Division of Children and Family Services

General Statistics

Investigations						
	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011	SFY2012
Total	26,817	27,672	30,191	32,915	33,849	35,743
DCFS	20,625	21,319	23,801	26,215	27,471	29,954
CACD	6,192	6,353	6,390	6,700	6,378	5,789
True Rate	26%	23%	22%	24%	25%	23%

Entries into Foster Care						
	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011	SFY2012
	4,174	3,754	4,214	4,134	4,126	3,873

Exits from Foster Care						
	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011	SFY2012
	3,860	3,721	4,050	3,831	4,071	3,894

In Foster Care on Last Day of Year (June 30)						
	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011	SFY2012
	3,729	3,694	3,856	4,118	4,105	3,997

Case Statistics

	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011	SFY 2012
Foster Care	7,194	6,974	7,446	7,491	7,959	7,739
PS Cases	10,103	10,305	10,385	11,804	12,479	11,825
PS Children	22,531	22,469	23,071	26,407	29,658	28,380
SS Cases	686	642	850	1,086	1,023	673
SS Children	1,374	1,282	1,793	2,380	2,451	1,615
Total Cases	17,983	17,921	18,681	20,381	21,461	20,237

In a given month

- As of April 30, 2013

Investigations	2,775
Foster Children	3,947
Protective Service Children	7,227
Supportive Service Children	398

DCFS staff are responsible for ensuring the safety and wellbeing of 11,300+ children **each month** in addition to the children served in an investigation.

Foster Homes

Year	Opened	Closed	Inc/Dec
SFY2009	468	440	+28
SFY 2010	503	429	+74
SFY 2011	531	528	+3
SFY 2012	500	480	+20
To date SFY 2013	260	265	-5

Length of Stay of Children in Care

- Of the 3,947 children in care
  - 45.4% have been in care over 12 months
    - 821 have been in care 1 – 2 years
    - 422 have been in care 2 – 3 years
    - 275 have been in care 3 – 5 years
    - 236 have been in care 5 – 10 years
    - 35 have been in care 10 – 15 years
    - 3 have been in care over 15 years

Length of stay in care

- Of the children who enter care
  - Approximately 32% leave care within 3 months of entry

IV E Waiver Demonstration Project

- Background of the waiver and the authority:
- In 1997 the waivers were established under the Adoption and Safe Families Act. They were closed for new states to participate for a number of years. In September 2011, the Child and Family Services Improvement and Innovation Act renewed the waiver authority.

- Under the renewed authority, AR was 1 of 9 states granted participation in the IV E Waiver Demonstration Project

- Some things to note:
  - Waiver is not "new" money
  - Waiver allows the state to use current IVE dollars more flexibly
  - Waiver allows the state to use IVE dollars for services currently paid with State General Revenue due to capped funding and eligibility/service coverage provisions
  - Waiver is for a 5 year period – goal is to for states to use this period of time to shift resources, implement interventions and build capacity so the child welfare system can sustain the interventions at the end of this time period
  - Waiver is a "demonstration" project – allows states to demonstrate how flexibility in shifting resources in child welfare can achieve better outcomes for children and families

Goals of the IV E Waiver

- **Increase permanency** for all infants, children, and youth by **reducing the time in foster placements** when possible and **promoting a successful transition to adulthood** for older youth
- **Increase positive outcomes** for infants, children, youth and **families in their homes** and communities, including tribal communities, and **improve the safety and well-being** of infants, children and youth
- **Prevent** child abuse and neglect and the **re-entry** of infants, children, and youth into foster care

Arkansas's IV E Waiver Project

Bringing Our "A" Game:

Arkansas's Ambitious Aim to

Transform Our Child Welfare System

Arkansas's Project

- Our demonstration project includes an array of evidence-based and evidence-informed practices and programs (EBP and EIP) proven to foster improved outcomes related to safety, permanency and well-being for children and their families. The focus on EBPs or EIPs strengthens the ongoing implementation of the goals and guiding principles of the DCFS Practice Model through a comprehensive expansion of practice beginning at the investigation phase and continuing through post-reunification services and/or legal permanence.

- Arkansas Practice Model
  - Strength Based
  - Value Family

How we do the work is as important as the work we do

CARE ----- COMMIT------ CONNECT

DCFS plans to safely reduce the number of children entering foster care, increase placement stability for children in care, and achieve timely permanence for youth by implementing various service interventions, including:

- Child and Adolescent Needs and Strengths (CANS)
- Team Decision-Making
- Nurturing Parenting Program
- Differential Response
- Targeted Foster Family Recruitment
- Permanency Roundtables

By implementing the interventions listed above, Arkansas anticipates an enhancement of its child welfare system to one that values families by:

- Engaging families and encouraging them to have a voice in decisions regarding their cases;
- Serving children and families in their homes when possible;
- Working to ensure children's time in foster care is limited so that every child has timely permanence.
- Providing readily available services to help produce the best possible outcomes for the families served by the system.

Arkansas will also continue strengthening current initiatives already implemented. These initiatives include:

- Sustaining Structured Decision-Making;
- Creating a Trauma-Informed Workforce and Service Delivery System; and,
- Developing an In-Home Services Program.

Arkansas's Target Population

- ALL CHILDREN
- STATEWIDE

"Ambitious"

Arkansas's Goals and Target Populations

Goal 1: Safely reduce the number of children entering foster care

- Children in foster care 0-90 days (short-stayers)
- Children 0-11 years of age

Goal 2: Increase placement stability

- Children with multiple placement changes
- Children in counties with high numbers of placement changes

Goal 3: Expedite permanency for children in foster care

- Children in foster care 91 days to 12 months
- Children in care 18 months or longer (long-stayers)
- Children 11 years of age and older
- Children and youth with behavioral and emotional issues

Demonstration Components and Associated Interventions

Goal 1: Safely reduce the number of children entering foster care

- Differential Response
- CANS
- Nurturing Parenting Program
- Team Decision-Making

Goal 2: Increase placement stability

- Targeted Foster Family Recruitment
- CANS

Goal 3: Expedite permanency for children in foster care

- CANS
- Nurturing Parenting Program
- Permanency Roundtables

Differential Response

Differential Response shifts the Division's approach to specific low-risk child maltreatment reports (see below for defined criteria) from an investigative to family-engagement model. While always keeping child safety as a priority during family contacts, Differential Response program staff take a non-adversarial approach (i.e., there is no disposition in DR cases) when working with families to identify their needs and connect them to services in their local communities using a time-limited intervention strategy.

Allegations going the DR track

The reported allegations shall only include:

- Inadequate Supervision
- Inadequate Food
- Inadequate Clothing
- Inadequate Shelter
- Educational Neglect
- Environmental Neglect
- Lock Out
- Medical Neglect

In addition, the following circumstances involving the allegations **prohibit** the report from being assigned to the Differential Response pathway:

- **Inadequate Supervision** reports involving a child or children under the age of five or a child older than five years of age with a physical or mental disability which limits his or her skills in the areas of communication, self-care, self-direction, and safety will be assigned the investigative pathway.
- **Educational Neglect** reports involving a child that was never enrolled in an educational program.
- **Environmental Neglect** reports involving a child or children under the age of three; and those situations in which the hotline assesses an immediate danger to the child's health or physical well-being based upon the severity.
- **Lock out reports** involving a child or children under the age of ten; and those situations in which the hotline assesses an immediate danger to the child's health or physical well-being based upon the severity.
- **Medical Neglect** reports involving a child or children under the age of 13 or a child with a severe medical condition that could become serious enough to cause long-term harm to the child if untreated will be assigned the investigative pathway.

Difference in Supportive vs. Investigative Approach

- Environmental Neglect:
  - Under **investigative approach** a full scale investigation would be initiated – accusatory – asking who, what, when, where, why and how
  - Under **Differential Response** – staff would call to schedule a time to meet with the family to see how we could assist them with keeping their house clean and what their needs are – could be helping them buy house hold cleaning items, showing them how to clean, if older children present – helping with chore assignment charts, teaching children how to keep their rooms clean

Differences in approach continued

- Inadequate food:
  - Under **investigative approach** a full scale investigation would be initiated – accusatory – asking who, what, when, where, why and how
  - Under **Differential Response** – staff would call to schedule a time to meet with family to see what their needs are – is it a lack of resource and if so, helping them getting resources (food bank, shopping, couponing, budgeting); supportive approach is less intrusive and causes less embarrassment on children and family

DR Stories

It is a women that has four children and one on the way. Her husband was killed months ago. She is not able to draw death benefits. She moved to Malvern with nothing. She was able to get appliances but has no other furniture. I was able to get her living room furniture and beds. A person that lives In Lonoke is going to drive all the way here and haul it to her house for me. I am working on getting her a baby bed now. She has food stamps, Wic, and AR kids. She is also getting prenatal care. Two of her children are in first step. I was so excited how my friends wanted to help. It felt good to help her.

A family out of Saline County had a referral made for environmental neglect which stated the children had a terrible odor about them and wore the same clothes multiple days in a row. The home had many roaches inside and was cluttered. The DR worker provided contact information for CJohn so that the children could get new shoes and food, Lowe's donated a bug sprayer so they could spray for bugs on their own. The worker promised the family she would buy them pizza if they maintained a cleaner home for 3 months. If this had been a traditional investigation the family would most likely have had a true finding and an open case. With the information and support provided by the DR worker the family was able to meet its' own needs without court or PS intervention. DHS was only involved with the family for a couple of weeks as opposed to months.

One family was referred for environmental neglect. Once contact was made the home appeared to be clean however they needed a dryer and the children identified a need for counseling. The children were referred to counseling and the worker arranged to have a dryer donated from a local business. If this had been an investigation it is unlikely that any services would have been implemented and the report would have been closed with an unsubstantiated finding.

A separate family was referred to the DR program with allegations of environmental neglect. Again this family did not appear to have any issues with maintaining a clean home however they were not going to be able to provide Christmas for their children. The worker partnered with the local police department and they provided a Christmas tree, ornaments, lights, and presents for the family.

One family was recently referred for an issue with head lice. The worker has provided instructional coloring books for the children to better understand head lice and how to maintain their own hygiene. The Program Assistant has also been utilized in this case to help the family maintain a clean and hygienic home where lice will no longer thrive. If this had been an investigation it would most likely have taken more than a month for service implementation.

Status and Goals of DR

Differential Response is currently implemented in 32 counties and will be fully implemented statewide by August 2013. Arkansas's DR program uses internal resources by designating specific staff to work the DR program. The State adapted New York's Family Assessment Response (FAR) assessment tools for use with this program. Arkansas's expected outcomes from implementing Differential Response are included hereafter:

Expected Short-term Outcomes:

- Stakeholder and community education and awareness about Differential Response and the importance of safely maintaining children in their own home whenever possible.
- Families receive appropriate supports and services in a timely manner.

Expected Intermediate Outcomes:

- Caregivers have increased capacity to meet the needs of and provide a safe and stable environment for their children.
- Families are valued.

Expected Long-term Outcomes:

- Communities are engaged and better able to meet the needs children and families in their communities.
- Families are healthier, experience success, and have less reliance on the child welfare system.
- The number of children entering foster care for short periods of time decreases.

Child and Adolescent Needs and Strengths (CANS)

The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision-making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.

Versions of the CANS are currently used in 25 states in child welfare, mental health, juvenile justice, and early intervention applications. The CANS was developed from a communication perspective so as to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The way the CANS works is that each item suggests different pathways for service planning.

Status and Goals of CANS

The CANS will be rolled out in a phased implementation and will be used with any family in which a founded maltreatment report resulted in an open protective services case or for any child in foster care. Arkansas caseworkers will administer the CANS for all children and families following formal orientation and training on the instrument. Arkansas's expected outcomes from implementing the CANS are outlined here:

Expected Short-term Outcomes:

- Case plans address the highest priority needs of children and families.
- Families receive appropriate supports and services in a timely manner.
- Gaps in service array regarding evidence-based services are identified.

Expected Intermediate Outcomes:

- Caregivers have increased capacity to meet the individual needs of children in their care.
- Family functioning is improved.
- Availability of evidence-based services increases.

Expected Long-term Outcomes:

- Caregivers take responsibility for and commit to the changes needed to provide for the safety and stability of their children.
- The number of children entering foster care decreases.
- Permanency is achieved in the shortest amount of time possible.

Nurturing Parenting Program

The Nurturing Parenting Program is an evidence-based curriculum with built-in assessments that are offered at pre-, process (during), and post-program involvement.

Lessons are competency-based that allow both parents and facilitators to track the success of the parents in learning new parenting skills.

The lessons of Nurturing Parenting address five parenting constructs and six protective factors of child abuse and neglect.

In this manner, the assessment tools and Nurturing Parenting serve as a comprehensive evaluation and treatment for the prevention and treatment of child abuse and neglect.

Status and Goals of Nurturing Parent

Nurturing Parenting will be implemented statewide, making it available for any family in which a need for parent education is identified. Arkansas plans to use internal staff as well as contractors for this service to assure statewide coverage. Both internal and contract providers will receive formal training on Nurturing Parenting prior to facilitating any parenting education using the model. Arkansas's expected outcomes related to the implementation of Nurturing Parenting Programs are outlined here:

Expected Short-term Outcomes:

- **Caregivers have increased knowledge of age-appropriate expectations and positive parenting techniques.**
- **Caregivers are connected with community supports to assist with meeting the individual needs of their children**.

Expected Intermediate Outcomes:

- **Caregivers demonstrate learned, positive parenting techniques.**
- **Caregivers have increased parenting capacity.**

Expected Long-term Outcomes:

- **The number of children entering foster care decreases.**
- **Permanency is achieved earlier for children in foster care.**

Team Decision-Making (TDM)

In order to strengthen family engagement, Arkansas wanted to implement family team meetings as an intervention through its demonstration project. The State decided upon Team Decision-Making (TDM) as another intervention to safely reduce the number of children entering foster care. The Annie E. Casey Foundation developed the TDM model to make immediate decisions about removing a child and making a placement and/or changing a placement.

A key component of TDM is that an immediately accessible, internal facilitator who is not a case-carrying social worker or line supervisor ensures that the TDM process is followed while he or she skillfully facilitates this process. Other meeting members include individuals who have the family's permission or right to participate.

Neighborhood-based community representatives may also be invited to take part in a TDM.

The model strives to seek consensus on a placement that protects the child and preserves or reunifies the family; however, one component that distinguishes TDM from other family team meeting or family group decision-making models is that the agency maintains responsibility if consensus on placement cannot be reached. Information about each TDM meeting is collected and ultimately linked to data on child and family outcomes, in order to ensure continuing evaluation of the process and its effectiveness.

Status and Goals of TDM

Team Decision-Making will also be rolled out in a phased implementation using internal staff as facilitators, which will require hiring of new staff and formal training. Arkansas's expected outcomes from implementing TDM are illustrated below:

Expected Short-term Outcomes:

- **Families receive appropriate supports and services in a timely manner.**
- **Families are linked to community-based resources and informal and natural supports that best meet their needs.**
- **Participants accurately identify steps needed to connect children to lifelong supports.**

Expected Intermediate Outcomes:

- **Caregivers have increased capacity to meet the individualized needs of and provide a safe and stable environment for their children.**
- **Family functioning is improved.**
- **Involvement of caregivers in case plan and services increases.**

Expected Long-term Outcomes:

- **The number of children entering foster care decreases.**
- **Placement stability for children in foster care improves.**

Targeted Recruitment

In order to generate more placement resources, with an emphasis on quality, for children in foster care within the state, Arkansas plans to implement performance-based contracting (utilizing performance indicators) for targeted recruitment. Arkansas has chosen to define targeted recruitment as:

- Recruitment of homes in counties where there are limited placement resources
- Recruitment efforts based on the specific characteristics and needs of Arkansas's foster children

Status and Goals of Targeted Recruitment

Targeted recruitment will be rolled out via phased implementation using contract providers in those counties and service areas where data analysis indicates that such concentrated efforts are needed. Arkansas's expected outcomes for implementing targeted recruitment are described below:

Expected Short-term Outcomes:

- **Increased number of available, quality foster homes.**

Expected Intermediate Outcomes:

- **Children are placed in foster homes equipped to meet their individualized needs.**

Expected Long-term Outcomes:

- **Placement stability of children in care is increased.**
- **Permanency is achieved earlier for children and youth in foster care.**

Permanency Roundtables (PRT)

A Permanency Roundtable is a structured, permanency-focused professional case consultation designed to expedite permanency for a child or sibling group. PRTs use a team of child welfare professionals who work through six distinct phases that result in the Permanency Action Plan for each client that can be implemented within a short period of time (usually 3-6 months). Clients do not attend the initial PRT. The process is strength-based and solution-focused.

PRT's

With help from the Casey Family Programs, Arkansas first implemented Permanency Roundtables in 2010 to help support permanency planning for children in foster care longer than 18 months.

Arkansas had reviewed promising data from other states that had implemented PRTs and believed it would achieve similar success using this intervention.

Based on the success from the first implementation efforts, Arkansas will continue the use of PRTs in the waiver demonstration.

PRT's

PRT Goals:

- Expedite legal permanency for a client
- Stimulate thinking and learning about ways to accelerate permanency
- Identify and address systemic barriers to timely permanency
- Improve relational permanency

The following are the key roles of professionals participating in a PRT:

- Neutral Facilitator – Keep process on track; Facilitate communication and cooperation among participants
- Caseworkers – Present the case and respond to questions
- Supervisors – Provide supplemental information and respond to questions
- Master Practitioner – Provide consultation; Chosen for experience and permanency expertise in the local jurisdiction
- External Permanency Consultants – Provide external consultation and permanency expertise
- Scribe – Transcribe the PRT brainstorming and action plan during the PRT
- Others may be included, such as second-line supervisors, legal experts, policy experts, cultural consultants, etc.

Status and Goals of PRT's

Arkansas is currently working on integrating PRTs as a part of the daily practice of caseworkers as they assess the permanency goals and progress of children in foster care toward legal and relational permanence. Although PRTs are being used in scattered areas of the state, DCFS will roll out the training and supports needed to re-establish PRTs on a consistent, statewide basis. Arkansas's expected outcomes from further implementing Permanency Roundtables are included hereafter:

Expected Short-term Outcomes:

- **Participants accurately identify the permanency status of youth in care.**
- **Participants accurately identify the steps needed to connect children to life-long supports.**
- **Participants identify systemic issues preventing timely permanence for individual youth**.

Expected Intermediate Outcomes:

- **More youth make life-long connections.**
- **The individualized needs of children and youth are met.**
- **Division resolves reoccurring systemic issues preventing permanency for youth.**

Expected Long-term Outcomes:

- **Practices pertaining to permanency are improved through proactive case management.**
- **Permanency is achieved earlier for children and youth in foster care.**

Evaluation

Want to ensure we are getting the outcomes from the various interventions

Process Evaluation - 3 levels :

- Focus on actions at the **state** level in creating the infrastructure need to implement the waiver interventions
- **Administrative and supervisory** activities supporting the waiver in the 10 AR service areas
- How **individual cases** are impacted with the waiver interventions

Outcome Evaluation:

- Those used in CFSR
- Placement rate measures
- Professionally recognized measures of well-being

Cost Evaluation:

- Is the waiver cost neutral?
- Are the total costs incurred after full implementation of waiver less than those prior to full implementation?
- What are the costs of success of the waiver initiative compared to the current method of delivering services?