



Arkansas Round 3 Child and Family Services Review Program Improvement Plan



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State/Territory: Arkansas

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PART I: DATA ANALYSIS AND CORRESPONDING GOALS, STRATEGIES, AND KEY ACTIVITIES

INTRODUCTION

The Division of Children and Family Services (DCFS) DCFS is a division within the Arkansas Department of Human Services (DHS). DHS is the largest state agency with more than 7,500 employees working in all 75 counties. Every county has at least one local county office where citizens can apply for any of the services offered by the Department. Some counties, depending on their size, have more than one office. DHS employees work in ten divisions and five support offices to provide services to citizens of the state. DHS provides services to more than 1.2 million Arkansans each year.

DCFS is the designated state agency to administer and supervise all child welfare services (Titles IV-B and IV-E of the Social Security Act), including child abuse and neglect prevention, protective, foster care, and adoptive programs. DCFS is divided into ten geographic service areas. On average, each area is comprised of approximately nine counties with the notable exception of Area 6 in Central Arkansas, which includes Pulaski County only, where the state capital of Little Rock is located. See Figure 1.

Each county is generally comprised of at least one supervisor (FSW County Supervisor/FSW Supervisor) as well as family service workers (FSWs) and support staff. Each position has a job title that has a set of minimum qualifications established by the Department of Finance and Administration, Office of Personnel Management. Positions may then be further defined based on job functions developed by a direct supervisor (e.g., FSW functional roles include but are not limited to investigators, caseworkers, resource workers, and adoption specialists; support staff functional roles include but are not limited to program assistants, transitional youth coordinators, health service workers and clerical staff).

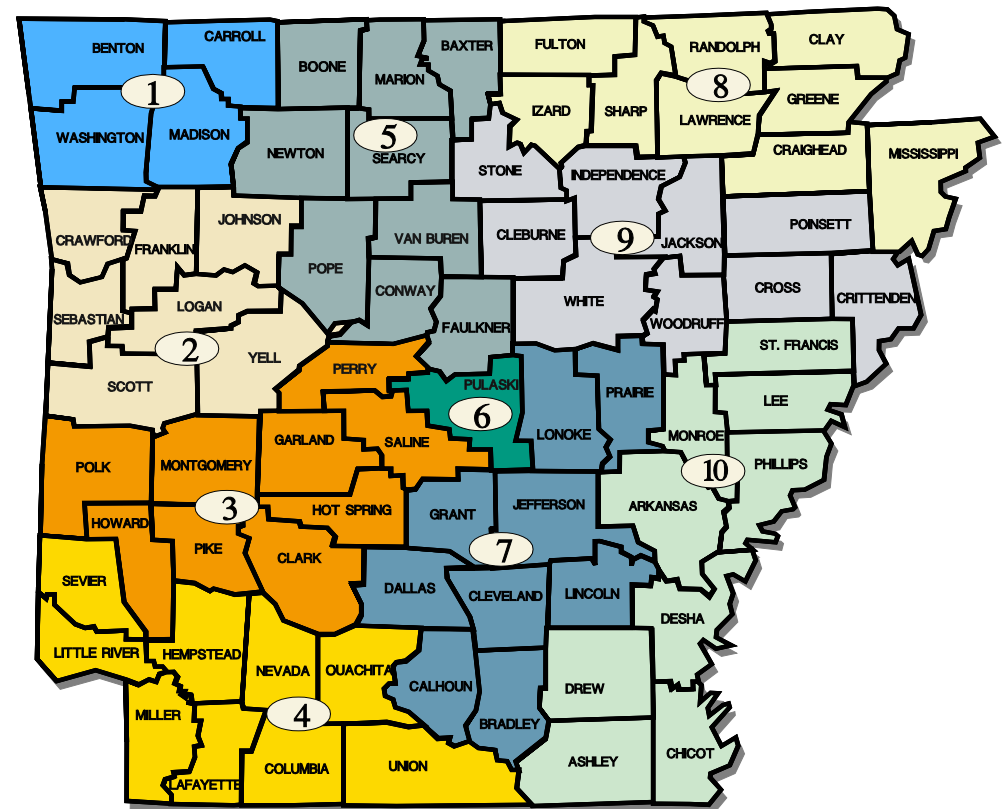


Figure 1

The DCFS Director has management and administrative responsibilities for the Division and directly oversees the Eligibility and Criminal Background Checks and Notifications Units. The DCFS Director also supervises the DCFS Deputy Director who oversees the DCFS Assistant Directors. An Assistant Director supervises each of the following sections: Community Services, Prevention and Reunification, Infrastructure and Specialized Services, Behavioral Health Services, and Placement Supports and Community Outreach.

The State's child welfare system investigated 35,867 reports of child maltreatment State Fiscal Year (SFY) 2018. DCFS provided In-home services (Protective and supportive) to 2,344 families which involved 5,483 children in SFY 2018. In addition, at the end of the SFY 2018 there were 4,482 children in foster care.

During the last Child and Family Services Review (CFSR), a major issue impacting all outcomes was inadequate staffing. Significant progress has been made in addressing that issue. Over the past two years DCFS has received 187 new positions with 52% being FSW positions. Last year the new FSW positions supported a focus on prevention work with the bulk of the positions being placed in Differential Response, In-Home, and Investigation field units. Additionally, over the past year the annual turnover rate for FSWs decreased from 48% to 41%. The goal for the division is for the average workload to be 20 cases per worker. In January 2017 the statewide caseload average was 27.2 cases. As of August 2018, the average caseload has come down to 20.2 cases per worker but has continued to fluctuate. For instance, in October 2018 average caseloads had increased to 23.4, but by February 2019 they had declined to 20.9. However, staffing and workloads remain a challenge in some specific Areas as will be referenced in some of the data analysis sections that follow in this document). Please see Figure 2 on the following page for more details regarding caseload averages.

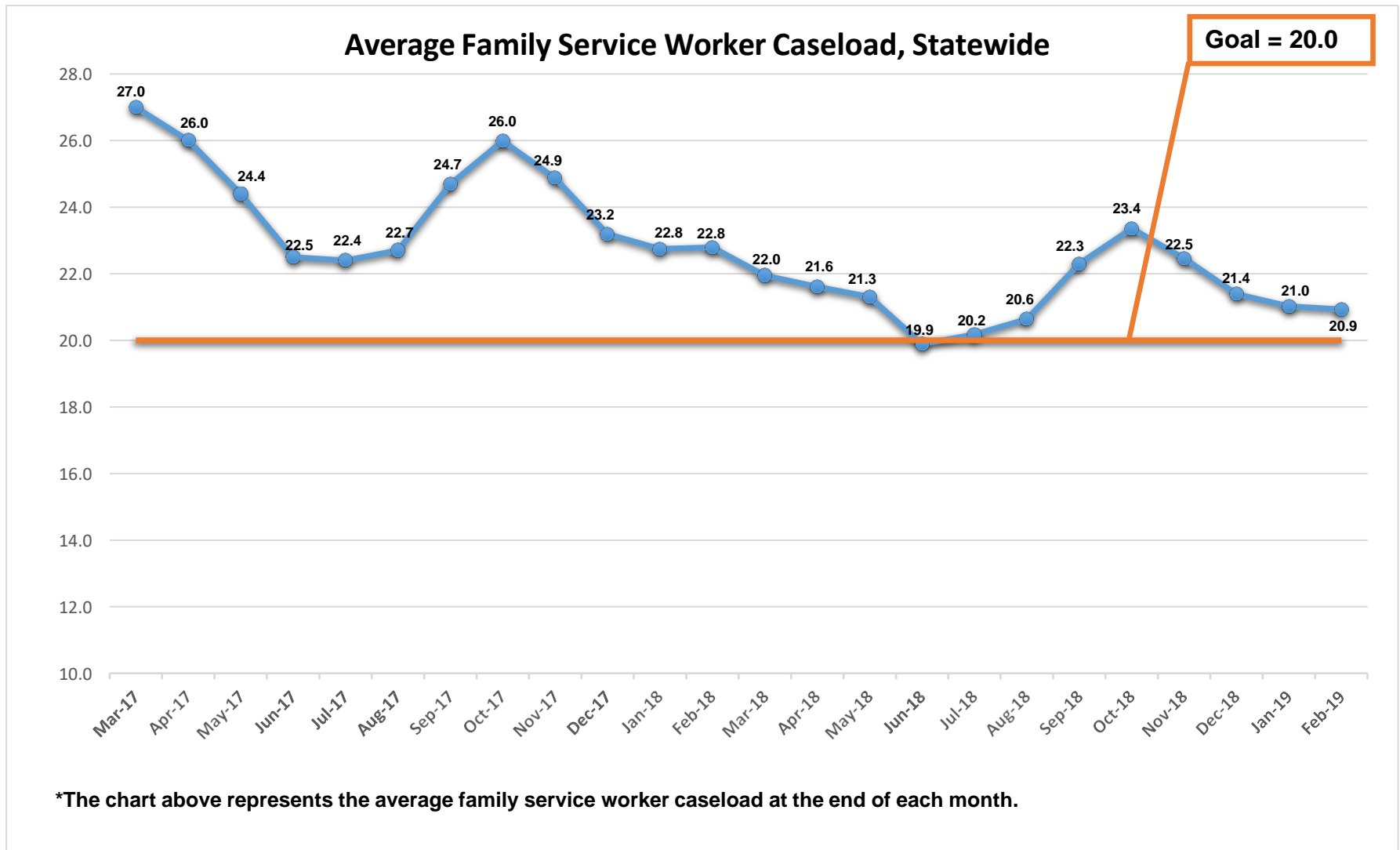


Figure 2

Currently the Division is working steadily toward implementing the requirements of the Family First Prevention Services Act (FFPSA) that will go into effect on October 1, 2019. This includes drawing down federal funding for recently implemented evidence-based prevention services programs in the areas of mental health, substance abuse, and parenting education as well as meeting all placement requirements described in FFPSA, to include appropriate use of Qualified Residential Treatment Programs (QRTPs). The move away from residential placement for children in foster care is in line with the Division's belief that every child deserves a safe and stable family every day. In fact, the Division has already made significant progress in this area. For example, in February 2017, 143 youth ages 12 and under were placed in a congregate care setting. In February 2019, there were 49 youth ages 12 and under in congregate care, a decrease of over 34%. This decline may be related to a variety of factors including continued focus on placement with relatives and fictive kin, a new license-type for family-like settings among private placement providers, and Division protocols that require staff to restrict the use of congregate care settings.

Moving forward, the Division plans to continue work to reach its vision of every child having a safe and stable family every day, whether that be with his or her biological parents or other relatives, in a foster home, or in an adoptive or guardian home. The Division will also intensify existing efforts to help staff better distinguish between risk and safety issues and associated family-engagement in planning around risk and safety. In addition, in the upcoming year the Division also plans to put increased focus on enhancing the sense of urgency around permanency planning and execution of true concurrent permanency plans for children in foster care to ensure that children achieve permanency safely and swiftly. Finally, the Division looks forward to improving support to and strengthening frontline and supervisory staff to help achieve this vision, including through efforts supported by the National Child Welfare Workforce Institute (NCWWI) since Arkansas was recently selected as one of NCWWI's Workforce Excellence sites. The agency's Program Improvement Plan (PIP) goals related to risk and safety, family-engagement, permanency, and workforce development and the associated strategies and activities laid out herein will be part of the work to help the Division achieve this vision.

DATA ANALYSIS RELATED TO GOAL 1

The Division's PIP **Goal 1** is to **strengthen the response to maltreatment allegations and increase and improve services to protect children in their homes and prevent their entry or re-entry into foster care** (as related to Safety Outcome 1: Children are, first and foremost, protected from abuse neglect; and, Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate). The Division established this goal due to:

- Concern about timeliness of investigations in certain geographic service areas
- Identified challenges in the Child and Family Services Review (CFSR) of initial and ongoing safety and risk assessment, and a lack of adequate safety planning. This was particularly true in Protective Services, or In-Home, cases where there were often gaps in contact or lack of contact that contributed to these findings. Arkansas received a strength rating of 55% and 61% of applicable cases for Items 2 and 3, respectively, however there were marked differences in the strength ratings for foster care an in-home cases.

More detailed root cause analyses are provided below regarding:

- Timeliness of Investigations
- Safety and risk assessment and services to prevent removal and re-entry
- Safety and risk assessment and management specific to protective services (PS/in-home cases)
- Maltreatment in foster care (as it relates to safety and risk assessment and associated service provision)
- Substance abuse issues as they relate to safety management, service provision, and service array
- Overall service array and access to quality services

Timeliness of Investigations

Data from the initial CFSR shows Arkansas achieved a 68% strength rating on Item 1, Timeliness of Initiating Investigations of Reports of Maltreatment.

Priority 1 investigations are considered initiated timely if the worker has face-to-face contact outside the presence of the alleged offender with all alleged victim children within 24 hours of the initial hotline report. Priority 2 investigations are considered initiated timely if the worker has face-to-face contact outside the presence of the alleged offender with all alleged victim children within 72 hours of the initial hotline report. Finally, Differential Response (DR) initiations are considered timely if face-to-face contact with the alleged victim child(ren) and at least one parent/caregiver is made in the home within 72 hours of the initial hotline report.

Data from CHRIS indicates that overall statewide initiation rates were within policy time frames in 80-90% of reports from July 2017 to August 2018. Performance in this area improved in FY 17 when the numbers of overdue investigations were decreased through augmented statewide attention to this issue. However, four areas (2, 5, 6, and 7) continue to fall below the statewide performance in

initiating investigations timely. Most of these four areas in fact had decreasing performance in initiation in FY 17 unlike the rest of the state, and this was despite decreasing numbers of investigations during that year. However, three of these areas have demonstrated increasing performance in FY 18, although still lagging the statewide performance. One of these areas continues to have significant challenges in this area and in May and June 2018 for example, accounted for 19-22% of the statewide Priority 1 late initiations, and 18-25% of the statewide Priority 2 late initiations. Two counties in that Area account for a large majority of these (56-77%).

Surveys conducted in four higher performing Areas and the four lower performing Areas (generally matched for size and geography), identified that staff have similar perceptions of the expectations for timely initiation and face to face contacts and due diligence to locate the family within timeframes. While both groups identified co-workers and supervisors as supports in meeting timeframes, the higher performing areas also identified teamwork, supervisory guidance, communication, and being reminded of timeframes as supports. In general, the higher performing Areas described more of a team effort in meeting timeframes, rather than just individual worker responsibility. Also, more staff in the higher performing Areas (65%) identified these supports than those in the lower performing Areas (46%). Please see Figure 3 below for more information.

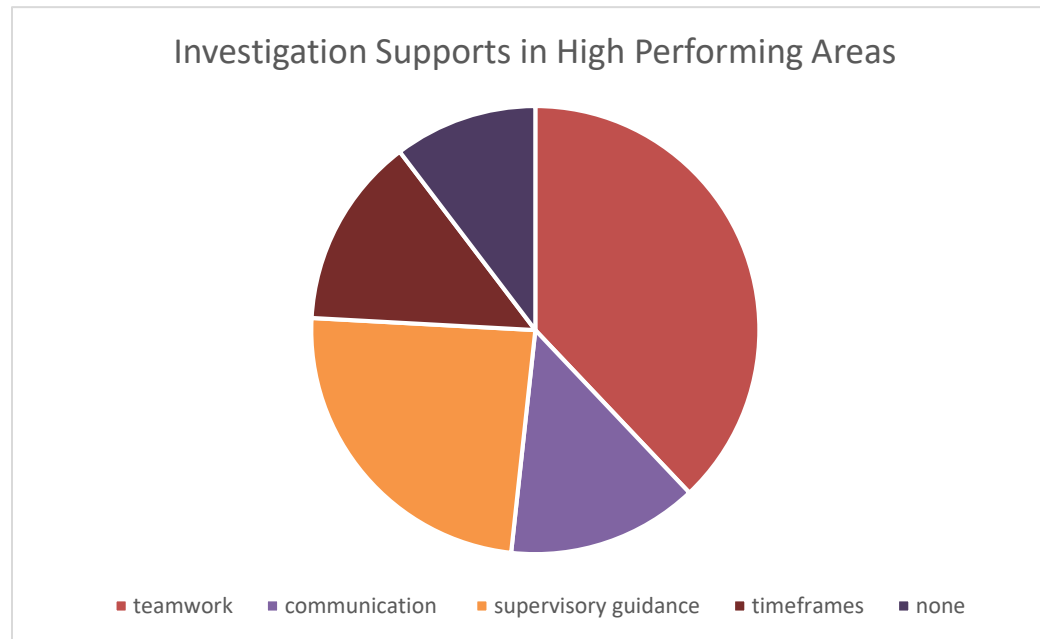


Figure 3

However, 30% of staff respondents in the lower performing Areas indicated that there were no supports in place that helped them meet initiation timeframes, where only 3% responded that there were no supports in the higher performing Areas. Additionally, twenty-nine percent of survey respondents from the lower performing Areas cited staff shortages as a barrier to timely initiation. Please see Figure 4 for more information. In fact, in three of these four Areas, two counties in each Area, identified staffing challenges contributed strongly to the whole Area’s performance. In general, the higher performing Areas had fewer significant staffing issues during the six months of the sample, indicating that staffing shortage has an impact on timely initiation as well.

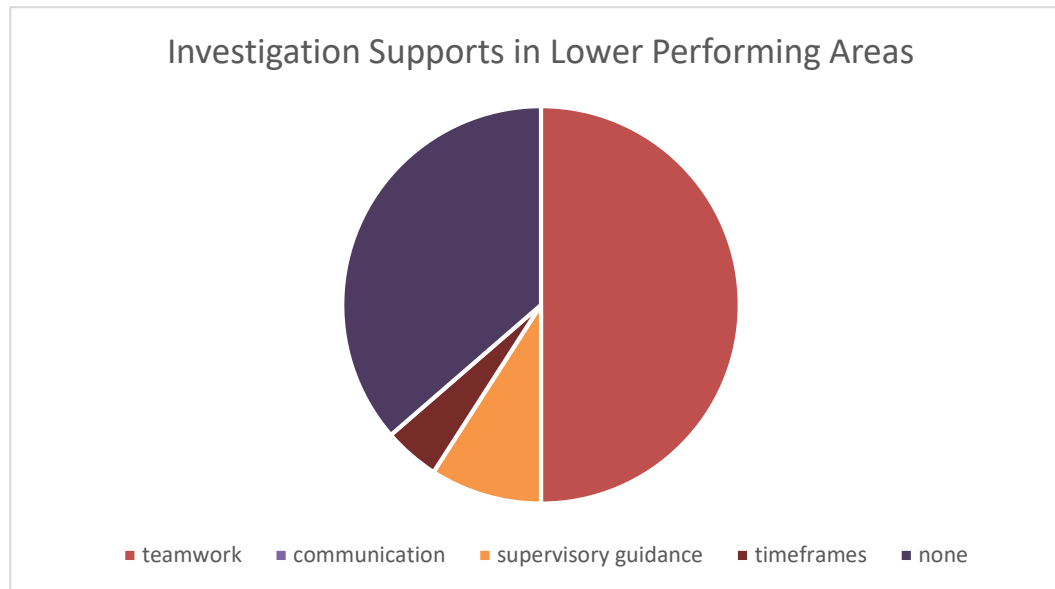


Figure 4

As such, Arkansas has identified the root causes for this issue as a less established teaming approach to meeting timeframes and staffing challenges in four specific Areas (2, 5, 6, and 7). However, it is worth noting that during a case review of more than 500 investigations from Areas 2, 5, 6, and 7 marked as having untimely initiations, it was found that 10% of the initiations occurred timely, but the documentation was not entered and approved by the supervisor in a timely fashion. Consequently, those investigation initiations were counted as an untimely initiation.

To address this root cause, the state has implemented PIP **Strategy 1: Establish and implement a teaming approach in Areas 2, 5, 6, 7, and 9 to increase these regions’ capacity to respond timely and appropriately to reports of child maltreatment and differential response** for which the Division’s ten Area Directors will be largely responsible. The Central Office Child Protective Services (CPS) Manager and staff will also provide oversight and support to the field to improve investigative practices, the Statewide Assist Team (SWAT) can also be utilized to assist with investigations in areas or counties with identified needs. As of 8/30/2017 MidSOUTH provides all Family Service Workers hired on or after July 1, 2017, with an enhanced overview of DR policy and procedures as part of the revised New Staff Training (NST). In addition, as of 12/31/17 Investigator, DR Specialist, and Supervisor positions have been added across the state, thereby helping to reduce caseloads to more closely resemble the national average and consequently improving the timeliness of investigation and DR initiations.

Safety and Risk Assessment and Services to Prevent Removal and Re-entry

The CFSR identified challenges with initial and ongoing safety and risk assessment, and a lack of adequate safety planning and monitoring. This was particularly true in PS cases, where there were often gaps in contact or lack of contact that contributed to these findings. Arkansas received a strength rating of 55% and 61% of applicable cases for Items 2 (efforts to prevent entry or re-entry into foster care) and 3 (efforts to assess and address risk and safety concerns) respectively, however there were marked differences in the strength ratings for foster care and in-home cases as indicated in Table 1 below:

CFSR 2016		
Percent of Applicable Cases Rated Strength	Foster Care	In-Home
Item 2: Efforts to prevent entry or re-entry into foster care	59%	40%
Item 3: Efforts to assess and address risk and safety concerns	70%	47%

Table 1

At the time of the Statewide Assessment (SFY 2015) and CFSR (case reviews conducted between April 1, 2016 through September 30, 2016 reviewing practice from April 1, 2015 through September 2016), a major issue impacting all outcomes was inadequate staffing. As referenced in the introduction, significant progress has been made in addressing that issue. Over the past two years DCFS has received 187 new positions with 52% being FSW positions. Last year the new FSW positions supported a focus on prevention work with the bulk of the positions being placed in Differential Response, In-Home, and Investigation field units. In January 2017 the statewide caseload average was 27.2 cases. As of February 2019 they had declined to 20.9, though there were expected fluctuations up and down between these two dates. A more detailed analysis regarding safety and risk assessment and management in protective services cases follows.

Safety and Risk Assessment and Management in Protective Services (PS/in-home) Cases

As noted with other outcomes, QSPR results indicate that safety and risk items have improved for all case types since the CFSR, including PS cases. These improvements are attributed to increases in staffing, increases in the frequency and quality of visits with children and parents, and increased focus on PS cases through the new unit, new training track, and agency “hyper-focus” -- a three month focus on open PS cases to make home visits and assess the current family functioning and determine if additional services are needed or if it was safe to close the case.

In SFY18 not only did the State show significant improvement in PS cases for Safety Items 2 and 3 over the CFSR results, the State decreased the gap between successful performance on the two items in foster care cases versus in-home cases as shown in Table 2.

[Item]	CFSR 2016		SFY 2017		SFY 2018	
	FC	PS/IH	FC	PS/IH	FC	PS/IH
Item 2: Efforts to prevent entry or re-entry into foster care	59%	40%	93%	50%	74%	71%
Item 3: Efforts to assess and address risk and safety concerns	70%	47%	71%	70%	74%	66%

Table 2

Looking strictly at PS cases and breaking down Item 3 by successful initial assessment (typically the investigation) and successful ongoing assessments throughout the Period Under Review (PUR), it is evident the issue continues to be with the ongoing assessments in all three review periods. Please see Table 3 for more information. While SFY18 shows improvement on both initial and ongoing assessments in Item 3 over the CFSR, the lower scores for ongoing assessments seem to correlate with remaining staffing and workload issues, according to worker and supervisor interviews.

Items 2 & 3/In-Home (PS) Cases	CFSR 2016	SFY17*	SFY18**	Change
Item 2	40%	50%	71%	+31
Item 3	47%	70%	66%*	+19
3 – Initial Assessment	80%	91%	90%*	+10
3-Ongoing Assessment	51%	71%	71%	+20

Table 3

Additionally, there has been significant improvement in both the frequency and quality of visits with children and parents in PS cases since the CFSR, which is key to ensuring safety. Table 4 shows the improving rates as it relates to the frequency and quality of visits with children involved in PS cases.

Item 14: Frequency and Quality of Visits in In-Home (PS) Cases	CFSR 2016	SFY17*	SFY18**	Change
Frequency of Visits with Children	67%	67%	73%	+6
Quality of Visits with Children	71%	79%	84%	+13

Table 4

It also makes sense that as the frequency of visits with parents in PS cases improves (Item 15), scores for ongoing risk/safety assessments in Item 3 improve. The percentage of change in ongoing assessments (+20) in PS cases is similar to the percentage of increase in the frequency of visits with mothers/fathers in Item 15 (+15, +20) in the CFSR vs. SFY 2018. Please see Table 5 for more information.

Item 15: Frequency and Quality of Visits with Mothers & Fathers In-Home (PS) Cases	CFSR 2016	SFY17*	SFY18**	Change
Frequency of Visits with Mothers	61%	71%	76%	+15
Frequency of Visits with Fathers	48%	57%	68%	+20
Quality of Visits with Mothers	78%	78%	84%	+6
Quality of Visits with Fathers	64%	65%	73%	+9

Table 5

Data from CHRIS also demonstrates a statewide improvement in PS case visit frequency beginning at the time of a hyper-focus on this in March of 2018 and sustained at least through February 2019. Please see Figure [5] on the following page.

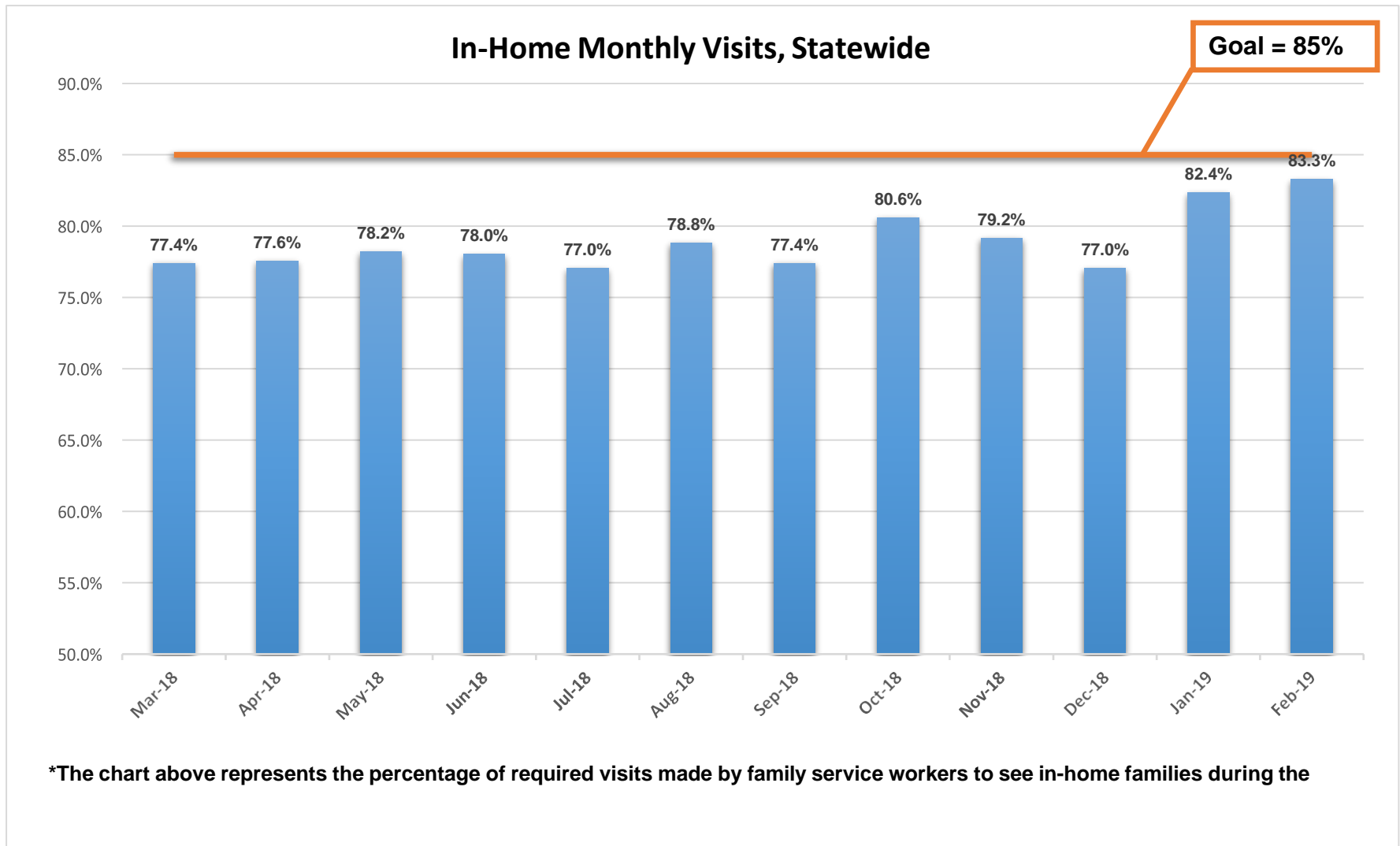


Figure 5

Despite these gains and improvements, PS cases continue to perform less well than foster care cases overall. Quality assessments in general are a greater challenge in PS cases, according to Quality Assessment Reviews and QSPR results, and staff struggle to identify caregiver and children's needs accurately. Additionally, while most PS cases in Quality Assessment Reviews had current case plans (for example 84% in 8/17), the proportion of cases meeting visitation expectations during this same time frame was only 78%. This yields a concern that case plan updating is more a paperwork task than a collaborative effort involving the family during caseworker visits.

Regarding PS and FC cases being worked differently, staff reported that although the expectations are the same, foster care takes priority because of:

- Court involvement;
- Motivation of families to work their case to reunify with their child(ren);
- Leverage that DCFS has in FC cases.

Conversely, PS cases are not taken as seriously by the family or the agency, and high workloads in specialized units prevent meaningful contact. Workers and supervisors who work in specialized PS Units believe the specialized PS Units are making a difference as workers can focus on providing services in the home. Regarding the new PS Concentration in New Staff Training, workers and supervisors were split equally when asked if this has made an impact on preparing staff to work PS cases. Supervisors feel expectations for what needs to be done in PS cases differs across supervisors. Staff feel that decision-making is harder in PS cases and risk is higher, and that supervisors monitor, but only for compliance, not quality. New staff focus groups who have gone through the new PS concentration like it the best of all the concentrations in part due to the information provided, in part due to the way the material was presented. This concentration was identified as best constructed of the concentrations in terms of the amount of information provided and the pace of the class.

In summary, focus groups with staff indicated two paradoxical views of the distinction between PS and foster care cases. While many staff reported that PS cases are not taken as seriously as foster care cases (PS staff are assigned greater workloads, lack of court oversight reduces their priority), many staff also reported that they find PS cases more challenging. They described greater safety concerns and more risky decision-making in these cases where children remain in the home, and many staff indicated that while there is supervisor monitoring of PS cases, it is primarily focused on compliance verses quality of practice. While many supervisors concurred that PS cases are not taken as seriously as foster care cases, others felt that expectations vary significantly across supervisors. While the new training focus on PS cases is still relatively new and focus groups did not demonstrate a clear impact on practice yet, workers and supervisors did report they were starting to see this changing. However, this training is only provided to new staff, so there would be no impact on existing staff and supervisors.

Additionally, QSPR data indicates that staffing challenges in some Areas continue to have a significant impact on caseworker visits with families in PS cases. For example, while the statewide performance on Items 2 and 3 has continually improved since the CFSR, in SFY18, the two Areas (1 and 7) with the most significant challenges during that year also had the lowest scores on these items. QSPR results from SFY 18 continued to demonstrate improvements in contacts with parents and children in PS cases statewide, however many cases that were rated as ANIs (areas needing improvement) included gaps in contact of several months at a time, similar to CFSR findings. These cases also tended to be most PS cases in a specific county – if there were gaps in contact in one, there were almost always gaps in contact in all PS cases reviewed in that county (although not necessarily the whole Area). Supervisors in those counties indicated that the gaps in contact almost always coincided with times of significant staff turnover, so remaining workers simply could not manage the larger caseloads. From QSPR interviews, the most often cited reason for lack of contact is worker shortage (only one or two PS workers for a whole county) and larger caseloads, with workers saying it is impossible to get all the visits in during the month.

The root causes identified for safety and risk management, with particular focus on PS cases are:

- All staff/supervisors working on PS cases are not currently prepared effectively to do so.
- There is inconsistent supervisory understanding and expectations about practice in PS cases.
- Staff identify PS cases as being more challenging with families of higher risk than foster care cases.
- Staffing shortages continue to impact PS cases specifically, particularly in two counties.

Maltreatment in Foster Care

While much of the data analysis related to the Goal 1 of the PIP focuses on initial safety responses and assessment and services related to in-home cases, a discussion of maltreatment in foster care is also warranted in this topic area given that maltreatment in foster care is also tied to safety and risk assessment and associated service provision. As noted in the CFSR, Arkansas was found to be above the national performance in the number of victimizations of children while in foster care, based on data from 2013/2014. The January 2019 Child and Family Services Review Data Profile also shows that Arkansas failed to meet the National Performance for this measure in 2015 with a score of 12.13 and 2016 at 11.79.

Agency data since that time indicates that the numbers of substantiated victimizations of children per 100,000 days in foster care has fallen below the national performance of 9.67 as shown in Table 6.

SFY	Victimizations Per 100,000 Days in Foster Care
2017	6.92
2018	8.39

Table 6

All substantiated reports of victimization while in care during 2016 and 2017 were reviewed to explore this issue more deeply. There were no particular patterns found regarding placement types, perpetrators types or relationships, or age of children. The Division hypothesizes that some of these reports of maltreatment in foster care may have been prevented. Given that Arkansas is now in alignment with the national standard of substantiated victimizations of children per 100,000 days in foster care, there are no specific strategies in the PIP related to this topic; however, the increased focus on risk and safety assessment stated below should help lessen the number of incidents of maltreatment in foster care.

PIP Strategy 2: Collaborate with the National Council on Crime and Delinquency Children’s Research Center (NCCD-CRC) to customize and implement the Structured Decision Making (SDM) system for child protection alongside the Safety Organized Practice (SOP) casework approach to increase DCFS’ capacity to assess safety and risk accurately and in a consistent manner and implement protection plans when appropriate to maintain children safely in their homes, with the Assistant Director of Prevention and Reunification being ultimately responsible for this strategy, is designed to address these root causes. **PIP Strategy 3: DCFS will establish a clear, shared understanding of goals, expectations, and best practices in PS cases to increase DCFS’s ability to accurately assess families, provide appropriate services and supports, and monitor families to maintain children safely in their homes and prevent removal**, for which the Assistant Directors of Community Services and Infrastructure and Specialized Programs will have shared responsibility, is also aimed at rectifying these root causes.

Substance Abuse: Safety Management, Service Provision, and Service Array

The CFSR Final Report identified concerns with ineffective use of substance abuse treatment resources, related to a routine use of substance abuse assessments and drug screening regardless of a need in that area. This issue warrants its own data analysis section as it relates to safety management, service provision, and service array (even though the topic was discussed more generally above as it relates to PS cases) given that over 50% of removals in Arkansas were related to substance misuse in SFY 2018, which trends with years prior to this date as well. Consequently, challenges in this area have a broad impact on safety decision-making across the agency as well the number of children in care.

Through focus groups and various surveys, agency staff have indicated that they feel they need more training and support around safety and risk assessment and safety planning in cases with substance abuse as a factor. Most participants in focus groups with staff, supervisors, and agency attorneys all described routine use of drug screening to rule out substance use as an issue or use of drug screens if there is any suspicion or history of drug use. Legal focus groups in particular indicated that drug testing is used regardless of indicated need. At the same time, many participants, including those in the legal community, saw drug screens as needed to ensure safety and, therefore, not overused. Participants also stated there should not be a “blanket” approach and that testing and treatment should be more individualized. Some of these conflicting statements could reflect a lack of knowledge across the system about other assessment methods and criteria in cases with substance abuse, beyond sole reliance on drug screening to determine safety. Lack of clarity regarding state and court policies around the use of drug screens was also noted as a contributing factor to this practice of drug screen utilization.

Related to this, participants in all focus groups as well as a parent interview collectively identified the availability, quality and proximity of substance abuse assessment and treatment services as a significant service gap impacting all family outcomes, which is, in part, tied to the overuse of drug screens in that the utilization of these presumptive screening tools result in a large number of clients are then referred for formal drug assessments, and some providers may not have the capacity to adequately serve all clients who are referred.

The following root causes were identified for substance abuse:

- There is not a shared understanding across the system about what effective safety management looks like in substance abuse cases.
- There is a shared perception across the system that routine drug screening and assessments of parents are the only means to ensure child safety in cases with substance abuse.
- Inadequate access to quality substance abuse assessment and treatment resources for parents, partly because of routine use of drug screens described above (i.e., the tendency to over-refer for formal drug assessments may result in some providers not having the capacity to adequately serve all of those who are referred) (*see Strategy 9 as well*).

In order to address these issues surrounding Substance Abuse, the Division will implement PIP **Strategy 4: Educate DCFS staff and the legal/judicial community on safety management in substance abuse cases to improve DCFS staff’s ability to engage, comprehensively assess, and provide services to families with substance use issues**, which will be jointly overseen by the Federal Compliance and Waiver Administrator and Training Program Manager.

Overall Service Array and Access to Quality Services

The CFSR also identified concerns with the overall service array and accessibility of services, especially in the rural areas of the state that affected service provision. According to information in the Statewide Assessment, parenting classes often are not individualized, and counseling and mental health services are rarely effective. Stakeholders confirmed that the lack of effective substance abuse services resulted in inaccurate assessments, misdiagnoses, and ineffective treatment. Stakeholders also agreed that services to address the individualized needs of children with severe mental/behavioral health needs and stabilize their placements, individualized parenting classes, culturally competent services, services for Spanish and Marshallese-speaking families, and substance abuse treatment for parents, are often not available statewide or are difficult to obtain.

Additionally, staff and supervisor focus groups conducted in August of 2018 described a wide variation in quality and quantity of providers across counties, with some counties describing a shortage of local providers. Additionally, both agency and judicial focus groups clearly identified mental health services and drug treatment as the most significant gaps in available services, and accessibility, such as funding and transportation, as primary barriers. Specific concerns regarding the quality of mental health services were noted. A comprehensive needs assessment completed in 2017 by polling local staff in each county in the state to determine what services are currently available, what services are needed, what -- if any -- barriers exist to accessing services, and the quality of the services being provided corroborated the focus groups' feedback. It is clear that the lack of access to quality services in some counties, particularly drug/alcohol and mental health treatment for parents is a statewide issue.

Arkansas believes root causes associated with access and quality are a result of poor communication with providers, providers not being held accountable to perform to the level of the contract deliverables, field staff not knowing what the contract deliverables are, and issues with the referral process resulting in PIP **Strategy 5: DCFS will improve access to and the quality of services, especially drug/alcohol treatment for parents and mental health for parents and children, to ensure children's safety and maintain them safely in their home or expedite children's permanency by improving communication, coordination, and oversight of providers**, for which the DCFS Deputy Director will maintain primary responsibility.

**Strategies 6 (Enhance Use of CANS/FAST Assessments), 8 (Father Engagement), 9 (Secondary Casework), and 15 and 16 (Staff Retention) are also designed to help Arkansas achieve Goal 1.*

RESTATEMENT OF GOAL 1 AND ITS STRATEGIES ALONG WITH KEY ACTIVITIES FOR EACH STRATEGY ADDED

GOAL 1: Strengthen the response to maltreatment allegations and increase and improve services to protect children in their homes and prevent their entry or re-entry into foster care (as related to Safety Outcome 1: Children are, first and foremost, protected from abuse neglect; and, Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate).

Strategy 1: Establish and implement a teaming approach in Areas 2, 5, 6, 7, and 9 to increase these regions' capacity to respond timely and appropriately to reports of child maltreatment and differential response (DR). (*Area Directors*)

Key Activities:

- Key Activity A1: Area Directors, or designee, will form implementation teams in their areas including Investigation and Differential Response Supervisors and staff to help implement the teaming approach across Areas 2, 5, 6 and 7 and provide feedback and support to the counties within their areas. Implementation teams will focus on working with supervisors to establish daily supervisor check-in meetings with their staff as a unit to monitor timeliness of initiations and determine if supports are needed to ensure initiations occur timely; identifying supports such as different workers being assigned to assist with initiation or supervisor completing initiation; working with Investigation and DR Supervisors will conference with staff weekly to determine status of pending investigations, including diligent efforts to initiate timely and what remains before being completed, with specific tasks identified and time frames for completion.
Projected Completion Date: February 28, 2019
- Key Activity B1: Implementation teams and Supervisors will monitor timely initiation of investigations and DR to include the use of dashboards that allow for daily monitoring, once available.
Projected Start Date: November 2018, *Ongoing*
- Key Activity B2: All levels of supervision, Central Office, Area Directors, County Supervisors, and Direct Supervisors will monitor timeliness of initiation of investigations through use of the monthly data reports and results of QSPR on site reviews.
Projected Start Date: January 31, 2019, *Ongoing*
- Key Activity B3: Area Directors and Supervisors will discuss data reports and teaming efforts in monthly meetings and the local action plans developed out of the annual QSPR meetings to address areas needing improvement will be regular agenda items to assess progress made and make adjustments as necessary.
Projected Start Date: March 31, 2019, *Ongoing*

Strategy 2: Collaborate with the National Council on Crime and Delinquency Children’s Research Center (NCCD-CRC) to customize and implement the Structured Decision Making (SDM) system for child protection alongside the Safety Organized Practice (SOP) casework approach to increase DCFS’ capacity to assess safety and risk accurately and in a consistent manner and implement protection plans when appropriate to maintain children safely in their homes. (*Assistant Director of Prevention and Reunification*)

Key Activities:

- Key Activity A1: NCCD CRC will conduct a baseline scan of DCFS policy, practice, and existing DCFS assessments for each stage of service to understand what changes are needed and how best to implement them.
Projected Completion Date: December 31, 2019
- Key Activity A2: NCCD CRC will conduct meetings with DCFS staff and key stakeholders during the pre-project planning phase to ensure system-wide collaboration.
Projected Completion Date: December 31, 2019
- Key Activity A3: NCCD CRC will customize an updated set of the SDM assessments to enhance DCFS’s ability to make casework decisions with accuracy and consistency across the state.
Projected Completion Date: July 31, 2020
- Key Activity A4: NCCD CRC will develop and provide a series of SOP skills-based trainings to workers, supervisors, managers, and key system stakeholders to ensure that staff are using nationally known best practices in their casework.
Projected Completion Date: December 31, 2020
- Key Activity A5: NCCD CRC will develop clear policy, procedures, needed technology, and fidelity measures for both the SDM assessments and the SOP practices to implement them uniformly across the state.
Projected Completion Date: December 31, 2020
- Key Activity A6: Following implementation, CRC will conduct remote or onsite case readings within three to six months after each set of tools is implemented to gain early view of fidelity of assessment implementation and to provide feedback as needed. Feedback will be presented verbally onsite and be followed with a written memo summarizing the findings with recommendations for strengthening implementation.
Projected Completion Date: June 30, 2021

- Key Activity B1: DR Manager to implement a formal review and coaching process, which will involve the review of a set number of DR cases and shadowing program staff in each area on a rolling basis, to strengthen practice and promote consistent decision-making regarding assessments and safety planning across the state as well as improving family engagement and service planning; Findings and recommendations will be disseminated to Area staff to ensure feedback loop; Subsequent reviews will monitor for improved practice based on previous findings and recommendations
Projected Completion Date: started in 2014 then *Ongoing*
- Key Activity B2: DR Manager to develop and implement ongoing training sessions for existing DR staff as needed based on results of DR Manager's formal review process to provide feedback, improve safety assessments, strengthen practice, and promote consistent decision-making across the state (staff will complete evaluations at the end of training to provide feedback)
Projected Completion Date: *Ongoing*
- Key Activity C1: CPS Manager to implement a formal review process, which will involve the review of a set number of investigations in each area on a rolling basis, to strengthen practice and promote consistent decision-making regarding assessments and safety planning across the state; Findings and recommendations will be disseminated to Area staff to ensure feedback loop; Subsequent reviews will monitor for improved practice based on previous findings and recommendations
Projected Completion Date: *Ongoing*
- Key Activity C2: CPS Manager to develop and implement ongoing training sessions for existing investigations staff as needed based on results of CPS Manager's formal review process to provide feedback, strengthen practice, and promote consistent decision-making across the state (staff will complete evaluations at the end of training to provide feedback)
Projected Completion Date: *Ongoing*

Strategy 3: DCFS will establish a clear, shared understanding of goals, expectations, and best practices in PS cases to increase DCFS's ability to accurately assess families, provide appropriate services and supports, and monitor families to maintain children safely in their homes and prevent removal. (*Assistant Directors of Community Services and Infrastructure and Specialized Programs*)

Key Activities:

- Key Activity A1: DCFS Central Office will provide ongoing messaging through emails, Area Director monthly meetings, virtual and in person supervisor meetings, emphasizing the equivalent importance of safety and risk assessments and home visits to PS cases and encouraging equitable workload distribution.
Projected Completion Date: Ongoing

- Key Activity A2: Assistant Director of Infrastructure and Specialized Programs, or designee, will conduct a review of current policy regarding PS cases and update to ensure clarity of practice, clear guidance regarding confidentiality, specifically what information can be shared with the non-custodial parent, and expectations regarding locating and engaging fathers.
Projected Completion Date: June 30, 2019
- Key Activity A3: Federal Compliance and Waiver Administrator, or designee, will convene a workgroup of In Home and Foster Care Program Managers, representation from Area Directors, FSW Supervisors, FSWs, and field trainers to develop a standard case consultation tool that will be used by supervisors when conducting monthly case consultations with their staff to ensure quality practices to assess, engage, and plan with families. The tool will contain additional guidance on what needs to be documented in the case in CHRIS.
Projected Start Date: March 31, 2019
- Key Activity A4: Supervisors will conduct monthly case consultations with workers to provide feedback and guidance and ensure quality of practice (e.g., how FSW is engaging the family and quality of home visits). Supervisors will document case consultations in CHRIS using guidelines provided for what and how to document.
Projected Start Date: June 30, 2019, Ongoing
- Key Activity B1: In Home Manager to implement a formal review and coaching process, which will include monitoring the frequency and quality of visits to the home, shadowing program staff in each area on a rolling basis to strengthen practice and provide coaching for quality home visits, assessment of safety and family needs, and provision of appropriate services in order to maintain children safely in their own homes; Findings and recommendations will be disseminated to Area staff to ensure feedback loop; Subsequent reviews will monitor for improved practice based on previous findings and recommendations
Projected Completion Date: *Ongoing*
- Key Activity B2: In Home Manager to collaborate with CANS/FAST Program Manager to utilize CHRIS Management Reports (See Strategy 5, Key Activity 4) developed in CHRIS related to FAST to assess the accuracy of the FAST ratings for service delivery and for assessing when cases are ready for closure
Projected Completion Date: *Ongoing*
- Key Activity C1: DCFS Executive Staff will utilize feedback from the QSPR on-site case reviews and internal reviews completed by CPS, DR, In Home, and Foster Care Managers during monthly PIP meetings, to determine if the supervisor consultations are having a positive impact on the quality of engagement and safety assessment and planning for families.
Projected Completion Date: Ongoing

- Key Activity C2: Federal Compliance and IVE Waiver Administrator and Quality Assurance Manager will meet annually with Area Directors and Supervisors to share findings from their Area's QSPR and to discuss formulation of corrective action plans to continue improvements in areas identified as needing improvement.
Projected Completion Date: Ongoing
- Key Activity C3: Area Directors and Supervisors will discuss progress toward achieving goals identified in the corrective action plan and supervisor and staff progress toward correcting issues in their monthly reports to the Assistant Director.
Projected Completion Date: Ongoing

Strategy 4: Educate DCFS staff and the legal/judicial community on safety management in substance abuse cases to improve DCFS staff's ability to engage, comprehensively assess, and provide services to families with substance use issues. (*Federal Compliance and Waiver Administrator and Training Program Manager*)

Key Activities:

- Key Activity A1: To lessen sole reliance on drug testing and improve communication with providers, FSWs will invite service providers to participate in staffing cases and request more client specific reports that identify progress, triggers, behavior changes that demonstrate the parent's ability to ensure child safety, and after care planning recommendations, etc. (*refer to Strategy 5, Key Activity B1*)
Projected Completion Date: July 1, 2019
- Key Activity B1: Assistant Director of Community Services in conjunction with the Area Directors will develop and monitor a plan to ensure logging and monitoring of drug screening results in to the portal to ensure data being pulled for drug testing analysis in B2 is accurate.
Projected Start Date: March 31, 2019 then ongoing
- Key Activity B2: Assistant Director of Mental Health Services, or designee, will request analysis from drug testing provider to show which types of drugs are most prevalent in the state and by area monthly to inform the substance abuse training development.
Projected Start Date: March 31, 2019 then monthly
- Key Activity C1: DCFS will seek support from the National Center on Substance Abuse and Child Welfare for Technical Assistance to discuss best practices in Child Welfare regarding substance abuse, informed by analysis of most frequent substance types involved in DCFS cases.
Projected Completion Date: June 30, 2019

- Key Activity C2: Based on the information obtained in Key Activity C1, Federal Compliance and Waiver Administrator will convene a workgroup consisting of DCFS, its partners (e.g., training, medical, mental health, legal including Judges, Attorneys ad Litem, Court Appointed Special Advocates, Parent Counsel, youth, birth parents, foster parents), Office of Chief Counsel, and the Court Improvement Program to research and select or develop training curriculum related to substance abuse with a focus on an improved understanding of the issue, develop skill of FSW to fully assess substance abuse and engage and motivate clients affected by substance abuse in planning, dangers related to drug use, ability to recognize, document, and articulate behavioral impacts of drug use, and various treatment options.
Projected Start Date: October 31, 2019
- Key Activity C3: Substance Abuse Training curriculum established
Projected Completion Date: February 29, 2020
- Key Activity C4: Initial implementation of Substance Abuse Training in Area 2. Staff will be asked to evaluate the training upon completion. Feedback will be reviewed, and training will be revised as necessary.
Projected Completion Date: May 31, 2020
- Key Activity C5: DCFS staff trained in all service areas (Area Directors, Program Administrators, Program Coordinators, Supervisors, Family Service Workers, and Program Assistants) and central office
Projected Completion Date: September 30, 2020
- Key Activity C6: DCFS will coordinate with the Court Improvement Program and other Administrative Office of the Courts leadership to have substance abuse training offered to legal stakeholders (e.g., juvenile judges, parent counsel, attorneys ad litem, Court Appointed Special Advocates, Office of Chief Counsel) in all service areas at venues such as Children in the Courts Conference, the annual juvenile judges' meeting, and existing Court Improvement Team Meetings/Judicial Leadership Teams (e.g., encourage NCSACW webinars to be viewed during Court Improvement Team/Judicial Leadership Team Meetings with facilitated conversation or debrief following webinars).
Projected Completion Date: November 30, 2020
- Key Activity C7: DCFS Federal Compliance and Waiver Administrator, or designee, and CIP Coordinator will collaborate with the Capacity Building Center for Courts to explore development and implementation of behavior change evaluations related to substance abuse training for FSWs, Supervisors, OCC, AALs, CASA, and Judges to assess the impact of the training on behavior change. Contingency plan (in absence of behavior change evaluation supported by the Capacity Building Center for States) will be for DCFS Federal Compliance and Waiver Administrator, or designee, and CIP Coordinator to develop and send out surveys to FSWs, Supervisors, OCC, AALs, CASA, and Judges to assess impact of training regarding shared understanding of how substance abuse impacts safety and permanency for families.
Projected Completion Date: June 30, 2021

- Key Activity C8: DCFS Federal Compliance and Waiver Administrator will work with CIP Coordinator to review, summarize, and share results and plans based on behavior change evaluation or survey results, as applicable, received.
Projected Completion Date: September 30, 2021
- Key Activity C9: DCFS will establish a plan for call back training to ensure all staff hired, following the initial training for existing staff, receive the training within their second year of employment
Projected Completion Date: plan established by December 31, 2020 then ongoing training to staff
- Key Activity C10: DCFS will utilize the results of QSPR and internal case reviews to determine the impact of the above efforts, including the training, in improving family engagement, thorough assessment, service delivery, and improved outcomes for children and families.
Projected Completion Date: to begin January 31, 2021 then Ongoing
- Key Activity C11: DCFS will consult with the workgroup to review the QSPR results and develop joint plans for addressing ongoing performance issues.
Projected Completion Date: plan established by April 30, 2021 then ongoing training to staff
- Key Activity D1: Court Improvement Program Coordinator and other Administrative Office of the Courts leadership will consider development of training for new juvenile judges, to include elements of NCSACW training resources.
Projected Completion Date: August 31, 2020

Strategy 5: DCFS will improve access to and the quality of services, especially drug/alcohol treatment for parents and mental health for parents and children, to ensure children's safety and maintain them safely in their home or expedite children's permanency by improving communication, coordination, and oversight of providers. *(DCFS Deputy Director)*

Key Activities:

- Key Activity A1: Program Managers over individual contracts will work with financial coordinators to ensure clients with other forms of insurance such as Medicaid and/or private insurance use this to pay for out-patient substance abuse or mental health counseling instead of using contract funds. This will ensure that contract services are available for clients with no other means of payment.
Projected Completion Date: February 28, 2019 then ongoing

- Key Activity B1: TDM Program Manager and Contract Unit in collaboration with Division of Adult and Aging and Behavior Health Services (DAABHS) will review current Performance Indicators (PIs) for all DCFS substance abuse assessment and treatment contracts to determine what, if any, changes need to be made. Specifically look at reporting structure, develop an outline for what information needs to be included in reports from providers, and articulate clear expectations regarding DCFS monitoring of PIs and implementation of corrective actions, as needed. *(see Strategy 4, Key Activity A1)*
Projected Completion Date: January 31, 2020
- Key Activity B2: DCFS will meet with providers to discuss current Performance Indicators and what changes are anticipated and obtain feedback.
Projected Completion Date: March 31, 2020
- Key Activity B3: Substance Abuse treatment contracts will be amended and disseminated.
Projected Completion Date: June 30, 2020
- Key Activity B4: Central Office, in conjunction with financial coordinators, implement standards for effective contract monitoring as outlined in the PIs to ensure service providers are more accountable for meeting the criteria established in their contracts for timely quality service delivery.
Projected Completion Date: January 31, 2020
- Key Activity C1: Central Office will establish and lead a workgroup including representation from financial coordinators, FSWs, Supervisors, and service providers to review the current referral process and identify inefficiencies then modify the referral process to streamline and eliminate the inefficiencies identified to garner more investment and oversight of the referral process.
Projected Start Date: July 31, 2019
- Key Activity C2: Train all financial coordinators, financial coordinator supervisors, and Area Directors on the updated processes for making referrals and reporting on contract performance and concerns.
Projected Completion Date: September 30, 2019
- Key Activity C3: Financial Coordinators and their supervisors will train the staff in their areas on the updated procedures for making referrals and reporting concerns regarding contract providers.
Projected Completion Date: October 31, 2019
- Key Activity C4: Appropriate Assistant Director, or designee(s), will develop a way to monitor referrals by staff and the timely response of contract providers to achieve more timely access to substance abuse and mental health treatment services.
Projected Completion Date: January 31, 2020

- Key Activity C5: Appropriate Assistant Director based on the specific contract, or designee(s), will develop a process for field stakeholders, including attorneys, to report issues with quality and timeliness of service provision.
Projected Completion Date: January 31, 2020
- Key Activity C6: Program Managers assigned to oversee specific contracts will continue meeting with its service providers (e.g., mental health, substance abuse) regularly to identify ways to improve timely, quality and individualized service delivery for identified needs of each family and to address issues and concerns brought out by field staff and/or stakeholders with providers and institute corrective action plans to bring the contract provider into compliance with contract deliverables
Projected Completion Date: *Ongoing*
- Key Activity D1: As new services or providers are identified, or new contracts procured, Central Office staff will provide electronic notification to field staff on the availability of substance abuse, mental health treatment services, and other contracted services and the contact person, and educate supervisors and field staff on contract deliverables.
Projected Completion Date: Ongoing
- Key Activity E1: Assistant Directors of Mental Health Services and Placement Supports and Community Outreach, or designee, will continue to collaborate with Mental Health Transformation and PASSE providers to ensure foster youth, especially those ages 6-17, are being independently assessed for care coordination and appropriate services are being provided to address their behavioral and mental health needs through the expanded array of community-based services.
Projected Start Date: March 1, 2019 then ongoing
- Key Activity E2: DCFS Executive Staff will utilize feedback from the QSPR on-site case reviews, paying particular attention to Item 18 for 6-17-year-olds in foster care, and internal reviews completed by CPS, DR, and In-Home Managers, to determine if service quality and accessibility is improving.
Projected Completion Date: Ongoing

DATA ANALYSIS RELATED TO GOAL 2

CFSR case review findings identified concerns regarding the lack of comprehensive and accurate assessments of children and families' needs and the failure to provide appropriate services to meet the identified needs. Additionally, the SFY 2015 QSPR revealed that children and/or their parents were excluded from the case planning process in 43 percent of the reviewed cases. After three consecutive years of gains, Arkansas's performance declined by seven percentage points on the engagement measure from the 2014 review. There was an absence of case planning altogether in some of these cases, but the prevailing problem centered on families, or at least particular family members (especially fathers), being left out of the process. Inconsistent contact between caseworkers and clients

prevented meaningful family engagement in many of the deficient cases. No service areas achieved substantial conformity on the engagement measure.

Without the strong foundation of a thorough assessment that includes the family's input and buy-in, accomplishing case plan goals and, ultimately, strengthening families will remain challenging. In order to improve family engagement in decision-making and needs-based case planning, the Division will work to accomplish PIP **Goal 2: Increase family engagement in decision-making and needs-based case planning to maintain continuity of relationships for children in foster care and achieve timely permanence** (Permanency Outcome 2: Continuity of family relationships and connections are preserved for children; Well-Being Outcomes 1: Families have enhanced capacity to provide for their children's needs, Well-Being Outcome 2: Children receive appropriate services to meet their educational needs, and Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs; Case Review System Systemic Factor; Service Array and Resource Development Systemic Factor).

More detailed root cause analyses are described below regarding:

- Assessment and case planning
- Overall family engagement
- Family engagement specific to fathers
- Maintaining family connections for children in foster care

Assessment and Case Planning

In focus groups held with staff and supervisors, both strongly identified difficulty engaging families and having meaningful conversations during visits (e.g., developing trust, building relationships, gathering truthful information) as a primary barrier to comprehensive assessment, and that time/workload constraints make that more difficult.

The Division currently uses the CANS tool to guide assessments in foster care cases, and the FAST tool in PS (in-home) cases. In early focus groups on the CANS/FAST for the IVE Waiver Evaluation, roughly 40 percent of agency staff report that the CANS/FAST assessments help to engage the family, provide better case planning, and identify the children(s)' or families' needs and strengths. However, staff also report that the assessment is too difficult for new workers to implement with fidelity, which is especially an issue when the turnover rate for caseworkers is high. In fact, a pilot in one area found that staff with greater amounts of experience and the opportunity to practice assessments more often led to better quality assessments.

In April 2017, the CANS/FAST Unit finalized a fidelity-focused case review tool to ensure work with families is based on an accurate comprehensive assessment of strengths and needs versus focusing on compliance issues. This tool is currently being utilized to review CANS/FAST that have recently been supervisor approved and provide constructive feedback to the FSW, Supervisor, and Area Director. Most of these CANS/FAST reviews indicate the instruments were not being completed thoroughly and with fidelity to the

model. Feedback about the use of the tools was gathered over time from stakeholders during stakeholder meetings, staff input during refresher trainings, 1-1 coaching, and review of CANS/FAST and the subsequent coaching and feedback. This feedback indicated that one barrier to more thorough and accurate completion was that the information from the investigation assessment is not always reflected in the CANS/FAST and other case related documents. As a result, it takes more time to regather information as the case progresses. Additionally, it is not uncommon for information to be lost when cases transition from PS cases to foster care cases because of having to switch tools and/or workers being confused about which tool to use. It should also be noted that differential response uses a separate tool (Family Strengths and Needs Assessment), and no formal needs assessment tool is used for investigations. In focus groups, staff reported that the CANS is difficult to use and results in “cookie cutter” assessments. However, preliminary data from CANS/FAST reviews indicates that when quality use of the CANS and FAST assessments occurs, it is correlated with higher proportions of identified needs being met with aligned services, and those services being received within six months of the assessment.

Staff and supervisor focus group participants also noted that family engagement suffers when a “checklist” of services is ordered for all families regardless of what the assessment shows. In these instances, families also report not feeling heard about their actual needs or having input into the services they receive. Judicial focus groups also indicated that a “blanket” approach is not effective for treatment planning.

In summary, data describes a complex picture of the challenges with family engagement in needs assessment. While some early indications are that adoption of the CANS and FAST tools is improving the accuracy of assessment and selection of services, it has not yet been fully integrated into agency and court practice and is not being used yet with high fidelity. Issues with the use of multiple assessment tools are further hindering full implementation. These challenges are leading to “cookie cutter” assessments and “checklist” court orders regardless of needs in some areas, which impacts engagement of parents. Additionally, staff express challenges with the assessment conversations with parents needed to gather the information necessary to complete accurate assessments.

As such, the CFSR and ongoing QSPR results indicate the greatest challenge with engagement of parents (verses children). Also, the CANS/FAST tools are not being used with fidelity and are not integrated into agency and court practice, due to remaining implementation issues and a lack of clarity around assessment processes. Finally, workload time to allow for meaningful conversations with parents remains a barrier.

In an effort to address the challenges outlined in this “Needs Assessment and Case Planning” section, Arkansas will implement PIP Strategy 6: **Enhance the use of the CANS/FAST functional assessments (evidence-based IV-E Waiver intervention) and corresponding needs-based case planning by promoting family participation, using as a communication tool, updating to show progress, and increasing monitoring and supervision/coaching**, which the Assistant Directors of Prevention and Reunification and Community Services will oversee, as well as PIP Strategy 7: **Assess whether the current CANS/FAST tool is the right tool considering the high turnover and whether frontline staff have the skills needed to use it with fidelity**, which will primarily fall under Assistant Director of Prevention and Reunification.

Overall Family Engagement

The 2016 Child and Family Services Review (CFSR) for the state of Arkansas identified several challenges in the Permanency 2 and Well-Being 1 items designed to assess family engagement. For the Permanency items, the state was rated as needing improvement in the following areas: Preserving Connections (49%) and Relationship of Child in Care with Parents (48%). Regarding the Well-Being items the state was rated as needing to improve in the following areas: Needs and services of child, parents, and foster parents (43%), Child and family involvement in case planning (51%), Caseworker visits with child (64%), and Caseworker visits with parents (48%). These scores translate to challenges in practice.

When these items were broken down, it was noted that performance with children was stronger than parents. Also, the overall engagement with mothers was stronger than fathers and performance was stronger in foster care cases than in-home cases. It was also noted that assessment of needs was stronger than provision of services and that the service array presents challenges to addressing needs.

Once again, inadequate staffing and large average caseloads statewide had a significant impact on these outcomes. As additional positions over the past two years have been added statewide and average caseloads have declined, the Division has also seen significantly improved performance as measured by Quality Services Peer Review (QSPR) data in items that address family engagement. Statewide data regarding improvement on Items 8, 9, 11, 12, 13, 14 and 15 is found in Table 7. This improvement has occurred in both protective services (PS, also referred to as in-home) and foster care cases. Please note that only Items 12-15 apply to PS cases. There will be further discussion of PS cases below.

Family Engagement Items	CFSR (SFY 16)	SFY 17	SFY 18
Item 8. Visiting w/Parents and Siblings in Foster Care	64%	76%	85%
Item 9. Preserving Connections (Hometown, Extended Family)	49%	52%	67%
Item 11. Relationship of Child in Care w/Parents (beyond visits)	48%	58%	33%
Item 12a. Needs Assessment/ Services to Children	72%	75%	84%
Item 12b. Needs Assessment/Services to Parents	44%	53%	59%
Item 13. Child/Family Involvement in Case Planning	51%	57%	69%
Item 14. Caseworker Visits with Children	64%	63%	67%
Item 15. Caseworker Visits with Parents	48%	50%	58%

Table 7

Family Engagement Specific to Fathers

Both QSPR data as well as focus group feedback support that there has been marked improvement in engagement of fathers since the CFSR in both PS and foster care cases as seen in Table 8 below.

Item 12B	CFSR (Baseline)		SFY17		SFY18		change	
	PS	FC	PS	FC	PS	FC	PS	FC
Both Assess/Provide to Mothers	56%	60%	59%	70%	67%	69%	+13	+9
Both Assess/Provide to Fathers	44%	45%	49%	57%	60%	70%	+16	+15
Item 13	CFSR (Baseline)		SFY17		SFY18		change	
	PS	FC	PS	FC	PS	FC	PS	FC
Engage Mothers	63%	61%	66%	74%	78%	77%	+15	+16
Engage Fathers	50%	46%	50%	56%	64%	80%	+14	+34
Item 15	CFSR (Baseline)		SFY17		SFY18		change	
	PS	FC	PS	FC	PS	FC	PS	FC
Both frequency/quality with Mothers	56%	61%	63%	57%	67%	64%	+11	+3
Both frequency/quality with Fathers	38%	48%	50%	40%	57%	68%	+19	+20

Table 8

Focus groups with staff and supervisors indicated that engagement of fathers has improved in part because of the 2017 change in law that requires efforts to locate and engage fathers and the legal presumption that visits should be unsupervised unless there is evidence

to the contrary. This law change has resulted in stronger supervision in terms of ensuring fathers have visits and are otherwise included in case planning and more court oversight to the location and engagement of fathers.

However, QSPR results continue to indicate that efforts to engage father still lag behind those with mothers, but only in PS cases. Staff reported that the primary barriers to engaging fathers are incarceration, paternity not being established, fathers not wanting to be involved especially if they were not the alleged offender (e.g., Garrett's Law cases), inability to locate fathers, mothers not providing information regarding fathers to facilitate the agency locating the fathers, and fathers' work schedules. The root cause is identified as less emphasis on locating and engaging fathers in PS cases than foster care cases if he is not in the home and removal is not contemplated.

To help address the issues put forth in the "Overall Family Engagement" and "Family Engagement Specific to Fathers" sections above, the Division will implement PIP **Strategy 8: Continue to improve and sustain DCFS' ability to accurately and collaboratively assess, identify needs, and provide services to families, with added attention to fathers, to improve family engagement in assessment and case planning**, for which the Assistant Director of Community Services will be responsible.

Maintaining Family Connections for Children in Foster Care

Focus groups conducted in August 2018 with staff and supervisors were consistent with those conducted for the Statewide Assessment and the CFSR in identifying the placement of children outside of their home counties as having the largest impact on the ability to maintain connections. Judicial focus groups also identified out of county placements as putting an undue burden on families, including negative impacts to visitation times and frequency, and presenting barriers to completing required services.

While there have been improvements in this area since the CFSR, as of April 2019, more than 56% of children in care are still not placed in their home county. While the child to bed ratio has improved (SFY 17 = .77, SFY 18 = .83), this is largely attributed to a decrease in the number of children in care, rather than an increase in the number of foster homes (numbers of homes declined almost 150 homes from February 2018-March 2019).

When parents move out of the initiating county or children in out-of-home care are placed in another county, the difficulties in keeping families engaged and maintaining connections for the children are linked to the challenges surrounding the agency practice of assigning secondary workers in cases. Although the expectation is that secondary cases will be worked like primary cases, staff and supervisors identified poor communication between the primary and secondary workers, lack of reciprocity, high caseloads, primary cases given priority, and lack of accountability and credit for the work done by secondary workers as the biggest reasons for children not being seen regularly and having connections maintained. Additionally, secondary assignments are not monitored in the same way as primary cases, and supervisors do not have the same CHRIS Net reports to them monitor the secondary assignments. While there is policy

governing secondary assignments, there are not specific standards for communication between primary and secondary workers, and focus groups indicated overall that there are widely varying approaches among counties about the approach to these cases and that the scope of the assignment is not always clear.

Therefore, the root cause to family engagement is when children and parents are in different counties, secondary casework is not of the same quality as primary casework because the agency infrastructure does not currently support practice in secondary cases as much as primary cases.

To address the root cause relating to secondary casework, PIP **Strategy 9: Establish consistent expectations of secondary casework activities and supervision to strengthen service delivery to clients served by multiple counties**, which will be a shared responsibility between the Assistant Director of Infrastructure and Specialized Programs and Assistant Director of Community Services, will be implemented.

**Strategies 3 (PS Cases), 4 (Substance Abuse Training), 12 (Relative Placement), 13 (Foster Home Recruitment), and 15 and 16 (Staff Retention) are also designed to help Arkansas achieve Goal 2.*

RESTATEMENT OF GOAL 2 AND ITS STRATEGIES ALONG WITH KEY ACTIVITIES FOR EACH STRATEGY ADDED

GOAL 2: Increase family engagement in decision-making and needs-based case planning to maintain continuity of relationships for children in foster care and achieve timely permanence (Permanency Outcome 2: Continuity of family relationships and connections are preserved for children; Well-Being Outcomes 1: Families have enhanced capacity to provide for their children's needs, Well-Being Outcome 2: Children receive appropriate services to meet their educational needs, and Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs; Case Review System Systemic Factor; Service Array and Resource Development Systemic Factor).

Strategy 6: Enhance the use of the CANS/FAST functional assessments (evidence-based IV-E Waiver intervention) and corresponding needs-based case planning by promoting family participation, using as a communication tool, updating to show progress, and increasing monitoring and supervision/coaching. *(Assistant Directors of Prevention and Reunification and Community Services)*

Key Activities:

- Key Activity A1: CANS/FAST Program Manager, or designee, will continue to complete reviews of recently supervisor approved CANS/FAST and case plans monthly and provide feedback to the FSW, their supervisor, and the Area Director. Cases are randomly selected from a list of cases where CANS/FAST and case plans have recently been approved.
Projected Completion Date: *started 07/01/2017 then Ongoing*
- Key Activity B1: CANS/FAST Program Manager will convene a workgroup consisting of Central Office representatives, FSWs, Supervisors, and Field Trainers to develop a tool for supervisors to use when reviewing the quality and accuracy of the CANS/FAST.
Projected Completion Date: August 31, 2019
- Key Activity B2: Supervisors will accompany each worker under their supervision out in the field 1-2 times per month to observe their interaction and engagement with the families and their ability to obtain information for the CANS/FAST.
Projected Completion Date: February 28, 2019 then ongoing
- Key Activity B3: Supervisors will use the information obtained during their observation of their workers in the field to ensure the information is accurately articulated in the comments and ratings. Supervisors will provide coaching to staff who are struggling to use the tool with fidelity and document their conversations in the local personnel file.
Projected Completion Date: February 28, 2019 then ongoing
- Key Activity B4: Supervisors will provide the dates and which workers were observed in their monthly reports submitted to their Area Directors.
Projected Completion Date: March 15, 2019 then monthly
- Key Activity B5: Strengthen the support provided to new workers by their Field Trainers regarding articulating and accurately rating the CANS/FAST by providing a checklist for field trainers to use with workers to ensure all parties with information were included in the assessment, appropriate comments are documented to reflect the family's story, and ratings are justified based on the documentation provided.
Projected Completion Date: March 31, 2019 then ongoing
- Key Activity B6: Field Trainers will report their activities with new workers around using the CANS/FAST in their monthly reports to the Partnership, which will be shared with the Division.
Projected Completion Date: March 31, 2019 then monthly

Strategy 7: Assess whether the current CANS/FAST tool is the right tool considering the high turnover and whether frontline staff have the skills needed to use it with fidelity. *(Assistant Director of Prevention and Reunification)*

- Key Activity 1: Assistant Director of Prevention and Reunification will convene a workgroup consisting of Executive Staff, CANS/FAST Program Manager, In Home Manager, CPS Manger, DR Manager, FSWs, and Supervisors to decide whether the CANS/FAST, or a hybrid instrument (UFACET), is the correct tool to use for assessing families, or if the Safety Organized Practice (SOP) piece of Structured Decision Making (SDM) would be the better tool to transition to.
Projected Completion Date: August 31, 2019
- Key Activity 2: Based on the decisions made by the group, the Assistant Director of Prevention and Reunification will convene a workgroup with the appropriate representation of Central Office and Field Staff to continue the development of the hybrid CANS/FAST AKA the UFACET, or work with NCCD-CRC to formalize planning and timelines for implementation of the SOP model.
Projected Completion Date: September 30, 2019

Strategy 8: Continue to improve and sustain DCFS's ability to accurately and collaboratively assess, identify needs, and provide services to families, with added attention to fathers, to improve family engagement in assessment and case planning. *(Assistant Director of Community Services)*

Key Activities:

- Key Activity 1: Program Administrators will utilize the Permanency Safety Consultations with FSWs and Supervisors as a tool to ensure diligent efforts continue to locate and engage fathers and that appropriate services are being provided to achieve the established case goal.
Projected Completion Date: ongoing
- Key Activity 2: Supervisors will conduct monthly case consultations and oversight to ensure diligent efforts are continually made and documented to locate and engage fathers in cases from investigation throughout the life of the case and ensure appropriate services are being offered/provided.
Projected Completion Date: February 28, 2019 then ongoing
- Key Activity 3: Area Director, Program Administrator, or Area Coordinator will check in CHRIS for case consultation documentation in cases to ensure supervisory oversight is occurring and that quality guidance is being provided.
Projected Completion Date: March 31, 2019 then ongoing

- Key Activity 4: DCFS Executive Staff will utilize feedback from the QSPR on-site case reviews and internal reviews completed by CPS, DR, In Home, and Foster Care Managers, to determine if efforts to locate, engage, and accurately assess needs have improved outcomes for families.
Projected Completion Date: ongoing

Strategy 9: Establish consistent expectations of secondary casework activities and supervision to strengthen service delivery to clients served by multiple counties. (*Assistant Director of Infrastructure and Specialized Programs and Assistant Director of Community Services*)

Key Activities:

- Key Activity 1: Assistant Director of Infrastructure and Specialized Programs, or designee, will enlist recommendations from field staff regarding secondary policy. After reviewing recommendations, update policy with clear delineation of role for resident county FSW, PA, TYS, Supervisors/ accountability for providing services to ensure ongoing assessment of needs and service delivery when children are placed outside their primary county, or parent moves to a different county.
Projected Completion Date: August 31, 2019
- Key Activity 2: Supervisors will conduct monthly case consultations and oversight to ensure visits are made, safety is assessed, and services are provided and documented for secondary cases.
Projected Completion Date: February 28, 2019 then monthly
- Key Activity 3: Area Directors will work with their supervisors to develop a standard monitoring tool to be used by supervisors monthly to monitor secondary assignments to hold staff accountable.
Projected Completion Date: March 31, 2019
- Key Activity 4: Area Directors, or designee, will review the monitoring report with supervisors monthly.
Projected Completion Date: April 30, 2019 then monthly
- Key Activity 5: Area Directors, or designee, will work with individual county supervisors to develop corrective action plans to address secondary service delivery and follow-up monthly to determine if additional corrections are needed.
Projected Completion Date: April 30, 2019 then ongoing

**Strategies 3 (PS Cases), 4 (Substance Abuse Training), 12 (Relative Placement), 13 (Foster Home Recruitment), and 15 and 16 (Staff Retention) are also designed to help Arkansas achieve Goal 2.*

DATA ANALYSIS RELATED TO GOAL 3

CFSR results identified that permanency outcomes were a challenge for the state. Permanency Outcome 1: Children have permanency and stability in their living situations was the lowest performing outcome. The case review results identified areas needing improvement in setting timely and appropriate goals for children in foster care and achieving permanency even though court reviews and permanency hearings are being held frequently. Concurrent planning was occurring in some of the cases reviewed for the CFSR, but overall it was found that the general lack of concurrent planning contributes to not achieving timely permanency in many cases.

As a result, the Division's PIP **Goal 3** is to **increase permanency and stability for children in foster care** (Permanency Outcome 1: Children have permanency and stability in their living situations and Permanency Outcome 2: Continuity of family relationships and connections is preserved for children).

More detailed data analyses are described below regarding:

- Establishing appropriate permanency goals in a timely manner
- Permanency efforts for children in care 24 or more months
- Relative placement
- Placement stability
- Placement moves early in care
- Placement moves later in care

Establishing Appropriate Permanency Goals in a Timely Manner

Regarding challenges with concurrent planning, staff and supervisor focus groups identified practice challenges with working two goals, including having difficult conversations with parents and difficulties working with caregivers on dual goals. Staff and supervisors indicated that reunification and adoption are the most difficult to work simultaneously, and that permanent custody to a relative or APPLA are easier to work as concurrent plans. While some supervisors felt both goals are worked concurrently, a number of staff indicated that the concurrent goal is a lesser priority and often gets overlooked. Focus groups with OCC attorneys and legal/judicial representatives concurred that while a concurrent goal is typically identified, it is often only "on paper" and not actively addressed by the agency or discussed by the parties or judge in court. Supervisors and legal/judicial groups also mentioned a need for staff to have increased knowledge of concurrent planning as a factor.

An additional theme that emerged in the supervisor, OCC, and legal/judicial groups centered around more practical aspects of work on the concurrent plan. Supervisors identified collection of records for adoption as a barrier, and both OCC attorneys and legal/judicial groups suggested that an additional worker should be assigned earlier in the case to work specifically on adoption. Additionally, QSPR findings from 2017 and 2018 indicated adoption delays due to paperwork not being prepared.

For children with concurrent goal of adoption, the following barriers were identified:

- discussions with parents and caregivers about the concurrent plan are not happening consistently throughout the case in court or during visits
- staff do not feel confident in addressing the concurrent plan of adoption with parents or caregivers early in the case
- current case flow design results in technical aspects of adoption preparation not happening until too late in the case

While there seems to be general agreement that initial goals are set timely, focus groups and QSPR results indicated that changing goals when needed is more challenging. For example, OCC attorneys felt that judges will allow 12-15 months for reunification efforts before changing the goal even if case circumstances indicate it should be changed sooner. QSPR results also found that courts typically wait until the 12-month hearing to change the goal even if case circumstances warrant it changing sooner. Supervisors also felt that judges hold cases too long, and that it is a challenge to change the permanency goal when needed. Some staff in focus groups agreed with this, although more staff indicated that there is agreement among the parties when it is time to change the goal. The legal/judicial groups also had mixed opinions on this, with five participants saying they do not think there is excessive litigation or conflict about goals changes, and three feeling that there is.

Additionally, and potentially related, legal/judicial representatives felt that the agency sometimes takes a “blanket” approach to permanency planning and does not consider all options. Examples of this might be either “going overboard” in searching for relatives, or not considering all relative or fictive kin possibilities. They felt this results from limitations on those options due to shortages of foster homes and treatment services. To a lesser degree, caseworker training regarding permanency goals was mentioned as impacting this as well.

Parents and youth presented a mixed picture of their awareness of the plans. The two parent interviews indicated that they knew reunification was the plan right away and were not aware of a concurrent plan, however also described that plans for permanency with relatives were explored, and in one case, children were ultimately adopted by their foster parents. Youth in the focus group seemed to have much more consistent awareness of their initial plan and changes to their plan. All youth in the group indicated they agreed with the change and went to court to discuss it.

In conclusion, a root cause for these issues is that there is not a shared understanding across the system about what permanency planning should look like and selection and timing of changing permanency goals is impacted by shortages mentioned in other areas as well, including available foster/adoptive homes and treatment services. This led the Division to create PIP **Strategy 10: Develop a shared understanding of permanency/concurrent planning particularly when adoption is the concurrent goal from the casework, legal, and judicial perspectives**, which the Assistant Director of Infrastructure and Specialized Programs will supervise.

Permanency Efforts for Children in Care 24 or More Months

QSPR results from 2017 indicated that the state is most challenged to achieve the goal of adoption in a timely manner. This is consistent with performance on the most recently federal Statewide Data Indicators (May 2017), in that while the state performed better than the national performance in achieving timely permanency for children in care 12 months and 12-23 months, they performed worse than the national performance in achieving timely permanency for children in care 24 or more months. Children in care 24 months or longer are most likely to have the permanency goal of adoption or APPLA.

According to AFCARS data from FFY 2016, most children in care 24 months or longer were placed in non-relative foster homes. In fact for children who were in care 36 months or longer, 18% more were placed in non-relative foster homes than in group care. When those children in care 36 months or longer were broken down by age groups, children ages 6-17 made up the largest number still in care after 36 months, and a non-relative foster home was the most common placement type for those children. Further breakdown of those age groups demonstrated that in the 6-12-year-old group, a large majority were in non-relative foster homes. More children in the 13-17- year-old age group were in group care (134), but a significant portion were also in non-relative foster homes (85). Finally, of those 6-12- year-olds in foster homes in care 24 months or longer, 68% had TPRs granted on both parents, and were therefore legally free for adoption. Of those children, 56% had been in their current foster home setting for 12 months or longer. Of the 13-17- year-old age group in care 24 months or longer and in a foster home, approximately 63% had a TPR granted on both parents, and 76% of those had been in their current foster home for 12 months or longer.

The above data could indicate a need to focus efforts on moving children ages 6-17 who are in non-relative care to adoption timelier. It should be noted that in 2017, the agency conducted a “hyper-focus” on adoption and succeeded in completing over 200 more adoptions than in each of the three preceding years. While the data above is older than that, according to more recent data (as of 3/1/18), a majority of the children in care for longer than 24 months continue to be placed in family-like settings. While this is of course preferable to group placement, it does raise a question about what the barriers to achieving permanency (in most cases adoption) are for these children.

According to focus groups, one barrier to this same population of children achieving timely permanency were behavioral and mental health challenges, and behavioral and mental health services have been noted as a service array gap impacting permanency.

As a result of the data collected above, the barriers identified for achieving timely permanency for children in foster care 24+ months are:

- Children ages 6-17 with behavioral and/or mental health needs in non-relative foster homes are not having those needs sufficiently addressed which presents barriers to adoption. (See Strategy 5, Key Activity E1).

- There is a shortage of adoptive homes that can meet the needs of this population with the current level of post-adoptive supports available. (See Recruitment/Retention Strategy 13).

During the Rapid Permanency Reviews that were conducted in three areas plus the statewide “hyper-focus”, several internal barriers to timely adoption were identified. As a result, PIP **Strategy 11: Reduce barriers to timely adoption from procedural delays** has been established to help address those procedural delays. The Adoption Program Manager will have primary responsibility for implementing this strategy.

Relative Placement

Agency data indicates that placement stability has been improving overall in each of the past four years from 7.63 moves per 1,000 days in care in SFY 2015, to 6.23 moves in SFY 2018. While this is still above the national performance of 4.12 moves, the improvement is attributed to decreasing caseloads resulting in an ability to provide more support to caregivers. Both policy and best practice dictate that relatives and then fictive kin receive preferential consideration for placement for children who cannot safely remain with their parents. Placing children with family members helps to mitigate some of the trauma they experience when entering foster care, and relatives provide emotional supports for children and help promote the reunification process as well as other important connections, including their critical ethnic, cultural, and community ties. Moreover, IV-E Waiver Evaluation findings show that stability for children who are placed in a relative home placement at 120 days is roughly 25 percentage points more than children placed in a family foster home (84 percent vs. 56 percent). These results are based on monthly averages from January 2016 through March 2018 for children who entered a placement setting and remained there for at least seven days (i.e., not a temporary placement) and remained in foster care at least 120 days after the placement.

The agency has made substantial effort to increase the number of relative placements in recent years, as displayed in Table 9 and Figure 6. The agency’s goal is that 33% of placements will be with relatives, which has not yet been achieved. Continued increase in the use of relative homes would positively impact placement stability, since preliminary findings as part of the IV-E Waiver work show that children who are placed in a relative home experience placement stability at 120 days approximately 20% more than children placed in foster family homes. Additionally, increased use of relative placement options would further alleviate the shortage of foster homes described above.

Permanency Outcome 2			
	CFSR 2016	SFY 2017 QSPR	SFY 2018 QSPR
Permanency 2: The Continuity of Family Relationships is Preserved for Children	43%	60%	65%
Item 10: Relative Placement	70%	72%	82%

Table 9



Figure 6

Consistent with the increases in relative placements noted in the data above, most youth participants (7) said they were asked about relatives when the first came into care, although some said they were not (4). Two of those said they were asked later. Both parents interviewed described efforts toward relative placement, with one saying her children were placed with relatives, and another saying that a relative was pursued as a placement option. Most OCC attorneys felt that the agency “bends over backwards” to place children with relatives. A majority of legal/judicial focus group participants felt that relatives are not underused as placements in their courts, and that it is not an issue. Additionally, QSPR results indicate increasing performance on Item 10, Relative Placement, since the CFSR, where 70% of cases were rated a Strength. In 2018 reviews of the same counties, 82% of cases were rated a Strength on this Item.

Regarding efforts to increase relative placements further, OCC attorneys, legal/judicial groups, supervisors and staff all identified that the ICPC process is a barrier to placing children with relatives out of state, with legal/judicial groups identifying administrative or policy issues as the specific challenge. In fact, the CFSR Final Report identified Use of Cross-Jurisdictional Resources for Permanent Placements as an Area Needing Improvement, based on the lack of available data to fully assess how effectively it is being used. The 2018 QSPR results found that a common issue among cases with poor performance in this area was that staff did not attempt to locate or inform out-of-state relatives, even as a possible back up plan if the case was still early in the reunification phase.

All staff and legal/judicial groups mentioned circumstances when relatives did not pass background checks, let parents have access to the children that was not approved, and/or were otherwise not appropriate, as reasons why relative placements do not occur in some cases. However, staff and supervisors also identified that some relatives do not have sufficient financial resources to support the children, and that there is not a way to address that challenge.

Additionally, the most prevalent response among agency supervisors about barriers to relative placement were that judges do not allow them, whereas legal/judicial groups generally felt that relatives are sufficiently utilized. Legal/judicial participants also perceived some inconsistency in the approach to vetting prospective placements, and some felt that more thorough studies of relatives could be helpful. Participants also identified workload time for agency staff as a barrier to relative searches and mentioned potential technology that could be of assistance. QSPR results from 2018 found that the primary reasons for poor performance in this area, in addition to the out-of-state issue mentioned above, were caseworkers taking the parents' word that there were no appropriate relatives and failing to pursue it further, and caseworker turnover on cases with the new worker assuming the previous worker had searched for relatives.

Agency administration also raised a related issue about the limited use of subsidized guardianship as a permanency option, which could support permanent relative placement in more cases, particularly in light of the challenges with financial resources in some relative homes noted above. Focus groups with staff, supervisors, and OCC attorneys confirmed that this is seldom used as an option, primarily because of a lack of knowledge about the process. They also indicated that the criteria to use it are strenuous, and it is difficult to rule out adoption first. Input from legal/judicial focus groups was in alignment with this, indicating that it is not used as often as it could/should be, primarily because of a lack of clarity/knowledge about the process/policies.

The discussion above identified the following areas as barriers to using relatives for placement:

- The ICPC process and/or practice with out-of-state relatives presents barriers to placement with relatives out of state which need to be further explored through data collection.
- Financial resources/supports for relative placements are a barrier in some cases where relative placements might otherwise be appropriate.

- There are not shared decision-making criteria used to make relative placement decisions across all court jurisdictions and Areas of the state.
- Workforce issues (workloads and turnover) have an impact in this area.
- There is a lack of clarity about or practice with the use of subsidized guardianship as a permanency option.

PIP **Strategy 12** is designed to address these barriers: **Continue to increase use of relatives/fictive kin placements, including same day placements, to improve placement stability for children in foster care.** The DCFS Deputy Director and Assistant Director of Infrastructure and Specialized Programs will work together to ensure this strategy is accomplished.

Placement Stability

Placement stability is an important factor to study related to permanency because research shows that multiple placements often negatively impact a child's ability to achieve permanency timely. The CFSR highlighted that there has been an increase in the number of children in the Arkansas foster care system. Stakeholders reported that the increase stressed the agency's placement resources, which was evident in the cases reviewed, and, consequently, affects placement stability for children in foster care.

Additionally, judicial focus groups primarily attributed out-of-county placements to a shortage of foster homes related to recruitment and retention efforts. As referenced earlier in this document, more than 56% of children were placed outside of their home county as of April 2019. Arkansas has had recruitment initiatives in place that have been successful. For example, the rate at which children are placed with relatives and fictive kin through the provisional resource home process has also increased over the past year (as stated in the above section regarding relatives).

Arkansas received a diligent recruitment grant and began implementation October 1, 2014 in four Areas, and additional recruitment and retention efforts have been focused in the remaining areas as well through the IV-E Waiver intervention of Targeted Recruitment. As of the most recent reporting period ending 9/30/18, numbers of homes and inquiries about new licensing in the four target areas had remained stable for the preceding six months but were less than they had been at the mid-point of the grant. It is possible this reduction in approved homes is caused by 1) turnover in the Community Engagement Specialist position, who are hired to recruit foster homes; or 2) the recruitment strategies employed by the CESs and community partners (e.g., The C.A.L.L.) having exhausted the population of families willing to become foster homes, pointing to a need to develop new strategies to reach a different population.

Foster homes at the time of the report were displaying retention rates of 94 percent at six months and 74 percent at 12 months. There are also promising improvements in foster parents' perception of the training they received, and communication with agency staff.

While there is a need to examine recruitment and retention trends further, there are positive impacts and lessons to be learned from these efforts that may be transferrable to broader recruitment and retention efforts.

In addition, DCFS initiated activities to streamline the Resource Family Application process by first convening the DHS war room team to identify the barriers to relative placement. Once the barriers were identified DCFS began the process to address and mitigate these barriers. In order to mitigate the barriers, DCFS implemented the Lean Six Sigma business mapping process that relies on collaborative team effort to improve performance by systematically removing waste and reducing variation. As a result, the resource family application process has been streamlined. The Division will continue to focus on streamlining the resource family application process for both “traditional” resource applicants and provisional relative and fictive kin applicants.

Another way Arkansas has attempted to address placement stability and permanency outcomes for children in foster care is not only to focus on the initial recruitment, application, and approval processes of new resource homes, but also to ensure that existing resource homes are sufficiently supported and, as a result, remain open homes. Once again, more placement options for children will help the state place more children in their home counties and eventually allow the Division to do a better job of matching a specific child’s needs to the skill sets of a particular resource home. More informed “matches” should impact placement stability of children in foster care, which, in turn, influences long-term permanency outcomes.

One initial strategy that has now been completed regarding retaining resource family homes was to complete a survey of existing and recently closed resource family homes to identify and mitigate barriers to recruitment and retention. The survey identified the following reasons for foster home closures:

- Adoption
- DCFS closed home
- Frustrations with DCFS (these included poor communication; lack of responses to requests; foster parent opinions not being valued; not receiving notice of staffings, court, visits, etc.; moving children without sufficient notice or explanation; and lack of appropriate services to manage challenging behaviors)
- Personal reasons
- Needing continuing education hours

As a result of the survey, all Supervisors, Adoption and Resource Staff, and Foster Care Family Service Workers in all service areas received Customer Service Training, which was developed by the DHS Office of Human Capitol and conducted by DCFS Central Office staff. The Foster Care Manager also shared the survey results with the Area Directors, so they could address the concerns at an area level. The results have also been discussed during the ARCCC Workgroup and strategies for retention are explored using the context of the issues identified.

Communication is an essential element in retaining resource families and, in turn, improving placement stability for children in foster care. Unfortunately, in stakeholder interviews conducted for the Statewide Assessment, participants confirmed that Arkansas does not have a standardized process for providing notice of hearings to foster parents, pre-adoptive parents, and relative caregivers of children in foster care. Stakeholders described methods for notification that vary statewide. As for the right of foster parents to be heard in court, stakeholders stated that generally foster parents can provide information to the caseworker, CASA, or attorney ad litem to convey to the courts, but formal procedures to ensure that foster parents, pre-adoptive parents, and relatives of caregivers have a right to be heard does not appear to be in place.

Notifying foster parents and other caregivers about upcoming hearings also plays a role in a child's placement stability and permanency outcomes because when foster parents attend court hearings, it provides them with an opportunity to get the most up-to-date information on case progression and to better understand the various perspectives involved in a case. Foster parents can then adequately explain to the child placed in their home how the case is advancing and/or answer the child's questions about the case in an age-appropriate manner.

Protecting and advocating for a foster parent's right to be heard in court also impacts a child's placement stability and permanency outcomes. As the daily caregiver to the child placed in their home, foster parents possess important information regarding the child's strengths, needs, and generally how the child is developing that can inform case-planning decisions for that child.

One way the Division has attempted to address the communication and information-sharing for foster parents is through the Foster Parent Portal. Currently the Portal can be accessed by foster parents to see real time information in CHRIS regarding present and past placements both for foster care and adoption, board payment amounts, demographics of their home with the ability to change them, upload photos, see who the current caseworker and supervisor are assigned to the children placed in their home with their email and phone number, Medicaid numbers for the children in their home, child care voucher approvals with location of the child care provider, approved most recent court reports, approved most recent CANS and case plan, approved Foster Family Support System, approved slots in their home, set up direct deposit for board payments, opt into RAVE texting for locating placements for children and access to forms for foster parents.

Placement Moves Early in Care

Agency data indicate that between 9/1/17 and 2/28/18, at least 30% percent of moves were unplanned (not counting foreseeable moves to less restrictive placements). Of those, the largest proportions of reasons for moves were "placement resource requested removal" and "discharge to more restrictive placement." A majority of the children moved to more restrictive placements were 14 years old or older and went to acute or sub-acute CRTs (comprehensive residential treatment) or incarceration. However, of the 714 moves for the reason of placement provider request, children 2-5 years-old made up 23.5% of those moves, and children 14 years-old and older made up 25.9% of them. The largest portion of those moves were from foster homes (58.8%), with emergency shelter being the second largest (8.1%).

This data is likely the result of short-term placements in foster homes for a few days or in Emergency Shelter, until a longer-term placement can be found. In fact, for SFY 2018, statewide data indicates that 46% of youth ages 12-16 were initially placed in an Emergency Shelter.

The use of a short-term placement upon initial removal guarantees at least one move for children. In fact, data from 2017 QSPRs indicates that challenges with placement stability resulted from continued foster home shortages, unplanned placement changes, use of temporary shelters, and placement providers request for move, which is consistent with this data. This placement pattern typically occurs because the pool of available placements is not sufficient to allow for an immediate match to a child's needs. Data described in other summaries indicates that while there has been improvement in this area, the child to bed ratio is still not sufficient to meet the need.

Therefore, the root cause of placement moves early in care is insufficient numbers of foster homes to support the need for placement, with recruitment presenting the greatest opportunity to impact this (together with increased relative placements discussed below).

Placement Moves Later in Care

Children in care 24 months or longer are more likely to experience placement instability (78% had experienced more than two placements in SFY 17). According to the agency's Annual Report Card from SFY 17, the 6-11-year-old age group were those most likely to experience 3 or more placement moves, however data from SFY 18 shows that 12-15-year-olds now have the highest rate of moves per 1,000 days in care, while the number of moves has improved across all other age groups. No significant differences in the frequency of moves was seen by race. Area 4 had the greatest frequency of moves in each of the past four years, although no Area was below the national performance of 4.12 moves per 1,000 days in care. This would indicate that, although Area 4 might be a priority in terms of addressing this issue, the performance in that area is not driving the overall statewide performance.

According to focus groups, one barrier to this same population of children achieving timely permanency (and therefore not experiencing additional moves) were behavioral and mental health challenges, and behavioral and mental health services have been noted as a service array gap impacting permanency. In fact, a case review of 134 children ages 12-16 years old with 4+ placement moves in SFY 2018 revealed that 9 were moved due to mental health only; 40% (53) were moved due to behavioral problems; 46% (61) for both behavior and mental health; nine were sex offenders; six also had DDS component; and four were for medical reasons only.

Additionally, 54.5% of the children moved between 9/1/17 and 2/28/18 for the reason of placement provider request were moved to a foster home, and 58.8% of the moves requested during that same time period were from foster homes. While not the same children going from one foster home to another in this analysis, this would indicate that the most movement is occurring between foster homes.

While in one sense this is not surprising given that a majority of placements overall are in foster homes, it may indicate that placement providers are not requesting removal because children cannot be managed in family-like settings, but rather for other reasons.

Taken together this data may indicate that this population of children is experiencing frequent moves because foster homes are not being matched effectively to their high level of need, and effective treatment to meet those needs is not consistently available. In fact, legal/judicial focus group participants noted that in some cases there is a need to better match families with children's identified needs. Recent agency efforts to reduce the use of congregate care, while positive, may be impacting this population in particular. While it must be acknowledged that some congregate care providers are not necessarily equipped to meet the needs of some children placed with them (as indicated by provider requested moves due to a child's behavior), data also indicates that when some children are moved from congregate care providers to foster homes, some of those children are being placed in homes that are not able to meet their higher level of need. This ineffective match can be tied to an inadequate pool of foster homes from which to choose.

The above discussion leads to the conclusions that children ages 6-17 years-old with behavioral and mental health needs are experiencing placement instability because:

- They are remaining in care longer due to barriers to permanency.
- Their behavioral and mental health needs are not being sufficiently met with adequate services.
- They not able to be matched with foster homes that can meet their needs due a shortage of foster homes.

As a result of these findings, the identified barriers are:

- There are insufficient numbers of foster homes to allow most children in care to remain in their home counties, with recruitment presenting the greatest opportunity to impact this. (together with increased relative placements discussed below).

The Division plans to mitigate the challenges described in the "Permanency – Placement Stability," Placement Moves Early in Care" and "Placement Moves Later in Care" with PIP **Strategy 13: Develop strategic recruitment and retention plans to increase the number of foster homes available to provide placement for the specific demographics and needs of children in foster care and, in turn, improve placement stability.** The Diligent Recruitment and Centralized Inquiry Manager will oversee this strategy.

**Strategies 3 (PS Cases), 4 (Substance Abuse Training), 5 (Improved Service Access), 6 (Enhance Use of CANS/FAST Functional Assessments), 8 (Father Engagement), 9 (Secondary Casework), 14 (Court Preparation and Testimony Training), and 15 and 16 (Staff Retention) are also designed to help Arkansas achieve Goal 3.*

RESTATEMENT OF GOAL 3 AND ITS STRATEGIES ALONG WITH KEY ACTIVITIES FOR EACH STRATEGY ADDED

GOAL 3: Increase permanency and stability for children in foster care (Permanency Outcome 1: Children have permanency and stability in their living situations and Permanency Outcome 2: Continuity of family relationships and connections is preserved for children).

Strategy 10: Develop a shared understanding of permanency/concurrent planning particularly when adoption is the concurrent goal from the casework, legal, and judicial perspectives. (*Assistant Director of Infrastructure and Specialized Programs*)

Key Activities:

- Key Activity 1: Court Improvement Program Coordinator and DCFS Infrastructure and Specialized Programs staff will establish quarterly meetings to provide updates and discuss issues, trends, potential training topics and related resources for incorporation into existing Court Improvement Team/Judicial Leadership Meetings.
Projected Completion Date: October 31, 2019 and then ongoing
- Key Activity 2: Court Improvement Program Coordinator and DCFS Infrastructure and Specialized Programs staff will develop list of potential training or facilitated conversation topics and related resources regarding various aspects of and strategies to timeliness to permanency (e.g., use of guardianships as a permanency option, increasing frequency and quality of visitation, planning for and responding to setbacks some parents may experience during the substance use disorder recovery process, etc.). This information will be shared with juvenile judges as potential training/agenda topic options for Court Improvement Team Meetings/Judicial Leadership Meetings.
Projected Completion Date: Develop initial list by January 31, 2020 and then ongoing
- Key Activity 3: DCFS Assistant Director of Infrastructure and Specialized Programs, or designee, to collaborate with Office of Chief Counsel and jointly with the Arkansas Court Improvement Program, Judges and AALs to develop a permanency/concurrent planning protocol which would include agreement about safety and risk, guidance for successfully engaging families in permanency/concurrent planning, education on how to actively work permanency/concurrent plans, the importance of frequent and quality visitation to achieve permanency, and when permanency/concurrent plans should be revised during the life of a case. Protocol may include:
 - Staffings- include everyone, scheduling to allow enough time for conversations, technology, scheduling flexibility
 - Judges and attorneys to discuss concurrent plan early in case in conjunction with DCFS
 - Use of specific goal language for permanent relative placements (permanent custody, guardianship, subsidized guardianship, or adoption)

Projected Completion Date: October 31, 2019

- Key Activity 4: Permanency/concurrent planning protocol established.
Projected Completion Date: December 31, 2019
- Key Activity 5: Assistant Director of Infrastructure and Specialized Programs, or designee, will develop a plan for staging the roll out of the protocol using feedback from each session to inform the next.
Projected Completion Date: January 31, 2020
- Key Activity 6: Permanency/concurrent planning protocol operational statewide.
Projected Completion Date: June 30, 2020
- Key Activity 7: Training Program Manager will work with MidSOUTH to incorporate the permanency/concurrent planning protocol into New Staff Training.
Projected Completion Date: June 30, 2020
- Key Activity 8: DCFS will evaluate the effectiveness of permanency/concurrent planning by utilizing data reports, QPR, and QSPR results to determine if cases are reaching permanency more quickly
Projected Completion Date: beginning July 31, 2020 and ongoing

Strategy 11: Reduce barriers to timely adoption from procedural delays. (*Adoption Program Manager*)

Key Activities:

- Key Activity 1: Supervisors will use case consultation with the assigned FSW to determine when it is appropriate to bring in an adoption specialist into a case, either for consultation or secondary assignment.
Projected Completion Date: February 28, 2019 then monthly
- Key Activity 2: DCFS will explore the establishment of a statewide MOU with CASA to establish a commitment/ process for gathering records for adoption packets. CASA Director will present the MOU to local county CASA to see if they have the capacity to assist and if so have them sign onto the MOU as well.
Projected Completion Date: July 1, 2019
- Key Activity 3: Adoption Supervisors will report to the Adoption Manager through their monthly reports regarding efforts to reducing the procedural delays resulting in more timely adoptions, and how the collaboration between local staff and CASA is working.

Projected Completion Date: August 5, 2019 then monthly

- Key Activity 4: Utilize results of individual case reviews, QPR, QSPR and Meta- Analysis reports to determine if interventions have impacted timely adoptions.
Projected Completion Date: February 28, 2020

Strategy 12: Continue to increase use of relatives/fictive kin placements, including same day placements, to improve placement stability for children in foster care. *(Deputy Director and Assistant Director of Infrastructure and Specialized Programs)*

Key Activities:

- Key Activity A1: DCFS will convene a workgroup comprised of Central Office ICPC staff, ICPC field liaisons, FSWs, Supervisors, and Office of Chief Counsel, to review current ICPC processes and procedures and the use of the new NEICE system to determine what, if any, can be streamlined to achieve more timely responses regarding out of state relative placement requests.
Projected Completion Date: March 31, 2019
- Key Activity B1: Develop a joint protocol with the courts to develop a shared model for relative placements including the use of subsidized guardianship. The protocol will address:
 - Transparency about assessment and decision process
 - Process for review of questionable placement decisions
 - Use of specific goal language in court orders for permanent placement with relatives (guardianship, subsidized guardianship, or adoption)Projected Completion Date: September 30, 2019
- Key Activity B2: Assistant Director of Infrastructure and Specialized Programs, or designee, will develop a plan for staging the roll out of the protocol using feedback from each session to inform the next. Projected Completion Date: January 30, 2020
- Key Activity C1: DCFS will continue to monitor and message the importance of relative placements through monthly charts sent to the Deputy Director by NCCD contractor. Monthly charts will be shared with the Area Directors who will then share with supervisors and front-line staff. Monthly charts will also be shared with stakeholders monthly for troubleshooting/ monitoring/ accountability.
Projected Completion Date: ongoing

Strategy 13: Develop strategic recruitment and retention plans to increase the number of foster homes available to provide placement for the specific demographics and needs of children in foster care and, in turn, improve placement stability . (*Diligent Recruitment and Centralized Inquiry Manager*)

Key Activities:

- Key Activity A1: The Diligent Recruitment and Centralized Inquiry Manager, Foster Care Manager, and Resource Supervisors will work with the Resource Workers (RW) in each area to identify the demographics (including age, race, special needs, mental health and behavioral issues) of the children in foster care by county and area.
Projected Completion Date: March 31, 2019
- Key Activity A2: Specialized recruitment and retention plans will be developed for each county/area based on the identified demographics to include messaging campaigns specific to county/area to be used by Resource Workers and recruitment teams, and reassessment of the plans every six months to determine if needs have changed.
Projected Completion Date: June 30, 2019
- Key Activity A3: Deputy Director will request a report be developed to assist Area Directors monitor placement stability monthly.
Projected Completion Date: July 31, 2019
- Key Activity B1: Continue to improve access and availability of continuing education for foster parents by contract providers across the state to address relevant issues for fostering including but not limited to Trauma Informed education, addressing behavioral and mental health issues, drug exposed infants, substance abuse, runaway/trafficked youth, concurrent planning, etc. Minimum of 6 trainings and maximum of 10 trainings will be provided per contract year with follow-up calls to foster parents to assist with transfer of learning.
Projected Completion Date: started October 2018 then *Ongoing*
- Key Activity C1: Area Directors and Supervisors will ensure their workers know what supports are available and how to access the services to support foster parents when a child is at risk of losing placement, such as local mental health providers using para-professionals to go to the foster home to diffuse the immediate crisis and offer support and follow up services to preserve the placement
Projected Completion Date: *Ongoing*
- Key Activity D1: DCFS Director will hire a Foster Parent Ombudsman to respond to foster parent questions and concerns when they are unable to reach their worker or supervisor.
Projected Completion Date: February 28, 2019

- Key Activity E1: Resource Workers will ensure resource parents know how to access the resource parent portal and provide one-on-one training to resource parents who need assistance in accessing the portal, during the final walk-through as part of the process for opening the resource home. The portal contains information such as the child's Medicaid number, date of placement, day care voucher approval dates, court reports, case plans and CANS for the child(ren) placed in a resource parent's home.
Projected Completion Date: *Ongoing*
- Key Activity E2: Foster Care Manager will continue meeting with workgroup consisting of DCFS, Office of Systems and Technology (OST), resource parents, and legal stakeholders (e.g., Administrative Office of the Courts, Office of Chief Counsel, Court Appointed Special Advocates, attorneys ad litem, parent counsel, judges) established with the goal of (1) enhancing CHRIS to improve documentation of notice of future court hearings provided to caregivers and resource parents.
Projected Completion Date: started 2017 and *Ongoing*
- Key Activity E3: CHRIS and/or resource parent portal website enhanced based on the workgroup's findings and recommendations.
Projected Completion Date: started 2017 and *Ongoing*
- Key Activity E4: Foster Care Manager will poll the resource parents to assess the effectiveness of the portal website enhancements and make recommendations for changes based on the feedback provided.
Projected Completion Date: June 30, 2019 then annually
- Key Activity F1: Central Office and Area Directors will monitor resource home recruitment and placement stability monthly using the monthly charts produced by NCCD.
Projected Completion Date: *Ongoing*

**Strategies 3 (PS Cases), 4 (Substance Abuse Training), 5 (Improved Service Access), 6 (Enhance Use of CANS/FAST Functional Assessments), 8 (Father Engagement), 9 (Secondary Casework), 14 (Court Preparation and Testimony Training), and 15 and 16 (Staff Retention) are also designed to help Arkansas achieve Goal 3.*

DATA ANALYSIS RELATED TO GOAL 4

The CFSR states that positive outcomes for children and families involved in the child welfare system are directly affected by the workers and supervisors in the field. Arkansas has historically struggled to maintain a strong workforce and has regularly faced high rates of turnover and vacancies. As a result, workers are not able to ensure the safety of children, comprehensively assess families' needs, or effectively engage them in case planning to achieve timely and appropriate permanency. Exit interview responses, for the

date range of January 1, 2017 through December 31, 2017, from eighty employees show the median years in the position as 1.46. The top six reasons for leaving were identified as:

- Job stress (36)
- Working conditions (travel, hours, on-call) (34)
- Workload/caseload (26)
- Pay and benefits and career opportunity (25)
- Relations with supervisor/manager (24).

Twenty-eight percent of the respondents (23 out of 80) stated they would not work for DHS again.

Additionally, exit interviews from January 1, 2018 through December 12, 2018, with 110 responses, the same top six reasons for leaving were identified:

- Job stress (51)
- Working conditions (travel, hours, on-call) (45)
- Workload/caseload (35)
- Relations with supervisor/manger (29)
- Career opportunity (26)
- Pay and benefits (24).

Twenty-two percent of the respondents (24 out of 110) stated they would not work for DHS again.

These issues led to the development of PIP **Goal 4: Improve staff retention** (Safety Outcomes 1 and 2; Permanency Outcomes 1 and 2; Well-Being Outcome 1; Staff and Provider Training Systemic Factor).

To date, work that has been accomplished to improve retention rates has included establishing the Statewide Assist Team (SWAT). SWAT members a supervisor, three Family Service Workers, and one Program Assistant. This team is deployed to areas or counties that are in crisis. The crisis could be a result of staff turnover, high profile cases, need to fill in for staff on extended leave, etc. The SWAT assists the local staff in providing services to families. Since the SWAT members is exposed to a variety of lessons learned and best practices from different parts of the state, these staff members also provide coaching and mentoring for other staff as they travel the state and help to encourage communities of best practice.

In April 2017 DCFS implemented a hyper-focus work plan that targets specific case types in specified months. This plan was designed to reduce the number of overdue investigations, in-home cases, and expedite permanency for children in care who are already close to achieving it—to reduce staff's workloads (some of these specific hyper-focus projects have already been referenced previously in this document). Overdue investigations were the focus for April and May 2017; assessing foster care cases for continued safety concerns and whether a child can start a trial home placement occurred from June-August 2017; focus on finalizing adoptions occurred from September through November 2017; and finally assessing open Protective Services Cases for continued service needs occurred

January through March 2018. DCFS Executive Staff has monitored achieving the goals of the work plan by utilizing CHRIS Net reports, statewide and area wide charts, and feedback from Area Directors during monthly meetings

Another strategy implemented to assist with recruitment and retention of staff was the implementation of a new pay plan to increase staff salaries, which went into effect on July 1, 2017.

As a result of some of these efforts – and as previously referenced in this document -- the annual turnover rate for FSWs has decreased from 48 percent to 41 percent from September 2017 to September 2018, but the Division believes there is still additional work to be done, hence, the establishment of Goal 4.

As the state continues to work on recruiting and retaining qualified staff, it also needs to focus on training them adequately. In the Statewide Assessment, stakeholders reported that in areas with high turnover or vacancy rates, caseworkers are assigned cases before completing initial training and the state has difficulty implementing the mentoring and coaching aspects of initial training. Stakeholders also stated that the distance from staff job site to training sites, the lag time between the start date for new hires and the dates when training is offered, and the lack of individualized program track trainings (with the exception of hotline staff and supervisor training) are barriers.

To address these challenges, New Staff Training (NST) has been completely revised to include on-line training (to help reduce staff travel and time out of the office), classroom training, field training. Central Office staff also attended area supervisor meetings to ensure that supervisors understand their role in training their new staff and shared developed tools to standardize expectations of the supervisor's role in training as well as to provide summaries of the NST modules so that supervisors know what information their new workers are receiving in training and when.

Training starts on the first day of employment with access to the on-line training components and training from the staff member's direct supervisor and/or peers. Field training is initiated within the first two weeks of an employee starting employment, and classroom training is negotiated between the Area Director(s) and MidSOUTH and is dependent on number of staff needing training as well as anticipated dates for new hires. Workers completing the Foundations and Concentrations portions of training, for the first year of implementation, were invited to participate in focus groups to provide feedback on the training and suggestions for areas needing to be strengthened or revised. The information obtained in the focus groups was shared with DCFS Executive Staff, MidSOUTH and the Partnership in order that appropriate changes could be made.

In addition to the new training model, the state has also instituted a graduated caseload. The graduated caseload is designed to provide on the job training opportunities for new hires to practice the skills learned in formal training and provide casework support to existing staff through secondary case assignments while also ensuring that new staff are not overloaded with cases while still in training. MidSOUTH staff are monitoring the completion of on-line and classroom training on a weekly basis and providing the information to

Central Office personnel. In addition, Area Program Coordinators in each area of the state as well as Central Office personnel are monitoring the caseload assignments of the new staff in training to ensure they are conforming to the graduated caseload standards.

Even though there have been significant efforts to strengthen NST and court testimony and preparation are included in NST, lack of worker preparation for court and general abilities to skillfully articulate the agency's concerns about safety and case recommendations are often anecdotally noted among a range of stakeholders. Testimony provided in court plays a crucial role in determining the next steps taken in a family's case and, ultimately, a child's permanency outcomes. Given this information, the Division will implement PIP **Strategy 14: Prepare staff better for court hearings to reduce stress, increase ability to successfully articulate assessment and decision-making and advocate for children's best interest.** The Federal Compliance and Waiver Administrator and Training Program Manager will work together to ensure the success of this strategy.

As stated above, positive outcomes for children and families involved in the child welfare system are directly affected by both workers and supervisors in the field. Workers, of course, directly interact with families on a more regular basis than supervisors, but supervisors are key to supporting and retaining the workers who support the families. As such, the Division wants supervisors to have the knowledge and skills they need to support, mentor, and promote quality practice among their staff.

To that end, much like the efforts around revising the New Staff Training curriculum, the agency will first establish a work group to evaluate the MidSOUTH Supervisory Training model and make recommendations for needed classroom and field training components that can better prepare new supervisors to support and coach their staff. This workgroup will then develop and finalize the new Supervisory Training model. Once the new Supervisory Training model is implemented, the State will again assure that numerous CQI activities occur in order obtain feedback from staff and adjust the new Supervisors Training model as needed. All of this will be encompassed in PIP **Strategy 15: Improve staff retention by strengthening supervision** for which the DCFS Training Program Manager will be responsible.

During the root cause analysis conducted by the Division with support from the Capacity Building Center for States' provider, secondary trauma of workers surfaced as another issue that impacts staff retention. As a result, the Division and its stakeholders also worked to develop PIP **Strategy 16: Improve staff retention through support to staff related to Secondary Trauma.** The Assistant Director of Infrastructure and Specialized Programs will oversee the implementation of this strategy.

**Strategies 1 (Teaming Approach to Timely Initiations), 2 (Structured Decision Making), 4 (Substance Abuse Training), 6 (Enhance Use of CANS/FAST Functional Assessments) are also designed to help Arkansas achieve Goal 4.*

RESTATEMENT OF GOAL 4 AND ITS STRATEGIES ALONG WITH KEY ACTIVITIES FOR EACH STRATEGY ADDED

GOAL 4: Improve staff retention (Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect, Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate; Permanency Outcome 1: Children have permanency and stability in their living situations, Permanency Outcome 2: Continuity of family relationships and connections is preserved for children; Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs; Staff and Provider Training Systemic Factor).

Strategy 14: Prepare staff better for court hearings to reduce stress, increase ability to successfully articulate assessment and decision-making and advocate for children's best interest. (*Federal Compliance and Waiver Administrator and Training Program Manager*)

Key Activities:

- Key Activity A1: Federal Compliance and Waiver Administrator will convene a workgroup consisting of DCFS, Administrative Office of the Courts, Office of Chief Counsel, and MidSOUTH to develop Court Preparation and Testimony Training
Projected Start Date: 02/28/2019
- Key Activity A2: Curriculum for Court Preparation and Testimony Training finalized
Projected Completion Date: 06/30/2019
- Key Activity A3: Delivery model for Court Preparation and Testimony Training finalized
Projected Completion Date: 07/31/2019
- Key Activity A4: Court Preparation and Testimony Training provided to Family Service Workers and Supervisors in Area 7 in collaboration with local juvenile judge, attorneys ad litem, parent counsel, and OCC; at the end of training staff will complete an evaluation; changes to the curriculum and/or delivery will be modified based on feedback on the evaluations prior to providing training to staff in subsequent areas.
Projected Completion Date: 09/30/2019
- Key Activity A5: Court Preparation and Testimony Training provided in all service areas, at the end of training staff will complete an evaluation; changes to the curriculum and/or delivery will be modified based on feedback on the evaluations prior to providing training to staff in subsequent areas.
Projected Completion Date: 03/31/2020

- Key Activity A6: DCFS Federal Compliance and Waiver Administrator, or designee, and CIP Coordinator will collaborate with the Capacity Building Center for Courts to explore development and implementation of behavior change evaluations related to court preparation training for FSWs, Supervisors, OCC, AALs, CASA, and Judges to assess the impact of the training and regarding ability of DCFS staff to articulate case recommendations, advocate for children's best interest, and to collaboratively work toward permanency with a sense of urgency. Contingency plan (in absence of behavior change evaluation supported by the Capacity Building Center for States) will be for DCFS Federal Compliance and Waiver Administrator, or designee, and CIP Coordinator to develop and send out survey to FSWs, Supervisors, OCC, AALs, CASA, and Judges to assess impact of training.
Projected Completion Date: 06/30/2020
- Key Activity A7: DCFS will establish a plan for call back training to ensure all staff hired, following the initial training for existing staff, receive the training within their second year of employment.
Projected Completion Date: plan established by 04/30/2020 then ongoing training to staff

Strategy 15: Improve staff retention by strengthening supervision. (*Training Program Manager*)

Key Activities:

- Key Activity A1: Supervision Workgroup, comprised of all levels of DCFS Central Office and field staff (e.g., Executive Staff, Area Directors, Supervisors, MidSOUTH, University Partnerships), will evaluate MidSOUTH Supervisory Training model for new supervisors and make recommendations for changes needed to classroom and field training components that can better prepare supervisors to support and coach their staff
Projected Completion Date: 04/30/2020
- Key Activity A2: DCFS to begin receiving monthly updates from MidSOUTH regarding the revised Supervisory Training model, scheduled to begin August 1, 2019, and will provide feedback to MidSOUTH so curriculum can be modified and revised.
Projected Start Date: 06/30/2020 and *Ongoing*
- Key Activity A3: Supervision Workgroup to develop and finalize revised MidSOUTH Supervisory Training model
Projected Completion Date: 04/30/2021
- Key Activity A4: MidSOUTH to implement revised MidSOUTH Supervisory Training model statewide
Projected Completion Date: 07/01/2021

- Key Activity A5: DCFS Federal Compliance and Waiver Administrator, or designee, to begin to hold focus groups with supervisors who have completed revised Supervisor Training model immediately following their completion of this training as well as approximately six months thereafter to gather information on strengths and weaknesses of revised Supervisor Training model and its effectiveness in preparing supervisors to support and coach their staff. The feedback obtained from the focus groups will be shared with DCFS Executive Staff and MidSOUTH in order to address any areas needing to be strengthened.
Projected Start Date: *Ongoing throughout first year of New Supervisor curriculum implementation*
- Key Activity A6: Assistant Director of Community Services to implement standing agenda item on monthly Area Director meeting agendas to allow Area Directors time at each meeting to discuss implementation of the revised Supervisory Training model and any needed adjustments as informed by their own observations as well as from feedback from their supervisors
Projected Completion Date: starting 08/30/2021 then *Ongoing throughout first year of New Supervisor Curriculum implementation*
- Key Activity B1: Assistant Director of Community Services determine whether training models such as LAMM (Leadership Academy for Middle Managers) and/or LAS (Leadership Academy for Supervisors) can be used for ongoing development of supervisors.
Projected Completion Date: January 31, 2020
- Key Activity C1: Federal Compliance and Waiver Administrator, or designee, will convene a workgroup of In Home and Foster Care Program Managers, representation from Area Directors, FSW Supervisors, FSWs, and field trainers to develop a standard case consultation tool that will be used by supervisors when conducting monthly case consultations with their staff to ensure quality practices to assess, engage, and plan with families. The tool will contain additional guidance on what needs to be documented in the case in CHRIS.
Projected Completion Date: March 31, 2019
- Key Activity C2: Supervisors will be trained on use of the supervisory staffing tool statewide.
Projected Completion Date: August 31, 2019
- Key Activity C3: Following training Supervisors will utilize the staffing tool with staff on all their cases monthly and document their discussions in CHRIS as a “Case Consultation”.
Projected Completion Date: September 30, 2019 then monthly
- Key Activity C4: Area Directors, or designees, will ensure quality case consultations are occurring by reading and approving the documentation in CHRIS and providing feedback to the supervisor when needed to strengthen supervision.
Projected Completion Date: October 31, 2019, then monthly

- Key Activity D1: Federal Compliance and Waiver Administrator, or designee, will survey field staff to identify what supports are needed from Central Office for them to feel more supported.
Projected Completion Date: April 30, 2019
- Key Activity D2: Central Office will develop a plan to provide support to field staff based on feedback from survey.
Projected Completion Date: July 31, 2019
- Key Activity D3: Assistant Director of Infrastructure and Specialized Programs, or designee, will convene a workgroup to review the current supervisory handbook, make revisions as necessary, complete and launch the supervisory handbook statewide.
Projected Completion Date: April 30, 2019

Strategy 16: Improve staff retention through support to staff related to Secondary Trauma. *(Assistant Director of Infrastructure and Specialized Programs)*

- Key Activity A1: All levels of DCFS leadership will promote the use of the Employee Assistance Program (EAP) for staff experiencing secondary trauma.
Projected Start Date: February 28, 2019 then ongoing
- Key Activity A2: Assistant Director of Infrastructure and Specialized Programs will ensure EAP information is shared by the Partnership, by providing brochures to staff, during the mandatory annual Trauma Informed Trainings.
Projected Start Date: March 31, 2019 then ongoing
- Key Activity B2: Assistant Director of Mental Health Services will research curriculum for Secondary Trauma Training for staff will be provided annually specifically to address indicators of burn out and self-care.
Projected Start Date: October 31, 2019 then annually
- Key Activity C1: Federal Compliance and Waiver Administrator will work with Assistant Director of Behavioral Health Services to develop a written protocol for reporting incidents to Central Office and supporting staff who experience traumatic events, such as child death, staff being threatened or stalked by clients, etc.
Completed: March 19, 2019

**Strategies 1 (Teaming Approach to Timely Initiations), 2 (Structured Decision Making), 4 (Substance Abuse Training), 6 (Enhance Use of CANS/FAST Functional Assessments) are also designed to help Arkansas achieve Goal 4.*

PART II: MEASUREMENT PLAN

Case Review Items Requiring Measurement

Case Review Item	Baseline	Improvement Goal
Item 1 – Timeliness of Initiating Investigations of Reports of Child Maltreatment	69.3% n=88	75.6%
<p>Data Source and Approach to Measurement: Baseline = Round 3 CFSR onsite review (April – September 2016). 61 of the 88 applicable cases were rated as Strengths (69.3%). The Quality Services Peer Reviews (QSPR), which are conducted using the federally approved methodology used for the State-led onsite review, will be used for PIP monitoring. The QSPR utilizes the Round 3 CFSR Onsite Review Instrument.</p>		

Case Review Item	Baseline	Improvement Goal
Item 2 – Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	54.8% n=42	64.6%
<p>Data Source and Approach to Measurement: Baseline = Round 3 CFSR onsite review (April – September 2016). 23 of the 42 applicable cases were rated as Strengths (54.8%). The Quality Services Peer Reviews (QSPR), which are conducted using the federally approved methodology used for the State-led onsite review, will be used for PIP monitoring. The QSPR utilizes the Round 3 CFSR Onsite Review Instrument.</p>		

Case Review Item	Baseline	Improvement Goal
Item 3 – Risk and Safety Assessment and Management	61.3% n=150	66.4%
Data Source and Approach to Measurement: Baseline = Round 3 CFSR onsite review (April – September 2016). 92 of the 150 applicable cases were rated as Strengths (61.3%). The Quality Services Peer Reviews (QSPR), which are conducted using the federally approved methodology used for the State-led onsite review, will be used for PIP monitoring. The QSPR utilizes the Round 3 CFSR Onsite Review Instrument.		

Case Review Item	Baseline	Improvement Goal
Item 4 – Stability of Foster Care Placement	70.0% n=90	76.2%
Data Source and Approach to Measurement: Baseline = Round 3 CFSR onsite review (April – September 2016). 63 of the 90 applicable cases were rated as Strengths (70.0%). The Quality Services Peer Reviews (QSPR), which are conducted using the federally approved methodology used for the State-led onsite review, will be used for PIP monitoring. The QSPR utilizes the Round 3 CFSR Onsite Review Instrument.		

Case Review Item	Baseline	Improvement Goal
Item 5 – Permanency Goal for Child	64.0% n=89	70.6%
Data Source and Approach to Measurement: Baseline = Round 3 CFSR onsite review (April – September 2016). 57 of the 89 applicable cases were rated as Strengths (64.0%). The Quality Services Peer Reviews (QSPR), which are conducted using the federally approved methodology used for the State-led onsite review, will be used for PIP monitoring. The QSPR utilizes the Round 3 CFSR Onsite Review Instrument.		

Case Review Item	Baseline	Improvement Goal
Item 6 – Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	57.8% n=90	64.4%
Data Source and Approach to Measurement: Baseline = Round 3 CFSR onsite review (April – September 2016). 52 of the 90 applicable cases were rated as Strengths (57.8%). The Quality Services Peer Reviews (QSPR), which are conducted using the federally approved methodology used for the State-led onsite review, will be used for PIP monitoring. The QSPR utilizes the Round 3 CFSR Onsite Review Instrument.		

Case Review Item	Baseline	Improvement Goal
Item 12 – Needs and Services of Child, Parents, and Foster Parents	42.7% n=150	47.8%
Data Source and Approach to Measurement: Baseline = Round 3 CFSR onsite review (April – September 2016). 64 of the 150 applicable cases were rated as Strengths (42.7%). The Quality Services Peer Reviews (QSPR), which are conducted using the federally approved methodology used for the State-led onsite review, will be used for PIP monitoring. The QSPR utilizes the Round 3 CFSR Onsite Review Instrument.		

Case Review Item	Baseline	Improvement Goal
Item 13 – Child and Family Involvement in Case Planning	51.1% n=141	56.5%
Data Source and Approach to Measurement: Baseline = Round 3 CFSR onsite review (April – September 2016). 72 of the 141 applicable cases were rated as Strengths (51.1%). The Quality Services Peer Reviews (QSPR), which are conducted using the federally approved methodology used for the State-led onsite review, will be used for PIP monitoring. The QSPR utilizes the Round 3 CFSR Onsite Review Instrument.		

Case Review Item	Baseline	Improvement Goal
Item 14 – Caseworker Visits With Child	64.0% n=150	69.0%
<p>Data Source and Approach to Measurement: Baseline = Round 3 CFSR onsite review (April – September 2016). 96 of the 150 applicable cases were rated as Strengths (64.0%). The Quality Services Peer Reviews (QSPR), which are conducted using the federally approved methodology used for the State-led onsite review, will be used for PIP monitoring. The QSPR utilizes the Round 3 CFSR Onsite Review Instrument.</p>		

Case Review Item	Baseline	Improvement Goal
Item 15 – Caseworker Visits With Parents	47.7% n=128	53.3%
<p>Data Source and Approach to Measurement: Baseline = Round 3 CFSR onsite review (April – September 2016). 61 of the 128 applicable cases were rated as Strengths (47.7%). The Quality Services Peer Reviews (QSPR), which are conducted using the federally approved methodology used for the State-led onsite review, will be used for PIP monitoring. The QSPR utilizes the Round 3 CFSR Onsite Review Instrument.</p>		

APPENDIX A

In addition to the strategies and activities outlined above that are designed to accomplish the goals the identified goals in the PIP, there is also additional, ongoing work in the state related to improving the overall performance of the Division. These include:

- *Continue with statewide implementation of SafeCare*

SafeCare is an evidenced-based program that provides intensive home visiting services to participating families. This program focuses on improving parent/child interaction, and the parent's ability to address health and safety issues for the children in the home. It is an 18-22-week program in which the home visitor spends approximately 1.5-2 hours each of those weeks in the home working with the family – far longer than the average DCFS caseworker visit.

Families with allegations of Garrett's Law, medical neglect, Failure to Thrive, and Munchausen by Proxy may be referred to SafeCare. The allegations eligible for this program were selected in part because the program is funded by CHIP, and, as such, there must be a focus on improving the health of children involved. In addition, Garrett's Law reports were selected as an allegation referral type for this program because several families who initially come to the Division's attention due to Garrett's Law allegations later have a child removed from the home and because several co-sleeping deaths have also occurred in families who had a Garrett's Law report. As a result, the Division wanted an intensive in-home service for families involved in Garrett's Law reports (as well as the other aforementioned allegations) to provide enough support and services in the home to ensure the child's safety and prevent removal. This program is currently operational in Pulaski County, northeast Arkansas (Area 8) and western Arkansas (Area 2) and will continue to be rolled out incrementally across the state after thorough assessments of previous implementations and needed changes based on those assessments (contingent upon the reauthorization of CHIP).

To implement SafeCare DCFS established a partnership with Arkansas Children's Hospital, who in turn consulted with the National SafeCare Training and Research Center, to finalize the SafeCare program infrastructure, subcontract with providers to deliver the SafeCare curriculum to families, evaluate, and ensure program fidelity to the national SafeCare model. SafeCare managers and providers were then hired and trained by the National SafeCare Training and Research Center. The National SafeCare Training and Research Center provided SafeCare orientation to DCFS supervisors and caseworkers and other key stakeholders (e.g. Arkansas Infant Mental Health Association members, Early child care education providers, Part C/early intervention services providers, etc.) in each area prior to implementation. Training for DCFS Supervisors and caseworkers was supplemented by a half day training regarding SafeCare referral criteria and procedures by DCFS Central Office prior to implementation. As of 7/24/17 SafeCare was operational in Area 6. SafeCare was expanded to include Area 8 in September

2018 and in Area 2 in October 2018. The remaining plan to expand SafeCare is anticipated in the following order, Area 1, Area 5, Area 9, Area 3, Area 4, Area 10, then Area 7. Statewide implementation is anticipated by December 2019.

- *Continue to use the Statewide Assist Team (SWAT)*

The Statewide Assist Team provides immediate relief of unmanageable workloads and/or spikes in overdue investigations. This unit also strives to provide coaching and mentoring in the field in the offices to which they are assigned.

- *Continue to enhance the Prevention and Reunification Unit*

The still relatively new Prevention and Reunification Unit is designed to address Goals 1 and 2. This unit encompasses the Child Protective Services (i.e., investigations), Team Decision Making, Differential Response, In-Home Services, CANS/FAST, and Reunification programs. Until 2017, Central Office did not have the capacity to provide programmatic support or oversight to the field related to this portion of the child welfare continuum. In fact, the CPS Manager position had been vacant for over a year until the current CPS Manager was hired in October 2017, and there has never been anyone dedicated solely to the management of In-Home Services.

With the establishment of the Prevention and Reunification Unit, there is now an Assistant Director to oversee the unit and focus exclusively on these areas as well as a manager and/or program specialist to ensure the daily operation of each of the programs within the unit. These programs will provide support, training, and technical assistance to field staff in these arenas. Please see the narrative under Goal 2 for more information regarding the specific duties of the newly added CPS Manager and In-Home Services Manager.

The unit provides support, training, coaching, and technical assistance to field staff on preventing maltreatment before it happens. The unit also focuses on family reunification once a child is in foster care. In addition, the unit conducts reviews to identify strengths and weaknesses, and case-specific information is used to follow up with field staff to improve the quality of our work. This unit places an intense focus on building families up so that their children never need to come into foster care.

- *Expand Team Decision Making (TDM)*

Through the IV-E Waiver, the state currently uses Team Decision Making (TDM) in 30 counties as a family engagement tool for Garrett's Law and cases where a safety factor has been identified and a protection plan implemented. TDM meetings provide an opportunity for families, workers, and other family supports such as relatives or community members to come together and brainstorm action plans to keep child(ren) safe. Since the family is allowed to invite people in their support system to participate in the meetings, the process of assessing strengths and needs is improved.

If a TDM is held due to implementation of a protection plan, the existing protection plan is reviewed and strengthened during the meeting. The team can see how the plan has been followed up to that point, what is working or not working, and how the

plan can be adjusted to ensure safety for the child(ren) involved. The family is given an opportunity to provide input into the plan and identify people in their circle of support to help monitor the plan.

As reported in the August 2017 IVE Waiver Semi-Annual report, over 90 percent of the most recent six-month cohort responses have a “Yes” response to all the questions, on the survey administered to families that asked a series of Yes or No questions which serve to measure satisfaction with and fidelity to the model. Families affirm that the meeting is being held with fidelity and that the family is being treated with respect and that family members’ voices are heard. Families were also given the space to respond why they were or were not satisfied with the meeting. Responses typically consisted of how respectful and helpful the workers were and that the safety of the child(ren) was most important. Several families reported they knew what they needed to do to keep their child(ren) in their care.

While a formal assessment tool is not utilized during the TDM Meetings, these meetings provide an important forum to gain the family’s buy-in and engage the family in recognizing safety concerns and planning around those identified safety concerns.

- *Continue to fund Nurturing Families of Arkansas (NFA)*

Nurturing Families of Arkansas is an evidence-based, intensive parenting program that has shown significant improvements in parenting practices for families who participate. Originally families with an open non-court involved Protective Services case with children between the ages of 5-11 could be referred for NFA. In January 2018 the program was expanded to include parents of children ages 5-18.

Thus far, the degree of quality family engagement throughout NFA has been significant. Families who completed the parenting program had the opportunity to rate on a four-point Likert scale their engagement with instructors and the impact of the NFA program on their families. Overwhelmingly, 97 percent of the families either agreed or strongly agreed with all of the statements in the survey, including having good communication with their instructor and the instructor being focused on their positive qualities as parents. Instructors were found to have treated families with respect and modeled good parenting behaviors. The positive exchange with the instructors resulted in all families agreeing the relationship with their child(ren) had improved with what they learned in the parenting classes. They were more confident in their parenting and they were able to keep their children in their care or have them returned to their care, for those whose children had been placed into foster care.

During the course of the 16-week NFA program, three Comprehensive Parenting Inventory (CPI) assessments are administered to the parent: one at baseline, one mid-way through the program, and a final assessment upon completion of the program. Using a ten-point scale these assessments are used to track the progress of parents in developing needed skills and their abilities to care for their children. If adequate progress is not demonstrated in these assessments, NFA staff work with parents one-on-one to ensure that parents master all NFA competencies.

With the exception of the “About Me” section, the scores for each successive CPI assessment are higher than the previous assessment’s scores, indicating parents are constantly improving their skills throughout the course of the program. “Physical punishment” had the largest average increase with an overall increase of 3.1 points (indicating increased understanding about the limits of corporal punishment and alternatives to physical punishment for discipline purposes). “Utilization of Nurturing Skills” received the highest score at the time of the final assessment.

- *Implement the Intensive In-home Services Program*

Intensive In-home Services is a new program designed to help prevent placing kids in foster care or to get them back home quickly and safely. These new services will be offered by DHS contractors and will focus on helping to stabilize families for long-term instead of crisis response. The goal of the program is to safely reduce the number of children in foster care by providing in home services that are designed to:

- Reduce child abuse and neglect;
- Improve family functioning;
- Enhance parenting skills;
- Decrease child behavior problems;
- Connect families to formal and informal concrete supports; and,
- Empower families to solve future problems independently

- *Continue to fund Program Administrators for each DCFS service area*

In July 2016 each of the 10 service areas was given a Program Administrator position to assist the Area Directors in monitoring various aspects of the casework practices in the field. Program Administrators are responsible for:

- Strengthening decision making by monitoring and overseeing all removals in the area
- Monitoring reports, providing coaching and mentoring, and ensuring the fidelity of prevention and reunification programs
- Monitoring current foster care cases to ensure the appropriate services are delivered in order for children to safely return home
- Overseeing the appropriate use of new contracted home visiting service for clients
- Monitoring service delivery effectiveness and compliance
- Developing plans based on prevention and reunification program needs
- Providing technical assistance and information to staff as needed for all expanded programs
- Working with the community to locate and create additional services

- *Continue to utilize Permanency Safety Consultations*

Permanency Safety Consultations are case consultations held between the worker and supervisor at three intervals following removal from the home, 3, 6, and 9 months post-removal, to review the progress of a foster care case. Other parties may attend, such as the Program Administrator or Area Director. The goal of the consultation is timely reunification. During the consultation the worker is asked to recap:

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

Permanency Safety Consultations were initiated in May 2017 with cases where the child had been out of the home for 10 months and the goal was still reunification. Beginning October 1, 2017, Permanency Safety Consultations were implemented statewide to be conducted at 3, 6, and 9 months of a child's placement in foster care as long as reunification remains the case plan goal. The DCFS Reunification Specialist will monitor the Permanency Safety Consultations as well as provide technical assistance to field staff regarding this effort as needed. This is one example of an activity that will help staff assess safety throughout the life of a case – not only during the investigation.

- *Continue Structured Decision Making (SDM) training and practice:*
Structured Decision Making in Arkansas requires that if DCFS staff identify any of the 14 Arkansas Health and Safety Factors at any point during the life of an investigation or case, then the staff member must either remove the child or implement a protection plan designed to mitigate the identified safety factor(s) and maintain the child safely in the home. While there is a formal Health and Safety Assessment conducted as part of an investigation, SDM also teaches that DCFS staff must assess the safety of the child any time the Division has contact with a child. In addition, an inherent part of SDM training is the development and close monitoring of protection plans.

Beginning in 2010, SDM was a stand-alone training for Division staff. While categorized as a mandatory training, 100% of new staff did not attend it. However, with the implementation of the revised New Staff Training (NST) in the summer of 2017, SDM has now been woven into the revised NST curriculum. That said, a stand-alone SDM training option will still be available for existing staff who need a refresher.

The Team Decision Making Manager, or designee, will also review the monthly CHRIS Net report for all protection plans submitted each month to assess content and execution of those plans and provide feedback to field staff to improve practice related to protection plan development and implementation.

Although Arkansas currently uses a form of the Structured Decision Making (SDM) model to inform safety planning, the model was modified for Arkansas and not the true SDM that uses intake assessment, safety assessment, risk assessment, and the

case planning, reunification assessment, and risk reassessment tools of Safety Organized Practice (SOP) to inform decisions throughout the life of the case. Staff continue to struggle to differentiate between safety and risk factors often erring on the side of removal where this may not be indicated by the assessment. Hence, the reason for implementing Strategy 2 described above. However, in order to maintain consistency and uniformity in language and practice, the current version of SDM will continue until the implementation of the NCCD-CRC's copyrighted Structured Decision Making (SDM) system for child protection alongside the Safety Organized Practice (SOP) casework approach.

- *Maintain the positions given to the Division over the last two years*

As previously mentioned, Family Service Worker and Supervisor positions have been added across the state, thereby helping to reduce caseloads to more closely resemble the national average and consequently improving the frequency and quality of staff's visits to see children and their families and, in turn, improve safety assessment, engagement, and service planning throughout the life of cases.

- *Remain active participants in the Medicaid/Behavioral Health Transformation*

Throughout the Medicaid/Behavioral Health Transformation, DCFS leadership will continually advocate for quality and appropriate services are available to DCFS clients and otherwise provide feedback related to the new managed health care system as it reaches full implementation in March 2019.

- *Continue to develop the Parent Advisory Council*

Another effort intended to strengthen and increase services to families was the creation of the Parent Advisory Council in June 2018. This council collaborates with the Prevention and Reunification Unit to build partnerships between parents and staff; promote parent leadership development; and help expand the meaningful roles of parents throughout the child welfare system.

- *Improving legal support for the child welfare system*

The Paul Vincent Report noted that DHS attorneys have high caseloads and turnover just like caseworkers, with DHS attorneys having at the time an average of 96 cases per attorney and a turnover rate of 47%. By July 31, 2017, caseloads for DHS attorneys had risen to 115 cases per attorney and the attorney turnover had risen above 60%. Such high caseloads and turnover negatively impact the attorneys' ability to represent DCFS in court and most likely affect some of the court-related permanency challenges. In 2017, DHS transferred two legal support positions from other DHS divisions to the County Legal Operations team, which handles DCFS cases, with the goal of reducing attorney caseloads to 110 cases per attorney within the next year. As a result, the average attorney turnover rates dropped from over 60% to 26%.

In 2019, the DHS Office of Chief Counsel will procure and implement a modern case management system to improve DHS' ability to track key performance metrics related to DHS' legal representation and more effectively and efficiently monitor and redistribute attorney caseloads to meet DHS' changing needs across the state.

- *Development of DHS Onboarding Orientation and New Hiring Procedures*
In October 2018 the Department of Human Services launched the DHS Onboarding Orientation for all new DHS employees. Orientation is crucial to have a fully engaged and functional workforce as well as ensure consistent information for employees. The new orientation occurs on the Tuesday of every new pay period to welcome the new team members and explain what DHS does.

In addition, as of February 2019, DHS will be changing how it hires new employees to update and streamline the process and align with many other state agencies. The goal is to fill positions more quickly and with the most qualified applicants while leveraging technological tools to make the process more efficient. Some key points include:

- Setting a default advertising period for vacant positions of five business days
- Updating how hiring officials can narrow applicant pools
- Reducing the number of required interviews that must be conducted
- Removing benchmarking requirements in exchange for an applicant scoring system that takes all qualifications and information into account to select the most qualified candidate

APPENDIX B: ACRONYMS

CANS- Child and Adolescent Needs and Strengths

CES- Community Engagement Specialist

CFSR- Child and Family Services Review

CIP- Court Improvement Project

CPS- Child Protective Services (Investigations)

DCFS- Division of Children and Family Services

DR- Differential Response

FAST- Family Advocacy Support Tool

FC- Foster Care

FSW- Family Service Worker

ICPC- Interstate Compact on the Placement of Children

NCCD- National Center on Crime and Delinquency

NCCD-CRC- National Center on Crime and Delinquency – Children’s Research Center

NST- New Staff Training

OCC- Office of Chief Counsel

PS- Protective Services (In-Home)

QSPR- Quality Services Peer Review

RW- Resource Worker

SDM- Structured Decision Making

SOP- Safety Organized Practice

SFY- State Fiscal Year