

FOUNDATION

for the

FUTURE



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ARKANSAS
DEPARTMENT OF
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Introduction

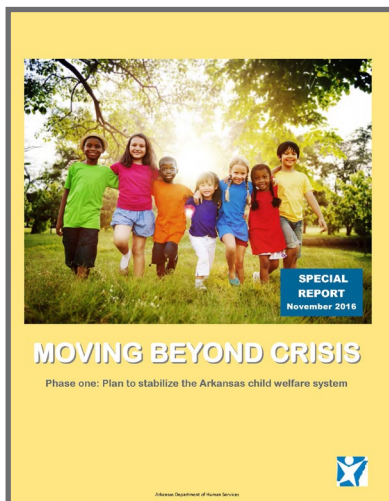
Two years ago, Arkansas embarked on an aggressive but strategic plan to tackle a growing crisis in its child welfare and foster care system. Issues included alarmingly high numbers of children in care, unmanageable caseloads, and need for much more support for families and workers. The goals were simple, but the work to achieve them would be incredibly complex. It would also require investment of time and money, plus the help of practically every division in the Department of Human Services (DHS) and many community partners.

In November 2016, the DHS Division of Children and Family Services (DCFS) released a report called *Moving Beyond Crisis*, along with the ten key steps to a stronger system identified by child welfare expert Paul Vincent, as its Phase One response to the crisis. In the report, we identified the key systemic issues it faced and the steps it would take to triage and begin to manage those issues.

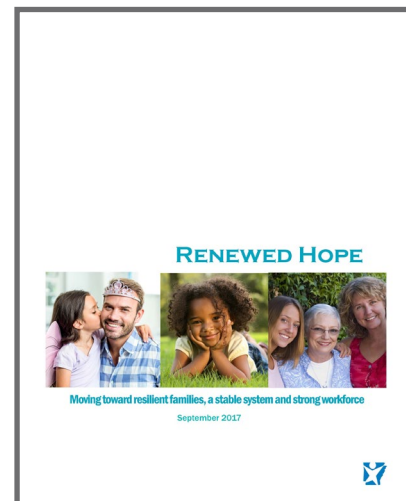
A year later, the number of children in foster care had stopped rising. Caseloads had declined and families felt more supported. But significant work remained. So in September 2017, the agency signaled the start of Phase Two of its efforts to improve the child welfare system with the release of the *Renewed Hope* report.

Renewed Hope focused on three key areas of improvement: (1) Strengthening families so children can remain safely at home and families are more resilient, (2) Improving the foster care system so that it is stable for those who need it, and (3) Building, supporting, and empowering a strong DCFS workforce. *Renewed Hope* was designed to begin laying the groundwork for long-term, positive, and sustainable improvements.

Moving Beyond Crisis 2016



Renewed Hope 2017





Progress

Though not all goals have been attained, the heavy-lifting done in Phase One and Phase Two has shored up the weakest areas of the system, creating a stronger foundation on which the next phase of work will be done. Since we began this effort:

- The average caseload for a frontline worker decreased from 28 cases in 2016 to 20, a remarkable decline that Paul Vincent estimated would take three years, not two.
- The number of overdue child maltreatment investigations is down from 721 in 2016 to 94 today.
- The number of children in foster care in Arkansas dropped from 5,196 in late 2016 to 4,471 today, a 14-percent decline and the lowest since the crisis response began.
- The percentage of children who are placed with relatives is up from 23 percent in 2016 to 27 percent today (with over 37 percent of provisional placements made on the same day the child is removed).
- The percentage of children placed in family-like settings is up from 78 percent in 2016 to 82 percent today.
- The ratio of foster home beds to children in care is up from 0.69 in 2016 to 0.82 today.

As of August 2018.

<div> <div> <div>Child Welfare System Improvements</div> <div>  </div> </div> <div>Data Over A Three-Year Period</div> <div>  </div> </div>			
Data Element	August '16	August '18	Goal
Average Caseload	28	20	20
Provisional Placements Same Day as Removal	26%	37%	35%
Ratio of Foster Home Beds to Children in Foster Care	0.69	0.82	1.00
In Congregate Care Ages 12 & Under	186	67	0
Foster Care Monthly Visits	70%	83%	85%
In Emergency Shelters Ages 10 & Under	102	45	0
Overdue Investigations	721	94	0
Placed with Relatives	23%	27%	33%

The *Foundation for the Future* is where we begin Phase Three with a continued focus on:

- [Strengthening Families](#)
- [Improving Foster Care for Those Who Need It](#)
- [Supporting the Workforce](#)

Why? Because we know that at the core of a strong child welfare system are resilient and supported

families and workers. We owe it to the children and families we serve to build upon the successes and learn from the struggles of the last two years so that the child welfare system in Arkansas has a strong foundation for the future. This report outlines what we've learned and what improvements we've made to the system over the last year and how far we've come since we launched efforts to move this system beyond crisis.

Strengthening Families

As described in *Renewed Hope*, the work to strengthen families requires multiple strategies and services. That meant expanding some programs that it rolled out in 2016 and increasing access and quality of existing services. It also meant focusing on giving parents the tools and knowledge that would both help prevent abuse/neglect, as well as provide them with the skills necessary to get their children back and keep them safe.

Building a Prevention and Reunification Unit to Lead Change

One of the lessons learned that was outlined in *Renewed Hope* was that DCFS leadership must help workers think critically about the work that needs to be done to support children and families. To do that, we established a central office Prevention and Reunification Unit last year, but it took longer than expected to launch. By 2018, we were able to fully staff the new unit through more positions and funding approved by Governor Asa Hutchinson and the State Legislature. These positions are in addition to dozens of other new positions all across the state that help support prevention and reunification efforts. There is now an Assistant Director to oversee the unit as well



as a manager and program specialist for each program area. 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 our work. This unit places an intense focus on building families up so that their children never need to come into foster care.

But to truly strengthen families, we must know what they need. So we created the Parent Advisory Council in June 2018 to help the Prevention and Reunification Unit:

- [Build partnerships between parents and staff;](#)
- [Promote parent leadership development and](#)
- [Help expand the meaningful roles of parents throughout the system.](#)

The council is an opportunity to ensure strong parent voices are included in the shaping of programs, services, and strategies. The National Alliance of Children's Trust and Prevention Funds helped us to develop the council, and in the following year, the council will continue to meet to develop projects that align with the goals listed above. The first project will likely be to develop an orientation packet for parents.

Expanding Programs and Approaches That Work

In recent years, we have started several programs that use a team-based approach to determine the safety and permanency of children who interact with the child welfare system that engage families in ways that were not common in the state's system. To ensure these programs would result in stronger families and be better for Arkansas children, we limited the scope or reach of these programs to certain areas or types of cases. Now we are ready to expand those programs with the overall goal of preventing future maltreatment and increasing the family's capacity to care for children safely at home (and thereby preventing the need for foster care intervention). Those programs include:

Team Decision-Making

Team Decision-Making (TDM) makes parents, relatives, and other important people in a child's life part of the team to make decisions about how to care for their children and develop a plan for safety and services. Studies have shown that children whose interventions were handled through team decision-making were more likely to return home within a year, had shorter stays in foster care, and were less likely to be moved while in care, especially to more restrictive settings. With technical assistance provided by Annie E. Casey Foundation and Wildfire Associates, we have

determined it is possible to expand this model statewide over the next year. The expansion plan for TDM will focus on growing in one service area, and then assessing further roll out plans based on an evaluation of the first area's success.

Nurturing Families of Arkansas

Nurturing Families of Arkansas (NFA) is an evidence-based, intensive parenting program. After completing the program, many parents reported a deeper understanding of themselves and how to be a better parent to their children. One worker reported, "The families function better, improve themselves, and are better in the community. NFA is just not telling them what to do, but helping them learn." But participation was limited to families with children between the ages of 5 and 11. So in October 2017 we expanded the program to include parents of children ages 5 through 18. Over the next year, we will work with NFA to determine whether the program can provide services after the DCFS case has closed and to provide services to families with a Differential Response case. NFA is also focused on increasing the number of sessions in order to reach more families at a time.

SafeCare Arkansas

We began working with Arkansas Children's Hospital in 2016 to launch the Medicaid-funded home-visiting program. It serves families with children under the age of 6 with protective services cases. The 22-week program connects a specially-trained home visitor with a parent to improve (1) parent-child interaction, (2) home safety, and (3) child health. The pilot began in Pulaski County in July 2017 and in northeast Arkansas in September 2018. It will launch in western Arkansas in October 2018. If the model is followed properly and consistently, we should see increased child safety, improved parental

knowledge of health treatment, improved parent-child communication and problem solving, and reduced physical abuse and neglect. If all goes as planned, we hope to roll out the program statewide by December 2019.

Creating New Programs That Ensure Parents Have Access to Services

Though the programs just highlighted are working, DCFS continues to see a need for more intensive and one-on-one programs that can provide parents with concrete steps and information that will lead to thriving parents and long-term family stability. So it will be launching two new programs in 2018 and early 2019.

Baby and Me WIC Clinic Project is a new pilot program that launched October 1, 2018. The Director of the Children's Trust Fund, which is part of the Prevention and Reunification Unit, worked with the Arkansas Department of Health to develop this program for pregnant women and new moms who are getting services through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). When the women visit a WIC clinic to receive or renew their benefits, a trained parent support mentor will provide one-on-one sessions that will include a brief health and safety lesson, a check of the baby's developmental milestones, and activities that promote parent-child bonding. Families in the pilot areas will be assigned to a monthly benefit renewal schedule and will be offered an incentive of free diapers to attend the one-on-one educational sessions.

Intensive In-home Services is a new program to help prevent placing kids in foster care or get them back home quickly and safely. These new services, which will be offered by DHS contractors, will focus

on helping stabilize families for the long-term instead on the immediate crisis of the moment. The goal is to safely reduce the number of children in care by providing in-home services aimed at:

- Reducing child abuse and neglect;
- Improving family functioning;
- Enhancing parenting skills;
- Decreasing child behavior problems;
- Connecting families to formal and informal concrete supports; and
- Empowering families to solve future problems independently.

Each family will have a single point of contact, a family intervention specialist. The family intervention specialist will take a systematic approach and involve school teachers, family members, friends, community members, and others to help the family develop a healthy social support network. Essential components of the treatment strategy can include:

- Providing therapeutic coaching;
- Delivering parenting skills education;
- Helping the parent advocate for their children at school;
- Offering special strategies concentrating on issues of sexual problem behaviors and substance abuse;
- Teaching age-appropriate personal habits and social skills; and
- Helping the family access community resources.

Prevention services will last an average of four to six months, and reunification services will last an average of six to nine months. Families will typically receive face-to-face services three times a week, but frequency of contact will be based on the needs of the family and will fluctuate.

CarePortal

Earlier this year, Matt and Becca Whitson of Fort Smith saw an opportunity to make a huge difference for struggling families in their community in Sebastian County. It's called CarePortal.



CarePortal is an innovative approach to child abuse and neglect prevention. It creates a platform to connect churches and child welfare agencies to address the needs of hurting children and families. At its core, CarePortal provides a way to get much needed resources to families in need, like beds and diapers, hopefully preventing the need for formal intervention by DCFS.

In every community there are people and churches who want to help and who want to take action, but they don't know how. What they need is a connection point, and CarePortal provides that.

It allows frontline caseworkers to share real needs from real families in real time, using sophisticated technology to match that family

with a network of churches in their community who have signed up to be a part of the CarePortal.

After starting in May 2018, Matt and Becca have connected the CarePortal with several local churches in the Fort Smith area, with new partnerships being formed each month. Over 60 children and their families have received immediate assistance with needed items and services. Georgiana Robinson, Sebastian County Supervisor, says the results so far are quite impactful, calling the CarePortal "a real game changer."



A single mother with four children and another on the way, for example, needed help with furnishing a new home to keep her children safe and stable. The need was not small — a sofa, two sets of bunk beds, a full-size bed, and kitchen ware — but it was quickly met by churches. Georgiana noted that the mother's view of DCFS changed as a result. Instead of feeling threatened by or scared of DCFS help, she understood that the agency and the CarePortal were there to help her and her family.

Improving Foster Care

Though the goal of many of the programs mentioned previously is to keep children safely at home, we know that there are some situations in which children will need the safety of foster care. Since 2016, we have seen a significant decline in the number of children and teens who were placed in foster care. In 2016, when we first began the work that was outlined in the *Moving Beyond Crisis* report, there were approximately 5,200 children in foster care. The projections showed that we were on track to have 5,800 kids in care by August 2017. As of August 2018, the number of children in care is now 4,471. For those children and teens – and those who will need the safety of foster care in the future – we have set several goals to improve the system so that children are placed in the best place to meet their needs. To that end, we have worked since 2016 to increase the number of children and teens placed with safe and appropriate relatives and to reduce placements in congregate and acute care facilities. There has been progress in both areas, but more work remains. At the same time, DCFS staff have worked to improve core components of foster care.

Placing Children in the Best Place to Meet Their Needs

National research and Arkansas data show that placing children with safe and appropriate relatives is good for kids. Children placed with relatives have fewer disruptions in their lives. In Arkansas, from January 2014 to June 2017, approximately 88 percent of children who were placed with relatives or fictive kin were able to stay in a single home during their time in care. Children placed with relatives or fictive kin also are more likely to reunify with their parents within one year



compared to children placed in other settings. The evidence and numbers support what makes sense – keeping family connections is important, both for permanency and well-being.

Statewide, the percentage of children in foster care placed with relatives went from 23 percent in August 2016 to 27 percent in August 2018. Overall, we have not yet reached the goal set in September 2017 of increasing relative placements from 29 percent to 33 percent. However, three of our geographic regions did meet the goal over the past year.

In the past year, we added to that work by improving internal decision-making used for placement decisions. Through the introduction of the Removal Consultation in February 2018, every removal across the state is reviewed within twenty-four hours. This oversight helps to improve decision-making and prioritize relative or fictive kin placement in every case. Surveys of field staff indicate that better decisions about the need for removals are being made as a result of this effort. Next steps include working with our new data

management contractor, the National Council on Crime and Delinquency (NCCD), and its Children's Research Center to increase staff's critical thinking skills in determining risk versus safety concerns.



We also worked to increase relative placements throughout the life of a case with the expansion of Permanency Safety Consultations (PSC), expanding these to all cases with a goal of reunification in October 2017. These consultations are a teamwork-style case review focused on safety and permanency that occur 3, 6, and 9 months after removal for cases with a goal of reunification. The first discussion topic during the consultation is about relative placement. If the child is not currently placed with relatives, this discussion includes a summary of efforts to locate relatives and fictive kin, and the reasons the child is not with any identified relatives. The Prevention and Reunification Unit will continue coaching the area staff and ensure that the PSCs continue to be done correctly and that they are meeting the goal of getting children to permanency safely and timely. Next steps will also include the NCCD's Children's Research Center's work to develop staff skills in critical thinking between risk and safety concerns noted above.

In addition to prioritizing relative placements, we continued to track the timeliness of making the placement and set a goal of making 35 percent of placements with relatives on the same day that the child was removed. In July 2018, we beat that goal for the first time in the past year with 37 percent of relative placements made on the same day as removal. Overall, 50 percent were made within three days. Still, the percentage of children placed with relatives and fictive kin has not risen as quickly as we would like over the past year, and more work needs to be done.

Next steps in the upcoming year include increasing support for relatives with help from a federal funding opportunity. Part of that support will involve locating relatives for children in foster care whose cases are not being reviewed by the team through the PSC, whether it's because of the length of time in foster care or a goal other than reunification.

We know that children do best in families, and every child deserves a safe and stable family every day. These values drive all placement decisions. We have worked over the past two years to reduce the use of congregate care and ensure children live with families, preferably with relatives or fictive kin, unless a child's level of care requires a more restrictive setting. Federal legislation enacted earlier this year called the Family First Prevention Services Act promotes the same placement decisions that we have worked to improve in the Arkansas child welfare system.



There are several provisions in the Family First Prevention Services Act that promote both prevention services to children and families as well as help facilitate family-like settings for children in foster care. These provisions go into effect on October 1, 2019. We are in the planning stages to implement these changes with the work that has already started in Arkansas.

In *Renewed Hope*, we set ambitious placement-focused goals to continue the progress reached a year ago. The first goal was to eliminate the use of congregate care for children ages 12 and younger, and the second goal was to

eliminate the use of emergency shelter placements for longer than 10 days for all children in foster care. The greatest progress was made in placements of children ages 12 and younger in congregate care settings with a reduction of 40 percent since last August. We believe this progress is a result of better decision-making on the front end for placements and increasing provider education about our children's needs. Today, there are 32 percent fewer children placed in an emergency shelter for longer than 10 days than there were a year ago.

Data Element	August '17	August '18	Goal	Reduction
Congregate Care	111	67	0	40%
Emergency Shelter	66	45	0	32%

Another goal that was set in last year's report was improving the percentage of children placed in family-like settings and placed in home or neighboring counties. Over the last year, there has been little movement in this area. As part of the effort to both improve that outcome and plan for the pending federal Family First changes, we are determining placement provider needs based on children's home counties. Additionally, private license placement agencies are recruiting foster

homes based on their assigned geographic areas, with a recruitment focus on areas with the highest need (i.e., counties with a high percentage of children in foster care and not enough foster homes in those counties to keep children in their home counties). These two factors, along with relative placements and other targeted foster home recruitment efforts, should help increase the percentage of children in family-like settings and children placed in a home or neighboring county.

Data Element	August '17	August '18	Goal
Family-Like Settings	82%	82%	85%
Home or Neighboring County	69%	68%	N/A
Home County	47%	43%	55%

Once a child is in foster care, he or she needs to be placed in a family-like setting. There are occasional times when the needs of the child require a higher level of care, and placement outside of a family-like setting is necessary. This acute placement should be short-term, and once the child's mental health or behaviors stabilize, then he or she should be returned to a more family-like setting. However, there are times when stays in behavioral or mental health treatment programs are longer than necessary, because there are no available homes equipped to safely care for the child, which results in children getting "stuck" in what should be short-term placements.

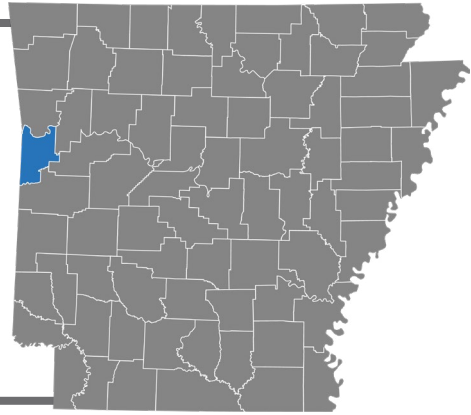
As described in *Renewed Hope*, we set a goal to eliminate long-term use of acute facilities for children in foster care whose placement is not deemed medically necessary by Medicaid. Over the past year, we have continued to closely monitor these children by reviewing their care and creating discharge plans that have involved reconnecting with family, placing in pre-adoptive homes, or moving to less restrictive settings. We continue to make progress, and foster children are being placed in more appropriate settings. Last year, 45 percent fewer children were in non-medically necessary acute placements compared to the year before. This year, the number of "stuck" kids has decreased to 16, which is an 82 percent decrease over the past two years. One of the main factors that contributed to this reduction is the opening of a community reintegration placement setting, which is a "middle ground" between inpatient psychiatric facilities and outpatient behavioral health services. Over the next year, we plan to work with our provider to expand the community reintegration program.

Improving Core Components of the System

We saw noticeable growth in the number of foster homes after Governor Hutchinson convened his first Restore Hope summit in August 2015, and we noted continued monthly growth in *Renewed Hope*. As a result, we set an ambitious goal of increasing to 2,000 foster homes by August 2018. But the number of foster homes remained around 1,800 until that number began dropping in March 2018. We now have roughly 1,600 foster homes across the state. Even though there has been a decline in the overall number of foster homes, that decline is not necessarily a sign that we cannot retain traditional foster families.

Since early 2015, the number of traditional foster families who remain open at both the 6- and 12-month mark after opening has improved. On the other hand, the retention of relative and fictive kin homes has decreased. This is not a cause for concern, however. The reason relative and fictive kin foster homes are opened is, of course, for their relative children in foster care. Because of the decrease in the number of children in foster care, this has affected the number of relative and fictive kin foster homes. Since fewer children are entering foster care, there has been a corresponding decrease in relative and fictive kin foster homes. In addition, when the children in relative homes leave foster care, those homes close and cause a decrease in the overall number of available foster homes. The result over the last year and a half is the number of foster homes closing each month is going up while the number of foster homes opening is going down. An additional factor over the past six months that impacted the number of available foster homes was an administrative cleanup to officially close homes in our system that had been closed previously.

Sebastian County



One of the lessons learned a year ago is the impact that Sebastian County had on the entire statewide system. When *Renewed Hope* was released, Sebastian County was responsible for 15 percent of the statewide foster child population, and approximately 60 percent of those children were placed outside of their home county. The resulting impact was twofold – making it more difficult for foster children to maintain family connections and placing a strain on the DCFS workforce across multiple areas. To alleviate the overwhelmed placement resources, DCFS set a goal of adding 200 beds in Sebastian County with the help of partners. Since April 2017, DCFS and its partners have seen a net gain of 60 beds for foster children. In addition, Casey Family Programs partnered with DCFS to hire new leadership for the county for 10 months to provide consultant services to infuse the importance of reunification and supporting biological and foster families into the local office culture.

Under that leadership, significant progress was made to reach the goals outlined in the action plan. One of the first steps was to provide training focused on why reunification and family support

matter to the children we serve and was a stepping stone in understanding for both staff and external stakeholders.

Additionally, significant progress has been made to improve outcomes for children and families. Over the past year, the number of foster children in Sebastian County has declined by 22 percent due to strategies implemented around permanency. The proportion of foster children reduced from 15 to 14 percent of the total statewide foster care population. During fiscal year 2018, DCFS, OCC attorneys, and stakeholders worked together to finalize adoptions for 178 foster children, which is 33 percent more than the year before. Between July 2017 and June 2018, there were 29 percent more discharges from foster care due to reunification in Sebastian County than in state fiscal year 2017.

In the following year, DCFS will continue to work with its consultant partners and Casey Family Programs to focus on developing leadership, increasing community collaboration, and improving child welfare practice on safety and permanency in Sebastian County.

However, perhaps more important than the number of foster homes is the group of children who are not in these family-like settings. When



Renewed Hope was released, only 45 percent of foster children ages 6 and over were placed in foster homes, compared to 85 percent of foster children under 6. As such, we shifted the focus to recruiting foster homes for children 6 and older, setting the goal of having 55 percent of those children placed in foster homes by August 2018. Today, our percentage has decreased to 44 percent. Over the next year, we plan to work with our foster home recruitment partners to continue to develop and implement recruitment strategies for foster homes that will provide placements for our children who need it most – ages 6 and older, sibling groups, teens, and children with more complex behavioral needs.

But foster homes are just one core component of this complex system. Regularly visiting families and children involved in the child welfare system is equally important for both in-home and foster care cases. Visits help us assess safety, build relationships, and better understand the strengths and needs of the family. Further, evidence shows permanency is more likely for foster children who receive visits every month compared to children who have one or more missed monthly visits.

Over the past year, we chose to make monthly visits a priority, and not just the number of visits, but the quality of those visits. In order to monitor these efforts, we set and tracked two goals: complete 85 percent of monthly visits to foster children and complete 85 percent of monthly visits to families with in-home protective services cases. In December 2017, each area submitted and implemented a detailed plan to improve the quantity and quality of visits, and there has been

significant progress. The percentage of monthly visits made to in-home families increased from 63 percent in August 2017 to 74 percent in July 2018, reaching a high of 75 percent in May 2018. For foster care monthly visits, DCFS staff met or exceeded the 85 percent goal of monthly visits to foster children for two of the past three months, and has been above 80 percent for each of the past five months.



Another core component of the system is a well-oiled finance operation. In *Renewed Hope*, we outlined four key strategies to strengthen financial oversight. We have made progress to improve processes for internal controls and daily work activities; reduce costs through an ongoing assessment of expenses; educate program staff on fiscal responsibilities and activities; and work with federal partners to increase federal funding. Regarding the fourth strategy, we worked with our federal partners to renegotiate and extend the Arkansas IV-E Waiver Demonstration Project until September 30, 2019. This will give us continued funding flexibility to provide preventative services to families as well as services focused on safely achieving permanency for children who are in foster care.

Another key part of the system is access to mental health and substance abuse services. As part of the state's transformation of the mental health and substance abuse treatment and prevention system, the Division of Medical Services (DMS), the Division

of Aging, Adult, and Behavioral Health Services (DAABHS), and DCFS collaborated over the past year to ensure children in foster care received independent assessments. We also worked to educate the Provider-led Arkansas Shared Savings Entities (PASSEs) - the group now responsible for providing mental health and substance abuse services - on the unique needs of the foster care population.

Access has been improved for services through the behavioral health transformation by opening opportunities for new provider types. For the first time, that means places like Child Advocacy Centers can provide counseling and other services for eligible beneficiaries and be reimbursed by Medicaid. Counselors can also co-locate in primary care physician clinics. Children in foster care who need the full array of behavioral health treatment services started receiving independent assessments in 2017, and those who received scores reflecting a need for a higher-level of services (approximately 1,450) have been assigned to a PASSE.

Starting in January 2019, PASSEs will manage providers and work to provide services to keep children out of institutional care settings. These additional services being taken on by the behavioral health system coincide with the efforts we have made over the past two years to prioritize family placements for children and to limit placements in behavioral and mental health treatment programs except when necessary.

Over the next year, we plan to monitor outcomes for foster children assigned to PASSEs and will explore whether to pilot voluntary PASSE assignment for Medicaid-eligible parents participating in protective services cases. The goal is to expand the needed services available for our in-home families, including substance abuse

treatment. Casey Family Programs and the Center for Health Care Strategies have partnered to provide technical assistance to three states, including Arkansas, through the Child Welfare Medicaid Leadership Institute. The goal of the technical assistance is to support collaboration that ensures the needs of child welfare-involved youth are integrated into Medicaid reform efforts. Once the technical assistance plan is finalized, DCFS, DAABHS, and DMS will work together with Casey Family Programs and the Center for Health Care Strategies to implement key changes.

Increasing Collaboration with Foster Parents and Community Partners



We know that foster parents are the pillar of the child welfare system, and strengthening current partnerships while forging new relationships is essential to shaping the system in a way that better serves children and families. As described in *Renewed Hope*, we set the following three goals to complete this year to strengthen our relationships with our foster parent partners: (1) form a Foster Parent Advisory Council, (2) continue the Foster Parent of the Year award ceremony, and (3) shorten the length of time it takes to get through the foster parent application process to five months. We met the first two goals in the past year and made progress on reducing the length of time it takes to complete the foster parent application process.

We are striving to create a culture where every foster parent is treated as an invaluable member of the team, both on the local level and as an organization. As a step toward that inclusive

culture, we kicked off the Foster Parent Advisory Council in January. The Council is an advisory body made up of a team of foster parents from around the state with the objective of providing input on foster care-related matters for children and their families. The Council's responsibilities include, but are not limited to:

- **Developing recommendations to improve foster care and foster parent training**
- **Promoting the need for foster parents and the important service they provide**
- **Maintaining regular communication with foster parent associations and support groups**
- **Sharing consistent information in their local communities**

In carrying out the responsibility to develop recommendations to improve foster care, the Council identified the need for better support for foster families who are caring for medically fragile children. As a result, a new protocol went into place on July 1, 2018, in which the placement of medically fragile children in traditional foster homes triggers increased support from the assigned Health Service Worker (HSW). The HSW will call and check in with the foster family during the placement, and assist the DCFS team with coordinating the needed services for that child and family.

As part of the inclusive and team-minded culture that we are striving to create, we made additional improvements to the Foster and Adopt Provider Portal, an online portal that provides up-to-date information to foster parents for the children placed in their homes and gives the administrative status of their foster home licensure requirements. In June 2018, we enhanced the Portal to provide more types of information to foster parents and extended access to private agency foster families, DDS homes, and TFC homes. Foster parents are now able to view where the children in their homes

are keyed for daycare and the most recently approved court reports, needs and strengths assessments, and case plans. For new foster and adoptive parent applicants after July 1, 2018, foster and adoptive homes now can track their applicant status and see the to-do, in progress, and completion of steps along the process. This level of transparency should be helpful in the efforts to streamline the application process.



In order to address the timeliness barrier to opening foster family homes, we set a goal of shortening the length of time it takes to get through the foster parent application process. We went through the Lean Six Sigma process in 2017 for the initial application steps that are completed on a centralized level. The Lean Six Sigma methodology requires a collaborative effort to streamline a process with well-defined steps. Then, consistent tracking measures progress from the baseline to the set goal. The baseline for overall application time was calculated and set at nine months, and the baseline for the centralized paperwork phase was calculated and set at 52 days. We set a goal of reaching 30 days or fewer for the initial centralized paperwork phase, and met that goal in November 2017. For seven of the past nine months, we have met the goal of 30 days or fewer.

We set an overall application goal of five months, but through early 2018, had only addressed the efficiency of the first 30 days. The next phase of shortening the overall application process is to track the application once it reaches field assignment, where a majority of the process occurs. To that end, in June 2018, the Lean Six Sigma process was expanded to one county in the field as a pilot phase. The steps to be completed in the field were defined with set time frames and consistent monitoring plans. The identified weakness for this pilot project is that replicating the fine-tuned process in all counties statewide will take a significant amount of time. Further, counties operate differently, and a well-defined process may not be one size fits all. As a result, we plan to identify all steps involving paperwork or application processing that can be centralized, then change the responsibility for those steps to a centralized employee instead of the field for two or three DCFS areas, and track whether centralizing all appropriate steps results in a quicker application time. We will continue to track the Lean Six Sigma process in the pilot county and will launch the centralization technique later this fall.

In addition to the specific goals set out in last year's report, we made another change in the last year to enhance the support available for foster families that began on October 1, 2018. One recurring identified need from the Foster Parent Advisory Council is making sure that foster parents, particularly the newly approved, are given the tools that they need to succeed after officially opening their homes. There is an identified need for consistent support and high quality training for foster families, adoptive families, and relatives that is in close proximity to their homes. To help address this issue, we solicited contract providers for new foster care training in each of our ten geographic service areas, and seven vendors were selected to cover the state. These providers

will offer local training to develop skills that foster families need to successfully care for children who have experienced trauma, and will provide between six and ten trainings per year.



We celebrated and honored foster parents from across the state in July 2018 at a banquet at the Arkansas Governor's Mansion. As part of that celebration, we chose Casey and Felicia Stone of Heber Springs as the 2018 Arkansas Foster Parents of the Year (you might recall that the Stone family was highlighted in the original *Moving Beyond Crisis* report). They were chosen primarily because they have embraced their role as a "reunification partner" and they work closely with the biological families of the children in their care. "Casey and Felicia are amazing foster parents and are so committed to helping children and their families that they actually closed their foster home for a while so they could help a mom get back on her feet and be the parent who children needed her to be," said Mischa Martin, DCFS Director. "In addition to their commitment to helping reunify foster children with their families, the Stones have made a name for themselves through their willingness to be ambassadors for foster parenting." One winner from each area, as well as the Stones as the overall winner, were chosen by DCFS staff based on several criteria, including years of service to fostering, efforts to

reunify children with biological families, partnership with the agency, support for other foster parents, and advocacy for the children in their care. The event was co-sponsored by division partners Casey Family Programs, The CALL, and Project Zero.

DCFS takes great pride in working with and supporting the partners who do so much for the children and families of Arkansas. We continued our participation in The Walk for the Waiting, a fundraiser for three of our most valued partners—The CALL, Project Zero, and Immerse Arkansas. We were the top fundraising organization this year, collecting over \$17,000 for the three partners and raising awareness for their respective missions. Earlier in the year, DCFS partnered with several organizations, including the Arkansas State Police's Crimes Against Children Division (CACD), Children's Advocacy

Centers, ARBEST (Arkansas Building Effective Services for Trauma), the Governor's Commission on Child Abuse, Rape and Domestic Violence, and CASA (Court Appointed Special Advocates) to host a Child Abuse Prevention Month rally at the State Capitol in April. This was one of many events held across the state to help people in Arkansas better understand the different ways that they can get involved in child abuse prevention, and each event in each community involved division staff partnering with local supporters and organizations to make a difference.



Supporting the Workforce

Continuing to build a strong workforce is a critical component in our efforts to build upon successes thus far in our system improvements. Making sure that our workers have the tools they need, giving them a manageable and equitable caseload, supporting and encouraging them, and ensuring the best legal support possible all combine to lead the way into Phase Three.

Ensuring Workers Have the Tools They Need

In an effort to better equip new staff, we launched a revised New Staff Training in August 2017. This training has on-line training (to help reduce staff travel and time out of the office), classroom

training, and on-the-job field components. To determine whether the new training model is meeting the needs of the new workers, focus groups with workers and supervisors were held throughout the last year, ending in October 2018, and staff were asked to provide feedback about positive aspects of training, needed improvements, effectiveness, and graduated caseloads. Supervisor training also will be revised. As described in *Renewed Hope*, we set a goal to better equip supervisors with the knowledge and skills needed to support, mentor, and promote quality practice among their staff. Much like the efforts around revising the New Staff Training curriculum, we will first establish a work group to evaluate the current model and make recommendations for needed classroom and field training components

that can better prepare supervisors. This workgroup will then develop and finalize the new Supervisory Training model.

The DHS Office of Human Resources also has implemented an agency-wide new employee orientation, which started in October 2018. This orientation will address organizational administrative functions (e.g., filling out expense reports, timesheets, etc.), which will reduce the orientation conducted by newly hired DCFS staff's direct supervisors and allow them to focus on items that are specific to our work with families.

In addition to training, we have been working to ensure workers have the technology resources to help move the system forward. Using enhanced federal funding, we are updating the technology system we have used for the last 25 years. We submitted a plan in July 2018, which has been approved. The work will be done in phases, with the first upgrades including mobile features that will allow caseworkers to upload photos and case information while in the field. This new system will be more nimble and responsive to both data entry and reporting needs and will be much more "user friendly." The start date for the first stage of this effort has yet to be determined.

Use of the RAVE texting system is another example of the changing landscape in technology and child welfare. We reached one year of statewide implementation in June 2018. When searching for a foster home placement, RAVE allows supervisors to send mass text messages to families with open foster homes. To date, over 1,100 foster families have opted in to the program. Nearly 200 members of our staff have been trained and are using the system. Since September 2017, staff have sent out roughly 1,450 messages, reaching an average of 155 foster families at once with each message.

Dashboards & SafeMeasures

In the next year, we will launch two roll outs of dashboards that will be used as work management tools to improve outcomes for children and families. Dashboards keep everyone on the same page and present information in a clear, useful way. By providing access to timely, actionable information, the use of a dashboard as a measurement tool offers a three-pronged approach to improvement. First, workers and supervisors can use the actionable information to identify and correct issues before they become problems that negatively impact outcomes. Next, staff will have dedicated tools that can be used to prioritize work and meet deadlines. Third, practice and outcomes will be monitored to provide accountability at all levels of the agency.

The first stage launched in September 2018 with the internal release of investigations and differential response dashboards. This stage will provide timeliness and overview data in these two practice areas that will be monitored at the county level. In the second stage, we will work with our new data management contractor, the National Council on Crime and Delinquency (NCCD), to release a business intelligence tool called SafeMeasures. SafeMeasures allows users to log in to view dashboards, Key Performance Indicators (KPIs), lists, and graphs that can be customized to best fit our needs. It will also have customized content depending on the specific user's needs (e.g., prioritizing the week's work for a Family Service Worker). SafeMeasures uses a nightly feed of agency case management data, uploaded to the SafeMeasures' systems via a secure, automated process.

Adequately Staffing Our Workforce

As important as the right tools are for getting the job done, having enough time and ability to do the job is more important. Adequately staffing and supporting our frontline workforce has been a priority over the past two years, and it will continue to be a priority going forward. We do this through assigning manageable caseloads, filling new positions, and finding better ways to keep and support existing employees.

In 2015, Paul Vincent reviewed Arkansas's child welfare system and came back with a series of recommendations. Chief among them was reducing the average caseloads of our Family Service Workers (FSWs) to a more manageable level of 20 within three years. We adopted that goal as part of our overall efforts to stabilize the child welfare system. On July 1, 2018, we reached that goal for the first time. As of August 1, the caseload has remained steady. The average caseload does not mean that every county is experiencing caseload relief, but it does show progress.

We achieved this lower caseload average in part because of what we called our “workload reduction plan,” which it implemented in April 2017 and ran through March 2018. The goals of the plan were to reduce staff workload by:

- Decreasing the number of overdue investigations;
- Decreasing the number of in-home cases by enhancing the practice of achieving safety and stability for in-home families in a timely and appropriate manner; and
- Expediting permanency for children in care who are already close to achieving it, thereby exiting those children from foster care.

The average caseload dropped from 27 when the work plan began in April 2017 to 22 when it was completed in March 2018. In addition to reducing workloads using the workload reduction plan, we also lowered existing staff workloads by increasing the number of field staff positions. Keeping these new workers is critically important and historically has been difficult, so we began a graduated caseload plan for caseworkers who joined the workforce after July 1, 2017. The graduated caseload is tied directly to workers' progress in new staff training – the number of cases they handle gradually increases as they complete training and gain more real-world experience. Over the next year, we will evaluate whether graduated caseloads have been an effective strategy for keeping staff and determine whether to continue, make changes, or implement a different strategy.



Enlarging our workforce over the past two years has been pivotal to increasing the stability of the Arkansas child welfare system. Supported by Governor Asa Hutchinson and passed by the Arkansas Legislature, we received 187 new positions over the past two years. FSW positions comprised the majority (52 percent) of the 187 positions. Last year, the new FSW positions supported the focus on preventive work with the bulk of the positions placed in Differential Response, in-home, and investigative field units.

But hiring new employees without a plan to better keep and support them would be meaningless. Arkansas has historically faced high rates of

turnover and vacancies. However, the vacancy rate (percentage of FSW positions that are unfilled) has been lower over the past year compared to the first half of 2017, which shows improvement. Over the past year, the annual turnover for FSWs decreased from 48 percent to 41 percent, which is encouraging as we try to build on the progress over the past two years. However, turnover in that range is still too high and means workers are not able to comprehensively assess families' needs or effectively engage them in case planning to ensure safety and achieve timely and appropriate permanency. In the upcoming year, the DHS Office of Human Resources will work with other divisions to streamline the hiring process across the agency, which will include a component on our unique recruiting needs.

Another response to worker turnover has been the creation of the mobile Statewide Assist Team (SWAT), which is composed of experienced staff who have been cross trained in all aspects of services provided by the agency. In general, this team provides direct support and coaching to counties in crisis in order to protect children, strengthen practice, and ensure continuity of operations. Since the SWAT members are exposed to a variety of lessons learned and best practices from different parts of the state, these staff members also provide coaching and mentoring.

Improving the Legal Support for Child Welfare System

In 2015, Paul Vincent noted that DHS attorneys have high caseloads and turnover just like our caseworkers, with DHS attorneys having at the time an average of 96 cases per attorney and a turnover rate of 47 percent. By July 31, 2017, caseloads for DHS attorneys had risen to 115 cases per attorney and the attorney turnover had risen above 60 percent. Such high caseloads and turnover negatively impact the attorneys' ability to represent DCFS in court and retain high-quality, experienced attorneys. Vincent noted that the American Bar Association recommends that agency attorneys have no more than 60 cases per attorney. Following the *Renewed Hope* report, DHS transferred two attorney positions and 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 caseload dropped from 115 to 99 and attorney turnover rates dropped from over 60 percent to 26 percent.

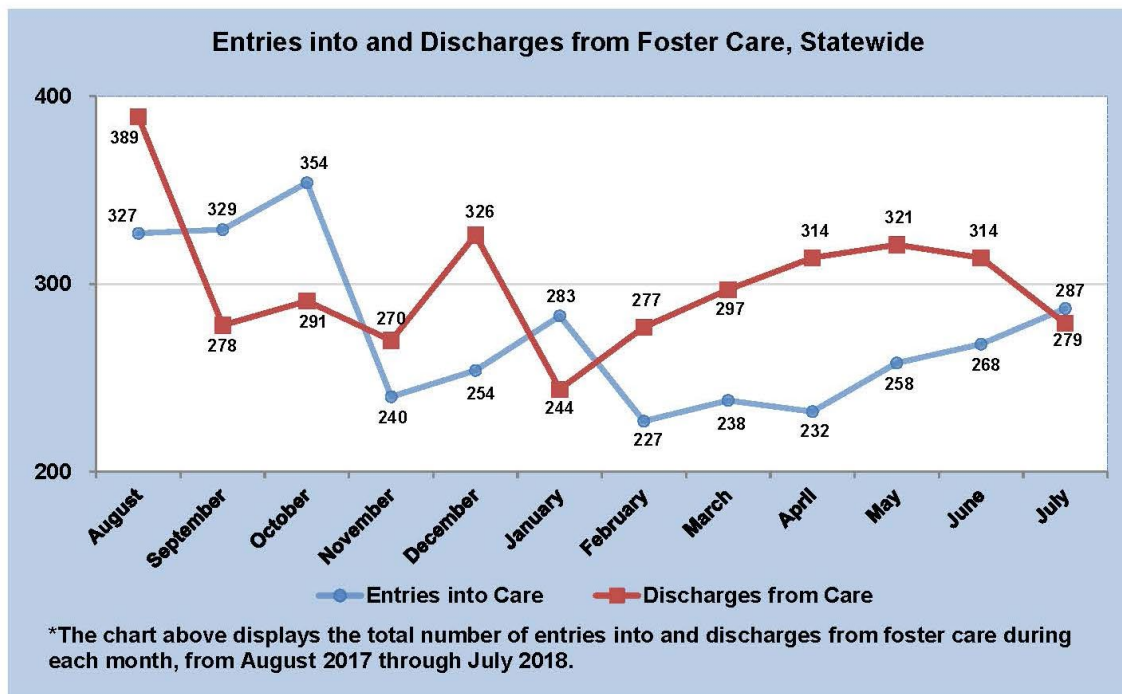
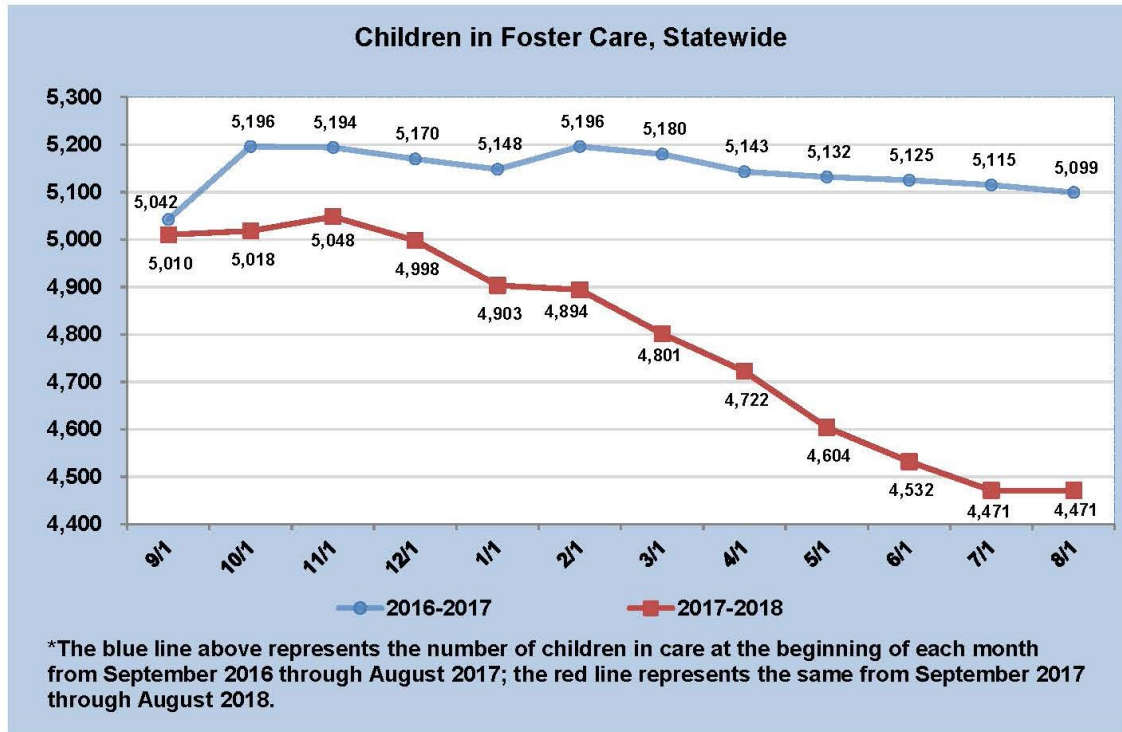
As part of this year's efforts, the Office of Chief Counsel will procure and implement a modern case management system to improve DHS' ability to track key performance metrics related to DHS' legal representation and more effectively and efficiently monitor and redistribute attorney caseloads to meet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

Conclusion

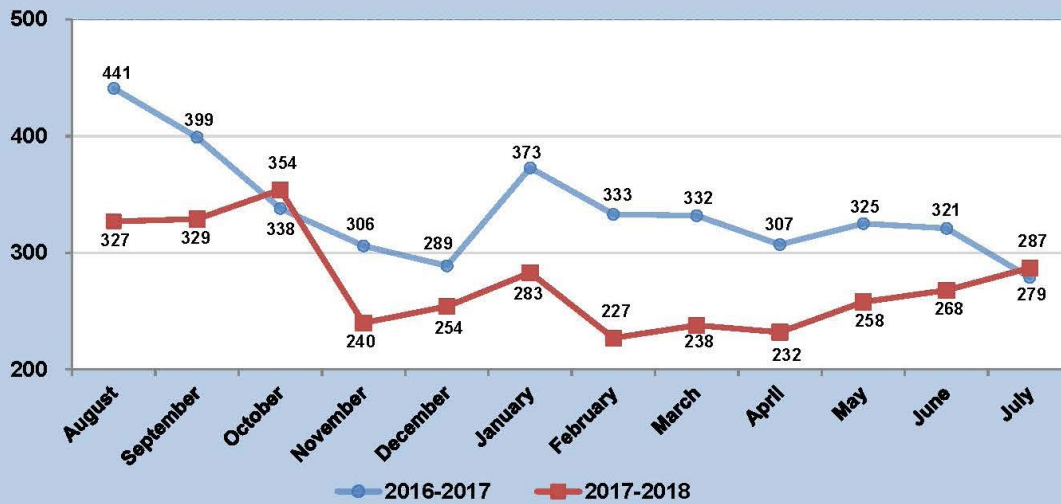
Phase One of the effort to improve Arkansas's child welfare system was largely successful at stabilizing the system and preventing a breakdown of the system. Phase Two built upon those efforts and focused on putting initiatives, programs, and practices in place to ensure that the system and the people within and around it were stronger, stable, supported, and empowered to make smarter, more effective decisions. That work built the foundation for Phase Three and the future of child welfare in Arkansas. This solid footing, grounded in a continued emphasis on safety, permanency, and well-being for the children and families served, will allow us to push forward with programs and partnerships that have shown success. It also allows us to try new initiatives that hold real promise for the future. With the continued support of the Governor, the Legislature, and community partners, as well as the amazing dedication and passion of our frontline and support staff, we are poised to make a real difference in the lives of the people we serve every day for years to come.



August Statewide Charts

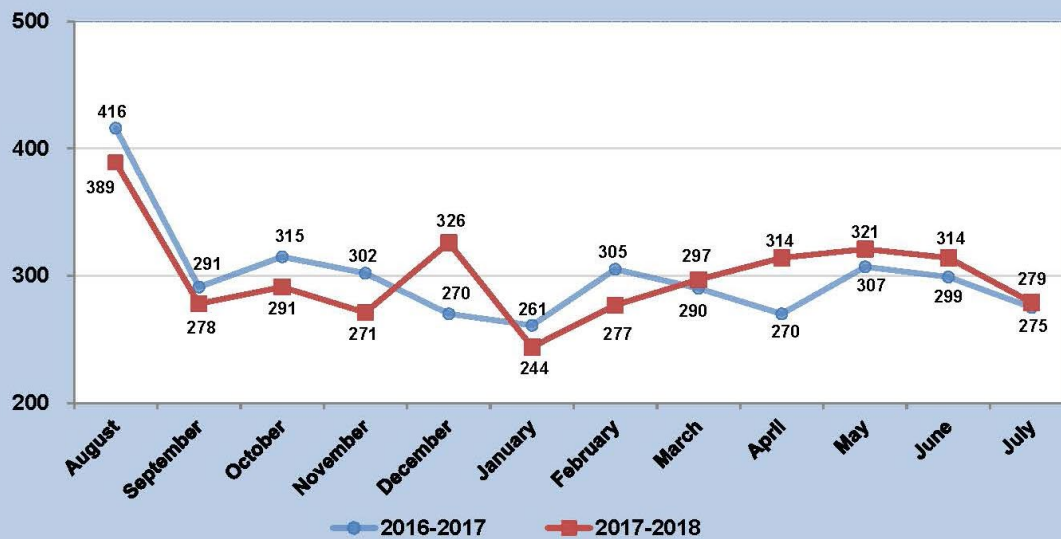


Entries into Foster Care, Statewide

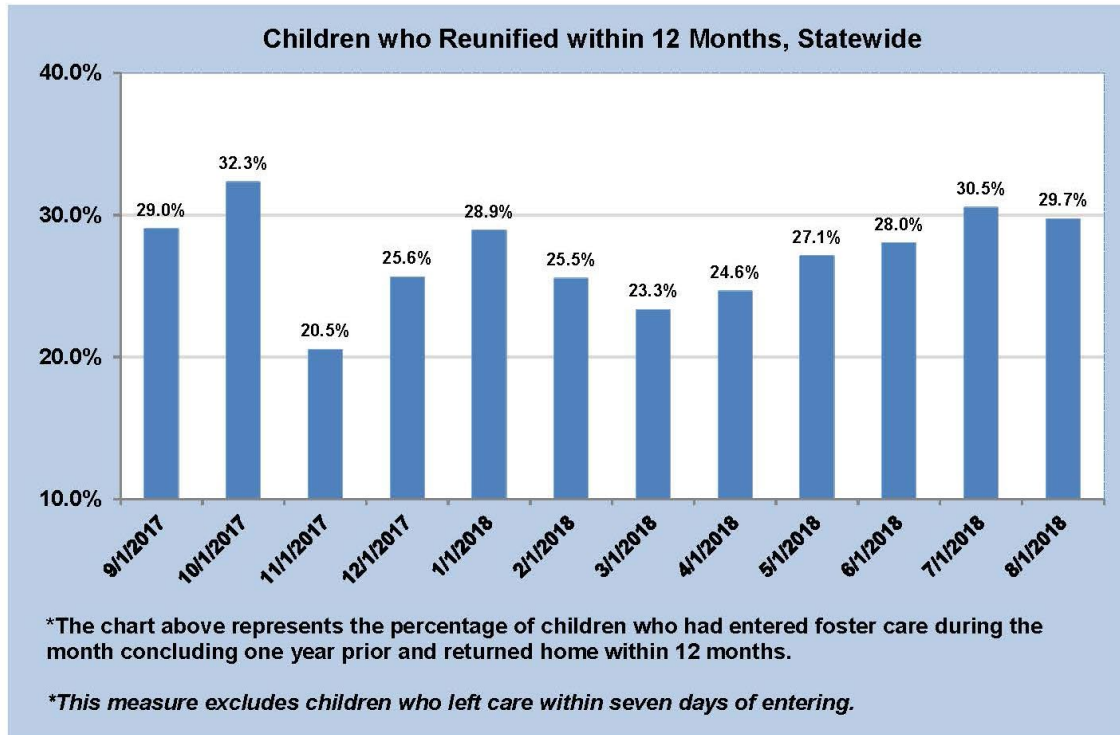
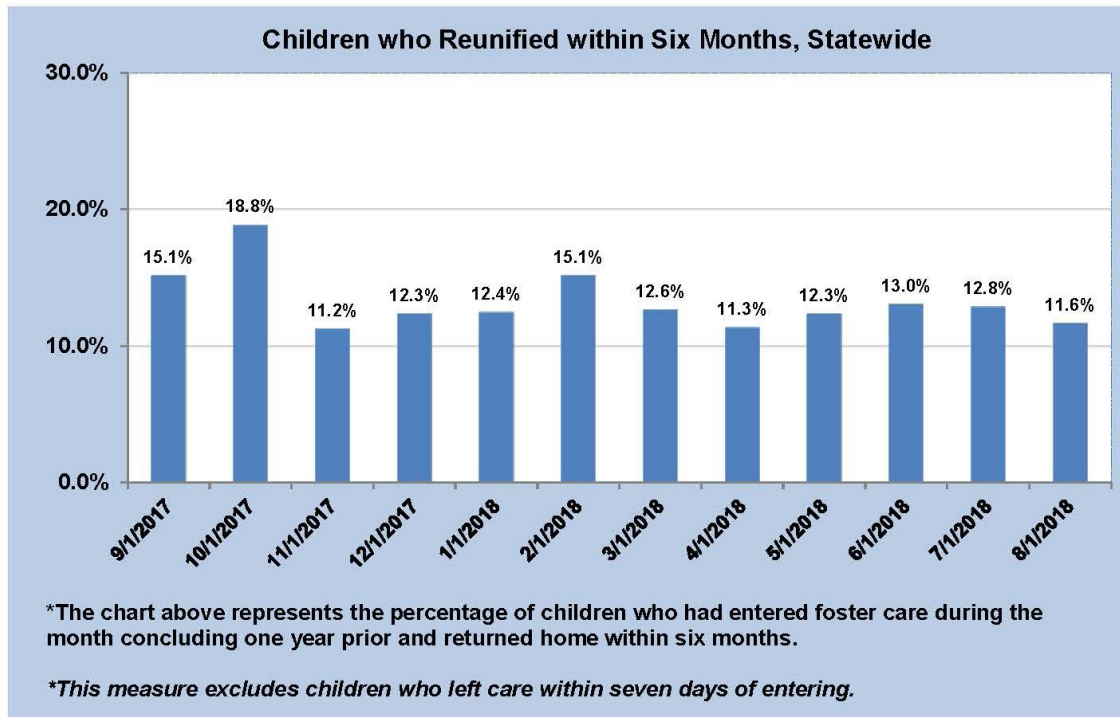


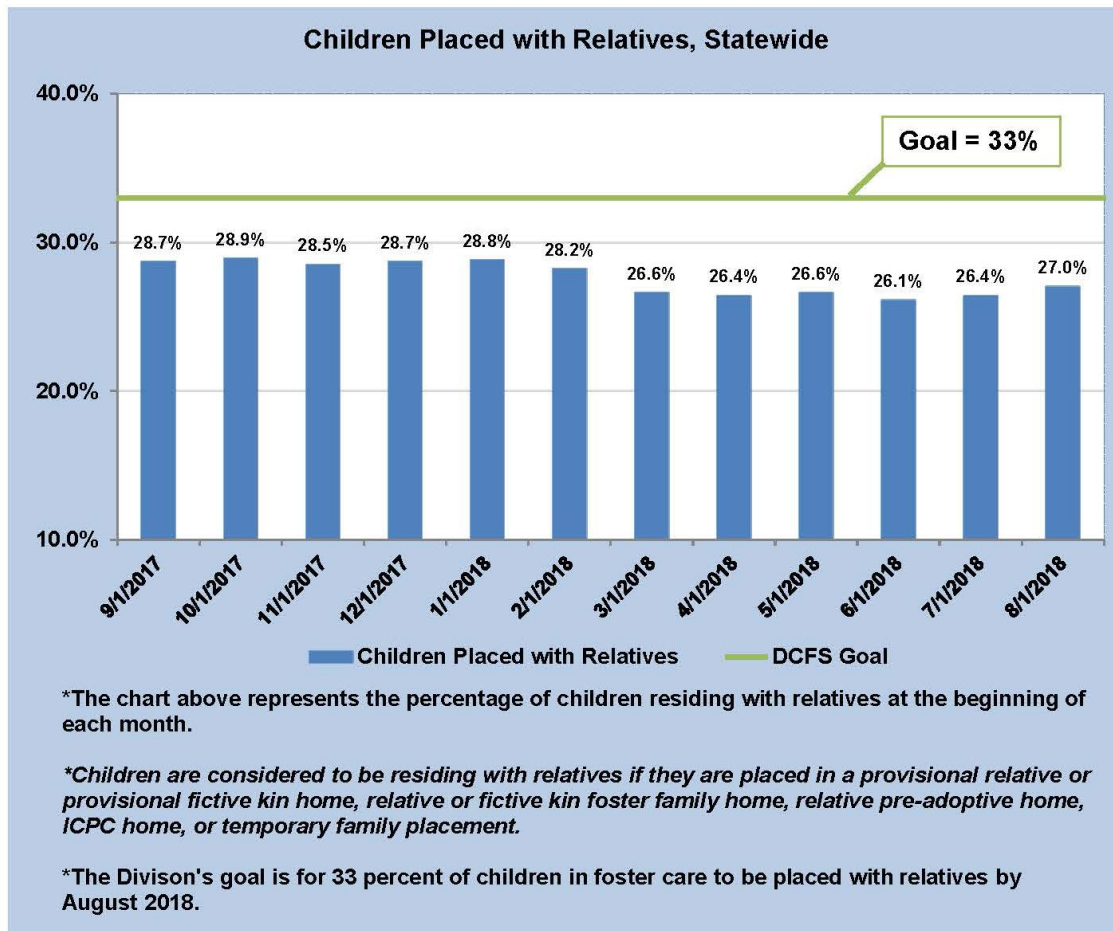
*The blue line above represents the number of entries into foster care that occurred each month from August 2016 through July 2017; the red line represents the same from August 2017 through July 2018.

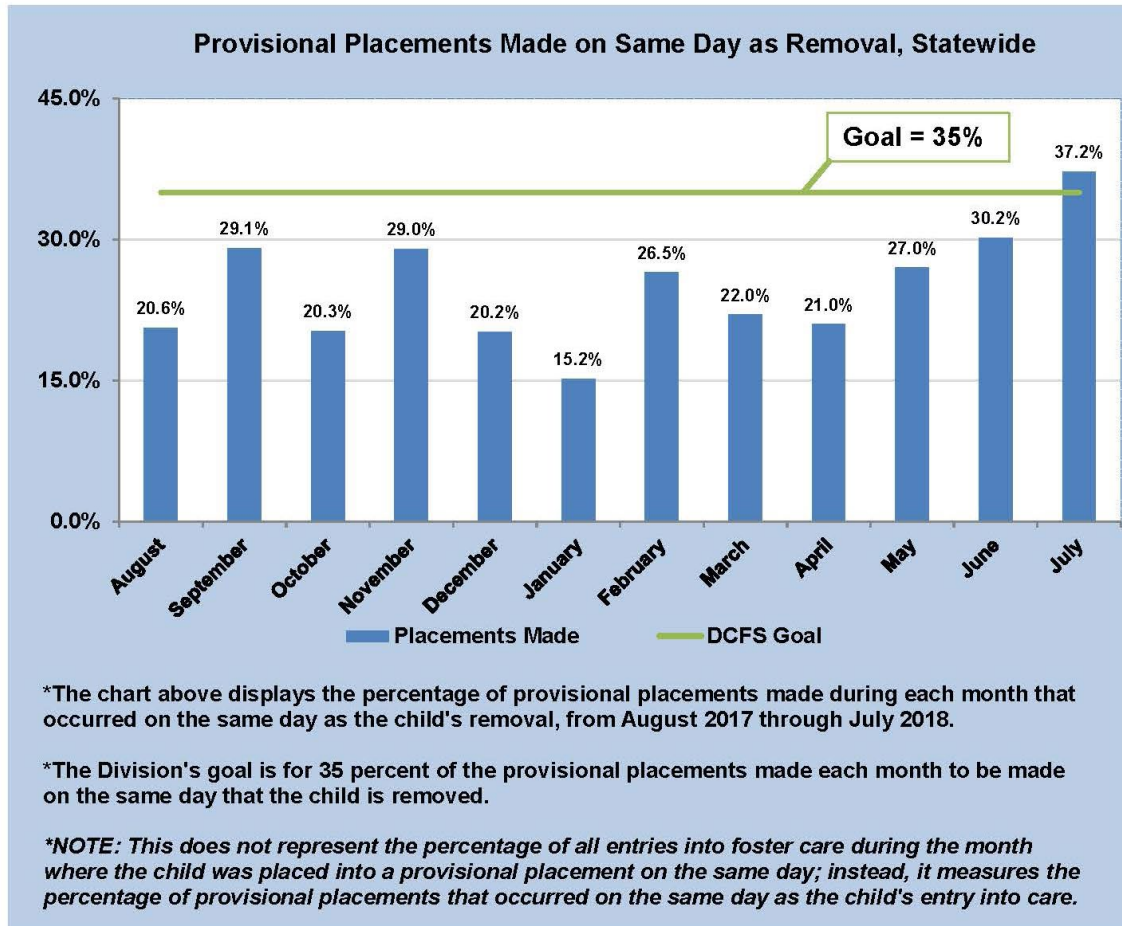
Discharges from Foster Care, Statewide



*The blue line above represents the number of discharges from foster care that occurred each month from August 2016 through July 2017; the red line represents the same from August 2017 through July 2018.

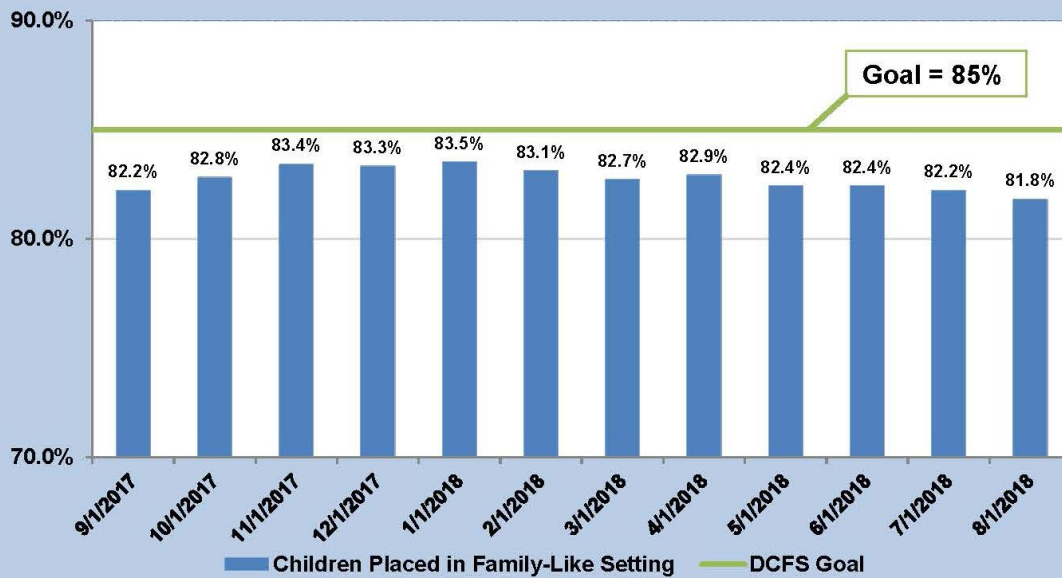






Number of Children who Entered a Provisional Setting During the Month, Statewide		
Days from Entry into Care until Provisional Placement	Number	Percentage
0 days	54	37%
1 to 3 days	18	12%
4 to 7 days	10	7%
7+ days	63	43%
Total	145	100%

Children Placed in Family-Like Setting, Statewide

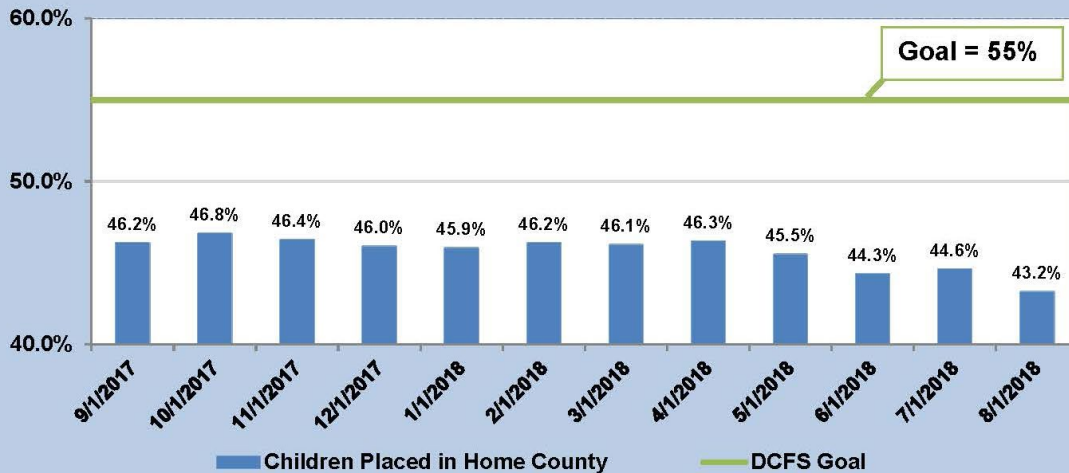


*The chart above represents the percentage of children in a family-like setting at the beginning of each month.

**Family-Like Settings include both family-like homes (e.g., foster family homes, relative placements, pre-adoptive homes, therapeutic foster homes) as well as family-like residential facilities (i.e., home-like residential settings with live-in house parents).*

*The Division's goal is for 85 percent of the children in foster care to reside in a family-like setting by August 2018.

Children Placed in Home County, Statewide

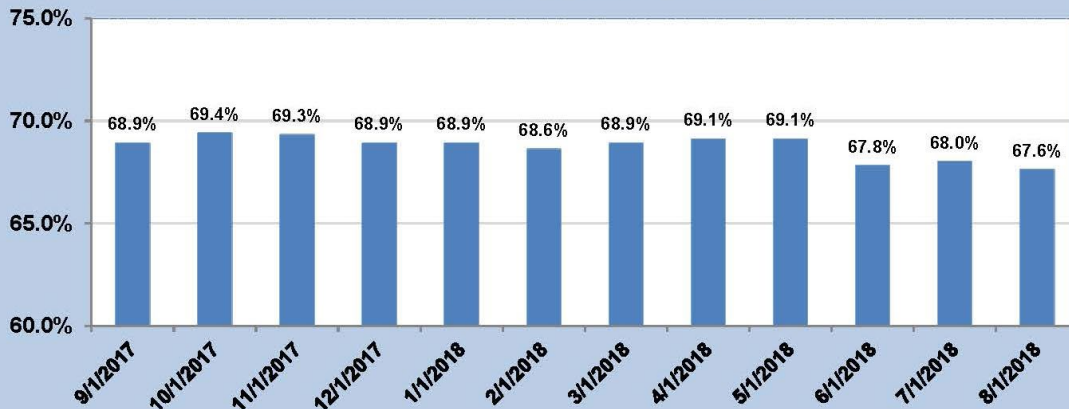


*The chart above represents the percentage of children placed in their home county (i.e., the county from which they were removed) at the beginning of each month.

**This measure excludes foster children ages 18 and older; those residing in DYS placements and detention facilities; and those residing in acute/sub-acute facilities, hospitals, sexual rehabilitation programs, and pre-adoptive homes.*

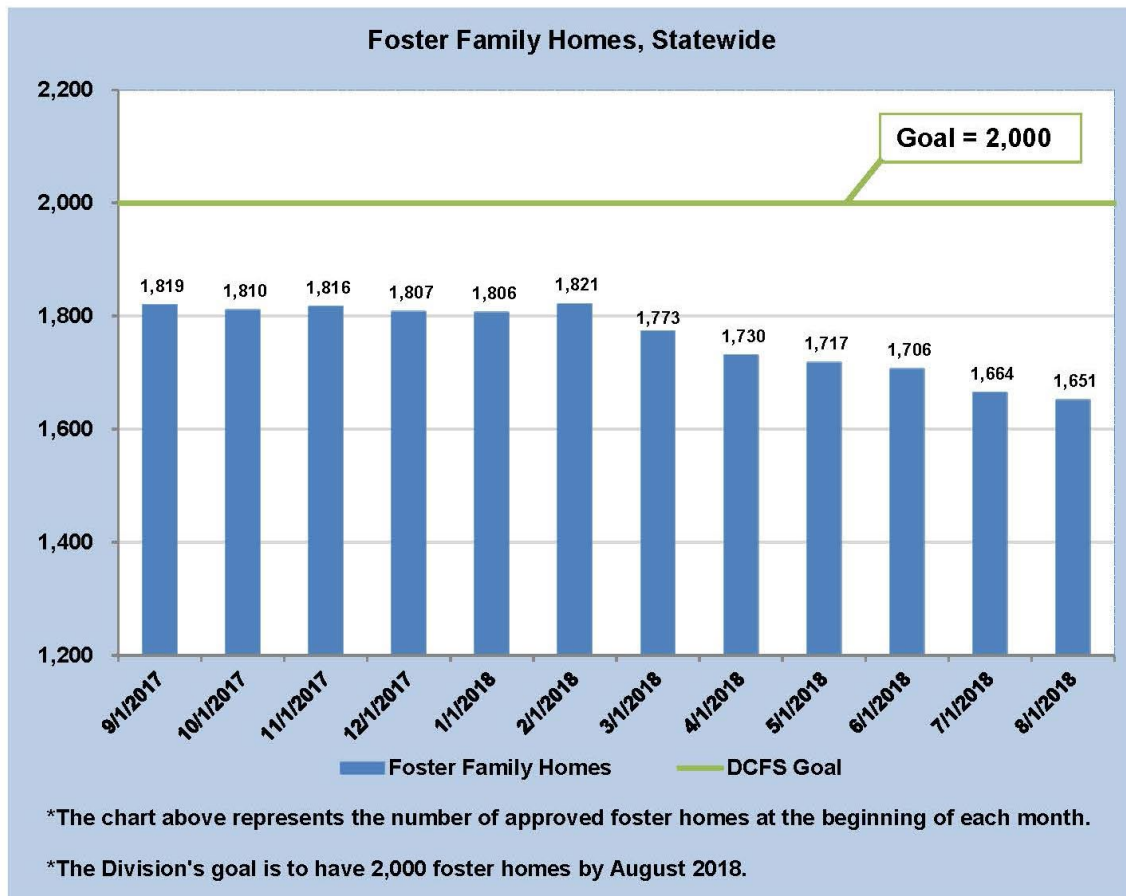
*The Division's goal is for 55 percent of children in foster care to reside in a placement setting within their home county by August 2018.

Children Placed in Home or Neighboring County, Statewide

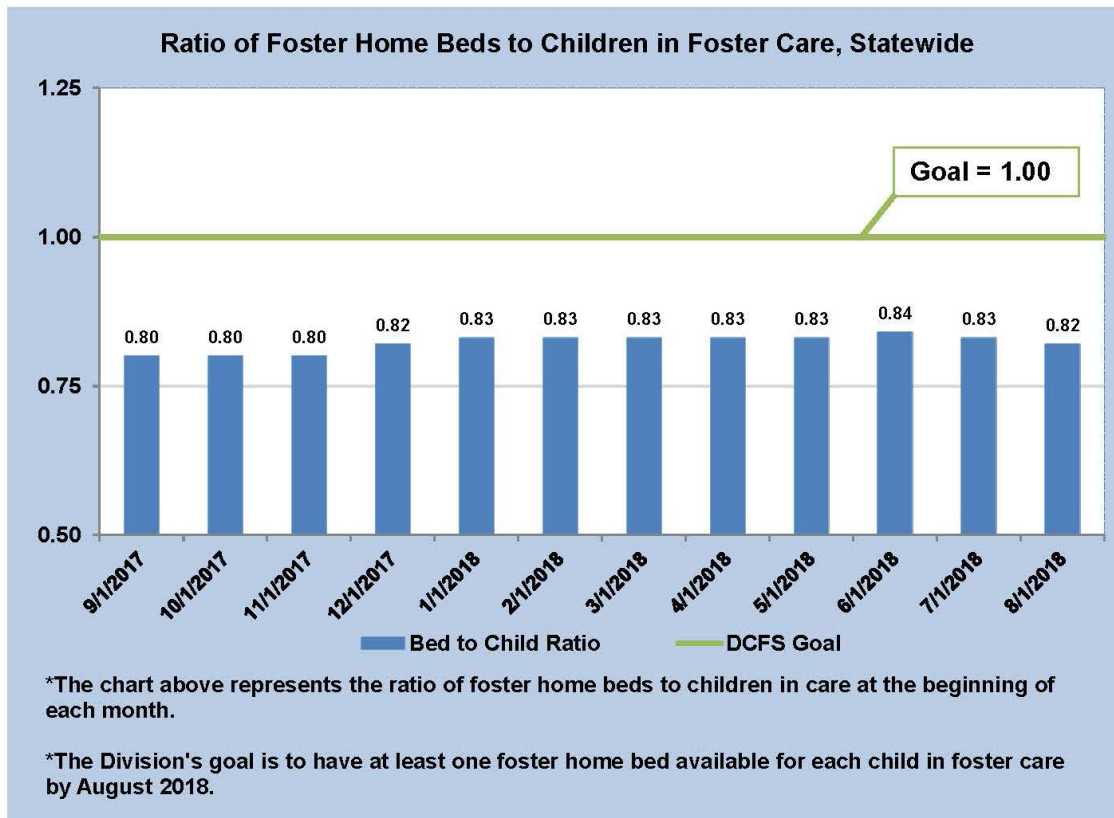


*The chart above represents the percentage of children placed in their home county or a neighboring county (i.e., a county that borders the child's home county) at the beginning of each month.

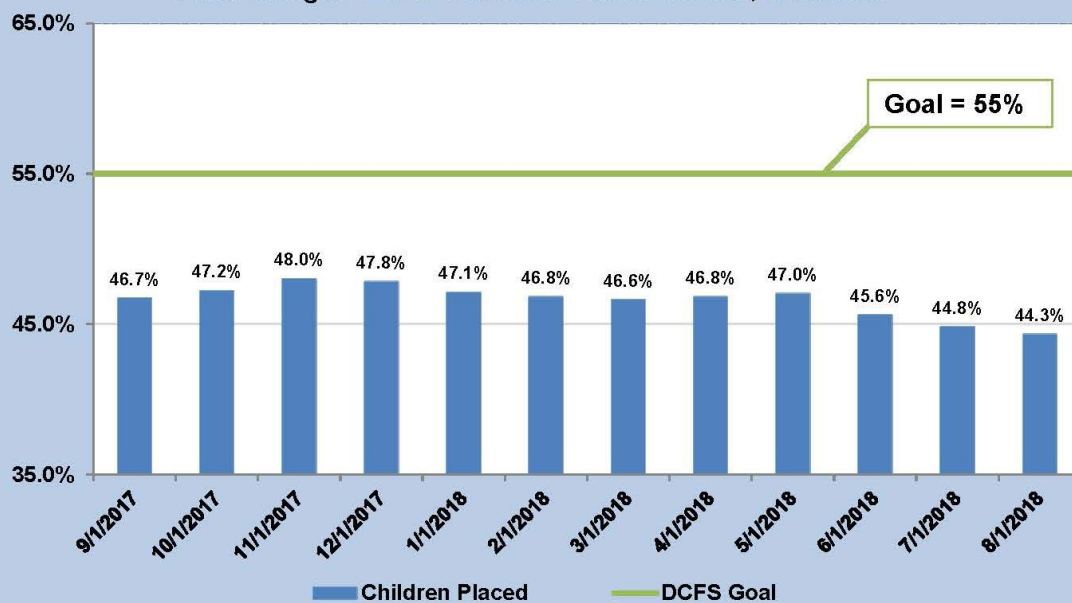
**This measure excludes foster children ages 18 and older; those residing in DYS placements and detention facilities; and those residing in acute/sub-acute facilities, hospitals, sexual rehabilitation programs, and pre-adoptive homes.*



Foster Homes Recruited by Source During the Month, Statewide		
Recruitment Source	Number	Percentage
ARCCC/DCFS	36	63%
The CALL	12	21%
Christians 4 Kids	4	7%
Out of State	3	5%
Private Agency Foster Home	2	4%
ABCH / Get Connected	0	0%
Total	57	100%



Recruitment of Foster Homes Children Ages 6 to 17 Placed in Foster Homes, Statewide

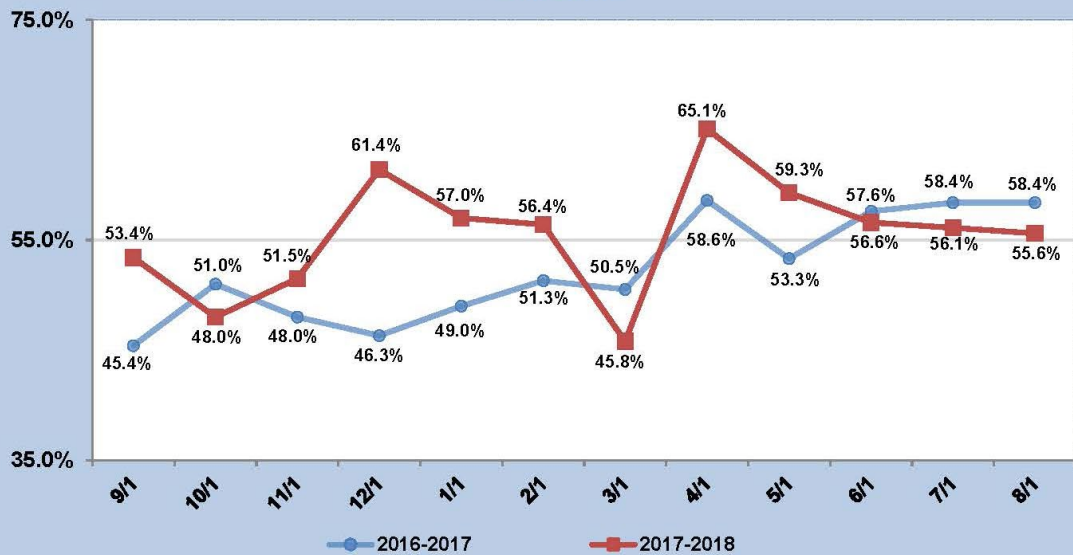


*The chart above represents the percentage of children ages 6 to 17 who were placed in a foster home or provisional placement at the beginning of each month.

*For this measure, "Foster Homes" includes Private Agency Foster Family Homes, Relative Foster Family Homes, Fictive Kin Foster Family Homes, Provisional (Relative), and Provisional (Fictive Kin).

*The Division's goal is for 55 percent of children ages 6 to 17 to be placed in a foster home or provisional placement by August 2018.

Children who Experience Placement Stability within 60 Days, Statewide

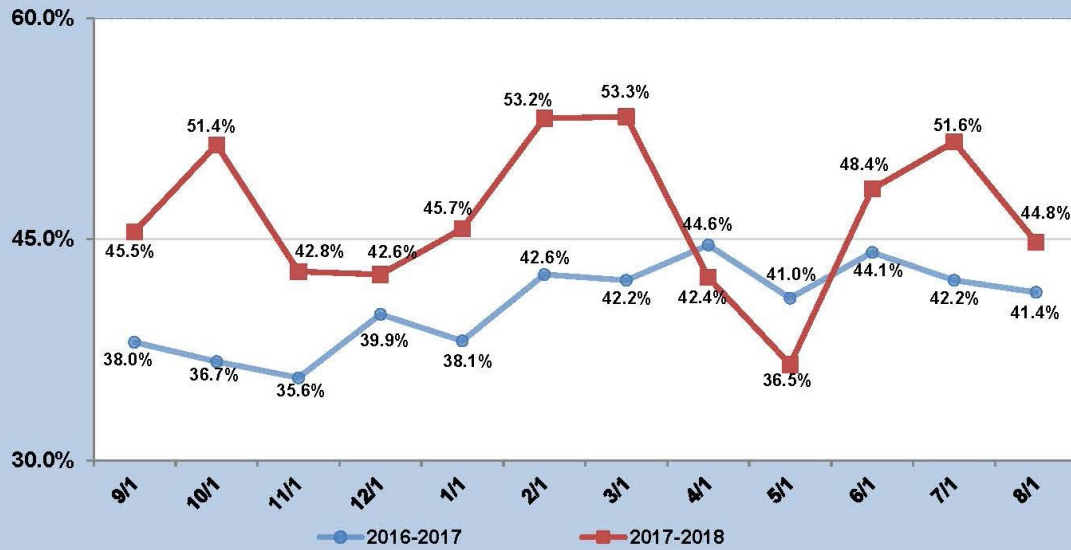


*The blue line above represents the percentage of children who had experienced a single placement setting during the initial 60 days after entering care during the month, from September 2016 through August 2017; the red line represents the same from September 2017 through August 2018.

**This measure does not consider a placement move to a relative/fictive kin setting subsequent to a child's initial placement setting upon entering care to be an additional placement, though placements occurring after a subsequent relative/fictive kin placement are still considered to be an additional placement.*

**This measure only considers children who stayed in care for at least 60 day after entering.*

Children who Experience Placement Stability within 120 Days, Statewide

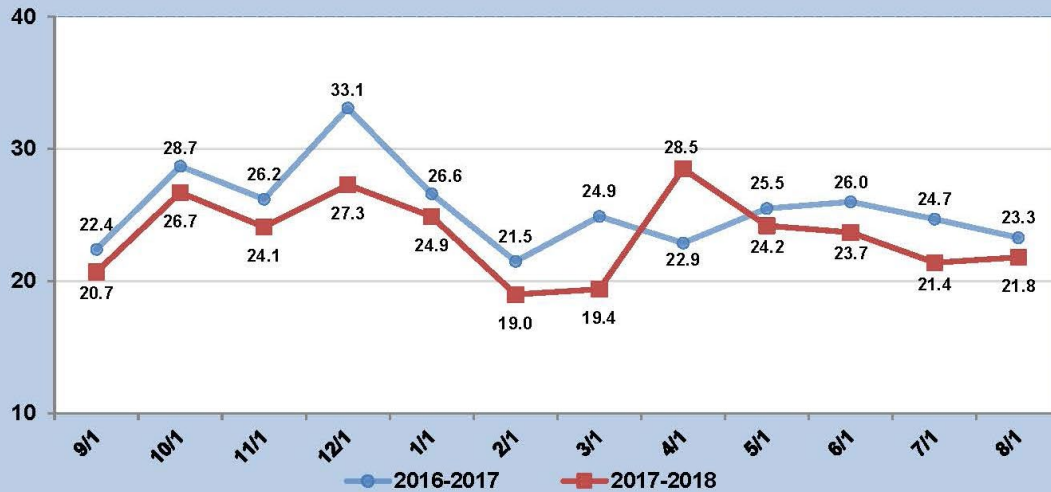


*The blue line above represents the percentage of children who had experienced a single placement setting during the initial 120 days after entering care during the month, from September 2016 through August 2017; the red line represents the same from September 2017 through August 2018.

**This measure does not consider a placement move to a relative/fictive kin setting subsequent to a child's initial placement setting upon entering care to be an additional placement, though placements occurring after a subsequent relative/fictive kin placement are still considered to be an additional placement.*

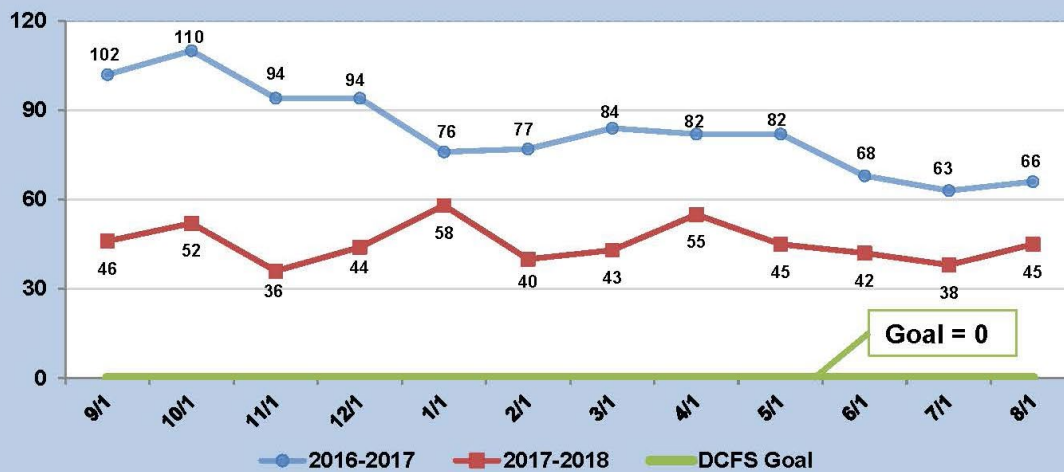
**This measure only considers children who stayed in care for at least 120 day after entering.*

Average Number of Days in Emergency Shelter, Statewide



*The blue line above represents the average number of consecutive days that were spent in an emergency shelter among children residing in a shelter at the beginning of each month from September 2016 through August 2017; the red line represents the same from September 2017 through August 2018.

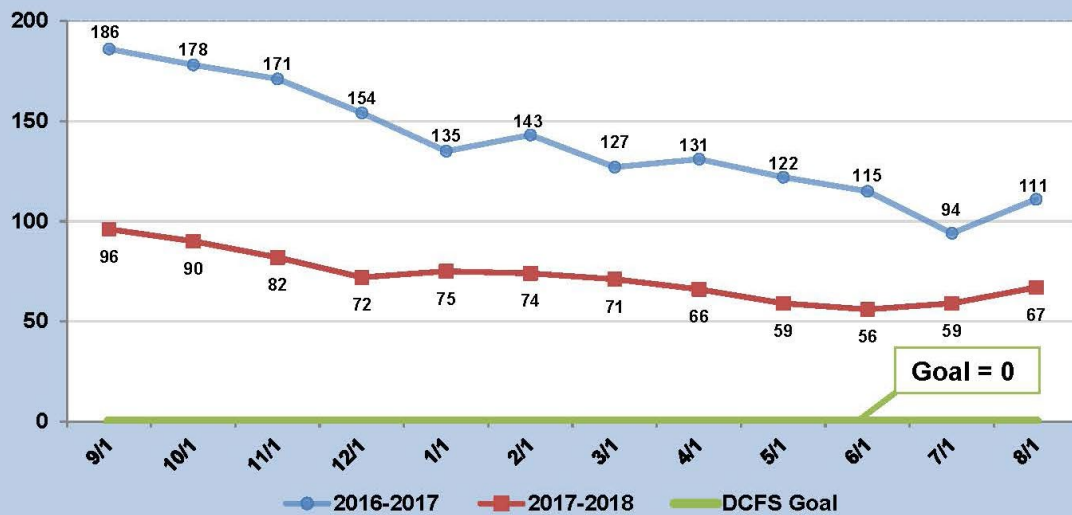
Children in Emergency Shelter for Longer than 10 Days, Statewide



*The blue line above represents the number of children residing in an emergency shelter for longer than 10 consecutive days at the beginning of each month from September 2016 through August 2017; the red line represents the same from September 2017 through August 2018.

*The Division's goal is to completely eliminate the utilization of emergency shelters for children in foster care, with the exception of short-term stays (i.e., 10 days or less) by August 2018.

Children (Ages 12 and Younger) Placed in Congregate Care, Statewide

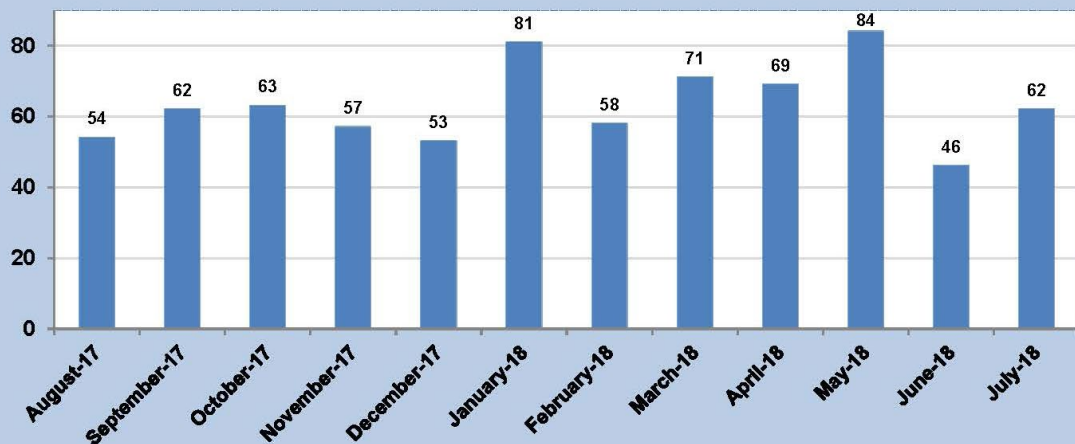


*The blue line above represents the number of children ages 12 and younger placed in congregate care at the beginning of each month, from September 2016 through August 2017; the red line represents the same from September 2017 through August 2018.

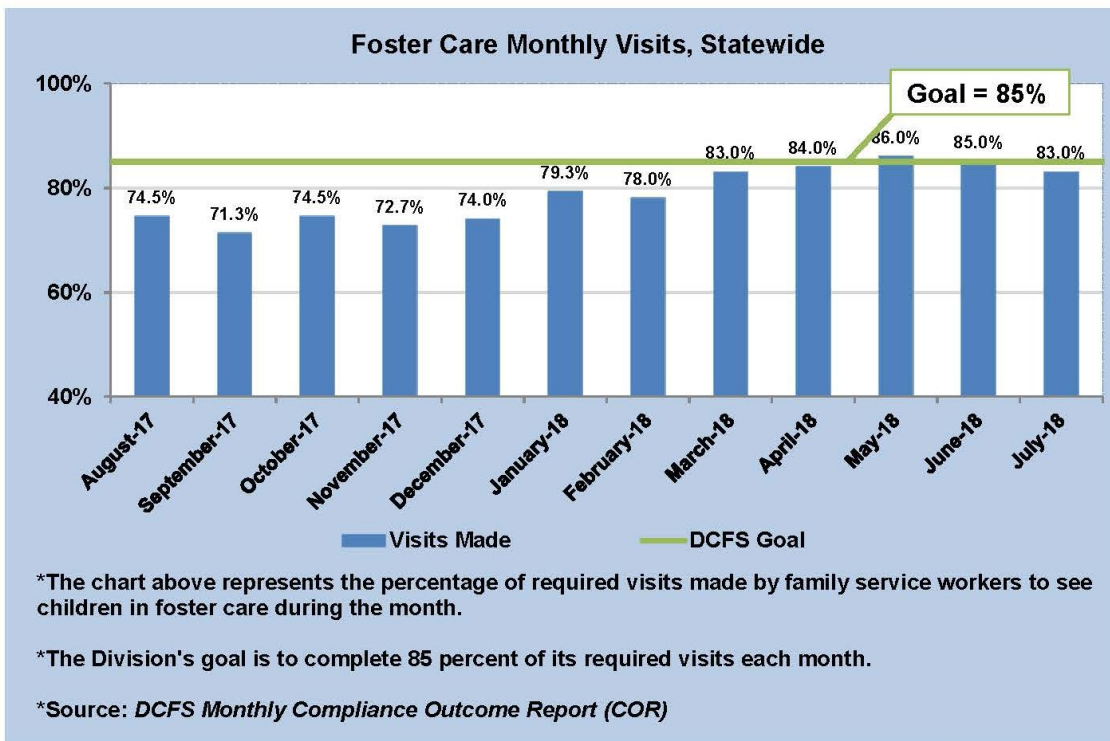
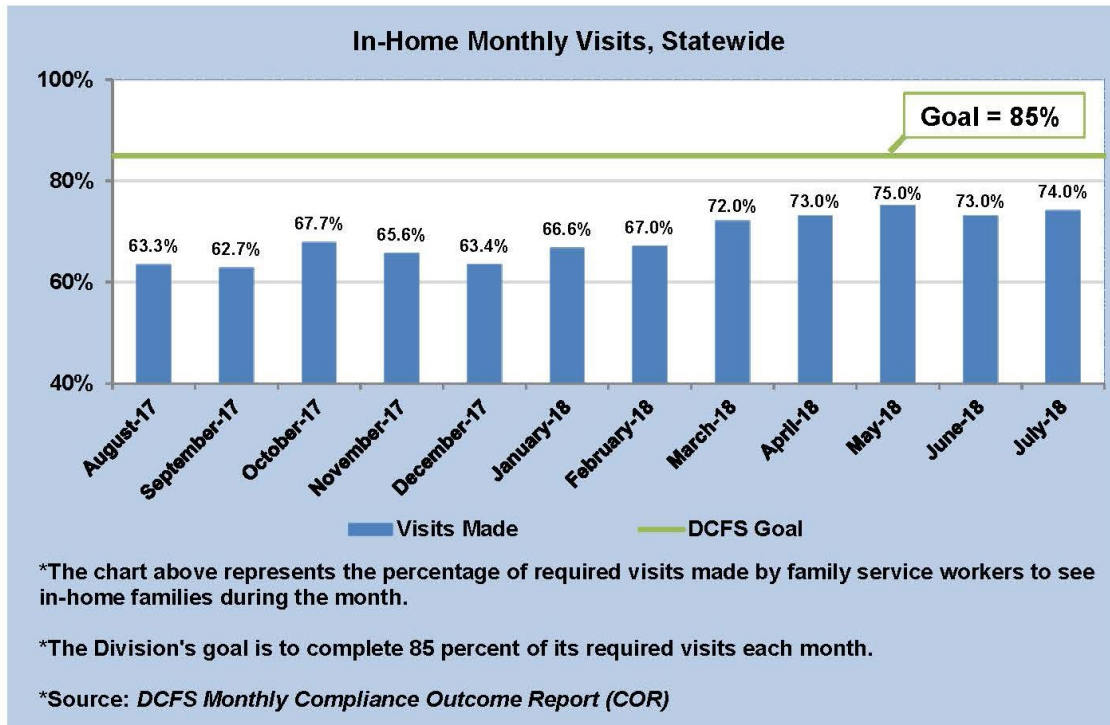
*For this measure, "Congregate Care" includes the following placement types: Residential Treatment Care, Residential Care Only, and Emergency Shelter.

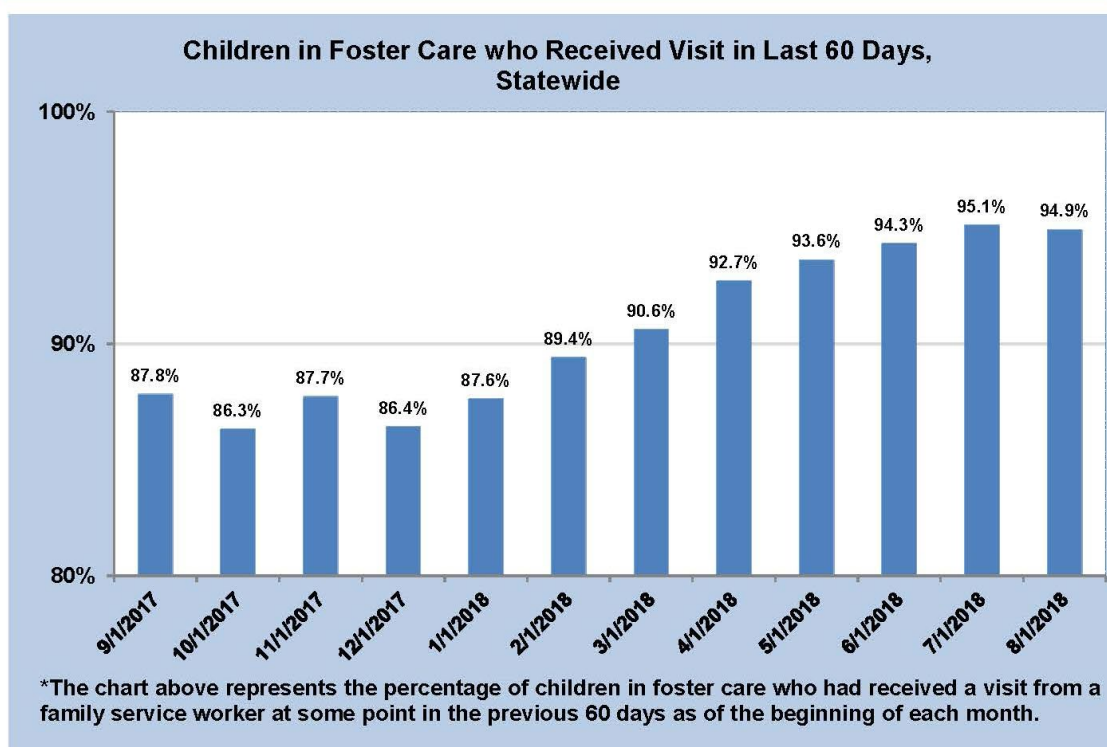
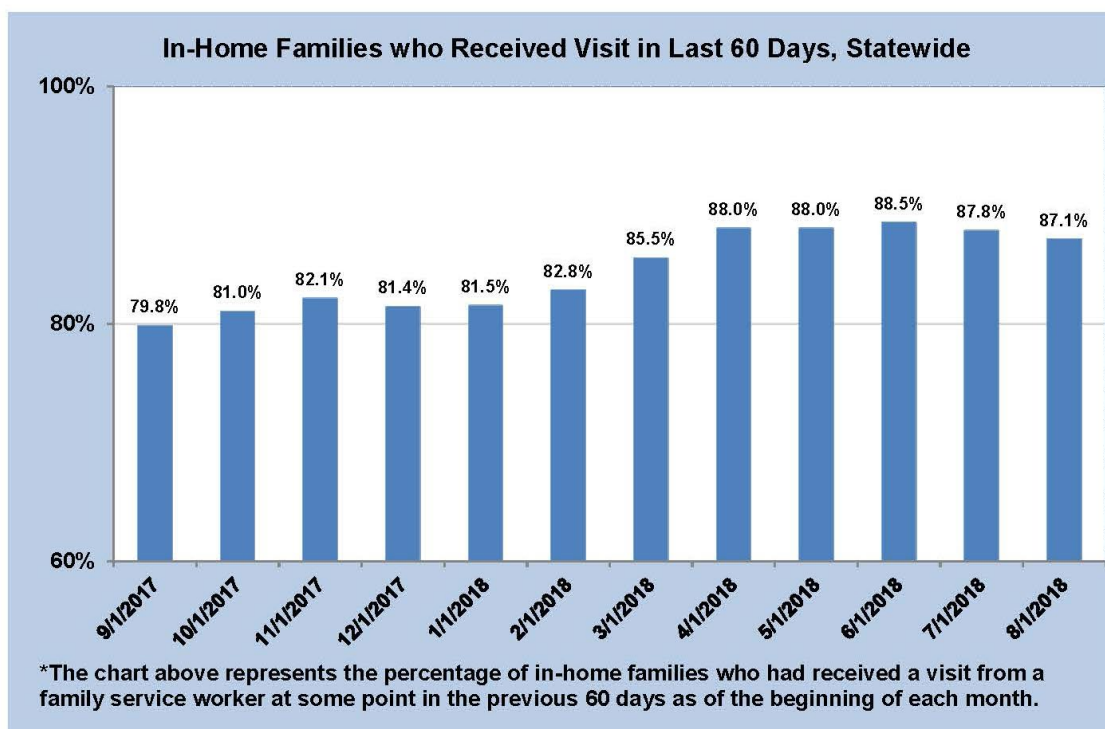
*The Division's goal is to completely eliminate its utilization of congregate care for foster children ages 12 and younger by August 2018.

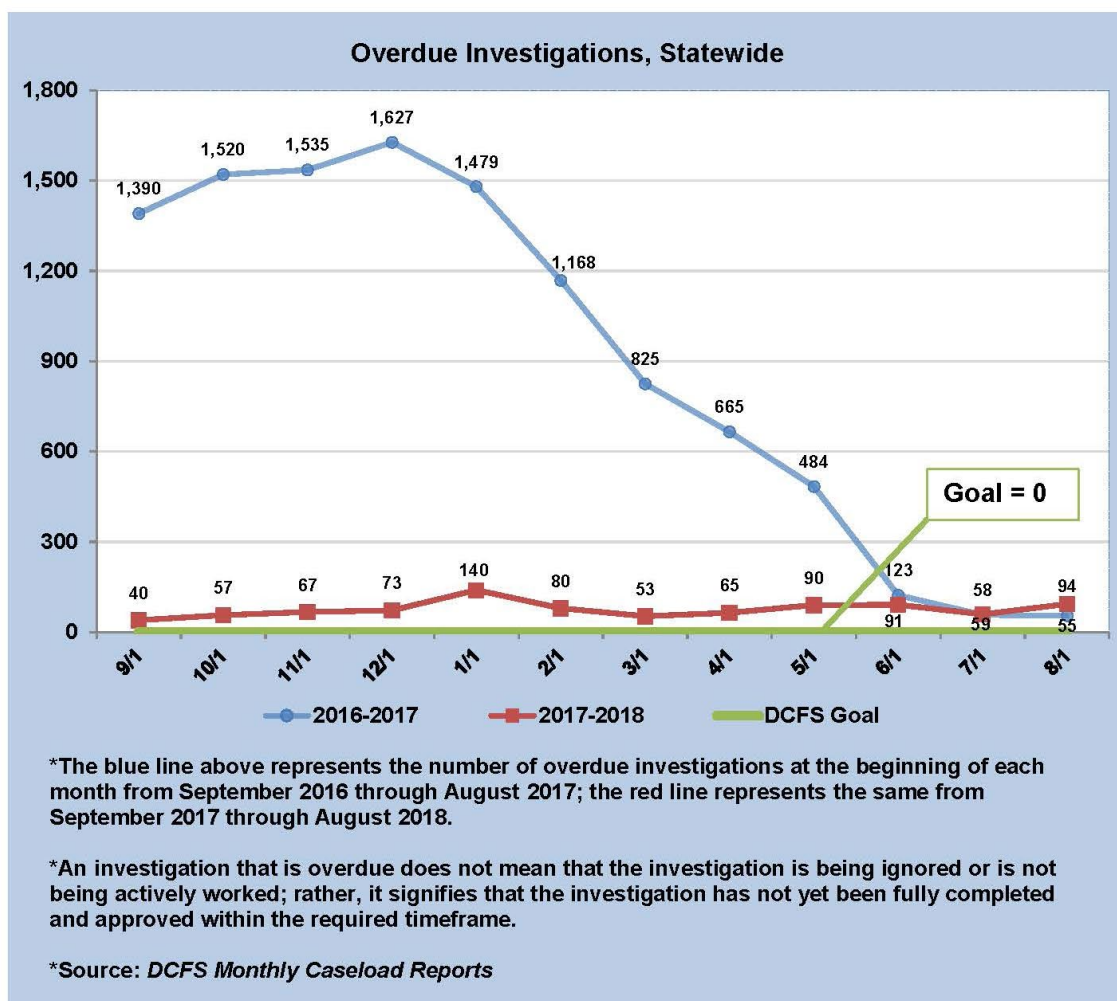
Entries into Acute Care, Statewide

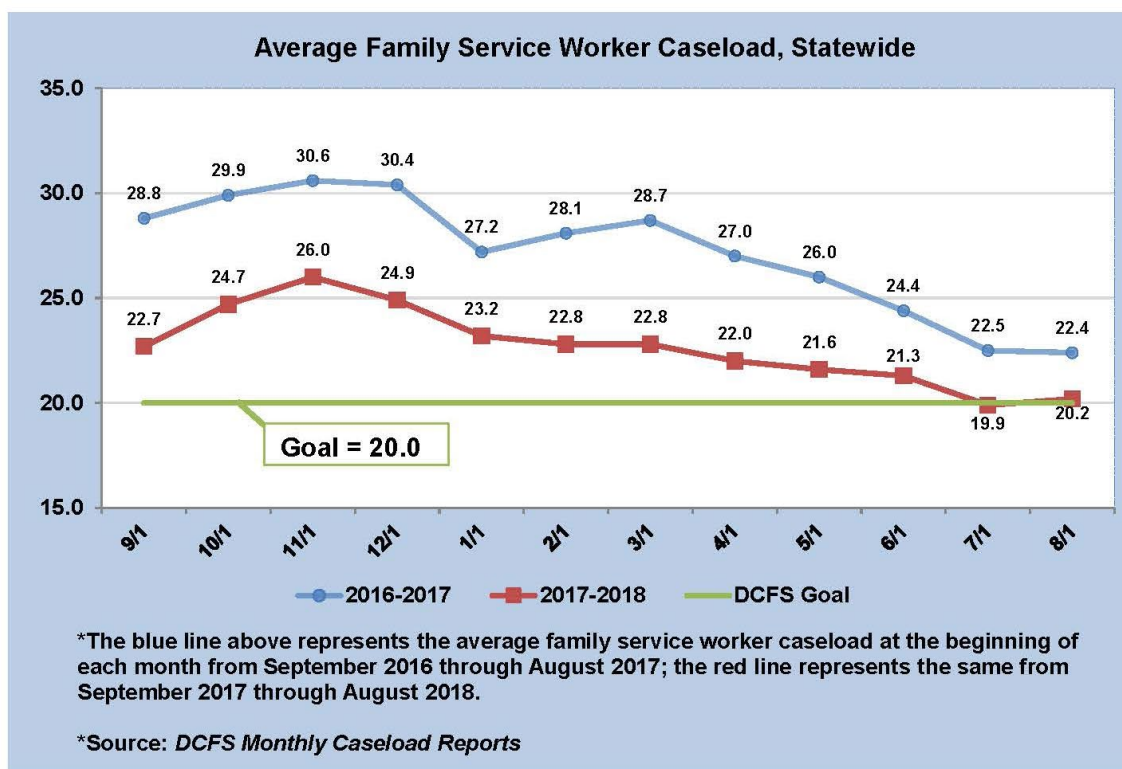


*The chart above represents the entries into an acute facility by children in foster care each month.









Glossary

Family-like Setting: Family-like settings include both family-like homes (e.g., foster family homes, relative placements, pre-adoptive homes, and therapeutic foster homes) as well as family-like residential facilities (i.e., home-like settings with live-in house parents).

Provisional Placement: Provisional foster homes allow us to place children quickly with a relative or fictive kin who has a bond with the child. Provisional foster parents do not have to go through the formal foster care approval process right away. They will have up to six months to fully complete the approval process, but they do have to meet some basic requirements

Congregate Care: Congregate care is any placement setting that consists of 24-hour supervision for children in a varying degree of highly structured settings such as group homes, residential child care communities, or residential treatment facilities.

Reunification: Reunification means reuniting children with their families as soon as possible after they have been removed to ensure their safety.

Differential Response: In certain circumstances, an investigation, which might be adversarial, may not be helpful in meeting the family's needs. Differential Response interactions allow us to be more flexible in how we respond to child maltreatment reports and engage families more effectively in using services that address their specific needs.

Acute Care Facilities: This is another way of saying short-term inpatient psychiatric facilities.

Fictive Kin: Fictive kin are people who are unrelated by either birth or marriage, but have an emotionally significant relationship with a child or family. Their relationship can substitute for the characteristics of a family relationship.

Private License Placement Agencies: These agencies contract with and work alongside DCFS for the placement of the children in foster homes. With DCFS oversight, the agencies match children to foster homes within their agency. Private agencies often specialize in certain types of children, provide case managers and offer other services to foster children and foster parents.

Permanency: When children are placed in foster care, we strive to find safe, permanent homes for them as quickly as possible. In most circumstances, children can be safely reunited with their families, but in some cases children find permanent homes with relatives or adoptive families.