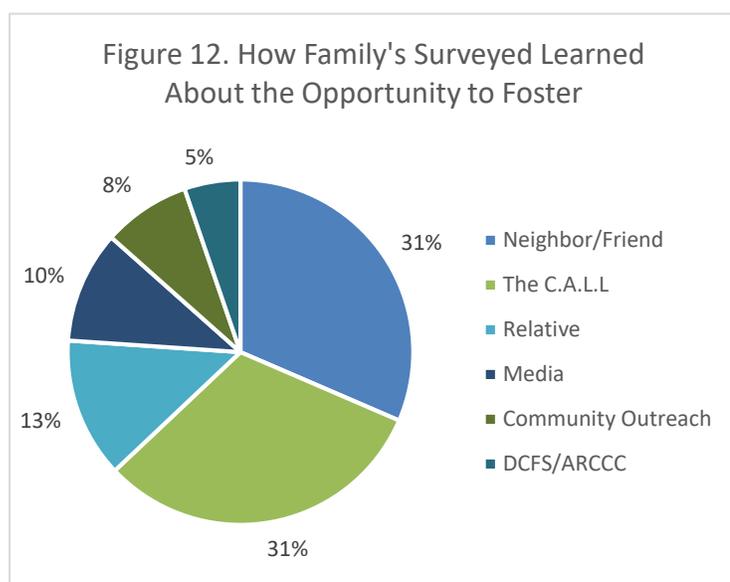
Cohort	Tx	Comp
<b>Cohort 1</b> (2/1/2015 7/31/2015)	285	285
<b>Cohort 2</b> (8/1/2015 1/31/2016)	359	359
<b>Cohort 3</b> (2/1/2016 7/31/2016)	423	423
<b>Cohort 4</b> (8/1/2016 1/31/2017)	773	773
<b>Cohort 5</b> (2/1/2017 7/31/2017)	815	815

were found using the nearest-neighbor matching algorithm to select children into the comparison group. Table 14 shows the number of children in the treatment and comparison groups by cohort, allowing for at least six months to have passed since approval of the family to serve as a resource home for a child to be placed in the treatment group home.

### *Recruitment*

DCFS and community partners (e.g., The C.A.L.L., Christians 4 Kids) are constantly adjusting and defining their roles for recruiting foster homes. Community partners have established their presence in churches with DCFS focusing their recruitment efforts on community events and professionals (e.g., schools and hospitals). This symbiotic relationship is allowing for a diverse recruitment strategy to reach the largest number of homes possible.

Foster parents were asked in the survey administered following their approval as resource homes where they heard about the opportunity to become a foster parent. Figure 12 shows how the percentage of foster parents who responded to the survey in the last six months learned about the opportunity to foster. Over the last six months, there has been a dramatic increase in families learning about the opportunity from neighbors and friends from 15 percent prior to August 2017 to 31 percent since that time. The C.A.L.L. has consistently recruited roughly one-third of the homes surveyed since implementation of the initiative. The remaining homes are largely (but not exclusively) generated by DCFS who is running media advertisements and recruiting relative homes.



15 percent prior to August 2017 to 31 percent since that time. The C.A.L.L. has consistently recruited roughly one-third of the homes surveyed since implementation of the initiative. The remaining homes are largely (but not exclusively) generated by DCFS who is running media advertisements and recruiting relative homes.

### *Time to Approval*

In the survey, families were asked how much time elapsed between when they first inquired about becoming a resource family and when they were approved. Figure 13 shows the time each home reported to have elapsed. In the most recent six-month timeframe, more families have reported opening within two months of inquiring than in any previous reporting period. The average approval length reported by homes in the most recent six months is roughly six and a half months, an improvement from the previous two reporting periods which had approval lengths of over seven months.



### *Foster Parent Training*

The survey of resource families asked the parents what agency provided the required PRIDE training and how helpful they found the training to be in preparing them to take foster children into their homes. Among the four sources which provided training, i.e., ABC – Get Connected, Christians for Kids, DCFS, MidSOUTH and The C.A.L.L., The C.A.L.L. trained the highest number of the approved families. Seventy-five percent of families report the training from any agency was either helpful or extremely helpful in preparing them to become a resource family.

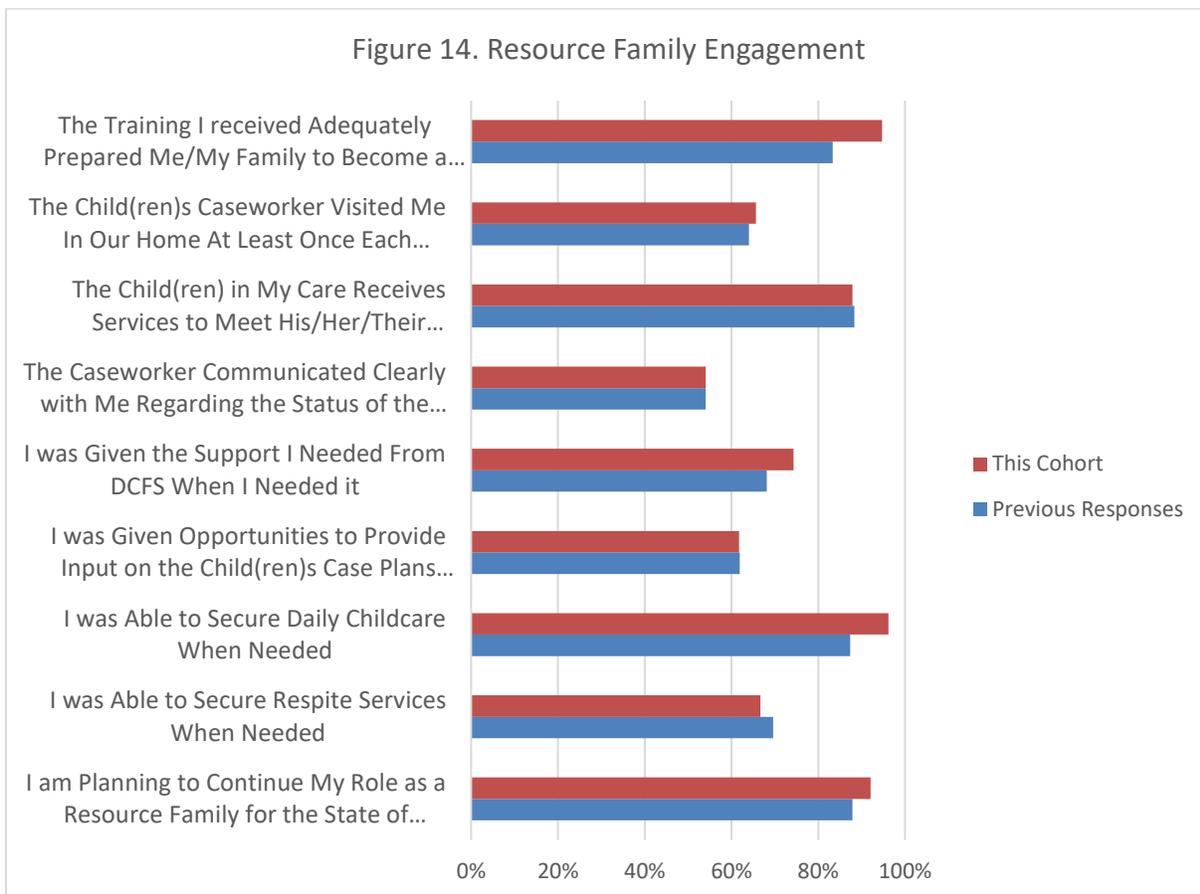
### *Home Preferences*

One of the goals of ARCCC is to place children in homes that can meet their needs. Table 15 shows the willingness of homes to accept particular demographics from CHRIS data. In general, there is little change in the characteristics of children which homes are willing to accept over time. One exception is that the percentage of homes willing to accept children with any disability has increased by nearly ten percentage points since the start of the program; however, the percentage of homes willing to accept children with behavioral disorders has decreased to under ten percent in the last year, a drop from roughly 15 percent in the previous reporting periods.

<b>Table 15. Percentage of Homes Willing to Accept Children in Foster Care</b>						
<b>Demographic</b>	<b>Cohort 1</b>	<b>Cohort 2</b>	<b>Cohort 3</b>	<b>Cohort 4</b>	<b>Cohort 5</b>	<b>Cohort 6</b>
<b>Gender</b>						
<b>Males</b>	74.4	74.6	70.9	72.0	74.3	72.3
<b>Females</b>	77.5	78.3	78.7	75.6	74.7	74.7
<b>Age</b>						
<b>0 to 10</b>	86.9	86.8	87.7	85.4	84.2	84.8
<b>11 to 17</b>	52.3	51.3	52.6	51.7	49.2	52.3
<b>Race/Ethnicity</b>						
<b>AI/AN</b>	1.0	1.2	1.3	1.4	0.8	0.7
<b>Asian</b>	1.0	1.1	1.3	1.0	1.0	0.8
<b>Black</b>	9.5	12.2	13.0	12.1	12.3	11.6
<b>NHOPI</b>	0.8	1.7	1.2	0.9	0.8	0.6
<b>White</b>	27.5	25.9	29.0	32.1	29.9	25.2
<b>Hispanic</b>	0.2	1.1	1.4	1.1	0.7	1.0
<b>No Racial Preference</b>	62.0	61.2	58.2	55.7	57.6	63.6
<b>Disabilities</b>						
<b>Emotionally Disabled</b>	16.7	14.3	13.1	15.1	13.5	12.9
<b>Behavioral Disorders</b>	14.4	16.9	14.0	13.8	9.5	9.8
<b>Medical Conditions</b>	7.9	6.3	8.3	9.5	8.9	9.9
<b>Any Disability</b>	34.1	33.1	36.0	36.8	39.1	43.9
<b>Siblings</b>						
<b>Siblings</b>	98.4	99.3	97.1	98.0	98.3	97.8

**Satisfaction**

Parents were given the opportunity to describe their experiences throughout the application and approval process, with results shown in Figure 14. The results from the most recent six-month period are similar to those from previous reporting periods with slight improvements in families reporting the ability to secure daily child care and the training adequately prepared them to become foster families. Communication from caseworkers continues to be an issue reported by families. When parents were given the opportunity to leave comments at the end of the survey, several families indicated that caseworkers stopped communicating with them after they opened and when a child was placed with a family, caseworkers were treating the foster parents and the youth in the system with a lack of respect.



## Outcomes Analysis

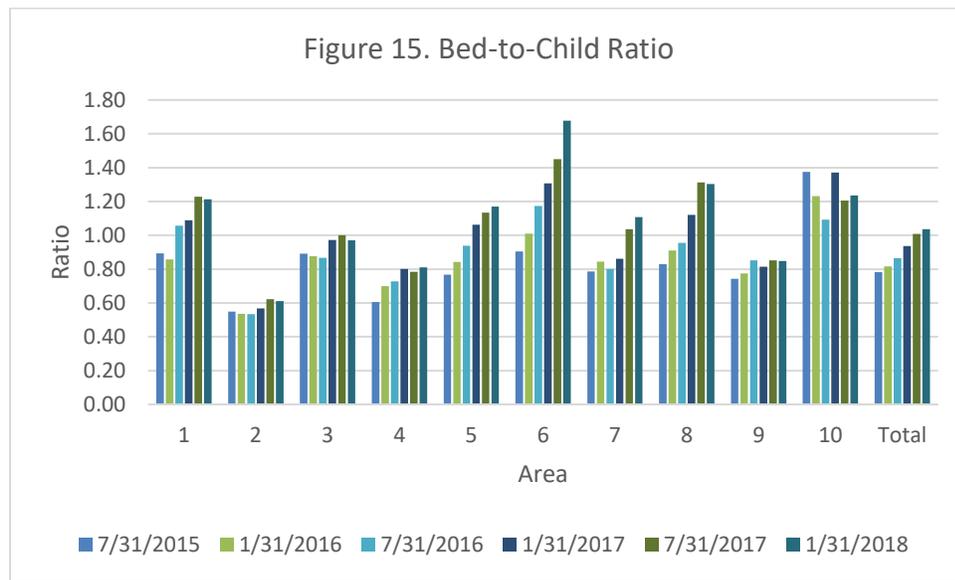
### Home Outcomes

#### Approved Homes

To examine the impact of the initiative on homes approved to care for Arkansas's foster children, the date of approval was used to construct the cohort periods. Table 16 shows the number of approved homes within each cohort, broken down by service area. The number of approved homes recruited in a six-month timeframe has remained consistent over the last three reporting periods. Areas 1 and 10 report slight increases in approved homes while Areas 2 and 8 report a drop in the number of approved homes by nearly 25 percent.

<b>Area</b>	<b>Cohort 1</b>	<b>Cohort 2</b>	<b>Cohort 3</b>	<b>Cohort 4</b>	<b>Cohort 5</b>	<b>Cohort 6</b>
<b>1</b>	97	103	136	135	142	168
<b>2</b>	122	108	139	168	192	146
<b>3</b>	39	47	78	76	98	87
<b>4</b>	33	50	51	59	58	60
<b>5</b>	61	87	108	122	104	87
<b>6</b>	77	92	106	110	118	116
<b>7</b>	41	51	60	72	62	47
<b>8</b>	69	77	137	164	184	139
<b>9</b>	50	78	91	91	92	95
<b>10</b>	29	34	50	50	42	57
<b>Total</b>	618	727	956	1047	1092	1002

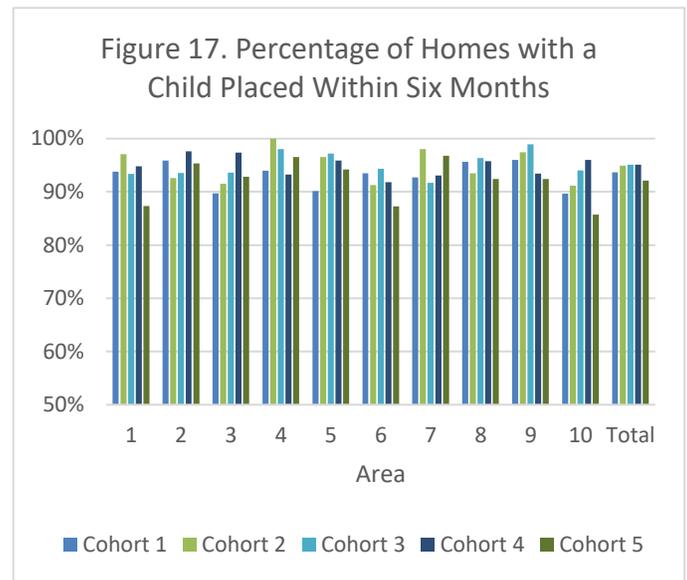
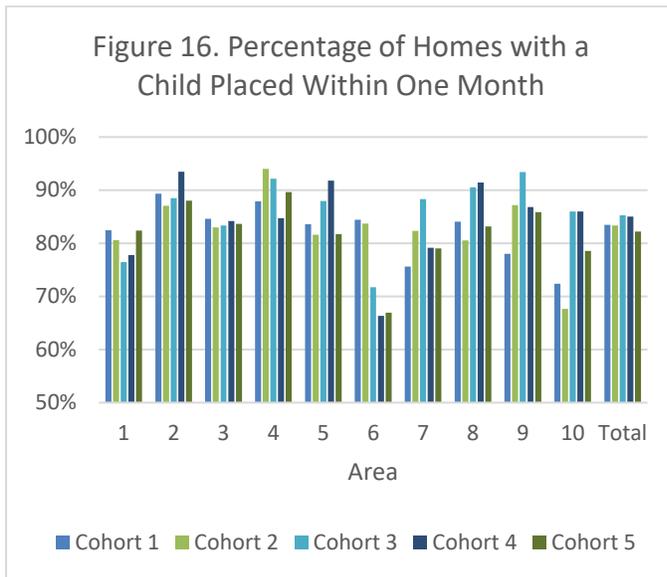
In an effort to provide an ideal placement location for each youth entering care, there should be multiple foster care beds available for each child. Figure 15<sup>4</sup> shows the bed-to-child ratio for each area and statewide. As of the end of the most recent cohort period, statewide there are more beds available than youth in care. In Area 6 the ratio is nearly 1.7 and projected to grow to over two beds for every child within a year, assuming similar growth. Areas 5 and 7 continue to show improvement each reporting period while the remaining Areas showed little to no growth in the current reporting period.



***Homes with Placement***

Figures 16 and 17 show the percentage of homes with a child placed within one and six months following the homes’ approval, respectively. Statewide, 82 percent of the homes recruited between February and July 2017 had a placement within one month and 92 percent had a placement within six months. In Area 6, the percentage of children placed in one month has decreased to roughly 65 percent, though this drop is likely due to the surplus of beds available for the children removed from this area.

<sup>4</sup> Beds shown are inclusive of family foster homes, therapeutic foster homes, relative and fictive kin homes, and private agency homes



## Child Outcomes

### Child Placements

With the increase in foster homes, it is expected that children will be placed in their home communities more frequently. To examine how often children remain close to their homes, Table 17 displays the percentage of children<sup>5</sup> placed in the same area from which they were removed. For children placed between February and July 2017, the percent of children in the treatment cases continue to be placed in their home counties slightly less frequently than the comparison cases. While the availability of beds has increased, interviews with staff indicate that caseworkers are continuing to place children in “available” beds, without use of a strategic method to determine if the home will best meet their needs.

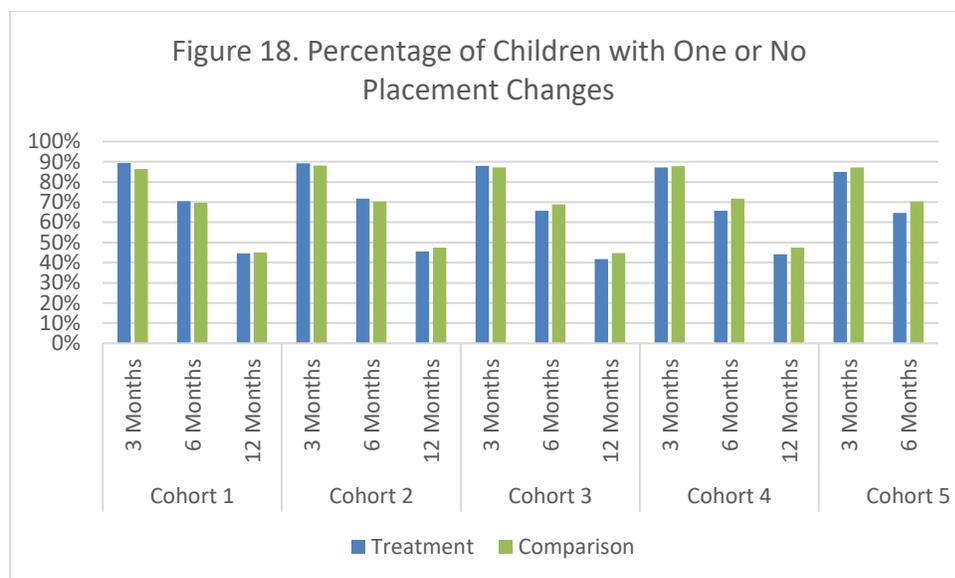
<sup>5</sup> The analysis is based on the first child placed into the ARCCC approved home. See the Methodology section for detail on the creation of this group.

<b>Table 17. Percent of Children Placed In The Same Area as Removed</b>										
<b>Removal Area</b>	<b>Cohort 1</b>		<b>Cohort 2</b>		<b>Cohort 3</b>		<b>Cohort 4</b>		<b>Cohort 5</b>	
	<b>Tx</b>	<b>Comp</b>	<b>Tx</b>	<b>Comp</b>	<b>Tx</b>	<b>Comp</b>	<b>Tx</b>	<b>Comp</b>	<b>Tx</b>	<b>Comp</b>
<b>1</b>	96%	98%	93%	96%	95%	95%	91%	96%	87%	91%
<b>2</b>	71%	70%	67%	58%	71%	61%	78%	78%	83%	86%
<b>3</b>	88%	76%	73%	67%	76%	86%	78%	71%	89%	90%
<b>4</b>	92%	95%	88%	81%	75%	83%	94%	85%	69%	73%
<b>5</b>	92%	78%	89%	94%	88%	77%	73%	86%	80%	83%
<b>6</b>	92%	88%	89%	85%	77%	80%	83%	82%	85%	88%
<b>7</b>	91%	86%	72%	89%	85%	81%	80%	76%	65%	70%
<b>8</b>	84%	93%	77%	90%	82%	93%	83%	92%	86%	93%
<b>9</b>	60%	81%	69%	75%	63%	88% <sup>6</sup>	66%	78%	65%	72%
<b>10</b>	86%	57%	71%	67%	90%	78%	73%	78%	88%	69%
<b>Total</b>	84%	83%	80%	81%	80%	83%	80%	83%	80%	84%

Placement stability remains one of the major goals of the ARCCC program; children who are placed into an ARCCC home should experience fewer placement changes than the comparison group. Figure 18 shows the percentage of children with one or no placement changes within three, six, and 12 months of placement into the home. Children placed into a home opening after February 2016 experience slightly less placement stability at six and 12 months with respect to the comparison group, though the results are not significant.

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<sup>6</sup> Significant at the  $p < 0.05$  level



### *Congregate Care*

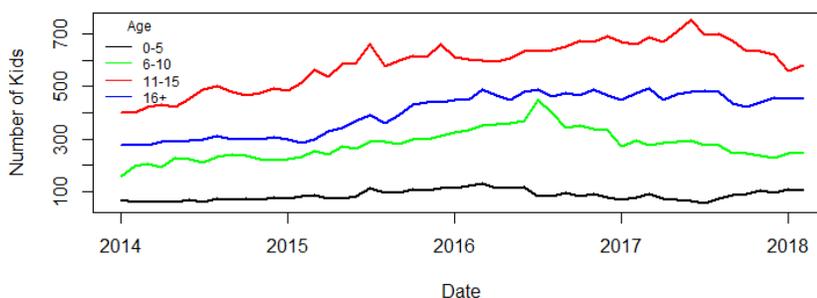
One of the fundamental goals of the ARCC program is to reduce the number of children placed in congregate care settings. Ideally, the increase in approved family foster homes should have a positive impact on reducing the size of the congregate care population.

The number of youth in congregate care from January 1, 2014, until January 1, 2018, broken down by age, is shown in Figure 19. In the most recent six months, the total number of youth in congregate care has decreased by over 200 youth (13 percent), primarily in youth ages six to fifteen. If the decreasing trend continues in a similar fashion, it is possible the number of youth in congregate care will fall below 1,000 youth by early 2019.

### *Summary*

The number of homes approved in the most recent six-month period is slightly more than the number of homes recruited in the prior reporting period. The newly approved homes help the bed-to-child ratio continue to climb beyond the 1-to-1 milestone. A higher percentage of newly approved homes are willing to accept children with a disability in the most recent cohort than in the past. Children placed into newly approved homes are slightly less likely to remain in the area they were removed than the comparison group and equally likely to have placement stability. The number of youth in congregate care has decreased by over 200 youth, particularly youth ages six to fifteen.

Figure 19. Number of Kids In Congregate Care By Age



## CANS/FAST

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

### *Methodology*

HZA spoke to a total of 56 stakeholders, inclusive of: Area Directors, County Supervisors, and Family Service Workers about the CANS/FAST assessments. Interviews consisted of questions detailing ongoing implementation, training, and successes and challenges of the program.

A total of 104 CANS/FAST cases were selected for a case review from a random sample of initial CANS/FAST assessments completed between August 1<sup>st</sup>, 2016 and July 31<sup>st</sup>, 2017. To provide an evenly distributed sample of assessments, 34 CANS 0-4 cases, 36 CANS 5+ cases, and 34 FAST cases were reviewed. Questions focused around whether or not assessment items should have or should not have been marked as actionable based on information in the case plan, if assessment items should have a comment, and if the services offered align with the assessment's needs and strengths.

The comparison group for CANS outcomes is drawn from a historical pool of children who were in care for at least 90 days one year prior to CANS implementation with an FSNRA completed. A single comparison pool contains 2,099 children; however, the treatment group contains over or near that number of children. To extract groups which are similar in nature, a "reverse" PSM technique is used where the members of the treatment group are matched to the comparison group. Due to the comparison and treatment groups being roughly equal in size and based on significant differences in the characteristics between the two groups, every other treatment group member was matched to the comparison group. The variables used to determine propensity scores are service area, gender, age at the time of the initial assessment, race, ethnicity, and allegation(s) of the case associated with the child's removal. Propensity scores were matched using a nearest neighbor algorithm. Table 18 shows the number of children in each cohort by the type of

<b>Cohort</b>	<b>Age at CANS</b>	<b>Total</b>
<b>Comp</b>	0 - 4	1078
	5+	1021
<b>Cohort 1</b>	0 - 4	575
	5+	475
<b>Cohort 2</b>	0 - 4	559
	5+	491
<b>Cohort 3</b>	0 - 4	548
	5+	502
<b>Cohort 4</b>	0 - 4	531
	5+	519
<b>Cohort 5</b>	0 - 4	539
	5+	511
<b>Cohort 6</b>	0 - 4	560
	5+	590

initial CANS assessment given (0 - 4 or 5+).

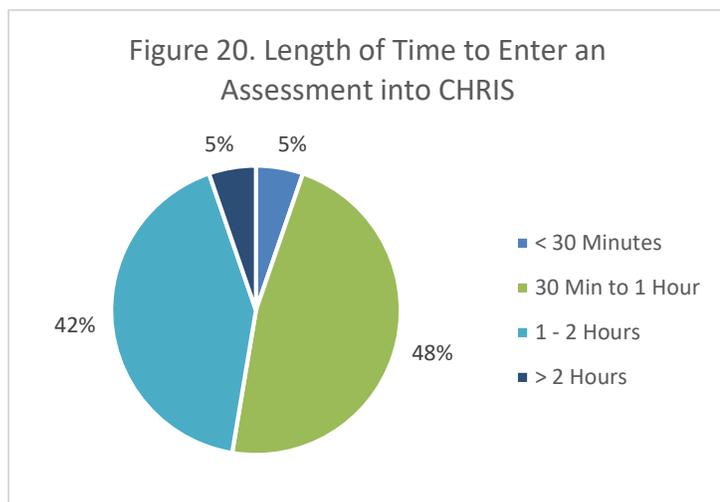
The FAST comparison group was selected from a pool of protective and supportive service cases opened between 2/1/2014 and 1/31/2015, opened for at least 90 days with a FSNRA completed for the case. Propensity scores were generated using service area, number of male children, number of female children, average age of the children, the race of the family and the ethnicity of the family. The comparison pool is roughly the same size as the treatment groups. To ensure the best possible match, every-other treatment member was matched to effectively double the comparison pool size. Table 19 shows the number of cases for the treatment and comparison groups.

Cohort	Number of Tx Cases	Number of Comp Cases
Cohort 1	2194	1093
Cohort 2	2167	1078
Cohort 3	2207	1100
Cohort 4	1793	893
Cohort 5	2022	1005
Cohort 6	1907	950

*Agency Perspective*

Interviews with agency staff highlight a mixed opinion around CANS and FAST effectiveness. Roughly 40 percent report the assessments help to engage the family, provide better case planning, and identifies the child or family’s needs and strengths. Caseworkers and supervisors reported they can see the history and progress through the assessments and it is easy for the client to understand. Nearly three-fourths of the workers reported the training was adequate, but also indicated that there are improvements that could be made. One worker stated the training is “too bare bones; the best [part] was hands on and watching someone enter [the information] into CANS.”

Interviewed caseworkers report it takes between 30 minutes and 2 hours to enter an assessment into CHRIS, as shown in Figure 20. This amount of time is viewed as too long by most caseworkers, supervisors, and Area Directors. Additionally, these stakeholders report the assessment is too difficult for new workers to implement with fidelity, which is especially an issue with the high turnover rate for caseworkers.



A number other issues were raised during the interviews. Several staff reported the assessment was “cut and dry,” and the assessments were not personalized. Two supervisors reported the FSNRA did a better job of assessing the families and building case plans. Several staff reported the assessments took away from their interaction with families, the questions were subjective, and the assessment should follow the natural flow of conversation.

### *CANS/FAST Accuracy*

To assess the accuracy of each assessment's domain, case reviews identify items which should have been scored as actionable items but were not, and conversely, which items were scored as actionable that should not have been based on information in the case file. Table 20 shows the number of items in a domain which should have/should not have been marked as actionable and if there are comments missing for an item in a particular domain. In both CANS assessments age groups, the caregiver needs and strengths domain was most commonly labelled incorrectly based on information in the case notes. Additionally, the life domain functioning and youth substance use needs contained several items that should have been marked as actionable. In the CANS 5+ assessments, the child behavioral health/emotional needs domain contained several items that should have been marked actionable. The strengths domain is scored in reverse from the other domains, leading to several workers misclassifying a child's strengths. Additionally, rather than identify the items in this section as a strength, some caseworkers identified the items as needs. In the FAST assessments, the caregiver advocacy status was most commonly labelled incorrectly.

Comments are determined as missing if a) an item is marked as actionable in the assessment and no comment is present, b) an item should be marked as actionable and no comment is present, or c) the item does not need to be marked as actionable, but there are events in the case notes that should be discussed in the comments section but are not present (e.g. the Caregiver is currently in a substance abuse program). The number of missing comments tend to follow those domains where more items should have been marked as actionable.

<b>Table 20. Accuracy of the CANS/FAST Initial Assessment</b>			
<b>Domain</b>	<b>Should be Actionable</b>	<b>Should Not be Actionable</b>	<b>Missing Comments</b>
<b>CANS 0 - 4 (N = 34)</b>			
Caregiver Strengths and Needs	32	12	68
Child Behavioral Health / Emotional Needs	0	2	0
Child Risk Factors	1	0	0
Life Domain Functioning	7	0	6
Preschool/Daycare	2	0	1
Regulatory Functioning	0	0	0
Strengths	7	8	9
Trauma	2	0	2
Youth Developmental Needs/Acculturation/Sexual Abuse	2	0	0

Table 20. Accuracy of the CANS/FAST Initial Assessment			
Domain	Should be Actionable	Should Not be Actionable	Missing Comments
Youth Substance Use Needs	7	0	8
<b>CANS 5+ (N = 36)</b>			
Caregiver	47	4	208
Child Behavioral Health / Emotional Needs	16	0	16
Child Risk Factors	6	0	0
Developmental Needs / Acculturation / Sexual Abuse	2	0	5
Life Domain Functioning	16	1	34
Runaway	8	0	0
School	0	4	8
Strengths	0	13	59
Substance Use Needs	13	0	9
Transition Age	3	0	9
Trauma	5	0	15
<b>FAST (N = 34)</b>			
Caregiver Advocacy Status	37	1	58
Caregiver Status	1	0	7
The Family Together	10	6	19
Youth	15	3	45

### *Service Needs*

Cases were also reviewed to determine if the services described in the case plan align with what should be done to meet the child/adolescent's specific need and whether or not progress has been made on these services, which are summarized in Table 21. Across both CANS assessment age groups, 86 percent of the services offered align with the case plan and nearly all services (95 percent) were either in progress or received within six months of the referral. In the FAST assessment, roughly two-thirds of the services offered align with the case plan and nearly 80 percent of the services were either in progress or received within six months of the referral.

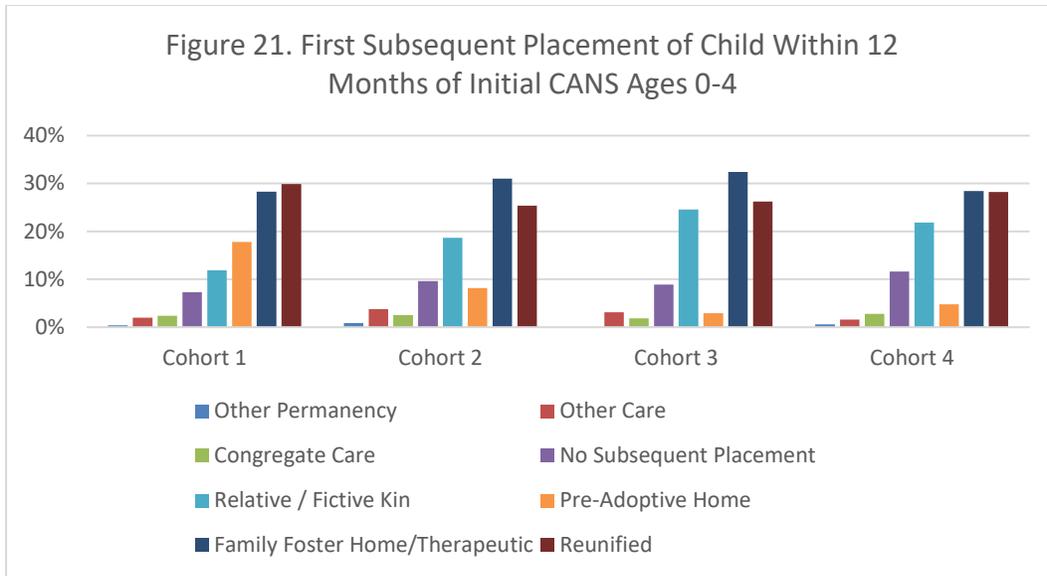
Table 21. Services in Case Plan Match Childs Needs and Progress on Services for Initial Assessment (Number)							
Domain	Services Align with Case Plan			Progress Towards Services			
	Yes	Somewhat	No	Services Completed	Service in Progress	No Progress Made	
<b>CANS 0 – 4 (N = 34)</b>							
Caregiver Strengths and Needs	11	0	1	2	10	0	
Child Health / Behavioral / Emotional Needs	5	0	0	1	4	0	
Child Risk Factors	4	0	0	0	4	0	
Life Domain Functioning	6	0	0	1	4	1	
Pre-School / Daycare	7	0	0	3	4	0	
Regulatory Functioning	17	1	0	4	13	1	
Strengths	1	0	1	0	2	0	
Trauma	2	0	0	0	2	0	
Youth Developmental Needs / Acculturation / Sexual Abuse	13	1	0	2	11	2	
Youth Substance Use Needs	11	0	1	2	10	0	
<b>CANS 5+ (N = 36)</b>							
Caregiver	13	5	0	2	15	1	
Child Health / Behavioral / Emotional Needs	8	0	1	1	7	1	
Child Risk Factors	14	1	0	2	13	0	
Developmental Needs / Acculturation / Sexual Abuse	7	1	1	1	7	1	
Domain Functioning: Life	27	2	0	3	26	0	
Domain Functioning: School	2	1	1	0	3	1	
Runaway	2	0	0	1	1	0	
Strengths	0	1	0	0	1	0	
Substance Use Needs	1	0	0	0	1	0	

Table 21. Services in Case Plan Match Childs Needs and Progress on Services for Initial Assessment (Number)						
Domain	Services Align with Case Plan			Progress Towards Services		
	Yes	Somewhat	No	Services Completed	Service in Progress	No Progress Made
Transition Age	17	5	1	0	22	1
Trauma	13	5	0	2	15	1
<b>FAST (N = 34)</b>						
Caregiver Advocacy Status	15	8	4	5	19	3
Caregiver Status	21	3	3	5	19	3
The Family Together	2	0	1	1	1	1
Youth Status	12	3	2	5	11	1

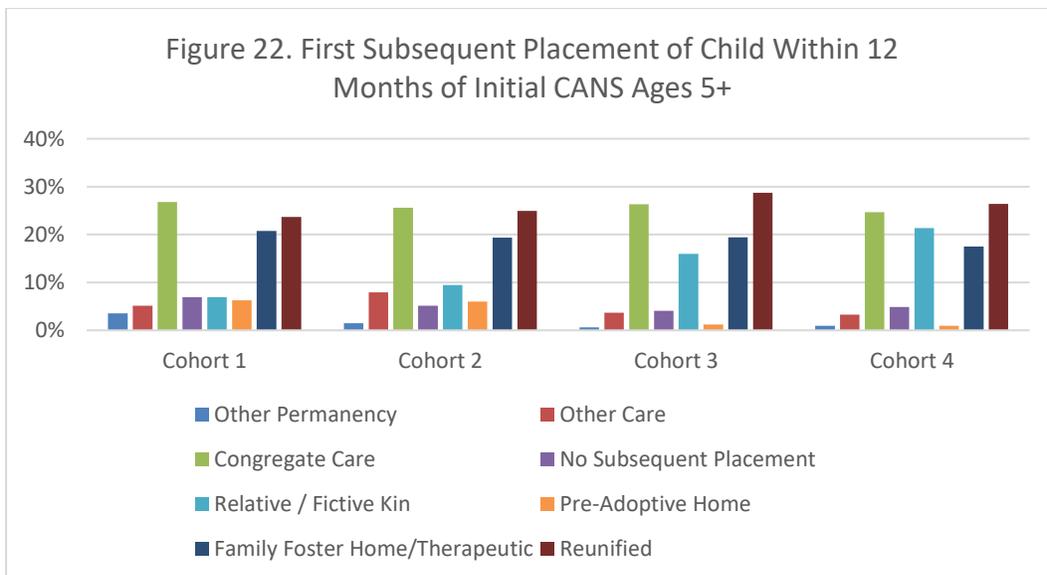
### *Outcome Analysis*

#### **CANS**

The CANS assessment is designed to utilize the child's strengths and assess his or her needs in order to construct a case plan to reduce the number of children in care or safely lower the level of care. Figure 21 and Figure 22 show the first subsequent placement or achievement of permanency within 12 months of the initial CANS assessment for youth ages 0 – 4 and 5+ respectively. Since implementation, there has been a shift in the subsequent placement of children after the initial CANS with a smaller percentage being placed in pre-adoptive homes and a greater percentage being placed in relative homes. It is difficult to distinguish whether this shift is due to the updated case planning via the CANS assessment or the agency's directive to recruit more relative homes.



As shown in Figure 22, there has been a slight decrease in the percentage of subsequent placements of children 5 and older in congregate care since implementation of the CANS, though the percentage of youth older than five whose subsequent placement is in congregate care is significantly higher than for children ages 0 to 4. The percentage of subsequent placements for children five and older with a relative or fictive kin home has tripled since implementation.



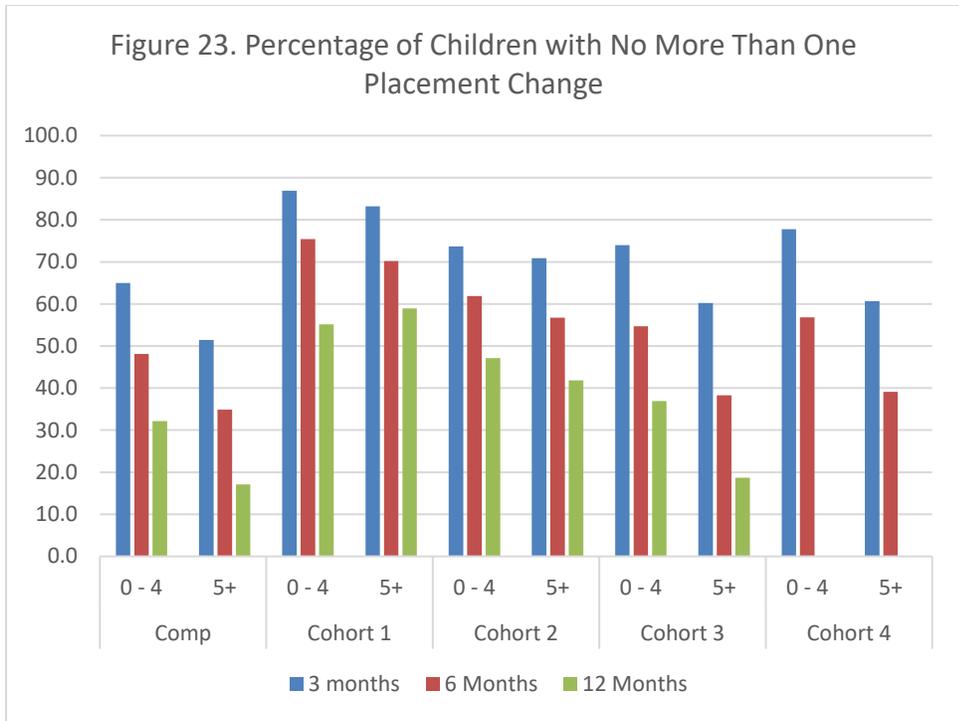
**Permanency**

A primary goal of the CANS assessment is to ensure that children in foster care achieve permanency in the shortest time possible. To measure this, Table 22 shows the percentage of children who were discharged within three, six, and 12 months of the initial CANS broken out by cohort, age group, and discharge destination. Outcomes are reported when

sufficient time has passed; statistically significant outcomes are highlighted. In the fifth reporting period, significantly more youth are reunified with their biological family or placed in relative custody within three and six months of the initial CANS for youth older than five. Additionally, youth older than five whose initial CANS was between August 2016 and January 2017 were significantly more likely to be reunified within 12 months of the initial CANS.

<b>Table 22. Percentage of Children Discharged by Reason for Discharge</b>												
<b>Timeframe</b>	<b>Comparison</b>		<b>Cohort 1</b>		<b>Cohort 2</b>		<b>Cohort 3</b>		<b>Cohort 4</b>		<b>Cohort 5</b>	
	<b>0 - 4</b>	<b>5+</b>	<b>0 - 4</b>	<b>5+</b>	<b>0 - 4</b>	<b>5+</b>	<b>0 - 4</b>	<b>5+</b>	<b>0 - 4</b>	<b>5+</b>	<b>0 - 4</b>	<b>5+</b>
<b>Reunified / Placed in Relative Custody Within</b>												
<b>3 Months</b>	3.1	3.1	11.5	10.1	11.2	15.9	9.7	15.6	10.9	13.6	8.7	10.7
<b>6 Months</b>	15.3	15.2	20.2	19.6	19.2	24.2	20.0	30.1	22.6	27.9	18.6	24.4
<b>12 Months</b>	37.6	36.3	35.7	30.3	35.3	39.5	38.8	48.3	42.4	46.6	-	-
<b>Aged Out Within</b>												
<b>3 Months</b>	0.0	0.2	0.0	2.3	0.0	1.0	0.0	0.2	0.0	0.4	0.0	0.4
<b>6 Months</b>	0.0	1.3	0.0	3.4	0.0	1.4	0.0	0.6	0.0	0.8	0.0	0.8
<b>12 Months</b>	0.0	2.5	0.0	6.1	0.0	3.1	0.0	1.4	0.0	1.2	-	-
<b>Adopted Within</b>												
<b>3 Months</b>	0.0	0.0	1.7	2.9	0.7	0.2	0.2	0.2	0.0	0.4	0.0	0.0
<b>6 Months</b>	0.5	0.0	7.1	4.8	1.8	1.7	1.1	0.4	0.6	1.2	0.6	0.0
<b>12 Months</b>	3.6	0.8	19.0	10.1	8.2	5.4	5.0	1.8	3.3	1.4	-	-
<b>Other Permanency Within</b>												
<b>3 Months</b>	0.3	0.3	0.2	3.2	0.5	1.0	0.6	0.6	0.4	0.6	0.7	0.8
<b>6 Months</b>	0.6	1.6	0.2	4.4	1.1	1.9	0.6	1.0	0.6	1.0	1.1	1.2
<b>12 Months</b>	1.0	3.3	0.3	8.2	1.6	4.1	0.6	2.0	1.5	2.5	-	-

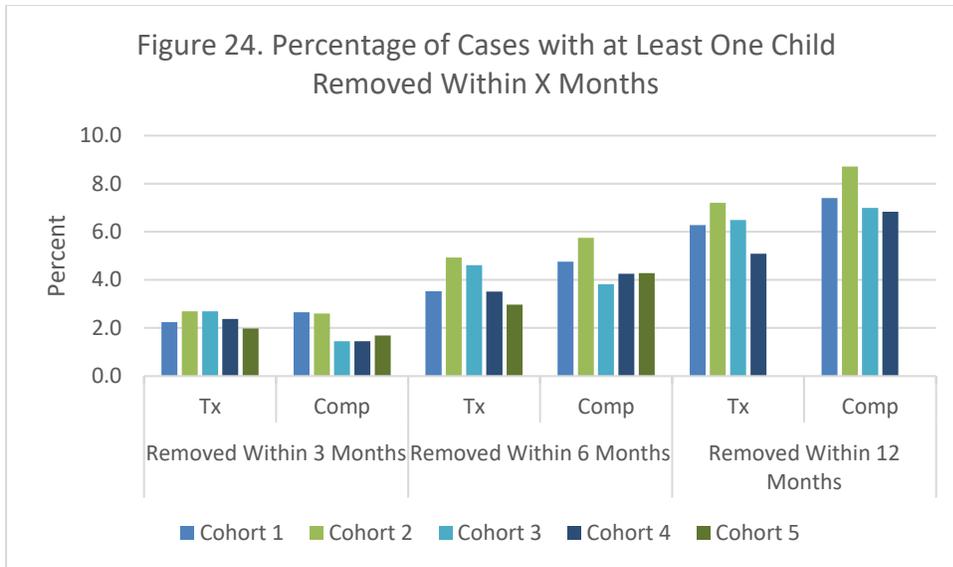
To measure the stability of youth in care, Figure 23 shows the percentage of children with no more than one placement change within three, six, and twelve months of the initial CANS assessment. Placement stability in Cohort 4 for youth ages 0 – 4 shows slight improvement compared to the previous two reporting periods while the stability for youth older than five remains stagnant.



**FAST**

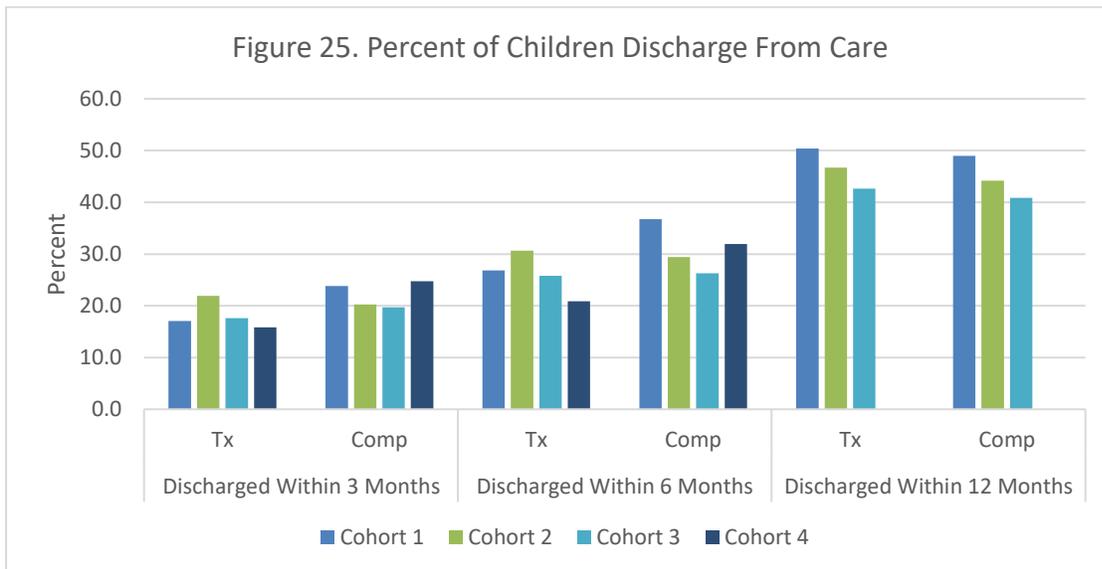
*Child Removals*

Figure 24 shows the percent of cases where at least one child was removed within three, six and twelve months of the initial FAST assessment for the treatment group or the FSNRA assessment for the comparison group. Outcomes are reported when enough time has passed. Families with a FAST in cohort 5 are slightly more likely to keep all youth safely in the home within six months than families receiving the FSNRA. Additionally, families receiving a FAST in cohort 4 are more likely to keep all youth safely in the home within six and 12 months than families receiving the FSNRA.



***Children Discharged from Care***

Figure 25 shows the percentage of children who were removed from their homes within 12 months of the initial FAST assessment who were discharged from care within three, six, and twelve months after entry. Youth entering care after a FAST assessment between August 2016 and January 2017 are less likely to be reunified with their families within three months and significantly less likely to be reunified within six months of the removal. However, youth whose family received the FAST are slightly more likely to be reunified within 12 months of entering care than families receiving the FSNRA.



## Summary

Case record reviews for CANS indicate workers struggle to correctly assess whether items in the caregiver domain should be actionable. Children who had an initial CANS assessment completed in the most recent reporting period generally exhibit a significantly higher likelihood of achieving reunification or being placed in relative custody than those in the comparison group. Children in the treatment group generally show similar percentages of children with placement stability compared to children in the comparison group.

Families with an initial FAST assessment are equally likely to have at least one child removed as those in the comparison group. Of those children removed in the most recent reporting period, slightly lower rates of reunification are shown for the treatment than the comparison group.

## Cost Evaluation

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

### *Maintenance Costs*

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

Table 23 shows the number of youth who were in a foster care or congregate care like setting and the cost spent on those youth for each six-month cohort period corresponding to the initiative. Foster home rates are found in the Foster Home Handbook and take into account the age of the child at the time of the DR Referral, TDM meeting date, NFA graduation date, date of placement into the ARCCC home, or initial CANS/FAST date. Congregate Care rates are found using the median rate (\$108.58 per night) among residential facility providers. The number of nights in care is taken from the above dates until one year after those dates.

In the most recent reporting period where enough time has passed to calculate 12-month costs, nearly all measures report lower costs for both family foster care and congregate care in the treatment group than the comparison group. In particular, youth over five with a CANS show a savings of roughly \$1,000,000 in congregate care alone. Compiling all of the data presented in Table 23, treatment groups are spending roughly \$2,100,000 less on foster care and \$5,700,000 less on congregate care than the comparison groups.

<b>Table 23. Amount Spent on Children Who Were Placed in Out-of-Home Care</b>								
<b>Cohort</b>	<b>Foster Care</b>				<b>Congregate Care</b>			
	<b>Treatment</b>		<b>Comparison</b>		<b>Treatment</b>		<b>Comparison</b>	
	<b>Kids</b>	<b>Cost</b>	<b>Kids</b>	<b>Cost</b>	<b>Kids</b>	<b>Cost</b>	<b>Kids</b>	<b>Cost</b>
<b>Differential Response</b>								
<b>1</b>	50	\$72,316.72	70	\$189,572.20	53	\$477,969.16	56	\$592,629.64
<b>2</b>	50	\$74,968.57	67	\$170,562.30	50	\$422,810.52	55	\$717,170.90
<b>3</b>	54	\$87,800.40	82	\$220,994.04	67	\$653,434.44	74	\$723,468.54
<b>4</b>	52	\$75,240.24	66	\$191,165.00	50	\$614,562.80	52	\$651,805.74
<b>5</b>	74	\$154,954.35	67	\$178,217.77	51	\$589,480.82	51	\$675,259.02
<b>6</b>	42	\$78,759.89	77	\$202,895.11	42	\$344,632.92	57	\$664,401.02
<b>7</b>	62	\$133,708.65	70	\$161,057.81	57	\$636,061.64	49	\$479,706.44
<b>Total</b>	384	\$677,748.82	499	\$1,314,464.23	370	\$3,738,952.30	394	\$4,504,441.30
<b>TDM</b>								
<b>1</b>	2	\$1,315.86	8	\$12,627.24	1	\$4,343.20	5	\$122,478.24
<b>2</b>	59	\$123,781.92	66	\$146,164.28	20	\$174,813.80	23	\$268,301.18
<b>3</b>	69	\$202,348.90	54	\$139,016.65	10	\$154,726.50	14	\$78,286.18
<b>4</b>	80	\$222,418.53	57	\$147,756.51	11	\$229,755.28	17	\$183,717.36
<b>Total</b>	210	\$549,865.21	185	\$445,564.68	42	\$563,638.78	59	\$652,782.96
<b>NFA</b>								
<b>1</b>	2	\$8,634.27	26	\$43,624.20	0	\$0.00	19	\$169,384.80
<b>2</b>	3	\$3,842.22	10	\$21,430.32	1	\$4,017.46	6	\$103,476.74
<b>3</b>	6	\$8,932.79	14	\$15,004.31	5	\$69,274.04	14	\$166,561.72
<b>Total</b>	11	\$21,409.28	50	\$80,058.83	6	\$73,291.50	39	\$439,423.26
<b>ARCCC</b>								
<b>1</b>	282	\$963,885.75	285	\$930,038.03	36	\$428,565.26	44	\$467,111.16
<b>2</b>	351	\$1,215,285.49	359	\$1,187,553.74	39	\$524,441.40	43	\$552,780.78

<b>Table 23. Amount Spent on Children Who Were Placed in Out-of-Home Care</b>								
<b>Cohort</b>	<b>Foster Care</b>				<b>Congregate Care</b>			
	<b>Treatment</b>		<b>Comparison</b>		<b>Treatment</b>		<b>Comparison</b>	
	<b>Kids</b>	<b>Cost</b>	<b>Kids</b>	<b>Cost</b>	<b>Kids</b>	<b>Cost</b>	<b>Kids</b>	<b>Cost</b>
<b>3</b>	412	\$1,452,567.05	421	\$1,440,626.26	52	\$573,302.40	49	\$652,565.80
<b>4</b>	587	\$2,140,305.71	714	\$2,416,187.04	65	\$867,119.88	105	\$1,325,001.74
<b>Total</b>	1632	\$5,772,044.00	1779	\$5,974,405.07	192	\$2,393,428.94	241	\$2,997,459.48
<b>CANS 0 – 4</b>								
<b>1</b>	539	\$1,797,733.14	556	\$1,989,492.06	44	\$366,348.92	73	\$628,786.78
<b>2</b>	537	\$1,889,275.26	540	\$1,925,509.56	51	\$313,796.20	73	\$628,786.78
<b>3</b>	523	\$1,854,361.02	530	\$1,889,517.72	43	\$435,297.22	71	\$588,612.18
<b>4</b>	503	\$1,743,058.41	516	\$1,912,524.48	36	\$333,992.08	49	\$468,196.96
<b>Total</b>	2102	\$7,284,427.83	2142	\$7,717,043.82	174	\$1,449,434.42	266	\$2,314,382.70
<b>CANS 5+</b>								
<b>1</b>	328	\$1,007,208.22	375	\$1,242,216.58	228	\$4,290,647.28	293	\$4,999,131.78
<b>2</b>	351	\$1,083,626.51	388	\$1,275,063.62	249	\$4,392,061.00	304	\$5,145,063.30
<b>3</b>	356	\$1,022,022.37	394	\$1,300,180.19	270	\$4,374,362.46	311	\$5,323,785.98
<b>4</b>	372	\$1,149,580.39	415	\$1,370,079.25	262	\$4,145,475.82	313	\$5,124,650.26
<b>Total</b>	1407	\$4,262,437.49	1572	\$5,187,539.64	1009	\$17,202,546.56	1221	\$20,592,631.32
<b>FAST</b>								
<b>1</b>	99	\$203,988.83	132	\$237,099.79	77	\$834,980.20	75	\$546,917.46
<b>2</b>	155	\$297,683.90	144	\$297,886.20	77	\$649,634.14	82	\$624,009.26
<b>3</b>	130	\$271,157.48	115	\$226,654.97	74	\$639,427.62	62	\$462,985.12
<b>4</b>	94	\$199,181.12	82	\$159,752.11	27	\$299,355.06	41	\$367,217.56
<b>Total</b>	478	\$972,011.33	473	\$921,393.07	255	\$2,423,397.02	260	\$2,001,129.40