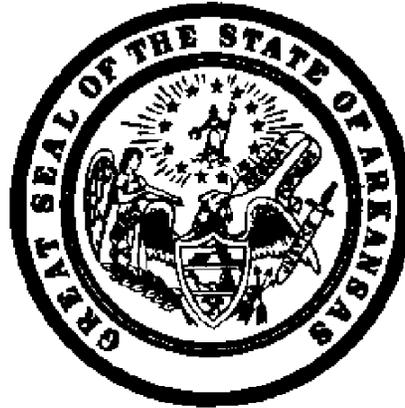


**PROGRAM IMPROVEMENT PLAN  
FY 2003 – FY 2005**



**ARKANSAS  
DEPARTMENT OF HUMAN SERVICES**

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**DIVISION OF CHILDREN AND FAMILY SERVICES**

**July 2003**

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# **Arkansas Structure for Program Improvement**

## **Introduction**

The Child and Family Services Review (CFSR) addresses seven outcomes for children and families in the areas of safety, permanency, and child and family well-being, and seven systemic factors related to the State's ability to serve children and families effectively. The CFSR is conducted jointly by the State and the Administration for Children and Families (ACF), Department of Health and Human Services. The CFSR for the state of Arkansas was conducted by the ACF during the week of July 9-13, 2001. The Division of Children and Family Services (DCFS) received a report on the results of the review on May 6, 2002.

## **Findings From the CFSR Report**

### **Systemic Factors**

The Arkansas CFSR determined that the state is operating in substantial conformity in all seven (7) of the systemic factors:

- Statewide Information System,
- Case Review Systems,
- Quality Assurance System,
- Training,
- Service Array,
- Agency Responsiveness to the Community, and
- Foster and Adoptive Parent Licensing, Recruitment and Retention.

## Outcomes

Arkansas was found in substantial conformity with only one of the seven outcomes:

*Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.*

Status: Substantial Conformity

90% of the cases reviewed substantially achieved this outcome. The State was found to be initiating investigations of abuse and neglect in a timely manner and making adequate efforts to avoid repeat maltreatment of children. The State also met the national standards for the two statewide data indicators associated with this outcome. The State's performance on the incidence of repeat maltreatment was 4.48%, compared to the national standard of 6.1% or less. The State's performance on the incidence of maltreatment while in foster care was 0.29%, compared to the national standard of 0.57% or less.

*Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.*

Status: Not in Substantial Conformity

72% of the cases reviewed substantially achieved this outcome, compared to the 90% that is required for a determination of substantial conformity. The services that the agency provides to families to prevent out of home placement and its assessment for continuing risks to children were both areas that reviewers determined to be in need of improvement.

*Permanency Outcome 1: Children have permanency and stability in their living situations.*

Status: Not in Substantial Conformity

62% of the cases reviewed substantially achieved this outcome, compared to the 90% required for a determination of substantial conformity. The State met the national standard for one of the four statewide data indicators associated with this outcome, the length of time to achieve reunification, at 83.38%, compared to the national standard of 76.2% or more. The State did not meet the national standards for the remaining three data indicators for this outcome:

- length of time to achieve adoption (State: 26.02%, national standard: 32% or more),
- foster care re-entries (State: 10.57%, national standard: 8.6% or less), and
- stability of foster care placements (State: 68.63%, national standard: 86.7% or more).

In particular, the review determined that children in foster care often experience multiple placements and that there is not a timely achievement of permanency goals for many children in foster care.

*Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.*

Status: Not in Substantial Conformity

73% of the cases reviewed substantially achieved this outcome, compared to the 90% required for a determination of substantial conformity to this outcome. The review identified strengths in the Division's efforts to place children in close proximity to their families and communities to support visits between children in foster care and their parents. The review identified needs for improvement in establishing permanency goals for children in foster care promptly, reducing the number of moves experienced by children in foster care, moving children into adoption placements in a more timely manner, preserving significant connections for children in foster care beyond contact with their parents, and making greater use of extended family members as possible placement options for children.

*Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.*

Status: Not in Substantial Conformity

60% of the cases reviewed substantially achieved this outcome compared to the 90% required for a determination of substantial conformity. Strengths identified in this outcome include an array of services available to families in the more urban parts of the state and the presence of case planning documents in a majority of the cases reviewed. However, reviewers also identified a number of areas needing improvement, including a lack of follow up by the agency in some cases where services were recommended, narrowly focused assessment of needs, limited availability of services in rural parts of the state, lack of attention to the needs of foster parents who are parenting behaviorally challenging children, and a lack of involvement of parents and age-appropriate children in developing their case plans. Also, the review identified problems regarding the quality of visits between agency caseworkers and parents and children in their caseloads, with many visits appearing to be unfocused and perfunctory.

*Well-Being Outcome WB2: Children receive appropriate services to meet their educational needs.*

Status: Not in Substantial Conformity

82% of the cases reviewed substantially achieved this outcome, compared to the 90% required for a determination of substantial conformity. The review determined the agency's use of comprehensive assessments of children including their educational needs, provided by The University of Arkansas for Medical Services, to be a strength. However, reviewers also determined that the educational recommendations from these assessments were not always followed.

*Well-Being Outcome WB3: Children receive adequate services to meet their physical and mental health needs.*

Status: Not in Substantial Conformity

74% of the cases reviewed substantially achieved this outcome, compared to the 90% required for a determination of substantial conformity. The review determined that initial medical and mental health screenings were occurring in a timely manner. However, there were a number of cases in which the recommendations from the screenings were not followed by the agency.

## **Development of the Program Improvement Plan**

States are required to develop and implement a Program Improvement Plan (PIP) to address any of the outcomes or systemic factors determined not to be in substantial conformity in the CFSR. Upon receipt of the CFSR report, DCFS convened the Arkansas PIP Development Work Group (members are listed in the Agreement, which is Attachment A) on May 20, 2002 and embarked on a planning endeavor that included members of the original CFSR Statewide Assessment Team, on-site CFSR review team members, and interested stakeholders. Eight (8) groups were formed to identify priorities, develop action steps and outline tasks needed to achieve and accomplish the work detailed in the plan. This plan is the culmination of work and commitment of state staff, stakeholders, consumers, foster parents and providers to assist the agency in improving our service delivery to children and families through continuous quality improvement in the system aimed at promoting safety, permanency and well-being for the children of the state of Arkansas.

The Division is involved in a number of on-going partnership efforts whose products have been used in PIP development, who assisted with PIP development and will provide strong support and assistance with PIP implementation. In each group there are members from the PIP who have been very active in bringing to these groups our preliminary plans and needs. In addition, many of these groups are currently working on a number of issues that directly impact the successful improvement of items and outcomes listed in the PIP.

**The Supreme Court Ad Hoc Committee on Foster Care and Adoption** - Under the auspices of the Court Improvement Project managed by the Administrative Offices of the Court, the committee meets periodically to assess dependency-neglect proceedings, make findings and recommendations and implement plans for improvement in court practice to enable children who are abused and neglected to be placed in safe and permanent homes in a timely fashion.

**Professional Development Team** – The Professional Development Team (PDT) is the representative advisory body for the MidSOUTH's competency based training system, and an essential component in assuring the ongoing effectiveness and quality of the training program. The team is involved in decision-making, operational planning and program evaluation for professional development and advocates for policy, procedural, and other changes in the service system to help achieve high practice standards. Committee membership is made up of the MidSOUTH Program Directors, representatives from the Academic Partnership, DCFS Area Managers, Program Managers and Executive staff. Meetings are on a regular basis, typically bi-monthly or quarterly as determined by the membership.

**The Foster Child Mental Health Collaborative** – In April 2001 the DCFS Director, Roy Kindle, invited representatives and decision-makers from other DHS divisions, other state agencies (e.g., the Department of Education and the Bureau of Alcohol and Drug Abuse of the Health Department), the judiciary, consumers and private providers to work with DCFS in a collaborative for the purpose of developing “*a statewide plan for improving foster children’s access to mental health services*”. The members of the Foster Child Mental Health Collaborative (FCMHC) agreed to promote a systemic approach to mental health services that:

- Utilizes and enhances current successful systems
- Compliments and supports rather than duplicates other relevant initiatives in state government, including CASSP
- Utilize the CASSP philosophy and services system- legislation from the last session (ACT 1517 of 2001) provides for an enhanced and expanded development and implementation of CASSP
- Utilizes national “Best Practice” methodologies
- Address the needs of special populations
- Address multi-cultural competencies

The Foster Child Mental Health Collaborative reviewed the current DCFS system components and processes that impact mental health services for foster children and made recommendations for refinements of existing systems used for mental health services for children in foster care. Several members of this group are also members of the Program Improvement Plan development committee.

**Education Committee** – The Education Committee has representatives from the Department of Education, the MidSOUTH Training Academy staff, DCFS and University of Arkansas Medical Services (UAMS). The Committee is developing policy to meet the educational needs of a foster child especially the special education needs. A pilot was conducted in Pulaski County last year to improve the amount of referrals for Individual Education Plan (IEP's). The pilot project helped improve relationships, however, the pilot created several other issues that need some resolution. Staff from the Departments are currently working on these issues.

**Annie E. Casey Foundation** – This foundation is currently working with the Department of Human Services (DHS) to assist in the development of a performance management system that identifies the beliefs that drive DHS, the outcomes sought for families and children, and performance measures to know whether those outcomes are being achieved. DHS is utilizing that work to implement a pilot project to work with courts on Family In Need of Services (FINS) cases by implementing a timely, integrated family assessment. The project will be piloted in Pope County. Performance indicators for this project include reduction in out-of-home placements, days in inpatient psychiatric care, multiple placement and length of stay in foster care and increase in consumer satisfaction with services.

**IV-E Partnership** - DCFS contracts with the University of Arkansas at Fayetteville (UAF) to manage the Arkansas Academic Partnership in Public Child Welfare. This statewide collaboration between DCFS and the Arkansas universities (UAF, Arkansas State University, Arkansas Tech University, Harding University, Philander Smith College, Southern Arkansas University, University of Arkansas at Monticello, University of Arkansas at Pine Bluff and University of Arkansas at Little Rock) focuses on education and training to improve child welfare practice. UAF manages the partnership by working cooperatively with DCFS and with the other universities in the partnership in a leadership role. The partnership objectives are to develop a family-centered child welfare curriculum and infuse it into interdisciplinary academic curricula statewide; to recruit and prepare university/college students for employment in the child welfare system administered by DCFS; and to better prepare child welfare workers and supervisory staff through state-of-the-art new staff training and continuing education.

**Mentoring Supervisors Project**- DCFS received a grant through the Southern Regional Quality Improvement Center on Child Protection (SRQIC) out of the University of Kentucky College of Social Work. The Schools of Social Work at UALR and UAF and the Arkansas Commission on Child Abuse, Rape and Domestic Violence partnered with DCFS in the grant proposal and implementation. The grant funds a research project in Mentoring of Child Welfare Supervisors for a three-year period, with an additional year funded for data analysis. Through the grant the Universities will provide mentoring and support for participating child welfare supervisors of child protective service workers. The evaluation will determine the effect of this mentoring in these areas:

- a. Influence on practice by increasing the number of structured case reviews between supervisor and worker; increase use of a case review instruments for the structured case reviews and increase in families successfully completing a case plan with the child's safety insured.
- b. Reduce worker turnover through the use of individual supervisory sessions, increase worker satisfaction with the individual supervisor, decrease in worker turnover and increase in the supervisors' satisfaction with their supervisory capabilities.
- c. Change in client outcomes by decrease in repeat maltreatment reports, the number of children who move to a higher level of care (foster care) and the number of families who come back into the Child Protective Service system and an increase in the number of appropriate services provided to families and client satisfaction with services.

**COA Accreditation** - DCFS is seeking accreditation approval through the Council on Accreditation for Services to Children and Families (COA). COA accreditation is a process of evaluating an organization against best-practice standards. The standards represent up-to-date research findings, regulations, and practice experience that together serve to define quality organizational practice. DCFS has a number of work groups assessing compliance with the standards in order to develop a self-study and implement corrective action needed.

## **Analysis of Findings from the CFSR Report**

### **Strengths of the Review**

These strengths were taken into account in the analysis of work to be done in development of the Program Improvement Plan. We will continue to build on these strengths as the work plan unfolds.

#### **Investigations –**

- 91% of cases reviewed met or exceeded the state's policy regarding timeframes for initiating investigations.
- The working relationship between DCFS and the Arkansas State Police facilitates the timeliness for initiating investigations.
- Face-to-face contact with victims and significant family members was within department guidelines in a majority of cases.

#### **Independent Living -**

- Good staff support and concrete preparation services were provided to teens transitioning from foster care to independence
- The case review revealed several examples of teens receiving a great deal of basic life skills services in their foster homes.
- Teenage mothers are given very practical parenting skills training from foster parents and through formal parenting classes.
- The DCFS Youth Advisory Board has been helpful to the agency in recognizing the need for more supports and services for older youth.

#### **Adoptions –**

- The state of Arkansas has made good strides in increasing the overall number of children placed in finalized adoptions.
- The Department has included more aggressive recruitment of adoptive homes in their most recent state plan update.
- There were good examples noted of infants and very young children being moved into adoptive placements in a more timely manner than in years past.

#### **Foster Care -**

- The final report noted that there were some strong connections observed between older children and their caseworkers which
- provided the youth with connections even after they aged out of the foster care system.
- Service plans and updates were found in most cases reviewed.
- Comprehensive health evaluations were conducted for children through the University of Arkansas for Medical Sciences.

### **Service Array and Case Planning –**

- There is a good array of services available in some areas of the state.
- There were situations found in which other family members, in addition to the parents, were involved in case planning.
- Safety issues were assessed prior to making decisions to reunify families.

**Systemic Factors** - Among the many strengths identified in the systemic factors, the review particularly noted strength in the agency's efforts to expand quality assurance efforts to track outcomes and to support field staff in case management activities.

### **Areas Needing Improvement**

We recognize that items listed as Areas Needing Improvement in the Final Report may have been generated from an isolated stakeholder comment or may have been supported by numerous findings in the Case Record Review. Our analysis of the Areas Needing Improvement revealed the following critical areas to be addressed. Other areas identified were also important, but we believe the systemic changes planned will address them.

#### **Outcome Safety 2 – Children are safely maintained in their homes whenever possible and appropriate.**

Item 3. Service to family to protect child(ren) in home and prevent removal.

- Some safety risks are not being identified and addressed.
- Some cases were closed for services even though there were clear risk factors present
- Coordination among service providers involved in a case may not always occur.
- Service gaps affected outcomes for children and families, particularly in rural counties.

Item 4. Risk of harm to child

- In some cases, risk was identified but not addressed.
- Risk of repeat maltreatment was not always sufficiently addressed.
- Risk was not always assessed and addressed in FINS cases.

#### **Outcome Permanency 1: Children have permanency and stability in their living situations.**

Item 5. Foster Care re-entries

- There was one case in which reentry was identified as a problem. In that case the lack of adequate services to achieve or maintain change in the risk situation, leading to re-entry into foster care.

Item 6. Stability of foster care placement

- May be insufficient formal assessments of placement matches between foster homes and children needing placement.
- Communication problems between DCFS and individual providers and what is perceived as a lack of a partnership philosophy may result in foster parents feeling unsupported.
- Respite care services do not appear to be consistently offered as a resource to diffuse difficult placement situations.
- Teens with multiple behavioral and mental health service needs have the most frequent moves.
- Services of sufficient type and quantity do not appear to be in place to impact placement disruptions.

Item 7. Permanency Goal for Child.

- Some caseworkers may have difficulty with the concurrent planning concept.
- Absent fathers are not always pursued and this can delay permanency.
- Although the report mentions perceptions and beliefs that older children are less likely to be placed in adoptive homes. In FY 2002, 22% of the children placed in adoptive homes were 12 years old or older.

Item 8. Independent living services.

- There was only one case in the review in which Independent Living Services was rated an Area Needing Improvement.
- Although independent living skills development activities were occurring, they may not have been included in the youth's case plan.
- At times foster parents were not aware of the independent living plans for children in their care.
- Some youth were not involved in their own service plan.
- There may be a need for clarity as to when independent living services should begin and what level of assessment youth receive.
- Services may either be lacking or inconsistently delivered.

Item 9. Adoption

- Reviewers and stakeholders input indicated that there were cases with no timelines or sense of urgency to move children into permanent placements and cases where there had been uneven attempts to search for adoptive homes for children with special needs.
- May be a lack of coordination between the primary caseworker and the adoption worker.

**Outcome Permanency 2: The continuity of family relationships and connections is preserved for children.**

Item 12. Placement with siblings

- A limited number of foster homes may make it difficult to keep large sibling groups together.
- If siblings must be separated, there may not be subsequent efforts to get them back together.

Item 13. Visiting with parents and siblings in foster care.

- There were inconsistencies regarding the continuation of visitation between siblings in TPR/adoption cases.
- There may be cases where visitation does not occur between children and parents because DCFS was not able to provide necessary supervision for the visit.

Item 14. Preserving connections

- Fathers of children in foster care are not always sought or involved, especially if they have previously been absent.
- Multiple moves for some children had a negative impact on their ability to maintain connections.
- There is a lack of clear policy and procedure about contact between children in foster care and extended relatives after TPR.
- May not be sufficient probing in all cases as to whether the child has Native American heritage.

Item 15. Relative Placement

- Efforts were not always made to pursue relative placement.
- DCFS tended to limited the involvement of fathers in placement plans for their children.
- Some cases indicated a lack of services and supports to relatives who were attempting to provide care for their family members.

**Outcome Well Being 1: Families have enhanced capacity to provide for their children's needs.**

Item 17. Needs and services of child, parents, foster parents

- There were concerns that assessments were narrowly focused, that the current family needs assessment tool was not comprehensive or family focused enough and that assessments in in-home cases were not always quality.
- There may be issues with lack of follow-up on service recommendations from providers, coordination of service delivery among multiple service providers, and closure of cases without reduction of risks.
- There was concern that foster parents were not always provided services needed to assist them with children with behavioral problems.

- Some areas have too few resources available to address some assessed needs.
- Sometimes families and age appropriate children were not involved in the plans developed for their cases.

Item 18. Child and family involvement in case planning

- Sometimes families and age appropriate children were not involved in the plans developed for their cases.
- Fathers of children in foster care are not always sought or involved in case planning.

Item 19. Worker visits with child

- Stakeholders suggest that there needs to be more focused guidelines on the expected content and/or the outcomes for visits between children and caseworkers.
- Need to analyze the practice of the visitation and waiver policies.

Item 20. Worker visits with parents

- Need for clarification of visitation policy, including documentation of visits.

**Outcome Well Being 2: Children receive appropriate services to meet their educational needs.**

Item 21. Educational needs of the child

- Need for uniform documentation of assessments and follow-up services as part of the case plan.

**Outcome Well Being 3: Children receive adequate services to meet their physical and mental health needs.**

Item 22. Physical health of the child

- Inconsistencies were noted regarding the assessment and follow up of health services for in-home cases and FINS cases
- There were cases in which health needs were identified but there was insufficient follow up regarding these needs.

Item 23. Mental health of the child

- Provider's recommendations were not always followed.
- Mental health needs of children in in-home cases were not always assessed.
- Some foster parents raised concerns for the mental health assessments and follow up for children in their care that were not addressed.

## **Actions Needed to Address Areas Needing Improvement**

In analysis of the areas needing improvement and discussion of what needs to be done to address them, the PIP Development Team identified the following needs:

To have a coordinated assessment and case planning process that includes the following:

- . To uniformly assess risk throughout the life of the case and to provide services to address identified risks, in order to maintain children safely in or return them safely to their homes when possible and appropriate and to prevent unnecessary re-entry into foster care. This would be used in all cases, including cases involving Families in Need of Services (FINS) [Outcome S2 Items 3 and 4, Outcome P1 Item 5 and 7, Outcome WB1 Item 17].
- Families, children, when appropriate, DCFS staff, foster parents, providers and others involved in the child's life are actively involved in case planning. Non-custodial fathers should be included in this process. [Outcome P1 - Item 8, Outcome P2 Items 14 and 15, Outcome WB1 Items 17 and 18].
- When a child is in foster care, case-planning practice evidences a sense of urgency for permanency with goals established quickly and movement made toward achieving those goals in a timely manner. [Outcome P1 – Item 7]. This practice would reflect the belief that all children, regardless of age, can be adopted. [Outcome P1 - Items 7 and 9]
- To assure children's educational, physical and mental health needs are assessed and identified needs are addressed in the case planning process [Outcome WB 2 - Items 21 – 23]
- To assure that services are delivered to routinely assess the independent living skills of teens and to plan and implement services to develop those skills. [Outcome P1 - Item 8]
- Services are delivered and coordinated among providers in accordance with the case plan [Outcome S2 - Item 3]
- Services and supports continue when a child is returned to their parents, to prevent unnecessary re-entry into foster care. [Outcome S2 - Item 3 and Outcome P1 - Item 5]
- Workers have the capacity and responsibility for visitation with the child and the parent as often as needed to meet case objectives. [Outcome WB1 - Items 19 and 20]
- To assure that all children in foster care maintain their connections to their parents, siblings and extended families and other individuals, groups and activities important to them, including visitation with parents and siblings. [Outcome P2 - Items 13 - 15]
- Workers have a uniform understanding and utilization of concurrent planning [Outcome P1 - Item 7]

To develop a system to identify and address service gaps, particularly in rural areas. [Outcome S2 -Items 3 and 4, Outcome P1 – Items 5 and 6, Outcome WB1 - Item 17, and Outcome WB2 –Item 23]. The array of services that will result will assure that services are available to address children’s educational, physical and mental health needs. [Outcome WB2 – Items 21-23].

To develop a more comprehensive array of placement options to meet children’s needs and to better assess placement needs of individual children, in order to best meet the needs of the child and reduce the number of moves children experience in foster care. This would include options that would allow for siblings to be placed together and that relatives be pursued and supported as placement options when appropriate. [Outcome P1 – Items 5 – 7 and Item 9, Outcome P2 – Items 12, 14 and 15, and Outcome WB 1-Item 17]. This array would be formed through development of stronger partnerships with foster parents and providers and assurance that adequate services are available and provided to support placements. [Outcome P1 – Items 6 - 9, Outcome P2 - Items 12, 14 and 15, and Outcome WB1 – Item 17].

## **Major Strategies**

Based on the three systemic needs identified, the Arkansas Program Improvement Plan is built on three broad strategies:

### **1. Improve case assessments and case planning.**

The key to effective child welfare practice is a good family assessment and development and implementation of an appropriate case plan. DCFS has a number of automated practice tools that have been adopted over a number of years, including a Health and Safety Assessment, Risk Assessment, Family Strength and Needs Assessment and Case Plan. These tools may increase our ability to have data, but may not be systemically linked, evidence based or family or worker friendly. We need to review the processes that have developed over time to determine if indeed they are state of the art, evidence based, make sense systemically and are easy for workers and families to utilize. Such a review will require that we examine in detail our process for service delivery. It will include a review of the tools, policies, procedures, training, supervision and supervisory tools and monitoring. The purpose will be to determine if this system reflects best practice, is evidence based, and is worker and family friendly. This review process must be conducted with participation from staff at all levels of the organization, key stakeholders and families. During the process, the CFSR items and Areas needing improvement listed in the report and restated above will be addressed.

The completion of the action steps and tasks for this strategy outlined in the matrix portion of the plan will do the following:

- improve assessment of risk, case planning and services to families (including FINS) so that identified risks are appropriately addressed and children are safely maintained in their homes whenever possible and appropriate [Outcome S2 - Items 3 and 4, Outcome P1 – Items 5 and 7, and Outcome WB1 – Items 17 and 18];
- improve the timeliness of permanency for children through increased skill in concurrent planning [Outcome P1 - Items 7 and 9];
- increase the involvement of families in the case planning process [Outcome WB1 - Item 18];
- improve connections between children in foster care and their families [Outcome P2 - Items 13 and 14];
- increase children who can be placed with their siblings and with relatives [Outcome P2 - Item 12 and 15]
- assure appropriate visitation between children in foster care and their parents and siblings in order to assure relationships are maintained and permanency is facilitated [Outcome P2 - Item 13];
- enhance the quality and documentation and increase workers' visits with children and with parents, and visits between children and their parents [Outcome P2 – Items 13 and 14, Outcome WB1 – Items 17, 19 and 20];
- increase supports to foster parents and thereby increase stability of foster care placements [Outcome P1 - Item 6, Outcome WB 1– Item 17];
- assure that children's educational, physical and mental health needs are assessed and addressed [Outcome WB2 - Items 21-23]; and
- assure *all youth* who leave foster care have independent living skills [Outcome P1 - Item 8].
- reduce foster care re-entries while assuring children are maintained in their home safely [Outcome P1 - Item 5];

## **2. Expand the array of available services**

Assessing family needs and planning to meet those needs can only be accomplished if needed services are readily available.

In order to assure service availability we will develop a system that can be used on an on-going basis to assess and develop needed services. This would include services to:

- Prevent out of home placement so that children can remain safely in their homes when possible and appropriate or can be safely reunified when appropriate [CFSR Outcome S2 – Items 3 and 4]
- Enhance the capacity of families and foster families to care for and protect their children [Outcome WB1 – Item 17]
- Meet the needs of the children in foster care and adoptive homes and their families [Outcome P1 – Item 9].

The completion of the action steps and tasks for this strategy outlined in the matrix portion of the plan will accomplish the following:

- increase the capacity to meet the service needs of children, parents, foster parents and relative caregivers [Outcome S2 - Items 3 and 4, Outcome P1 – Items 5 and 6; Outcome WB1 – Item 17]; improve services to meet the educational needs of children served [Outcome WB2 - Item 21];
- improve services to meet the physical and mental health needs of children served [Outcome WB 2 - Items 22 and 23] and
- reduce foster care re-entries while assuring children are maintained in their home safely [Outcome P1 - Item 5];

### **3. Develop a full continuum of out-of-home resources.**

Children who enter foster care need to have a stable placement that can meet their needs and that will work as part of the team to move the child to permanency. We want to develop a system to expand the types, quantity and, in some instances, the quality of the out-of-home resources now available for children.

The completion of the action steps and tasks for this strategy outlined in the matrix portion of the plan will accomplish the following:

- reduce foster care re-entries while assuring children are maintained in their home safely [Outcome P1 - Item 5];
- decrease the number of placements children experience while in foster care [Outcome P1 - Item 6];
- place siblings in foster care together unless to do so would be detrimental to the children [Outcome P2 - Item 12];.
- assure that relative placement is explored and pursued, when appropriate, in every case [Outcome P1 – Item 7 and P2 - Item 15];
- assure children in foster care who cannot return home are placed in an adoptive home soon after termination of parental rights [Outcome P1 – Item 9];
- assures that children’s needs are met while in care [Outcome WB1 – Item 17, and Outcome WB2 – Items 21-23] .

Some outcomes and items are addressed by more than one strategy. For instance, re-entries of children into foster care is addressed in all three. That is because DCFS conducted a special study of re-entries into foster care which determined that to adequately address the issue, we needed to look at how we assess families and involve them in case planning (Strategy One), the resources available to support the reunified family (Strategy Two) and the continuum of services available to meet a child’s needs while in care (Strategy Three).

We recognize that these are not simple strategies and will not be easily accomplished. In order to improve and support good practice, we will address the following:

- Policy and procedural enhancements
- Tools
- Supervision
- Training enhancements
- Enhancements to the Children’s Reporting and Information System (CHRIS) SACWIS System
- Enhancements and additions to the Quality Assurance System
- Systems development.

We believe that outlining the expectations for practice and supporting that practice through these enhancements will lead to improved practice. Based on these three strategies, we developed the PIP Work Plan, which follows. In order to facilitate tracking of process and qualitative benchmarks, we included the Tracking Matrix that follows the Work Plan.

## **Benchmark Goals**

DCFS will use three (3) types of benchmarks to determine successful completion of the Program Improvement Plan:

- **Process Benchmarks** – We will monitor and report on a quarterly basis progress on accomplishing the benchmarks/tasks. (enhancements to policy and training and other efforts to strengthen case practice) listed in the work plan and tracking matrix. Training will be monitored through submission of training agendas, lists of attendees by positions, trainee satisfaction and (where appropriate) pre- and post- tests. Evaluation of practice change resulting from training will be conducted when feasible.

DCFS currently has 400 Family Service Workers (ie., Trainees, Family Service Workers (FSW) or FSW Specialists), 143 FSW Supervisors and 10 Area Managers. Not all FSW’s perform the same function – some conduct child maltreatment investigations, some do only foster care, some do everything. Additionally, some supervisors are specialized (e.g., Assessment Team Supervisors). Therefore, not all FSW’s or Supervisors will attend all training.

- **Qualitative Benchmarks** – These are numerical benchmarks used to determine whether accomplishing the tasks in the plan actually makes the intended change in practice. These benchmarks will be monitored through the use of the Quality Services Peer Review (QSPR) conducted monthly by a team of Quality Assurance Reviewers and peers. These are described in more detail on page 19.
- **Outcome Benchmarks** – Arkansas has replicated the logic of four (4) of the six (6) National Outcome Standards to provide numerical benchmarks to assist in determining if the state is in substantial conformity with these standards.

## **Description of Monitoring That Will be Used for Quarterly Reporting**

### **Quarterly Reports**

DCFS will submit Quarterly PIP Progress Report to ACF, Dallas based on the above benchmarks. The quarters for reporting will be July through September; October through December; January through March; and April through June. Reports will be filed on: November 15, 2003; March 15, 2004; August 15, 2004; May 15, 2004; August 15, 2004; November 15, 2004; March 15, 2005; August 15, 2005; May 15, 2005 and August 15, 2005. This schedule anticipates a six-week interval for data analysis and review of the teams reports following the completion of each designated quarter.

### **Content of PIP Quarterly Progress Reports**

Each Quarterly Report will include an update on progress of implementing the Benchmarks. It will also provide a progress report in measuring progress made in quantitative methods. If action steps and goals for an item are completed and qualitative and outcome measures met for two consecutive quarters, Arkansas will stop reporting on that item.

We have a number of monitoring tools, activities and reports that will provide us with the necessary information to document progress in the quarterly reports. These include the following:

#### **Outcome Measures Report**

The Division has duplicated the logic used to report the six (6) National Standards based on NCANDS and AFCARS submissions and will have semiannual reports of progress on each outcome to be included in quarterly reports. In addition to state totals, area and county results will also be available to assist the PIP implementation team and management to determine where issues of noncompliance exist so that corrective action can be focused.

#### **Quality Services Peer Review**

The Arkansas Quality Services Peer Review (QSPR) mirrors the Child and Family Service Review instrument and includes COA Case Review Requirements. Quality Assurance Reviewers from Central Office and peer reviewers (including experienced workers and supervisors) will examine services needed and provided, length of service, and changes in case status or level and compliance with established timeframes. Reviewers will have access to quantitative information obtained through Arkansas CHildren's Reporting and Information System (CHRIS) electronic case record review prior to the on-site qualitative reviews. Also, paper records will be reviewed and family members, age-appropriate children, foster parents and stakeholders will be interviewed as part of the process.

Each month, peer record reviews will be conducted for each of the five following services:

- Child Protective Services,
- Adoption Services (children in foster care, in pre-adoptive placements),
- In-Home Support Services (also open as either a supportive service, child protective or foster care case),
- Intensive Family Preservation (only the direct service IFS cases in Pulaski County, these will also be open as a supportive service, child protective or foster care case), and
- Foster and Kinship Care Services.

For every service that has 100 or more consumers (ie., child protective services, adoption services, in-home support services and foster and kinship care), DCFS will review a minimum of 100 cases per year. We will review 100% of the direct service IFS cases in Pulaski County. The cases will be randomly selected by area, using SPSS software that will provide a number assignment identifying the selection and assuring each county is included in the review.

One of the goals of case record reviews is to examine documentation for every case including:

- assessments,
- service plans,
- appropriate consents,
- progress or case notes or summaries,
- evidence of quarterly case supervision,
- relevant signatures,
- service outcomes and
- aftercare plans.

The QSPR will be an in-depth review to determine how children and their families' benefit from the services they receive. Each review will focus on a single DCFS Area and will be conducted within an intensive one-week period. Each Area will be reviewed once a year, except for the largest population area, which will be reviewed three times a year. The QSPR will shift the focus away from compliance and quantitative measures and toward the areas of practice, results and qualitative concerns, including the outcome domains that form the basis of the federal Child and Family Services Reviews: safety, permanency and child and family well-being.

The QSPR results will be included in the PIP Quarterly Reports to document progress on compliance with outcomes and items. The QSPR is not intended to replace supervisory case reviews or the Compliance Outcome Record Review, but to add another level of review by a third party. DCFS will use the information from the reviews to identify and initiate improvement to services.

## **Other Management Reports/Activities**

### **Supervisory Case Review**

Supervisory case review is an in-depth review of the direct service work performed by the worker with families. At least quarterly the worker and his supervisor review each case to evaluate the family's progress toward achieving their case plan goals. This review will be used by DCFS field staff to determine progress with meeting case and CFSR goals, but will not be included in quarterly reporting. It includes an evaluation of the child/and or family's progress toward achieving the case plan goals established with the family and any issues or needs of child and family receiving the services.

### **Compliance Outcome Report**

The COR as described above is a monthly-automated management compliance report that gives compliance data for the state, by area, by county and by worker. The worker level report displays information by case number and details the case specific non-compliance areas so that workers can correct the case file. This report is a management tool used by Area Managers and Supervisors in reviewing documentation and compliance requirements outlined in policy.

### **Quarterly Performance Report**

The Quarterly Performance Report (QPR) is issued to key program and area staff. It consists of three parts:

- Performance Indicators, which provide information on service outcomes.
- Compliance Index, which reports on the Division's compliance with requirements set by DCFS with guidance from the legislative children and youth committees.
- Description of Population and Services, which describes the children who were the subjects of maltreatment reports, were served in foster care or provided adoption services.

The Division has established eight performance indicators to measure progress towards child safety, permanency and well-being:

- % of families with true allegations of child maltreatment three months, six months and one year after a previous true report.
- % of foster families with true reports of child maltreatment.
- % of children receiving Protective Services, Supportive Services or IFS who were abuse or neglected within one year of the initiation of services.
- % of children receiving Protective Services, Supportive Services or IFS who entered foster care within one year initiation of services
- % of children in foster care who returned home within eighteen months.
- % of children in foster care who have experienced more than three placements within the past eighteen months.
- % of siblings placed together
- % of children living with adoptive families within twelve months of the termination of parental rights.

## **Annual Report Card**

The Annual Report Card consists of the information and data detailed in the Quarterly Performance Report but with final figures detailing the years' operation. It is distributed to agency managers and to legislative committees working with children, youth and families. The report is published annually and is based on a state fiscal year; July 1 – June 30th.

## **Oversight, Coordination and Monitoring of PIP Implementation**

Implementation of the PIP must have oversight, monitoring and coordination between strategies and with other organizational initiatives.

### **Implementation and Coordination**

Each of the three strategies will have a Work Group comprised of DCFS staff from all levels of the organization: Family Services Workers, Family Support Specialists, County Supervisors, Area Managers, Program Managers, Central Office staff, and Assistant Directors. Each Work Group will also have consumer and stakeholder participation, including foster parents, adoptive parents, providers, other stakeholders and consumers of services. There will be three Strategy Leaders:

Strategy 1 - Pat Page, Assistant Director, Legislative Analysis, Research and Planning and Shirlee Flanigin-Isbell, Administrator, In-Home Services

Strategy 2 – Billye Burke, Assistant Director, Community Support and Albert Marlar, Assistant Director, Financial and Administrative Support

Strategy 3 - Billye Burke, Assistant Director, Community Support and Quranner Cotledge, Assistant Director, Community Services  
The Strategy Leaders will assure that work is completed in a timely manner for their strategy and that progress reports and required documentation are submitted on that work to Debbie Shiell, Manager, Planning, so that she may develop the Quarterly Report for ACF.

There are also Lead Persons for tasks under those strategies. A group comprised of Strategy Leaders and Task Leaders will meet regularly, at least monthly, to assure coordination in implementation of the strategies and with other initiatives of the Division and to review whether activities are making a difference in the quality of service.

The following are the Task Leaders:

Shirlee Flanigin-Isbell, Administrator, In-Home Services

Varnaria Vickers, Administrator, Out-of-Home Services

Sheryl Alexander, Manager, Policy

Alden Roller, Adoption Field Supervisor

Darcy Dinning, Manager, CHRIS

Bob Sebourn, Manager, Professional Development

Gloria Aboagye, Manager, Adoptions

Ed Wallace, Manager, Foster Care

Jim Dennis, Manager, Independent Living

Debbie Shiell, Manager, Planning

Pat Bell, Foster Parent Ombudsman

John Allen, Mental Health Coordinator

Georganne Lewis, Planning Specialist

Marilyn Counts, Manager, Quality Assurance

**Oversight** – Ultimate responsibility for oversight of PIP Implementation rests with the DCFS Director and his Executive Staff. They will review all quarterly reports prior to submission to ACF and will take whatever action is necessary to facilitate timely implementation of the PIP. In addition, there will be a PIP Oversight Committee, which is comprised of the Lead Persons and the persons and organizations involved in PIP Development, most of whom will also be serving on Work Groups, which will meet quarterly to review implementation of the PIP and its impact on the quality of service and give feedback on issues with implementation from their perspective (e.g., field, courts, foster parent, consumer). They will also provide coordination with other initiatives that are occurring with any organizations that they represent. This information will be used to guide changes and in development of quarterly reports.

The Quality Assurance Unit will be responsible for the qualitative reporting on progress. They will assure that this information is presented to Ms. Shiell in time to compile the Quarterly Report to ACF.

### **National Resource Center Requests**

During the development of the Program Improvement Plan, we had consultation from the following National Child Welfare Resource Centers: Family-Centered Practice, Foster Care and Permanency Planning, Organizational Improvement, Child Maltreatment and Youth Development. We have requested technical assistance from several of the National Resource Centers (NRC):

- The NRC on Family Centered Practice revision of assessment and case planning process and to assist in the development of a system to assess and address service needs.
- The NRC on Foster Care and Permanency Planning to develop foster placement level of care system and concurrent planning.
- The NRC for Youth Development to assist with development of an independent living training curriculum for foster parents.
- The NRC on Legal and Judicial Issues to assist with training on meeting the educational needs of foster children.
- The NRC on Special Needs Adoption to assist with training mental health professionals to support adoptive families of children with special needs.

## **Description of the Organization**

### **DCFS Director, Roy Kindle**

The Director has management and administrative responsibilities for DCFS. The Division has four major offices, each with an Assistant Director:

### **Office of Community Services, Assistant Director, Quranner Cotledge**

The Community Services office is responsible for the direct and purchased service delivery of child welfare services in each of the 75 counties of the state. Each of the ten areas has an Area Manager, County Supervisors, Family Service Workers, Family Support Specialists and other county-based staffs to provide direct services. In central office, the Office of Community Services has a Client Advocate who assists DCFS consumers who have inquiries and complaints and a Foster Parent Ombudsman who assists foster parents who have questions and concerns.

### **Office of Community Support, Assistant Director, Billye Burke**

The Community Support office is responsible for the following services: Adoptions, Interstate Compact, Central Registry, Program Support for Out-of-Home Services, Program Support for In-Home Services, Independent Living, Child Abuse Protection Treatment Act (CAPTA) Services, Behavior Treatment Unit, Intensive Family Services (IFS), and Family Support.

### **Office of Financial and Administrative Support, Assistant Director, Albert Marljar**

Administrative Services provides administrative and management support to DCFS through personnel administration, budget monitoring, resource control, and contract administration. The Administrative Services office includes the following units: Personnel, Contracts, and Financial Resources. In addition, the Foster Care/Medicaid Eligibility Unit determines the eligibility for federal funding under Title IV-E (Foster Care and Adoption) and Title XIX (Medicaid), of all children in the care of the Department who are placed in Out-of-Home Placement or subsidized adoption.

### **Office of Legislative Analysis, Research and Planning, Assistant Director, Pat Page**

The Legislative Analysis, Research and Planning office consists of the following units: Policy, Planning and Research, Child Welfare Agency Licensing, Professional Development and Quality Assurance. The office is responsible for DCFS policy, training and professional development, comprehensive short-term and long-term planning initiatives for the delivery of child welfare services, Child Welfare Agency Licensing, COA Accreditation coordination and Quality Assurance. The office also plays a critical role in analyzing and implementing proposed legislation that impacts the Division.

In 1997, DHS and the Arkansas State Police entered into a contractual agreement that formed the Family Protection Unit, now known as the Crimes Against Children Division (CACD). CACD is composed of three sections: 1) the Child Abuse Hotline, 2) civilian employees who assess child maltreatment reports, and 3) a law enforcement unit which conducts criminal child maltreatment investigations. The CACD maintains an around-the-clock statewide intake process (The Child Abuse Hotline) for accepting reports of alleged child maltreatment. CACD civilian employees are responsible for assessing Priority I allegations of severe maltreatment, involving placements that are managed, approved or licensed by DHS for the care of children including day care homes, DHS foster homes, residential facilities and pre-adoptive homes and any allegations of maltreatment involving schools or DHS employees.

## Arkansas Program Improvement Plan Work Plan

### Strategy 1 – Develop and implement a family friendly assessment and case planning process

*DCFS believes that concerns about assessment and case planning were the key concerns that came from the CFSR and are critical to quality services to children and families. We believe that if we revise our assessment and case planning process to make it easy for staff to utilize and family friendly, those actions will impact most of the findings in the report. Therefore, our key strategy is to review and improve that process. This process will result in improvements in many areas, including:*

- *improve assessment of risk, case planning and services to families so that identified risks are appropriately addressed and children are safely maintained in their homes whenever possible and appropriate. This process would be used in all cases, including services to Families in Need of Services (FINS) [Outcome S2 - Items 3 and 4, Outcome P1 – Items 5 and 7, and Outcome WB1 – Items 17 and 18];*
- *reduce re-entry into foster care by assuring that children’s needs are met while in care, that services are delivered to the family to address issues that led to state intervention and that services continue after the child’s return home until the family and DCFS believe services are no longer needed [Outcome P1- Item 5]*
- *improve the timeliness of permanency for children through increased skill in concurrent planning [Outcome P1 - Items 7 and 9];*
- *increase the involvement of families in the case planning process [Outcome WB1 - Item 18];*
- *improve connections between foster children and their families [Outcome P2 - Items 13 and 14];*
- *increase children who can be placed with their siblings and with relatives [Outcome P2 - Item 12 and 15]*
- *assure appropriate visitation between children in foster care and their parents and siblings [Outcome P2 - Item 13];*
- *enhance the quality and documentation and increase workers’ visits with children and with parents [Outcome P1 - Item 6 and Outcome WB 1 – Items 17, 19 and 20];*
- *increase supports to foster parents and thereby increase stability of foster care placements [Outcome P1 – Item 6 and Outcome WB1 – Item 17];*
- *assure that children’s educational, physical and mental health needs are assessed and addressed [Outcome WB2 - Items 21-23];*
- *assure all youth who leave foster care have independent living skills [Outcome P1 - Item 8];*
- *assure that non-custodial fathers are involved in case planning [Outcome P1 – Item 7 and WB1 – Item 18];*
- *assure that a child’s Native American heritage is identified and appropriately addressed [Outcome P2 – Item 14]. .*

*This strategy will be implemented through use of a Work Group that is comprised of DCFS staff from all levels including direct service and direct service supervision, CACD staff, stakeholders, including the courts, and consumers. It will examine the risk assessment, assessment and case planning process through a review of policy, procedures, tools, systems, training, supervision and quality assurance.*

*Because this is a major initiative that will take much staff and stakeholder time and effort, and in recognition that the results of such a system change will not be realized for many months, we identified other actions that could be addressed more quickly, would not conflict with the long-range activities and could make a positive difference in the lives of children and their families sooner. These include the following:*

- *Development of an automated monitoring report to allow supervisors to track completion of initial risk assessments.*
- *Training for DCFS staff and attorneys, judges, Attorney-Ad-Litems, and CASA on concurrent planning and adoption*  
*New DCFS workers are already being trained on concurrent planning, but, based on CFSR findings, the concept may not be uniformly accepted or practiced. Training will be offered to key DCFS staff and OCC attorneys to assure everyone has the same knowledge base on these topics and to assist with practice related issues. Although some of the tools may change with the larger enhancements, the concept will stay the same. In addition, although Foster Pride/Adopt Pride Training that is used to train all foster and adoptive parents contains some information on concurrent planning and adoption, we want to determine if that content can be improved.*
- *Development of new Independent Living policy and procedures and training for staff, foster parents and providers on the new policy and procedures, in order to increase the uniformity and quality of Independent Living services statewide.*
- *Revision of policy and practice on visitation between children in foster care and their parents, siblings and other significant people in their lives. Some changes may result from the long range strategy, but we know that we need to immediately identify barriers to visitation and take steps to address them, including clarification of policy on visitation between siblings after TPR.*

<b>Action Step</b>	<b>Tasks/Benchmarks</b>	<b>Benchmarks' Dates of Achievement</b>	<b>Lead Person(s)</b>
<p>1.1 In order to assure services are provided to protect children, supervisors will monitor completion of risks assessments in all cases. (Impacts CFSR Items 3 and 4)</p>	<p>1.1.1 As an interim measure, an automated monthly monitoring report will be developed to allow supervisors to track completion of initial risk assessments.</p>	09/01/03	Marilyn Counts, Manager, Quality Assurance
	<p>Benchmark: As an interim measure, an automated monthly monitoring report to allow supervisors to track completion of initial risk assessments.</p>		
	<p>1.1.2 Baseline will be established.</p>	09/01/03	Marilyn Counts, Manager, Quality Assurance
	<p>Benchmark: Submission of baseline information.</p>		
	<p>1.1.3 County Supervisors and Area Managers will submit corrective action plan, which outlines action to be taken to assure risk assessments are completed on all cases to the Assistant Director for Community Services for area compliance less than 80%.</p>	10/01/03	Quranner Cotledge, Assistant Director, Community Services
	<p>Benchmark: County Supervisors and Area Managers will submit corrective action report to Assistant Director for Community Services for area compliance less than 80%.</p>		
<p>1.1.4 New Supervisory Review Tool will monitor completion of risk assessment at case opening, periodically and at closure.</p>	10/01/03	Marilyn Counts, Manager, Quality Assurance Quranner Cotledge, Assistant Director, Community Services	
<p>Benchmark: County Supervisors utilize the Supervisory Review Tool.</p>			

Action Step	Tasks/Benchmarks	Benchmarks' Dates of Achievement	
<p>1.2 In order to protect children and prevent removal, we will revise the risk assessment and family assessment policy, procedures, tools, systems, training and supervisory and monitoring tools and processes to assure that risks are identified and addressed throughout the life of the case. (Impacts CFSR Items 3 – 9, 12-15, 17-23)</p>	<p>1.2.1 In conjunction with technical assistance coordinated by the National Resource Center on Family Centered Practice, a workgroup will be formed to review and revise, as appropriate, the risk assessment and family assessment policy, procedures, tools, systems, training, and supervisory and monitoring tools and processes.</p>	01/01/04	Pat Page, Assistant Director LARP; Shirlee Flanagin-Isbell, Administrator, In-Home Services
	<p>Benchmark: In conjunction with technical assistance coordinated by the NRC on Family Centered Practice, a written report with recommendations for change will be developed.</p>		
	<p>1.2.2 The new process will be piloted in one DCFS Area. Staff in that area will be trained, will implement the new process, and will assist with an evaluation of the pilot.</p>	02/01/04	Pat Page, Assistant Director of LARP; Quranner Cotledge, Assistant Director, Community Services
	<p>Benchmark: Document outlining implementation and evaluation of pilot of new assessment process in one county for one month, with a statement of any recommended changes to the process.</p>		
	<p>1.2.3 Based on the results of the pilot, recommended changes suggested by the pilot will be implemented. This will include but not be limited to changes in policy, procedure, tools and systems.</p>	05/01/04	Sheryl Alexander, Manager, Policy; Darcy Dinning, CHRIS Project Manager
<p>Benchmark: Policy, procedure and tools promulgated and CHRIS system changes completed.</p>			
<p>1.2.4 Develop training curriculum to train DCFS field staff .</p>	06/13/04	Bob Sebourn, Manager, Professional Development	
<p>Benchmark: Completion of training curriculum document on Risk and Family Needs Assessment.</p>			
<p>1.2.5 Family Service Workers (FSW's) and Supervisors will be trained on the new assessment process.</p>	08/01/04	Bob Sebourn, Manager, Professional Development; Quranner Cotledge, Assistant Director, Community Services	
<p>Benchmark: 90% of existing DCFS FSW's and Supervisors will be trained on Risk and Family Needs Assessment.</p>			

	<p>1.2.6 The training will be incorporated into the new worker and supervisor training.</p> <p>Benchmark: Existing training curriculum for new workers and supervisors revised to reflect the new policy and processes.</p> <p>1.2.7 Implement new assessment process statewide.</p> <p>Benchmark: New policy and procedures will be in effect and implemented statewide.</p>	<p>08/01/04</p> <p>08/01/04</p>	<p>Bob Sebourn, Manager, Professional Development</p> <p>Quranner Cotledge, Assistant Director Community Services</p>
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<b>Action Step</b>	<b>Tasks/Benchmarks</b>	<b>Benchmarks' Dates of Achievement</b>	<b>Lead Person(s)</b>
<p>1.3 We will revise the case planning process, policies, procedures, tools, systems, training and supervisory and monitoring tools to assure appropriate providers and family members are involved, including non-custodial parents where appropriate, and that case plans are developed to keep children safe and prevent removal. This will include development of a standard supervisory review process (Impacts CFSR Items 3 – 9, 12-15, 17-23)</p>	<p>1.3.1 In conjunction with technical assistance coordinated by the National Resource Center on Family Centered Practice, a workgroup will review and revise, as appropriate, the case planning process, policies, procedures, tools, systems, training, and supervisory and monitoring tools to make them more family friendly, more worker friendly and more coordinated. The new process will assure appropriate providers and family members, including non-custodial parents when appropriate, and age-appropriate children are involved in development of the case plan. It will include a standard supervisory review process that will assure case plans are based on the family assessment and involve the family in development.</p> <p>Benchmark: In conjunction with technical assistance coordinated by the National Resource Center on Family Centered Practice, a written report with recommendations for change is completed.</p>	05/01/04	Pat Page, Assistant Director, LARP; Varnaria Vickers, Administrator, Out-of-Home Services
	<p>1.3.2 Pilot new process in one DCFS Area. Staff in that area will be trained, will implement the new process, and will assist with an evaluation of the pilot.</p> <p>Benchmark: Document outlining implementation and evaluation of pilot of new case planning process in one county for two months, with a statement of any recommended changes to the process.</p>	07/01/04	Pat Page, Assistant Director, LARP Quranner Cotledge, Assistant Director, Community Services
	<p>1.3.3 Based on the results of the pilot, the changes recommended during the case planning processes, amended to include changes suggested by the pilot, will be implemented. This will include but not be limited to changes in policy, procedure, tools and systems.</p> <p>Benchmark: Policy, procedure and tools promulgated and CHRIS systems changes completed.</p>	10/01/04	Sheryl Alexander, Manager, Policy; Darcy Dinning, Manager, CHRIS
	<p>1.3.4 Develop training curriculum to train DCFS field staff on case planning process.</p> <p>Benchmark: Completion of training curriculum document</p>	11/15/04	Bob Sebourn, Manager, Professional Development Unit.

	<p>1.3.5 Train DCFS staff on the new case planning process.</p> <p>Benchmark: 90% of existing DCFS FSW's, Supervisors, Area Managers and program staff will be trained on the new case planning process. Providers will also participate in the training.</p> <p>1.3.6 The training will be incorporated into the new worker and supervisor training.</p> <p>Benchmark: Existing training curriculum for new workers and supervisors will be revised to reflect the new policy and processes</p> <p>1.3.7 Implement new case planning process statewide.</p> <p>Benchmark: New policy and procedure will be in effect and implemented statewide.</p>	<p>03/01/05</p> <p>03/01/05</p> <p>03/01/05</p>	<p>Bob Sebourn, Manager, Professional Development; Quranner Cotledge, Assistant Director, Community Services</p> <p>Bob Sebourn, Manager, Professional Development</p> <p>Quranner Cotledge, Assistant Director, Community Services</p>
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<b>Action Step</b>	<b>Tasks/Benchmarks</b>	<b>Benchmarks' Dates of Achievement</b>	<b>Lead Person</b>
<p>1.4 To assure uniform practice of concurrent planning, we will provide training to 90% of appropriate DCFS staff, including Area Managers, Supervisors, Family Service Workers involved in foster care, Adoption Specialist, Adoption Supervisors, and program staff, and to OCC attorneys, judges and court staff, Attorney Ad-Litem, CASA and foster parents on concurrent planning and adoption. Concurrent planning training is already included in New Worker Training. (Impacts CFSR Items 7 and 9)</p>	<p>1.4.1 Training on concurrent planning and adoption will be provided to Area Managers, Supervisors, FSW's, Adoption Specialists, Adoption Supervisors, program staff, foster parents and OCC attorneys.</p> <p>Benchmark: Documentation that training on concurrent planning and adoption is provided to Area Managers, DCFS Supervisors, FSW's, Adoption Specialists, Adoption Supervisors, program staff and OCC attorneys, with technical assistance from the National Resource Center on Foster Care and Permanency Planning.</p> <p>1.4.2 In conjunction with the Arkansas Supreme Court Committee on Foster Care and Adoption and the National Child Welfare Resource Center on Foster Care and Permanency Planning, training on concurrent planning will be provided to OCC Attorneys, judges, court staff, Attorney Ad-Litem and CASA.</p> <p>Benchmark: Documentation of provision of training to OCC Attorneys, judges, court staff, Attorney Ad-Litem, and CASA, with technical assistance from the National Resource Center on Foster Care and Permanency Planning.</p> <p>1.4.3 Concurrent planning information provided during Foster/Adopt Pride Training will be updated and enhanced.</p> <p>Benchmark: Completion of review and revision of Foster/Adopt Pride training to include more information on concurrent planning and adoption.</p>	<p>01/01/04</p> <p>12/01/03</p> <p>02/01/04</p>	<p>Bob Sebourn, Manager Professional Development Unit; Alden Roller, Adoption Field Services Manager; Ed Wallace, Manager, Foster Care Unit</p> <p>Bob Sebourn, Manager of Professional Development Unit;</p> <p>Bob Sebourn, Manager, Professional Development Unit; Ed Wallace, Manager, Foster Care Unit</p>



<b>Action Step</b>	<b>Tasks/Benchmarks</b>	<b>Benchmarks' Dates of Achievement</b>	<b>Lead Person(s)</b>
<p>1.6 Enhance the quality and quantity of visits by assessing the barriers to quality visitation and developing recommendations to address the barriers. (Impacts CFSR Item 13)</p>	<p>1.6.1 Utilizing focus group sessions with staff and parents, review existing policy, identify barriers to visitation and develop strategies, including policy revisions, if appropriate, for improving the frequency and quality of visits between the child in foster care and their parent and/ or siblings.</p> <p>Benchmarks: Written document outlining the findings and recommendations about improvement of frequency and quality of visits from parent/worker focus groups.</p> <p>1.6.2 Develop training curriculum on the importance of visits and options for the location of visits.</p> <p>Benchmark: Staff training curriculum developed based on recommendations.</p> <p>1.6.3 Train DCFS Supervisors and FSW's using curriculum developed.</p> <p>Benchmarks: Training provided to 90% of appropriate DCFS FSW's and supervisors.</p>	<p>12/01/03</p> <p>04/01/04</p> <p>07/01/04</p>	<p>Debbie Shiell, Manager, Planning Unit; Varnaria Vickers, Administrator, In-Home Services</p> <p>Bob Sebourn, Manager, Professional Development Unit</p> <p>Bob Sebourn, Manager, Professional Development Unit; Quranner Cotledge, Assistant Director, Community Services</p>
<p>1.7 Expand policy and training to address visits with siblings and relatives after termination of parental rights (TPR). (Impacts CFSR Items 13 and 14)</p>	<p>1.7.1 Revise foster care and adoption policy to clarify visits with siblings and relatives after TPR.</p> <p>Benchmarks: DCFS policy and procedures promulgated that clarify visits with siblings and relatives after TPR.</p> <p>1.7.2 Train DCFS FSW's and Supervisors on new policy guidance.</p> <p>Benchmark: Documentation that 90% of all appropriate DCFS FSW's and Supervisors were trained on new policy guidance on visits with siblings and relatives after TPR.</p> <p>1.7.3 Revise New Worker training curriculum to include guidance about visits after TPR.</p> <p>Benchmark: New Worker training curriculum is updated to include guidance regarding visits with siblings and relatives after TPR.</p>	<p>11/01/03</p> <p>03/01/04</p> <p>03/01/04</p>	<p>Sheryl Alexander, Manager, Policy Unit; Varnaria Vickers, Administrator, In-Home Services</p> <p>Bob Sebourn, Manager of Professional Development Unit; Quranner Cotledge, Assistant Director, Community Services</p> <p>Bob Sebourn, Manager of Professional Development Unit</p>

<b>Action Step</b>	<b>Tasks/Benchmarks</b>	<b>Benchmarks' Dates of Achievement</b>	<b>Lead Person(s)</b>
1.8 Recentralize Adoption field staff in order to allow Adoption Specialists and Supervisors to have direct supervision out of Central Office, to focus on case planning for children with a goal of adoption, in order increase uniformity of adoption services statewide. (Impacts CFSR item 9)	<p>1.8.1 Identify Adoption Specialists and Supervisors. Benchmark: List of identified Adoption Specialists and Supervisors.</p> <p>1.8.2 Train Adoption Specialists and Supervisors on recentralization and new adoption processes. Benchmark: Copy of training curriculum, schedule and attendees.</p> <p>1.8.3 New structure will be implemented. Benchmark: Organizational chart of the new unit.</p>	<p>08/01/03</p> <p>08/01/03</p> <p>08/01/03</p>	<p>Quranner Cotledge, Assistant Director, Community Services</p> <p>Bob Sebourn, Manager, Professional Development Unit; Quranner Cotledge, Assistant Director, Community Services</p> <p>Quranner Cotledge, Assistant Director, Community Services</p>

## Strategy 2: Expand the array of available services

*Another finding in the Arkansas CFSR report was that services that families need were not always available, especially in rural areas. We plan to develop a system that can be used for on-going assessment of services needs and planning to meet those needs, in order to achieve the following goals:*

- *Increase the capacity to meet the service needs of the child, parents, relative caregivers and foster parents. [Outcome S2 – Items 3 and 4, Outcome P1 – Items 5, 6 and 8, Outcome P2 – Items 13 and 15 and Outcome WB1 – Item 7]*
- *Increase the service capacity to meet the educational and physical and mental health needs of children served. [Outcomes WB 2 – Items 21, 22 and 23]*
- *Reduce foster care re-entries while assuring children are maintained in their home safely [Outcome P1 – Item 5].*
- *The process for assessing needs and planning to meet those needs will be addressed in Strategy 1.*

<b>Action Step</b>	<b>Tasks/Benchmarks</b>	<b>Benchmarks' Dates of Achievement</b>	<b>Lead Person(s)</b>
<p>2.1 Review and prioritize service needs and contracts to existing budget allocations. (Impacts CFSR Items 3 and 17)</p> <p>2.2 Expand the current array of services and address service gaps, especially in rural areas, to meet the needs of children and families served by DCFS in order to protect children and prevent removal. (Impacts CFSR Items 3 –6 and 17)</p>	<p>2.1.1 Service needs and contracts will be prioritized to reflect existing budget allocations. Benchmark: Document with the priorities and list of contracted services.</p> <p>2.2.1 With technical assistance from the National Resource Center on Family Centered Practice, a work group of program staff, policy staff, field staff, consumers and stakeholders will be formed to develop a methodology for service needs assessment and service development which will include a process for identification of barriers to effective utilization of services and planning to address those barriers. Benchmark: With technical assistance from the National Resource Center on Family Centered Practice, development of a written methodology to assess and address service needs, including a process for identification of barriers to effective utilization of services and planning to address those barriers.</p> <p>2.2.2 Implement the service needs assessment methodology. Compile and analyze the results. Benchmark: Documentation of completed needs assessment that will provide information on service needs by county, area and statewide.</p> <p>2.2.3 Develop a methodology to reduce service gaps by aligning existing DCFS resources, including contracts and RFP's and other purchase of services, with identified service needs. Benchmark: Document completed for reducing service gaps by aligning resources with service needs.</p> <p>2.2.4 Develop a system of informing staff, providers, consumers and other stakeholders of the available services. Benchmark: Implementation of written process for informing staff, providers, consumers and other stakeholders of DCFS services.</p>	<p>09/01/03</p> <p>12/01/03</p> <p>07/01/04</p> <p>08/01/04</p> <p>10/01/04</p>	<p>Billye Burke, Assistant Director, Community Support; Albert Marlar, Assistant Director, Financial and Administrative Support</p> <p>Billye Burke, Assistant Director, Community Support Albert Marlar, Assistant Director, Office of Financial and Administrative Support</p> <p>Billye Burke, Assistant Director, Community Support Albert Marlar, Assistant Director, Office of Financial and Administrative Support</p> <p>Billye Burke, Assistant Director, Community Support Albert Marlar, Assistant Director, Office of Financial and Administrative Support</p>

	<p>2.2.5 Request for proposals (RFP's), contracts and other purchase of service methods align with identified needs assessment results.</p> <p>Benchmark: Document completed which compares needs assessment result with purchase of service decisions.</p>	<p>02/01/04</p>	<p>Billye Burke, Assistant Director, Community Support  Albert Marlar, Assistant Director, Office of Financial and Administrative Support</p>
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<b>Action Step</b>	<b>Tasks/Benchmarks</b>	<b>Benchmarks' Dates of Achievement</b>	<b>Lead Person(s)</b>
<p>2.3 Revise information sharing mechanisms to assure service staff are aware of services and how to access these services. (Impacts CFSR Items 3–6, 17 and 23)</p>	<p>2.3.1. A workgroup which includes DCFS County Supervisors and training staff will review current new worker and supervisory training processes to determine if there is a better way to assure that staff have information about programs and services and how to access them and will make recommendations for needed changes to the training process.</p> <p>Benchmark: Written analysis of current New Worker and supervisor training for adequacy of information on services, with recommendations for needed changes.</p> <p>2.3.2 Revise new worker training and supervisory training process to address recommendations of the workgroup.</p> <p>Benchmark: Training curriculum is revised and implemented.</p>	<p>10/01/03</p> <p>02/01/04</p>	<p>Bob Sebourn, Manager, Professional Development Unit; Quranner Cotledge, Assistant Director, Community Services</p> <p>Bob Sebourn, Manager, Professional Development Unit; Quranner Cotledge, Assistant Director, Community Services</p>

<b>Action Step</b>	<b>Tasks/Benchmarks</b>	<b>Benchmarks' Dates of Achievement</b>	<b>Lead Person (s)</b>
<p>2.4 Develop policy and procedures to better meet the educational needs of the children DCFS serves. (Impacts CFSR Item 21)</p>	<p>2.4.1 In conjunction with the National Child Welfare Resource Center on Legal and Judicial Issues and the Administrative Office of the Courts, training will be provided to OCC attorneys, judges, court personnel, Attorney-ad-Litem and CASA on meeting the educational needs of children in foster care.</p> <p>Benchmark: In conjunction with the National Child Welfare Resource Center on Legal and Judicial Issues and the Administrative Office of the Courts, provide training on meeting the educational needs of children in foster care to OCC attorneys, judges, court personnel, Attorney-ad-Litem, and CASA.</p> <p>2.4.2 Based on the recommendations of the interagency Education Committee and in collaboration with the Department of Education, develop new policy and procedures on meeting the educational needs of children.</p> <p>Benchmark: DCFS policy and procedures on meeting the educational needs of children are promulgated.</p> <p>2.4.3 Develop and implement a MOU with the Department of Education on meeting the educational needs of children in foster care.</p> <p>Benchmark: Develop and implement a MOU with the Department of Education on meeting the educational needs of children in foster care.</p> <p>2.4.4 Train DCFS staff and foster parents on meeting the educational needs of the children DCFS services.</p> <p>Benchmark: Develop and implement initial and ongoing training for FSW's, supervisors, Area Managers and foster parents on meeting the educational needs of the children DCFS serves.</p>	<p>12/01/03</p> <p>03/01/04</p> <p>08/01/04</p> <p>10/01/04</p>	<p>Pat Page, Assistant Director, LARP</p> <p>Pat Page, Assistant Director, LARP, Sheryl Alexander, Manager, Policy Unit</p> <p>Pat Page, Assistant Director, LARP, Sheryl Alexander, Manager, Policy Unit</p> <p>Bob Sebourn, Manager, Professional Development Unit</p>

<b>Action Step</b>	<b>Benchmarks/ Tasks</b>	<b>Benchmarks' Dates of Achievement</b>	<b>Lead Person</b>
<p>2.5 Increase the percentage of children whose physical health care needs are addressed in service planning. (Impacts CFSR Item 22)</p>	<p>2.5.1 The UAMS PACE program will identify, through its quarterly monitoring of health care follow-up, areas that are not completing follow-up 95% of the time and will consult with those areas to establish systems to assure recommended services are provided.</p> <p>Benchmark: UAMS PACE program will provide consultation to all DCFS service areas that are not completing follow-up 95% of the time, to establish systems to assure recommended services are provided.</p>	<p>11/01/03</p>	<p>Quranner Cotledge, Assistant Director, Community Services</p>

<b>Action Step</b>	<b>Tasks/Benchmarks</b>	<b>Benchmarks' Dates of Achievement</b>	<b>Lead Person(s)</b>
<p>2.6 Increase the percentage of children in foster care who receive initial, comprehensive and ongoing mental health services that are documented in CHRIS and hard copy files. (Impacts CFSR Item 23)</p>	<p>2.6.1 In conjunction with the Division of Mental Health, its providers, and the Division of Medical Services , DCFS will develop and implement new policy and procedures on meeting the mental health needs of children in foster care that reflects recommendations of the Foster Child Mental Health Collaborative</p> <p>Benchmark: Revised DCFS policy and procedures on Mental Health Services for children in foster care are promulgated.</p> <p>2.6.2 Develop and implement initial and ongoing training for DCFS staff and foster parents on meeting the mental health needs of children DCFS serves.</p> <p>Benchmark: Provision of training for FWS's, Supervisors, Area Managers and foster parents on services to meet the mental health needs of DCFS foster children.</p> <p>2.6.3 Incorporate training on meeting the mental health needs of children into ongoing training for DCFS staff, foster parents, and providers</p> <p>Benchmark: Documentation that training is included in ongoing continuing education training package for staff and foster parents.</p>	<p>12/01/03</p> <p>08/01/04</p> <p>08/01/04</p>	<p>Sheryl Alexander, Manager, Policy Unit; John Allen, Mental Health Coordinator</p> <p>Bob Sebourn, Manager, Professional Development Unit; John Allen, Mental Health Coordinator</p> <p>Bob Sebourn, Manager, Professional Development Unit; John Allen, Mental Health Coordinator</p>

### **Strategy 3 – Develop a Full Continuum of Placement Options**

*Children who enter foster care need to have a stable placement while in care, one that can meet their needs, including any special needs that they bring, and that will work as part of the team to move the child to permanency. If they are in a stable placement that is meeting their needs, we believe that they will move more quickly to permanence and will be less likely to re-enter foster care. A study conducted on re-entry confirmed this belief.*

*We want to develop more options in terms of number and types of foster homes that would be available to children entering foster care. We want to better support the foster homes that we have. We want to develop a level of care system that would provide children with foster parents who are trained, supported and compensated to care for special needs that children may have. We know that relatives often provide the connections that a child needs in his life and want to make sure that relatives are always explored as a resource.*

*We know that recruiting new foster parents is not the only answer – we also need to keep the good foster parents that we have. Therefore, we want to do study the reasons why foster parents might decide to quit fostering.*

*Finally, we want to assure that we have recruited sufficient adoptive homes to meet the needs of waiting children.*

*The completion of the action steps and tasks for this strategy outlined in the matrix portion of the plan will accomplish the following:*

- *reduce foster care re-entries while assuring children are maintained in their home safely [Outcome P1 - Item 5];*
- *decrease the number of placements children experience while in foster care [Outcome P1 - Item 6];*
- *place siblings in foster care together unless to do so would be detrimental to the children [Outcome P2 - Item 12];*
- *assure relative placement is explored in all cases where a child is placed out of home [Outcome P2 – Item 15];*
- *assure children in foster care who cannot return home are placed in an adoptive home soon after termination of parental rights [Outcome P1 - Items 7 and 9];*
- *assures that children’s needs are met while in care [Outcome WB1 – Item 17, and Outcome WB2 – Items 21-23].*

<b>Action Step</b>	<b>Tasks/Benchmarks</b>	<b>Benchmarks' Dates of Achievement</b>	<b>Lead Person(s)</b>
<p>3.1 Children who enter foster care may have special behavioral or mental health needs. Whether they do or not, if their needs are not met by appropriate foster parenting while they are in care, they may leave care evidencing behavior that is more problematic than when they entered care, increasing the possibility that re-entry may occur. In order to reduce foster care re-entry, increase by 10% the number of foster parents recruited who are willing to accept children that enter foster care and meet their special needs. (Impacts CFSR Item 5, 6, and 12)</p>	<p>3.1.1 A baseline of number of foster homes will be established.</p> <p>Benchmark: Establish a baseline number of foster homes.</p>	<p>09/01/03</p>	<p>Varnaria Vickers, Administrator, Out-of-Home Services</p>
	<p>3.1.2 Develop and implement a positive statewide media campaign about foster parenting, in conjunction with the DHS Office of Communications and the National Child Welfare Resource Center on Foster Care and Permanency Planning, that will augment the annual plan for the recruitment of foster parents in order to improve recruitment of foster parents to meet the needs of the children entering care.</p> <p>Benchmark: Documentation of media campaign and materials used.</p>		<p>01/01/04</p>
	<p>3.1.3 Revise DCFS policy on Foster Parent Recruitment and Retention to clearly outline the system utilized and expectations of staff in that process.</p> <p>Benchmark: Copies of promulgated policies and procedures clarifying responsibility for Foster Parent Recruitment and Retention.</p>	<p>01/01/04</p>	
	<p>3.1.4 Update and refine the Foster Family Needs Assessment to ensure Recruiters and County Supervisors are able to more adequately represent the total numbers and types of foster homes needed.</p> <p>Benchmark: The Foster Family Needs Assessment is revised to more adequately reflect the number and types of foster homes needed.</p>		<p>01/01/04</p>
	<p>3.1.5 Develop training curriculum on new policy and procedures on Foster Parent Recruitment and Retention and the new Foster Family Needs Assessment.</p> <p>Benchmark: Training curriculum is developed for staff.</p>	<p>04/01/04</p>	

	<p>3.1.6 FSW's and supervisors involved in foster care, Area Managers and other appropriate staff (e.g., placement unit staff) are trained in the new Foster Parent Recruitment policy and procedures, the Foster Family Needs Assessment and recruitment techniques.</p> <p>Benchmark: FSW's and supervisors involved in foster care, Area Managers, and other appropriate staff (e.g., placement unit staff) are trained in the new Foster Parent Recruitment policy and procedures, the Foster Family Needs Assessment and techniques for recruitment.</p> <p>3.1.7 Incorporate curriculum into continuing education required for all field staff involved in foster care services.</p> <p>Benchmark: Curriculum is incorporated into ongoing staff continuing education training.</p> <p>3.1.8 Develop recruitment plan for the specific needs outlined in the Foster Family Needs Assessment for each county, area and statewide.</p> <p>Benchmark: Recruitment plans developed that reflect the needs of children coming into care.</p>	<p>08/01/04</p> <p>08/01/04</p> <p>09/01/04</p>	<p>Bob Sebourn, Manager, Professional Development Unit; Varnaria Vickers, Administrator, Out-of-Home Services; Quranner Cotledge, Assistant Director, Community Services</p> <p>Bob Sebourn, Manager, Professional Development Unit;</p> <p>Quranner Cotledge, Assistant Director, Community Services; Ed Wallace, Manager, Foster Care</p>
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<b>Action Step</b>	<b>Tasks/Benchmarks</b>	<b>Benchmarks' Dates of Achievement</b>	<b>Lead Person(s)</b>
<p>3.2 We will implement and utilize a foster care level of care system that will more adequately match a child's needs with the foster parents skills and will provide better support to the foster parents to care for the child. By increasing the likelihood of a stable placement this will enable the child to maintain connections with important people in their lives. (Impacts CFSR Items 6, 12, 14, 15, 17)</p>	<p>3.2.1 In conjunction with technical assistance from the National Resource Center on Foster Care and Permanency Planning, establish criteria about the characteristics of children appropriate for each level, assessment of children and assignment to a level, appropriate expectations and compensation for each level and appropriate training and support for each level of care.</p> <p>Benchmark: In conjunction with the National Resource Center on Foster Care and Permanency Planning, a written report with recommendations for changes is complete, including criteria developed that describes and defines levels of care and placement types to meet the needs of children coming into care.</p> <p>3.2.2 Develop policy on level of care system.</p> <p>Benchmark: Policy on level of care system.</p> <p>3.2.3 Develop and implement training FSW's and supervisors involved in foster care and foster parents on the level of care system.</p> <p>Benchmark: Provision of training on the new level of care system will be presented to Area Manager, FSW's and supervisors involved in foster care and foster parents.</p> <p>3.2.4 Level of Care System will be implemented.</p> <p>Benchmark: Issuance of promulgated policy implementing level of care system.</p>	<p>02/01/04</p> <p>05/01/04</p> <p>08/01/04</p> <p>08/01/04</p>	<p>Varnaria Vickers, Administrator, Out-of-Home Services; Georganne Lewis, Planning Specialist; Bob Sebourn, Manager, Professional Development</p> <p>Sheryl Alexander, Manager, Policy Unit</p> <p>Bob Sebourn, Manager, Professional Development Unit; Varnaria Vickers, Administrator, Out-of-Home Services; Pat Bell, Foster Parent Ombudsman Quranner Cotledge, Assistant Director, Community Services</p>

<b>Action Step</b>	<b>Tasks/Benchmarks</b>	<b>Benchmarks' Dates of Achievement</b>	<b>Lead Person (s)</b>
<p>3.3 To increase stability of foster care placements, expand current supports (helpline and support groups) and specialized training for foster parents. (Impacts CFSR Item 6 and 17)</p>	<p>3.3.1 Develop a help line process to be available to provide consultation and support to foster parents statewide on a 24-hour basis.</p> <p>Benchmark: Helpline operational to foster parents.</p> <p>3.3.2 Foster parent support groups cover every area of the state. These groups provide information, training and support for foster parents.</p> <p>Benchmark: Half of the areas will have foster parent support groups by May 1, 2004.</p> <p>The rest of the areas will have foster parent support groups by May 1, 2005.</p> <p>3.3.3 Work with MidSouth Training Academy to develop and implement intensive skills building training for foster parents in behavior management and working with sibling groups to be offered as continuing education statewide on an on-going basis.</p> <p>Benchmark: Intensive skill building training in behavior management and in work with sibling groups will be available to foster parents.</p>	<p>02/01/04</p> <p>06/01/04</p> <p>06/01/05</p> <p>12/01/04</p>	<p>Pat Bell, Foster Parent Ombudsman; Quranner Cotledge, Assistant Director, Community Services</p> <p>Pat Bell, Foster Parent Ombudsman; Quranner Cotledge, Assistant Director, Community Services</p> <p>Bob Sebourn, Manager, Professional Development Unit</p>

<b>Action Step</b>	<b>Tasks/Benchmarks</b>	<b>Benchmarks' Dates of Achievement</b>	<b>Lead Person(s)</b>
<p>3.4 To have sufficient foster homes to meet the needs of children entering care, we need to not only recruit appropriate homes, we also need to retain those homes that we have. In order to be able to identify and address foster parent retention issues, we will develop an exit interview process for foster parents. (Impacts CFSR Item 6)</p>	<p>3.4.1 Develop an exit interview process, as part of the Division's CQI plan, to determine why foster parents stop fostering and what could be done to increase retention of foster parents.</p> <p>Benchmark: Exit interview process is implemented.</p> <p>3.4.2 Annual review of the results of foster parent exit interviews will be published.</p> <p>Benchmark: Publication of summary of first annual review of foster parent exit interviews.</p> <p>3.4.3 Corrective action plan will be developed to address issues that arose in review of foster parent exit interviews.</p> <p>Benchmark: Submission of corrective action plan developed to address issues that arose in foster parent exit interviews.</p>	<p>10/01/03</p> <p>10/01/04</p> <p>12/01/04</p>	<p>Varnaria Vickers, Administrator, Out-of-Home Services; Debbie Shiell, Manager, Planning</p> <p>Varnaria Vickers, Administrator, Out-of-Home Services; Debbie Shiell, Manager, Planning; Area Managers</p> <p>Varnaria Vickers, Administrator, Out-of-Home Services; Quranner Cotledge, Assistant Director, Community Services</p>

Action Step	Tasks/Benchmarks	Benchmarks' Dates of Achievement	Lead Person
<p>3.5 Implement and monitor the statewide adoption recruitment plan in order to increase homes for African American children waiting for an adoptive home and for other waiting children. [Note: In the CFSR Final Report, it was mentioned that some stakeholders expressed beliefs that Arkansas is reluctant to utilize national adoption registries. Arkansas does not agree with this belief. At the time of the review, we had several children on the national adoption registry. Currently we have in excess of 30 children on the national adoption registry, and we are preparing to add more. (Impacts CFSR Item 9)</p>	<p>3.5.1 Develop an inquiry process to identify possible adoptive homes. Benchmark: Document that outlines inquiry process and quarterly report on the total number of adoptive family inquiries.</p>	11/01/03	Gloria Aboagye, Manager, Adoptions
	<p>3.5.2 Document baseline number of approved adoptive homes for African American children, teenagers, sibling groups of three or more children and children with severe disabilities. Benchmark: Submission of baseline numbers of approved adoptive homes for African American children, teenagers, sibling groups of three or more children and children with severe disabilities.</p>	09/01/03	Alden Roller, Adoption Field Services Manager;
	<p>3.5.3 Recruit and retain African American adoptive families. Benchmark: Each of the ten DCFS Areas has recruited and retained a minimum of ten (10) African American families. (Exception: If the geographical area of one Adoption Specialist has less than 5% African American population their minimum number may be adjusted accordingly, but the statewide total will supplement the reduced number).</p>	Interim: 07/01/04 – 50 homes Final: 07/01/05 – 100 homes	Alden Roller, Adoption Field Services Manager; Adoption Specialists
	<p>3.5.4 Recruit adoptive homes to meet the needs of teenagers, sibling groups of three or more children, children with severe disabilities and non-African American minority children. Benchmark: 10% increase in approved adoptive homes recruited to meet the needs of teenagers, sibling groups of three or more children, children with severe disabilities and non-African American minority children.</p>	07/01/04 – 5% increase 07/01/05 – 10% increase	Alden Roller, Adoption Field Services Manager; Adoption Specialists
	<p>3.5.5 Utilize the National Resource Center on Special Needs Adoption to offer training to mental health professionals on supporting adoptive families. Benchmark: Training offered to mental health professionals on supporting adoptive families.</p>	11/01/03	Pat Page, Assistant Director, LARP; Alden Roller, Adoption Field Services Manager



# Arkansas Program Improvement Plan Tracking Matrix

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate  
 Baseline 72% Goal 75% Interim 6th Quarter 73%

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
<p style="text-align: center;"><b>3</b></p> <p>Services are provided to protect children and prevent removal.            Baseline 65% Goal 70%            Interim 6th Quarter 68%</p>		1, 2	1.1 Supervisors will monitor to assure that risk assessments are completed.	1.1.1 As an interim measure, an automated monthly monitoring report will be developed to allow supervisors to track completion of initial risk assessments.	9/1/2003	Copy of monitoring report
				1.1.2 Submission of baseline information. Training on the new tool will be July 9, 2003 with implementation beginning immediately	9/1/2003	Submission of baseline
				1.1.3 County Supervisors and Area Managers will submit corrective action report to Assistant Director for Community Services for area compliance less than 80%	10/01/2003	Quarterly submission of statewide percentage for each month
				1.1.4 New Supervisory Review Tool will monitor completion of risk assessment at case opening, periodically and at closure.	10/1/2003	Supervisory review tool

## Arkansas Program Improvement Plan Tracking Matrix

			<p>1.2 In order to protect children and prevent removal, we will revise the risk assessment and family assessment policy, procedures, tools, systems, training and supervisory and monitoring tools and processes to assure that risks are identified and addressed throughout the life of the case.</p>	<p>1.2.1 In conjunction with technical assistance coordinated by the National Resource Center on Family Centered Practice, a written report with recommendations for changes will be developed.</p>	<p>1/1/2004</p>	<p>Written report with recommendations</p>
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## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
				1.2.2 Document outlining implementation and evaluation of pilot of new assessment process in one county for one month, with a statement of any recommended changes to the process.	2/1/2004	Report of evaluation of pilot
				1.2.3 Policy, procedure and tools promulgated and CHRIS system changes completed.	5/1/2004	Copy of policy and tools
				1.2.4 Completion of training curriculum document on Risk and Family Needs Assessments	6/13/2004	Copy of training curriculum
				1.2.5 90% of existing DCFS Family Service Workers and Supervisors will be trained on Risk and Family Assessments.	8/1/2004	Copy of schedule, list of attendees, results of pre and post test.
				1.2.6 Existing training curriculum for new workers and supervisors will be revised to reflect the new policy and processes.	8/1/2004	Copy of training new worker training
				1.2.7 New policy and procedures will be in effect and implemented statewide.	8/1/2004	Copy of promulgated policy

# Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
			1.3 We will revise the case planning process, policies, procedures, tools, systems, training and supervisory and monitoring tools and processes to assure appropriate providers and family members are involved, including non-custodial parents where appropriate, and that case plans are developed to keep children safe and prevent removal. This will include development of a standard supervisory review process.	1.3.1 In conjunction with technical assistance coordinated by the National Resource Center on Family Centered Practice, a written report with recommendations for changes is completed.	5/1/2004	Quality Service Peer Review (QSPR) Copy of policy and tools.
				1.3.2 Document outlining implementation and evaluation of pilot of new case planning process in one county for two months, with a statement of any recommended changes to the process.	7/1/2004	Report on evaluation of pilot

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
				1.3.3 Policy, procedure and tools promulgated and CHRIS system changes completed.	10/1/2004	Policy and tools
				1.3.4 Completion of training curriculum document	11/15/2004	Copy of curriculum
				1.3.5 90% of existing DCFS Family Service Workers, Supervisors, Area Managers and program staff will be trained on the new case planning process. Providers will also participate in the training.	3/1/2005	Copy of schedule, list of attendees, results of pre and post test.
				1.3.6 Existing training curriculum for new workers and supervisors will be revised to reflect the new policy and processes.	3/1/2005	Copy of revised New Worker Training
				1.3.7 New policy and procedures are in effect and implemented statewide.	3/1/2005	Copy of promulgated policy
			2.1 In order to assure efficient utilization of limited resources, review and prioritize service needs and new contracts to reflect existing budget allocations	2.1.1 Document stating priorities and list of contracted services	9/1/2003	List of priorities and contracted services
			2.2 In order to protect children and prevent removal we will expand the current array of services and address service gaps, especially in rural areas, to meet the needs of children and families served by DCFS.	2.2.1 With technical assistance from the National Resource Center on Family Centered Practice, a written methodology completed to assess and address service needs, including a process for identification of barriers to effective utilization of services and planning to address those barriers.	11/1/2003	Methodology Document

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
				2.2.2 Documentation of completed needs assessment that will provide information on service needs by county, area and statewide.	7/1/2004	Completed needs assessment
				2.2.3 Document completed for reducing service gaps by aligning resources with service needs.	8/1/2004	Document reflecting the service gap and resource alignment
				2.2.4 Implement process for informing staff, providers, consumers and other stakeholders of DCFS service array.	10/1/2004	Copy of written process that was implemented
				2.2.5 Document completed which compares needs assessment result with purchase of service decisions.	2/1/2005	Report of assessment results and services purchased
			2.3 Revise information sharing mechanisms to assure new service staff are aware of services and how to access these services.	2.3.1 Written analysis of current New Worker training for adequacy of information on services, with recommendations for needed changes.	10/1/2003	Written report of analysis
				2.3.2 Training curriculum is revised and implemented.	2/1/2004	Copy of amended curriculum

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
4 Risk of harm to child Baseline 75% Goal 80% Interim 6th Quarter 78%		1, 2	1.2 In order to reduce risk of harm to children, we will revise the risk assessment and family assessment processes to assure that risks are identified and addressed throughout the life of the case, <b>including court ordered FINS cases.</b>	See Benchmarks for Action Steps 1.1 and 1.2 above in CFSR Item 3.	See Dates for Action Step 1.2 above in CFSR Item 3.	See Method of Measurement for Action Step 1.2 above in CFSR Item 3.
			1.3 In order to reduce the risk of harm to children, we will revise the case planning process to assure family members are involved, including non-custodial parents where appropriate, and that case plans are developed to keep children safe, meet their needs, move them toward permanency and prevent re-entry into care <b>including court ordered FINS.</b>	See Benchmarks for Action Step 1.3 above in CFSR Item 3.	See Dates for Action Step 1.3 above in CFSR Item 3.	See Method of Measurement for Action Step 1.3 above in CFSR Item 3.
			2.2 Expand the current array of services to meet the needs of children and families served by DCFS in order to reduce the risk of harm to children.	See Benchmarks for Action Step 2.2 above in CFSR Item 3.	See Dates for Action Step 2.2 above in CFSR Item 3.	See Method of Measurement for Action Step 2.2 above in CFSR Item 3.
			2.3 Revise information sharing mechanisms to assure service staff are aware of services and how to access these services.	See Benchmarks for Action Step 2.3 above in CFSR Item 3.	See Dates for Action Step 2.3 above in CFSR Item 3.	See Method of Measurement for Action Step 2.3 above in CFSR Item 3.

# Arkansas Program Improvement Plan Tracking Matrix

Outcome P1: Children Have Permanency and Stability in their Living Situation

Baseline: 59% Goal 65% Interim 4th Quarter 62%

Foster Care Re-entries Baseline: 10.57% Goal 9.22% Interim 6th Quarter 10.25%

Stability of Foster Care Placements: Baseline 68.63% Goal 77.2% Interim 5th Quarter 74%

Length of Time to Achieve Adoption Baseline: 26.02% Goal 29% Interim 5th Quarter 28%

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
5 Foster Care Re-entries (96% - NA)		1, 2, 3	1.2 In order to reduce foster care re-entries, we will revise the risk assessment and family assessment processes to assure relevant information is gathered to assist with case planning and aftercare and adequate risk assessment at case closure.	See Benchmarks for Action Step 1.2 above in CF SR Item 3. Supervisory monitoring tool will include section on risk assessment at case closure and after care planning	See Dates for Action Step 1.2 above in CF SR Item 3. 07/01/03	National Outcome Report QSPR Analysis of comments related to supervisor monitoring
			1.3 We will revise the case planning process to assure case plans are developed to address ongoing risk and adequately address ongoing aftercare planning .	See Benchmarks for Action Step 1.3 above in CF SR Item 3.	See Dates for Action Step 1.3 above in CF SR Item 3.	QSPR Analysis of comments related to supervisor monitoring
			2.2 Reduce foster care re-entry by assuring the adequacy of services while child is in care and after return home.	See Benchmarks for Action Step 2.2 above in CF SR Item 3. Also, see Item 17.	See Dates for Action Step 2.2 above in CF SR Item 3. Also, see dates in Item 17.	QSPR Analysis of comments related to supervisor monitoring
			2.3 Revise information sharing mechanisms to assure service staff are aware of services and how to access these services.	See Benchmarks for Action Step 2.3 above in CF SR Item 3. Also, see Item 17.	See Dates for Action Step 2.3 above in CF SR Item 3. Also, see dates in Item 17.	See Method of Measurement for Action Step 2.3 above in CF SR Item 3.

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
			3.1 Children who enter foster care may have special behavioral or mental health needs. Whether they do or not, if their needs are not met by appropriate foster parenting while they are in care, they may leave care evidencing behavior that is more problematic than when they entered care, increasing the possibility that re-entry may occur. In order to reduce foster care re-entry, increase by 10% the number of foster parents recruited who are willing to accept children that enter foster care and meet their special needs.	3.1.1. Establish baseline number of foster homes.	9/1/2003	DCFS QPR
				3.1.2 Documentation of media campaign and materials used.	1/1/2004	Documentation of media campaign and materials used.

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
				3.1.3 Copies of promulgated policies and procedures clarifying responsibility for Foster Parent Recruitment and Retention.	1/1/2004	Copy of polices.
				3.1.4 The Foster Family Needs Assessment is revised to more adequately reflect the numbers and types of foster homes needed.	1/1/2004	Revised Needs Assessment
				3.1.5 Training Curriculum is developed.	4/1/2004	Copy of curriculum
				3.1.6 Family Service Workers involved in foster care, County Supervisors, Area Manager, and other appropriate staff (e.g. placement unit staff) are trained in the new Foster Parent Recruitment policy and procedures, the Foster Family Needs Assessment and techniques for recruitment.	8/1/2004	Copy of schedule, list of attendees, results of pre and post test.
				3.1.7 Curriculum is incorporated into ongoing staff continuing education.	8/1/2004	Copy of ongoing training curriculum
				3.1.8 Recruitment plans developed that reflect the needs of children coming into care.	9/1/2004	Copy of recruitment plan

## Arkansas Program Improvement Plan Tracking Matrix

CF SR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
<b>6</b> Stability of Foster Care Placements Baseline 56% Goal 65% Interim 5th Quarter 62%		1, 2, 3	1.2 In order to assure the stability of foster care placements we will revise the family assessment process to assure relevant information about the child is gathered and to identify appropriate placement resources.	See Benchmarks for Action Step 1.2 above in CF SR Item 3.	See Dates for Action Step 1.2 above in CF SR Item 3.	See Method of Measurement for Action Step 1.2 above in CF SR Item 3. National Outcome Report
			1.3 We will revise the case planning process to assure case plans are developed to address ongoing risk and adequately address ongoing aftercare planning .	See Benchmarks for Action Step 1.3 above in CF SR Item 3.	See Dates for Action Step 1.3 above in CF SR Item 3.	See Method of Measurement for Action Step 1.3 above in CF SR Item 3.
			2.2 Expand the current array of services to meet the needs of foster parents served by DCFS.	See Benchmarks for Action Step 2.2 above in CF SR Item 3 and Item 17.	See Dates for Action Step 2.2 above in CF SR Item 3.	Highlight the appropriate portion of methodology document that apply
			2.3 Expand the knowledge and information sharing to assure service staff are aware of services available to foster parents and how to access these services.	See Benchmarks for Action Step 2.3 above in CF SR Item 3 and Item 17.	See Dates for Action Step 2.3 above in CF SR Item 5.	Highlight the appropriate portion of methodology document that apply
			3.1 In order to increase stability we will increase by 10% the number of foster parents recruited who are willing to accept children that enter foster care and meet their special needs.	See Benchmarks for Action Step 3.1 above in CF SR Item 5.	See Dates for Action Step 3.1 above in CF SR Item 5.	DCFS QPR

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
			3.2 In order to support foster parents and meet a child's special needs, we will implement and utilize a foster care level of care system.	3.2.1 In conjunction with technical assistance from the National Resource Center on Foster Care and Permanency Planning, a written report with recommendations for changes is complete ; including criteria developed that describes and defines levels of care and placement types to meet the needs of children coming into care.	2/1/2004	Criteria developed for levels of care.
				3.2.2 Policy on level of care system.	5/1/2004	Copy of level of care system.
				3.2.3 Provision of training on the new level of care system will be presented to Area Managers, County Supervisors, Family Service Workers involved in foster care and foster parents.	8/1/2004	Copy of schedule, list of attendees, results of pre and post test.
				3.2.4 Issuance of promulgated policy implementing level of care system.	8/1/2004	Copy of promulgated policy and procedures.

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
			3.3 In order to increase stability of foster care placements, expand current supports (helpline and support groups) and specialized training for foster parents.	3.3.1 Helpline operational to foster parents.	2/1/2004	Copy of notification to foster parents
				3.3.2 Half of the areas will have foster parent support groups by May 1, 2004. The rest of the areas will have foster parent support groups by May 1, 2005.	6/1/04, 6/1/05	Documentation of support groups.
				3.3.3 Intensive skill building training in behavior management and in work with sibling groups will be available to foster parents.	12/1/2004	Copy of schedule, list of attendees, results of pre and post test.

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
			3.4 To have sufficient foster homes to meet the needs of children entering care, we need to not only recruit appropriate homes, we also need to retain those home that we have. In order to be able to identify and address foster parent retention issues, we will develop an exit interview process for foster parents.	3.4.1 Exit interview process is implemented.	10/1/2003	Copy of exit interview process.
				3.4.2 Publication of summary of first of annual review of foster parent exit interviews.	10/1/2004	Copy of report
				3.4.3 Submission of corrective action plan developed to address issues that arose in foster parent exit interviews.	12/01/2004	Copy of corrective action plan

## Arkansas Program Improvement Plan Tracking Matrix

CFRS Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
<b>7</b> Permanency Goal for Child Baseline 62% Goal 65% Interim 6th Quarter 63%		1, 3	1.2 In order to promote permanency, we will revise the family assessment process to assure relevant information is gathered to assist with case planning and movement toward permanency.	See Benchmarks for Action Step 1.2 above in CFRS Item 3.	See Dates for Action Step 1.2 above in CFRS Item 3.	See Method of Measurement for Action Step 1.2 above in CFRS Item 3.
			1.3 In order to promote permanency, we will revise the case planning process to assure family members are involved, including non-custodial parents where appropriate, and that case plans are developed and implemented to move children to permanency.	See Benchmarks for Action Step 1.3 above in CFRS Item 3.	See Dates for Action Step 1.3 above in CFRS Item 3.	See Method of Measurement for Action Step 1.3 above in CFRS Item 3.
			1.4 In order to assure uniform practice of concurrent planning, we will provide training to 90% of appropriate DCFS staff, including Area Managers, DCFS Supervisors, Family Service Workers involved in foster care, Adoption Specialists, Adoption Supervisors, and Program Staff, and to OCC attorneys, judges and court staff, Attorney Ad-Litem, CASA and foster parents on concurrent planning and adoption. Concurrent planning is already included in New Worker Training.	1.4.1 Documentation that training on concurrent planning and adoption is provided to Area Managers, DCFS Supervisors, Family Service Workers, Adoption Specialists and Adoption Supervisors, with technical assistance from the National Resource Center on Foster Care and Permanency Planning.	1/1/2004	Copy of schedule, list of attendees, results of pre and post test.
				1.4.2 Documentation of provision of training to OCC Attorneys, judges, court staff, Attorney Ad-Litem, and CASA, with technical assistance from the National Resource Center on Foster Care and Permanency Planning.	12/1/2003	Copy of schedule and list of attendees

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
				1.4.3 Completion of review and revision of Foster/Adopt Pride training to include more information on concurrent planning and adoption.	2/1/2004	Copy of revised curriculum
			3.6 Ensure relatives are appropriately explored as placement options.	3.6.1 Requirement for parents to provide a complete list of relatives is utilized in emergency petitions and court orders.	1/1/2004	Copy of OCC and AOC directions to attorneys and judges on the requirement
				3.6.2 Implementation of a written process and form that provides relatives with information about their option to receive financial support.	3/1/2004	Copy of promulgated policy and form.

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items	Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
8 Independent Living (Reunification, Guardianship, or Permanent Placement with Relatives) Baseline 88% Goal 93% Interim 6th Quarter 90%	1	1.2 In order to promote independent living skills, we will revise the family assessment process to assure that relevant information is gathered to assist with IL planning.	See Benchmarks for Action Step 1.2 above in CFSR Item 3.	See Dates for Action Step 1.2 above in CFSR Item 3.	See Method of Measurement for Action Step 1.2 above in CFSR Item 3.
		1.3 We will revise the case planning process in order to assure that independent living skills are included in youths' case plans and the youths' foster parents are included in case planning.	See Benchmarks for Action Step 1.3 above in CFSR Item 3.	See Dates for Action Step 1.3 above in CFSR Item 3.	See Method of Measurement for Action Step 1.3 above in CFSR Item 3.
		1.5 In addition to the systemic improvements to assessment and case planning included in 1.2 and 1.3 above that will impact the assessment and case planning for youth receiving independent living services, we will specifically improve the uniformity and quality of youths' independent living plan and their involvement in the development of their plan.	1.5.1 Promulgation of new DCFS IL policy and procedures.	8/1/2003	Copy of promulgated policy and procedures.
			1.5.2 Provision of training on new IL policy and publication to 90% of IL Coordinators, Family Service Workers involved in foster care, County Supervisors, Area Managers, and to foster parents and providers.	3/1/2004	Copy of schedule, list of attendees and , where appropriate, pre and post tests results .
			1.5.3 In conjunction with the National Resource Center on Youth Development, provision of IL training at annual and area foster parent conferences and support group meetings.	9/1/2004	Copy of training schedule and list of attendees.

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
<b>9</b> Adoption Baseline 50% Goal 60% Interim 5th Quarter 55%		1, 3	1.2 We will revise the family assessment process to assure that relevant information is gathered to assist with case planning and movement toward permanency, including adoption.	See Benchmarks for Action Step 1.2 above in CFSR Item 3.	See Benchmark Dates for Action Step 1.2 above in CFSR Item 3.	See Method of Measurement for Action Step 1.2 above in CFSR Item 3.
			1.3 We will revise the case planning process to assure that case plans are developed to move children to permanency, including adoption when appropriate, that Adoption Specialists are included in case planning, and that reasons for case plan goal changes are documented.	See Benchmarks for Action Step 1.3 above in CFSR Item 3.	See Benchmark Dates for Action Step 1.3 above in CFSR Item 3.	See Method of Measurement for Action Step 1.3 above in CFSR Item 3.
			1.4 In order to assure uniform practice of concurrent planning, we will simultaneously provide training to 90% of appropriate DCFS staff, including Area Managers, DCFS Supervisors, Family Service Workers involved in foster care, Adoption Specialists, Adoption Supervisors, and Program Staff, and to OCC attorneys, judges and court staff, Attorney Ad-Litem, CASA and foster parents on concurrent planning and adoption. Concurrent planning is already included in New Worker Training.	See Benchmarks for Action Step 1.4 above in CFSR Item 7.	See Benchmark Dates for Action Step 1.4 above in CFSR Item 7.	See method of measurement of Action Step 1.4 above in CFSR Item 7.
			1.8 Recentralize Adoption field staff in order to allow Adoption Specialists and Supervisors to have direct supervision out of Central Office, to focus on case planning for children with a goal of adoption, in order increase uniformity of adoption services statewide.	1.8.1 List of identified Adoption Specialists and Supervisors.	8/1/2003	List of identified Adoption Specialists and Supervisors.

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
				1.8.2 Train Adoption Specialists and Supervisors on recentralization and new adoption processes.	8/1/2003	Copy of training schedule and attendees
				1.8.3 New structure will be implemented.	8/1/2003	Organizational chart
			3.5 Implement and monitor the statewide adoption recruitment plan in order to increase homes for African American children waiting for an adoptive home and for other waiting children. [Note: In the CFSR Final Report, it was mentioned that some stakeholders expressed beliefs that Arkansas is reluctant to utilize national adoption registries. Arkansas does not agree with this belief. At the time of the review we had several children on the national adoption registry. Currently we have in excess of 30 children on the national adoption registry, and we are preparing to add more.	3.5.1 Document that outlines the inquiry process and quarterly report on the total number of adoptive family inquiries.	11/1/2003	Document outlining the inquiry process and Quarterly Report on adoptive family inquiries.
				3.5.2 Submission of baseline numbers of approved adoptive homes for African American children, teenagers, siblings groups of three or more and children with severe disabilities.	9/1/2003	Document containing baseline numbers
				3.5.3 Each of the ten DCFS Areas has recruited and retained a minimum of ten (10) African-American families per year for the next two years.	Interim: 07/01/2004 Final: 07/01/05	Number of homes recruited by area.

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
				3.5.4 10% increase in approved adoptive homes recruited to meet the needs of teenagers, non African American children, sibling groups of three or more children and children with severe disabilities.	Interim - 5% increase by 07/01/04 07/01/2005	Document listing number of homes recruited in each category.
				3.5.5 Utilize the National Resource Center on Special needs Adoption to offer training to mental health professionals on supporting adoptive families.	11/1/2003	Copy of training agenda and list of participants.

# Arkansas Program Improvement Plan Tracking Matrix

Permanency Outcome P2 - The continuity of family relationships and connections is preserved for children  
 Baseline: 73% Goal 76% Interim 4th Quarter 74%.

CF SR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
<b>12</b> Placement with siblings Baseline 80% Goal 85% Interim 4th Quarter 83%		1, 3	1.2 In order to assure that siblings are placed together whenever possible, we will revise the family assessment processes to assure that relevant information about the children is gathered to facilitate placement decisions.	See Benchmarks for Action Step 1.2 above in CF SR Item 3.	See Benchmark Dates for Action Step 1.2 above in CF SR Item 3.	See Method of Measurement for Action Step 1.2 above in CF SR Item 3.
			1.3 In order to assure siblings are placed together whenever possible, we will revise the case planning process to assure placement plans allow for siblings to be placed together whenever appropriate.	See Benchmarks for Action Step 1.3 above in CF SR Item 3.	See Benchmark Dates for Action Step 1.3 above in CF SR Item 3.	See Method of Measurement of Action Step 1.3 above in CF SR Item 3.
			3.1 To increase the number of foster parents who will accept sibling groups, increase the foster parent population by 10%.	See Benchmarks for Action Step 3.1 above in CF SR Item 5.	See Benchmark Dates for Action Step 3.1 above in CF SR Item 5.	See Method of Measurement of Action Step 3.1 above in CF SR Item 5.
			3.2 In order to assure siblings in foster care are placed together whenever appropriate, we will implement and utilize a foster care level of care system to support foster parents willing to take sibling groups.	See Benchmarks for Action Step 3.2 above in CF SR Item 5.	See Benchmark Dates for Action Step 3.2 above in CF SR Item 5.	See Method of Measurement of Action Step 3.2 above in CF SR Item 5.
			3.6 With the belief that relatives would be most likely to accept all siblings for placement, we want to ensure that relatives are appropriately explored as placement options.	See Benchmarks for Action Step 3.6 above in CF SR Item 7.	See Benchmark Dates for Action Step 3.6 above in CF SR Item 7.	See Method of Measurement of Action Step 3.6 above in CF SR Item 7.

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
<b>13</b> Visiting with parents and siblings Baseline 74% Goal 80% Interim 4th Quarter 77%		1	1.2 In order to assure that children in foster care visit with their parents and siblings, we will revise the family assessment processes to assure that relevant information about the family is gathered to assist with planning for visitation and to identify any barriers to visitation.	See Benchmarks for Action Step 1.2 above in CFSR Item 3.	See Benchmark Dates for Action Step 1.2 above in CFSR Item 3.	See Method of Measurement for Action Step 1.2 above in CFSR Item 3.
			1.3 We will revise the case planning process to assure that case plans are developed that include plans for visitation with parents and siblings.	See Benchmarks for Action Step 1.3 above in CFSR Item 3.	See Benchmark Dates for Action Step 1.3 above in CFSR Item 3.	See Method of Measurement for Action Step 1.3 above in CFSR Item 3.
			1.6 Enhance the quality and quantity of visits by assessing the barriers to quality visitation and developing recommendations to address the barriers.	1.6.1 Written document outlining findings and recommendations about improvement of frequency and quality of visits from parent/worker focus groups.	12/1/2003	Document outlining findings and recommendations.
				1.6.2 Staff training curriculum developed based on recommendations.	4/1/2004	Copy of curriculum
				1.6.3 Training provided to 90% of DCFS supervisors and appropriate Family Service Workers.	7/1/2004	List of attendees, copy of agenda
			1.7 Expand policy and training to address visits with siblings and relatives after termination of parental rights (TPR).	1.7.1 DCFS policy and procedures promulgated that clarifies visits with sibling and relatives after TPR.	11/1/2003	Copy of promulgated policy and form.
				1.7.2 Documentation that 90% of County Supervisors and appropriate Family Service Workers were trained on new policy guidance on visits with siblings and relatives after TPR.	3/1/2004	List of attendees, Copy of agenda

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
				1.7.3 New Worker training curriculum objectives is updated to include guidance regarding sibling visits after TPR.	3/1/2004	Copy of updated curriculum
			1.8 Increase consistency of sibling visitation in TPR/adoption cases by centralization of adoption function.	See Benchmarks for Action Step 1.8 in Item 9.	See Benchmark Dates for Action Step 1.8 above in CFSR 9.	See Method of Measurement for Action Step 1.8 above in CFSR Item 9.

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
<b>14</b> Preserving Connections Baseline 73% Goal 76% Interim 4th Quarter 74%		1, 3	1.2 We will revise the family assessment process to assure that significant persons in a child's life, including fathers, and a child's Native American heritage are identified, so that those connections can be addressed in case planning.	Benchmarks for Action Step 1.2 above in CFSR Item 3 will address involvement of fathers and exploration of a child's Native American heritage.	See Benchmark Dates for Action Step 1.2 above in CFSR Item 3.	See Method of Measurement in Action Step 1.2 in CFSR Item 3.
			1.3 We will revise the case planning process to assure family members, including non-custodial parents, are involved when appropriate, so that case plans are developed that include provisions for maintaining a child's connections to significant others.	Benchmarks for Action Step 1.3 above in CFSR Item 3 will address involvement of fathers and tribes, as appropriate.	See Benchmark Dates for Action Step 1.3 above in CFSR Item 3.	See Method of Measurement in Action Step 1.3 in CFSR Item 3.
			1.7 Expand policy and training to address visits with siblings and relatives after termination of parental rights (TPR).	See Benchmarks for Action Step 1.7 in CFSR Item 13 above.	See Benchmark Dates for Action Step 1.7 in CFSR Item 13 above.	See Method of measurement in Action Step 1.7 in CFSR Item 13.
			3.2 In order to maintain connections with important people in their lives, a child needs to be able to maintain a stable foster care placement. We will implement and utilize a foster care level of care system that will more adequately match a child's needs with the foster parents skills and will provide better support to the foster parents to care for the child.	See Benchmarks for Action Step 3.2 above in CFSR Item 6.	See Benchmark Dates for Action Step 3.2 above in CFSR Item 6.	See Method of Measurement in Action Step 3.2 above in CFSR Item 6.

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items	Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
<b>15</b> Relative Placements Baseline 76% Goal 80% Interim 4th Quarter 78%	1, 3	1.2 We will revise the family assessment process to assure that relatives are identified and explored as placement options.	See Benchmarks for Action Step 1.2 above in CFSR Item 3.	See Dates for Action Step 1.2 above in CFSR Item 3.	See Method of Measurement in Action Step 1.2 in CFSR Item 3.
		1.3 We will revise the case planning process to assure family members are involved, including non-custodial parents where appropriate, and that relatives are explored as placement options.	See Benchmarks for Action Step 1.3 above in CFSR Item 3.	See Dates for Action Step 1.3 above in CFSR Item 3.	See Method of Measurement in Action Step 1.3 in CFSR Item 3.
		3.2 In order to assure children are placed with relatives when appropriate, relative foster homes will be included in the foster care level of care system.	See Benchmarks for Action Step 3.2 above in CFSR Item 6.	See Benchmark Dates for Action Step 3.2 above in CFSR Item 6.	See Method of Measurement in Action Step 3.2 in CFSR Item 6.
		3.6 Ensure relatives are appropriately explored as placement options.	See Benchmarks for Action Step 3.6 above in CFSR Item 7.	See Benchmark Dates for Action Step 3.6 above in CFSR 7.	See Method of Measurement in Action Step 3.7 in CFSR Item 7.

# Arkansas Program Improvement Plan Tracking Matrix

Outcome WB1: Families have enhanced capacity to provide for their children's needs

Baseline: 60% Goal 65% Interim 4th Quarter 62%.

CFSR Items	Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
<b>17</b> Needs and Services of Child, Parents, and Foster Parents Baseline 62% Goal 70% Interim 4th Quarter 65%	1, 2, 3	1.2 In order to meet the needs of children, parents and foster parents, we will revise the family assessment process to assure that service needs are identified.	See Benchmarks for Action Step 1.2 above in CFSR Item 3.	See Dates for Action Step 1.2 above in CFSR Item 3.	See Method of Measurement in Action Step 1.2 in CFSR Item 3.
		1.3 We will revise the case planning process in order to assure the needs of children, parents and foster parents are met and services are coordinated between providers.	See Benchmarks for Action Step 1.3 above in CFSR Item 3.	See Dates for Action Step 1.3 above in CFSR Item 3.	See Method of Measurement in Action Step 1.3 in CFSR Item 3.
		2.1 Review and prioritize service needs and contracts to existing budget allocations.	See Benchmarks for Action Step 2.1 above in CFSR Item 3.	See Dates for Action Step 2.1 above in CFSR Item 3.	See Method of Measurement for Action Step 2.1 in CFSR Item 3.
		2.2 Expand the current array of services and address service gaps (especially in rural areas) to meet the needs of children and families served by DCFS.	See Benchmarks for Action Step 2.2 in CFSR Item 3.	See Dates for Action Step 2.2 above in CFSR Item 3.	See Method of Measurement for Action Step 2.2 in CFSR Item 3.
		2.3 Revise information sharing mechanisms to assure new service staff are aware of services and how to access these services.	See Benchmarks for Action Step 2.3 above in CFSR Item 3.	See Dates for Action Step 2.3 above in CFSR Item 3.	See Method of Measurement for Action Step 2.3 above in CFSR Item 3.
		3.2 In order to assure a child's and foster parent's needs are met while in foster care, we will implement and utilize a foster care level of care system.	See Benchmarks for Action Step 3.2 above in CFSR Item 5.	See Benchmark Dates for Action Step 3.2 above in CFSR Item 5.	See Method of Measurement for Action Step 3.2 above in CFSR Item 3.
		3.3 In order to assure the needs of the child and foster parent are met, we will expand current support and specialized training for foster parents.	See Benchmarks for Action Step 3.3 above in CFSR Item 6.	See Benchmark Dates for Action Step 3.3 above in CFSR Item 6.	See Method of Measurement for Action Step 3.3 in CFSR Item 6.

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
<b>18</b> Child and Family Involvement in Case Planning Baseline 64% Goal 70% Interim 4th Quarter 67%		1	1.2 In order to promote family involvement in case planning, we will revise the family assessment process to assure that relevant information about family members is included. [Note: The CFSR Final Report noted that "there appears to be a trend for juvenile justice cases to come to DCFS with case plans already developed and there was no subsequent assessment by DCFS staff to determine the potential for unidentified risk areas." This issue was not appropriately placed in the Family Involvement section and has been addressed elsewhere, ie., Item 4.]	See Benchmarks for Action Step 1.2 above in CFSR Item 3.	See Dates for Action Step 1.2 above in CFSR Item 3.	See Method of Measurement for Action Step 1.2 above in CFSR Item 3.
			1.3 We will revise the case planning process to assure family members, including age-appropriate children and non-custodial parents, are involved.	See Benchmarks for Action Step 1.3 above in CFSR Item 3.	See Dates for Action Step 1.3 above in CFSR Item 3.	See Method of Measurement for Action Step 1.3 above in CFSR Item 3.

## Arkansas Program Improvement Plan Tracking Matrix

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
<p style="text-align: center;"><b>19</b> Worker Visits with Child Baseline 82% Goal 88% Interim 4th Quarter 85%</p>		1	1.2 In order to help determine an appropriate plan for worker visitation with the child, we will revise the risk assessment and family assessment processes.	See Benchmarks for Action Step 1.2 above in CFSR Item 3.	See Dates for Action Step 1.2 above in CFSR Item 3.	See Method of Measurement for Action Step 1.2 in CFSR Item 3.
			1.3 We will revise the case planning process to assure appropriate visitation plans are developed and the waiver process is addressed.	See Benchmarks for Action Step 1.3 above in CFSR Item 3.	See Dates for Action Step 1.3 above in CFSR Item 3.	See Method of Measurement for Action Step 1.3 in CFSR Item 3.

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CFSR Items	Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
<b>20</b> Worker Visits with Parents Baseline 67% Goal 73% Interim 4th Quarter 70%	1	1.2 In order to help determine an appropriate plan for worker visitation with the parents, we will revise the family assessment process.	See Benchmarks for Action Step 1.2 above in CFSR Item 3.	See Dates for Action Step 1.2 above in CFSR Item 3.	See Method of Measurement for Action Step 1.2 in CFSR Item 3.
		1.3 We will revise the case planning process to assure visitation policy is adhered to, appropriate visitation plans are developed and visits are appropriately documented and reported in all cases.	See Benchmarks for Action Step 1.3 above in CFSR Item 3.	See Dates for Action Step 1.3 above in CFSR Item 3.	See Method of Measurement for Action Step 1.3 in CFSR Item 3.

## Arkansas Program Improvement Plan Tracking Matrix

Outcome WB2: Children receive appropriate services to meet their educational needs  
 Baseline: 82% Goal 85% Interim 4th Quarter 83%.

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
<b>21</b> Educational Needs of Child Baseline 82% Goal 85% Interim 4th Quarter 83%		1, 2	1.2 We will revise the family assessment process to assure that children's educational needs are identified.	See Benchmarks for Action Step 1.2 above in CSFR Item 3.	See Dates for Action Step 1.2 above in CSFR Item 3.	See Method of Measurement for Action Step 1.2 above in CSFR Item 3.
			1.3 We will revise the case planning process to assure children's educational needs are met and services documented.	See Benchmarks for Action Step 1.3 above in CSFR Item 3.	See Dates for Action Step 1.3 above in CSFR Item 3.	See Method of Measurement for Action Step 1.3 above in CSFR Item 3.
			2.4 Develop policy and procedures to meet the educational needs of the children DCFS serves.	2.4.1 In conjunction with the National Child Welfare Resource Center on Legal and Judicial Issues and the Administrative Office of the Courts, provide training on meeting the educational needs of children in foster care to OCC attorneys, judges, court personnel, Attorney-ad-Litem, and CASA.	12/1/2003	Copy of training agenda and attendees
				2.4.2 DCFS policy and procedures on meeting the educational needs of children promulgated.	3/1/2004	Copy of policy and procedures

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CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
				2.4.3 Develop and implement a MOU with the Department of Education on meeting the educational needs of children in foster care.	8/1/2004	Copy of MOU
				2.4.4 Develop and implement initial and ongoing training for Family Service Workers, County Supervisors, Area Managers and foster parents on meeting the educational needs of children DCFS serves.	10/1/2004	Copy of training agenda and list of attendees

## Arkansas Program Improvement Plan Tracking Matrix

Outcome WB3: Children receive appropriate service to meet their physical and mental health needs  
 Baseline: 74% Goal 80% Interim 4th Quarter 77%.

CFSR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
<b>22</b> Physical Health Needs of Child Baseline 86% Goal 90% Interim 4th Quarter 88%		1, 2	1.2 We will revise the family assessment process in order to assure physical health needs of children are appropriately assessed, including court-ordered FINS cases.	See Benchmarks for Action Step 1.2 above in CFSR Item 3.	See Dates for Action Step 1.2 above in CFSR Item 3.	See Method of Measurement for Action Step 1.2 above in CFSR Item 3.
			1.3 We will revise the case planning process to assure physical health needs of children are appropriately met, including court-ordered FINS cases.	See Benchmarks for Action Step 1.3 above in CFSR Item 3.	See Dates for Action Step 1.3 above in CFSR Item 3.	See Method of Measurement for Action Step 1.3 above in CFSR Item 3.
			2.5 Increase the percentage of children whose identified physical health care needs are addressed in service planning.	2.5.1 UAMS PACE program will provide consultation to all DCFS service areas that are not completing followup 95% of the time to establish systems to assure recommended services are provided.	11/1/2003	Copy of consultation report

## Arkansas Program Improvement Plan Tracking Matrix

CF SR Items		Strategy	Action Steps	Benchmarks	Dates	Method of Measurement
<b>23</b> Mental Health of Child Baseline 76% Goal 80% Interim 4th Quarter 78%		1, 2	1.2 We will revise the family assessment process in order to assure mental health needs of children are appropriately assessed, including court-ordered FINS cases.	See Benchmarks for Action Step 1.2 above in CF SR Item 3.	See Dates for Action Step 1.2 above in CF SR Item 3.	See Method of Measurement for Action Step 1.2 above in CF SR Item 3.
			1.3 We will revise the case planning process to assure mental health needs of children are appropriately met, including court-ordered FINS cases.	See Benchmarks for Action Step 1.3 above in CF SR Item 3.	See Dates for Action Step 1.3 above in CF SR Item 3.	See Method of Measurement for Action Step 1.3 above in CF SR Item 3.
			2.3 Expand the knowledge and information sharing to assure new service staff are aware of services and how to access these services, including services to meet a child's mental health needs.	See Benchmarks for Action Step 2.3 above in CF SR Item 3.	See Benchmark Dates for Action Step 2.3 above in CF SR Item 3.	See Method of Measurement for Action Step 2.3 above in CF SR Item 3.
			2.6 Increase the percentage of children in foster care who receive initial, comprehensive and ongoing mental health services .	2.6.1 Revised DCFS policy and procedures on Mental Health Services for children in foster care are promulgated.	12/1/2003	Copy of promulgated policy
				2.6.2 Provision of new worker training and ongoing training for Family Service Workers, County Supervisors, Area Managers and foster parents on meeting the mental health needs of children DCFS serves.	8/1/2004	Copy of training schedule and list of attendees.
				2.6.3 Documentation that training is included in an ongoing continuing education training package.	8/1/2004	Copy of training curriculum

Amy, thanks for the call this morning. I do understand.

I would like to share the content of conversations I have had with Pat Page, Debbie Shiel, and Marilyn Counts about methods of reporting and measuring to assure data comparability on Item 8. The baseline