



# MOVING BEYOND CRISIS

Phase one: Plan to stabilize the Arkansas child welfare system



# Table of Contents

<b>Introduction .....</b>	<b>3</b>
<b>Strengthening Families so Children Can Remain Safely at Home .....</b>	<b>5</b>
Medicaid-funded home visiting .....	6
Expanded mentoring, parenting programs with partners .....	7
<b>Improving the Foster Care System for Children Who Need It .....</b>	<b>8</b>
Increasing relative placements .....	8
<b>Reunification: One family’s efforts to fill in the gaps .....</b>	<b>9</b>
Streamlining the DHS foster care application process .....	10
Recruiting more families for older youth and siblings .....	11
Recruiting families for children with special needs .....	12
Supporting foster families .....	13
Customer service as foster parent recruitment and retention tool .....	14
Better supporting caseworkers .....	15
Assessing the current foster care population .....	16
Reducing reliance on congregate care for younger children .....	17
<b>Building a More Dynamic Behavioral Health System to Serve Children &amp; Families .....</b>	<b>17</b>
Filling service gaps to reduce institutional care .....	17
<b>Conclusion .....</b>	<b>19</b>

# Moving Beyond Crisis

Phase one: Plan to stabilize the Arkansas child welfare system

Today there are 5,200 children in Arkansas foster care, and the system is in crisis. It lacks the *right* placement options for abused and neglected children and adequate prevention programs to help struggling families. We need more foster families to help children feel safe, whole and prepared to be a part of a family. And many Division of Children and Family Service workers face unmanageable caseloads and long hours, which can lead to high turnover and poor work performance. But Department of Human Services leadership believes these problems do not rest with DCFS alone. So DHS brought together a team of staff from across the agency as well as outside child welfare and Medicaid experts multiple times a week over a four-month period to find solutions. There is no quick fix, but there are steps DHS can take now to begin to stabilize the system. This report outlines the team's initial plan to strengthen families so more children can safely remain at home, improve the system for those who need it and create and fund the services that families really need to remain whole.

---

In May 2016, Arkansas Department of Human Services (DHS) convened a foster care “war room” to outline a plan to address the alarming increase of children in foster care. It became clear early in the war room meetings that there was not a simple reason for the increase and that the crisis was more complex than the growing number of children in care. Over the last year, DHS has seen a nearly 30 percent growth in the overall number of children in care, with the increase coming both from the number of children entering care and the slowed rate at which children are leaving care. This growth does not correlate with what was determined to be only a slight increase of 5.8 percent in the number of child maltreatment investigations during that timeframe. At the same time, DHS has seen an exodus of experienced field staff and high turnover among newer family service workers. So a more in-depth look at the foster care and child welfare system in Arkansas was needed. The safety of thousands of abused and neglected children and the resiliency of their families is dependent upon strong and accessible services

**Aside from the unprecedented growth, the problems discussed in the war room meetings are not new, but the approaches identified to address them are new to Arkansas. These solutions are the result of having many partners — not just child welfare experts — at the table.**

and supports, enough placement options so that every child who needs the safety of foster care is in the right setting to meet his or her needs, and a high-quality workforce that has the tools, training and support necessary to do its job well. Short-term solutions are not enough. Long-term solutions are needed to stabilize the system.

So at the direction of DHS leadership, staff from multiple divisions and offices within DHS as well as national child welfare and Medicaid experts came together in a way they had not done before to look as a team for more innovative and wide-ranging ways to bring about systemic change. One principle guided the work: the well-being of children and the need for stronger families — not convenience or resource issues — should drive decision-making. The team met for four months and developed goals to 1.) Strengthen families by filling long-time gaps in services and family supports so children can remain safely at home; 2.) Improve the foster care system for the children who need it by having the right placement options, a more robust workforce and stronger community partnerships; and 3.) Build a more dynamic behavioral health system that can better serve children and families with mental health and substance abuse issues. Child welfare expert Paul Vincent, who reviewed Arkansas's system in the summer of 2015, said in his report, "The challenges faced by the Arkansas child welfare system are so great that DCFS alone cannot solve them. However, it does have many partners in the public and private sector who would be happy to have a role in improving child and family outcomes." DHS Director Cindy Gillespie recognized that as well, and the

idea behind war room was to engage with other DHS divisions and national experts to problem solve.

Aside from the unprecedented growth in the number of children in care, the problems discussed in the war room meetings are not new, but the approaches identified to address them are new to Arkansas. These solutions are the result of having many partners — not just child welfare experts — at the table. For example, the Division of County Operations (DCO), which handles Medicaid eligibility, recognized that its own processes were making it difficult for children in the ARKids health program to transition to or from Medicaid when entering or exiting foster care. DCO is now working to streamline that process so that children and families do not experience unexpected delays or problems with coverage. The Division of Child Care and Early Childhood Education identified barriers to getting children in foster care into high-quality child care or pre-kindergarten and are working to break those barriers down. The Division of Behavioral Health Services identified federal funding that could replace state general revenue that the Division of Children and Family Services (DCFS) is spending on substance abuse treatment. And members of the Arkansas Medicaid team identified, as you will read below, a funding opportunity that will allow DHS to strengthen child welfare in ways that have never been tried in Arkansas. The funding will be used to develop new initiatives that can stabilize families at-risk of foster care involvement and hopefully prevent their children from coming into care.

Many of the components outlined in this



“Phase One” stabilization plan also help DHS address recommendations made by Vincent in his 2015 report, including building DCFS capacity to partner with stakeholders, addressing placement challenges, improving the operational model of DCFS, strengthening DCFS practice in assessing safety, expanding intensive home and community-based mental health services, and developing a three year plan to reduce caseloads.

The steps outlined in this stabilization plan will make the child welfare system stronger, provide much-needed stability, and create clear expectations within DHS that the agency as a whole — not just DCFS — is responsible for improving the system. But these steps will not fix all

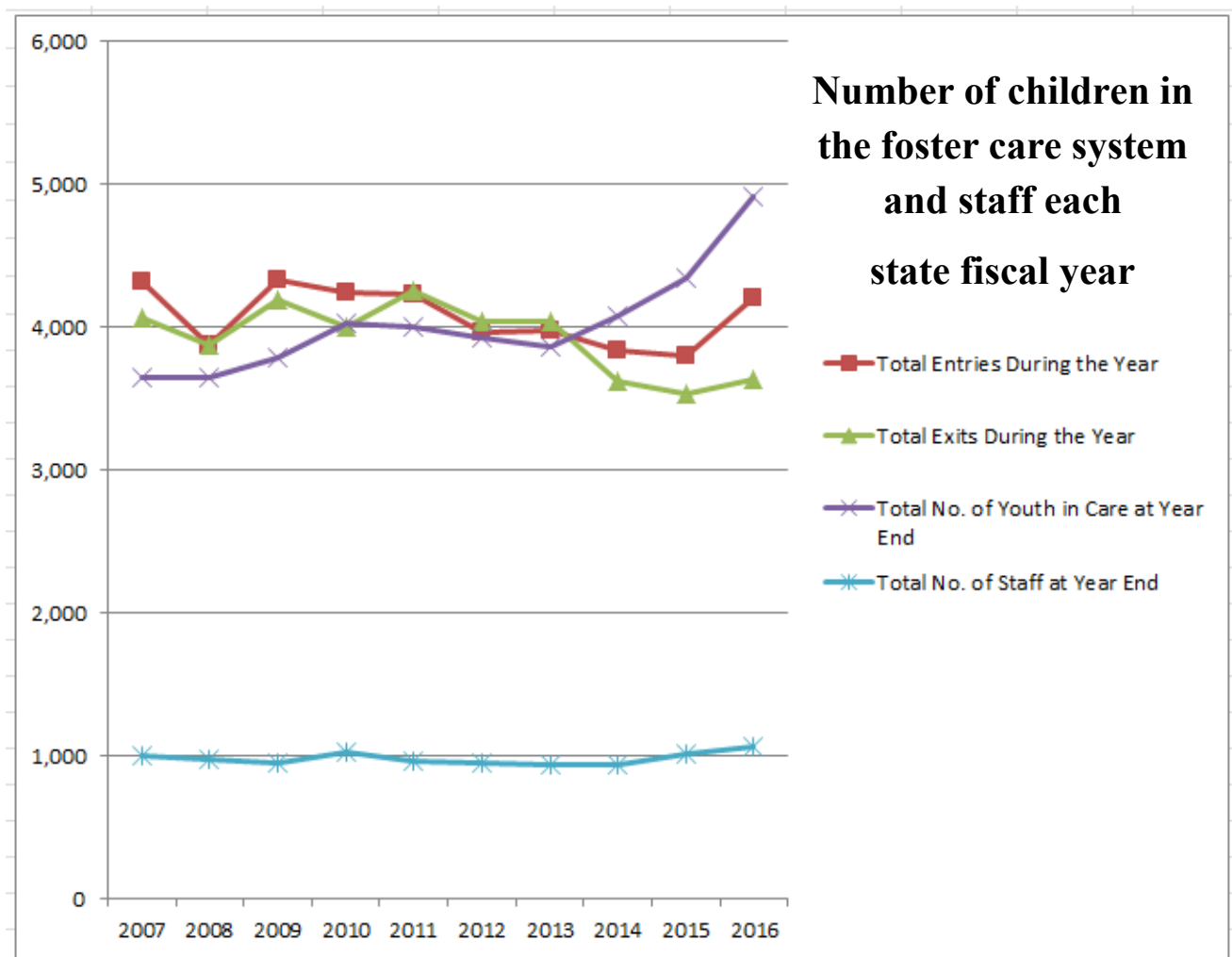
issues. An influx of additional and qualified staff, which requires significant additional state general revenue, also is needed to ultimately reach our goal of providing more prevention services so that families do not become a part of the foster care system. Last year, Governor Asa Hutchinson provided with \$1 million to hire additional caseworkers, and he will be requesting an additional \$4.1 million this state fiscal year so that DCFS can build out a prevention and reunification unit that will focus its efforts on helping families keep their children safely at home. In his balanced budget recommendations for state fiscal year ‘18, Governor Hutchinson included \$26.7 million that will both help DHS continue to provide care and service

to the higher-than-expected number of children in foster care and also will fund the prevention and reunification unit and other much-needed frontline and supervisory staff in DCFS.

The state also plans to develop new workforce strategies to better recruit, train, evaluate, and retain high-quality employees. In the meantime, work resulting from the war room has begun.

## STRENGTHENING FAMILIES SO CHILDREN CAN REMAIN SAFELY AT HOME

Children, even those who are the subject of a true finding of maltreatment, have better



outcomes and less trauma if they remain in their homes. In Arkansas, they do so under what is called an in-home case. That designation allows DCFS to provide services and supports to struggling families with true findings of maltreatment. At the end of state fiscal year '16, there were more than 6,000 children in Arkansas living safely in their homes after a true finding of maltreatment, but these numbers are decreasing. We believe that high caseloads can make it more difficult for caseworkers to conduct home visits as often as they should and that a lack of DHS-funded services for families has become a barrier to keeping more children at home rather than in foster care. In addition to the prevention and reunification unit that would begin to be staffed in January if the Governor's

request for funds this year is approved, home visits could be a critical component in keeping parents from having repeat maltreatment findings. Home-visiting programs combined with other services (drug treatment, therapy, etc.) are proven to keep children healthier, safer and better prepared for school and help families become more self-sufficient so they can keep their children safe without further state intervention.

### **Medicaid-funded home visiting**

In order to keep more children safely in their homes and out of foster care, DHS requested federal approval to create a new Medicaid-funded home-visiting program that would go beyond the traditional visits caseworkers make to assess the safety of children who have remained at home.

Under this program, para-professionals will provide evidence-based, in-home services designed to strengthen families by focusing on infant and parent health, parent-child interactions and home safety. This program will be for families with children under the age of eight who have open in-home cases and are not already enrolled in a home-visiting program. The families also must have a true report or differential response case for neglect, failure to thrive, Garrett's law, medical neglect or Munchausen Syndrome. This program would cost an estimated \$4 million annually and be 100 percent federally-funded as part of a Medicaid health services initiative. The funding would come out of the Division of Medical Services budget rather than the DCFS budget. This program will:







- Focus on improving the health, safety and overall functioning of families in which children have experienced some level of neglect by coaching parents on how to properly clean the home, develop meal plans on a budget, etc.
- Help build parents' capacity to care for their children by assisting parents in managing the health needs of their young children, as well as their own. This would include helping parents keep medical appointments, providing needed transportation to appointments and making referrals to specialized health services. To create this team, DHS:
- Submitted a formal State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) on Oct

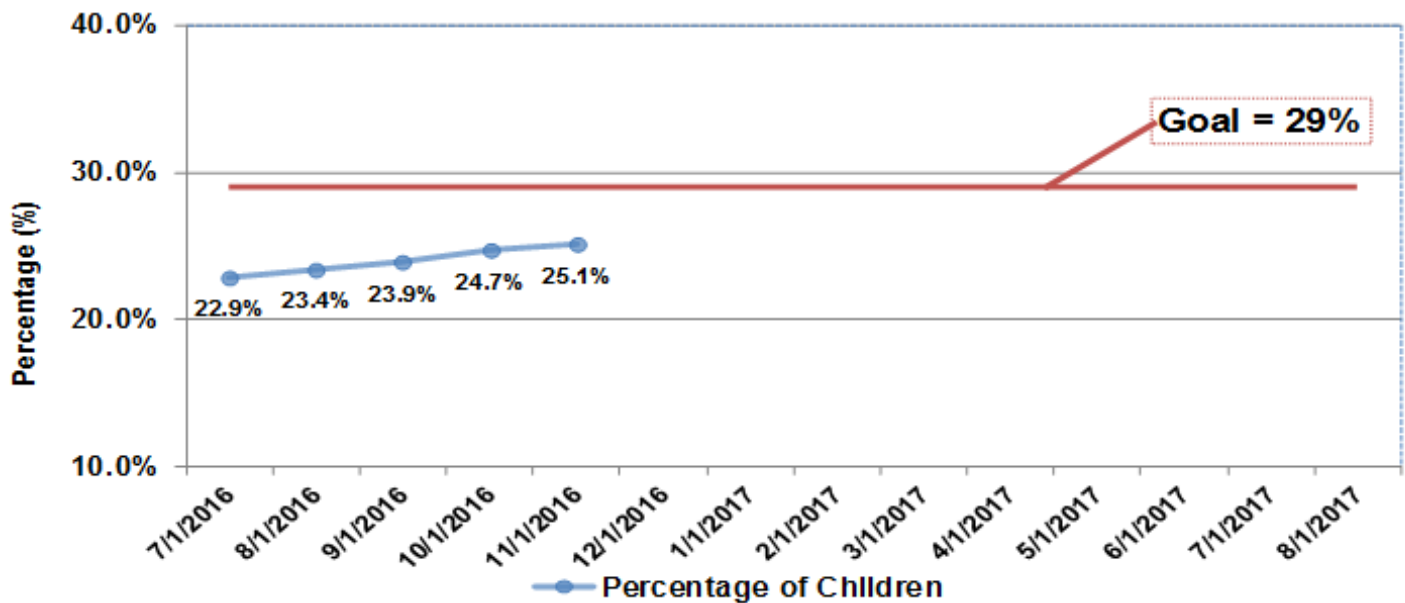
19 and also has identified potential partners that could oversee the program.

### **Expand mentoring, parenting programs with partners**

The State began offering the Nurturing Families of Arkansas program in March 2015. Families with in-home/protective services cases that have at least one child between the ages of five and 11 can participate. The age restrictions are in place due, in part, to limited funding for the program. The program is intensive and hands-on parenting education that typically lasts four months. In all, nearly 200 parents have completed the program to-date and have reported having better parenting skills, an increased ability to handle the stresses that come with parenting and few subsequent reports of child maltreatment.



## Percentage of Children Placed with Relatives, Statewide



DHS would like to expand the program to serve more families. We recognize that some of our non-profit and faith-based partners can help us expand this program, and two have already expressed interest in having members trained so they — and ultimately their volunteers — can provide this service to more families.

### IMPROVING THE FOSTER CARE SYSTEM

When abused and neglected children must come into care for their safety, DCFS wants to get the first placement *right*. Not only would that introduce stability quickly, but also would reduce the likelihood of transfer trauma that results when children are moved from one placement to another. Ideally, a child's first placement would be in an appropriate relative's home with the child's siblings. If a relative is unavailable, then children should be placed in a foster family home — hopefully in the community where their

friends and schools are located — because those settings result in the best outcomes for children. There are currently 1,641 foster homes across the state and 274 additional therapeutic foster care homes. The location of those homes — and a lack of homes in certain counties and regions of the state — means that less than half of children in foster care, about 46 percent, are placed in their home counties. We aim to increase the total number of foster homes to 1,749 by August 2017, and a total of 330 therapeutic foster homes. The hope is that there will be enough homes in the right places so that at least 55 percent of children in foster care will be placed in their home county by August 2017 — and that percentage will continue to increase after that. When necessary, DCFS will continue to utilize emergency shelters to place older youth and siblings together in their home communities.

Residential and group home placements should be used only when those options

best meet the needs of the older children; unfortunately, that is not always the case today. We need to make every effort to change that because research shows children in group homes are more likely to test poorly in basic English and math, more likely to drop out of school and less likely to graduate. So a broad effort to increase the number of foster family homes is paramount. One of the most important steps we can take to increase the number of foster family homes is to encourage more relative placements because that is a group with a natural interest in a specific child's or sibling group's welfare.

### Increasing relative placements

Once DCFS determines that a child cannot safely remain in his home, the family service worker must determine where the child will be placed. State law requires that relatives get preferential consideration when placing a child, if the relative meets child protection standards



## Reunification: One family's efforts to fill in the gaps so foster children can be with their biological mother

In a soft-spoken voice, Felicia Stone explains the joy and heartache that has come with the 23 children her family has fostered over the last five years. Some stayed only a night, others more than a year. All have placed a handprint on a painting that hangs in the family's home as a reminder of the kids the Stones helped.

"We are a Christian family," Felicia said, "and my husband, Casey, and I have always wanted to be an example to our girls by living a life of service to our community and church.

"We have friends who fostered and heard there was a mother who had 10 children come into care," she continued. "I reached out to DHS and asked how I could help this mother."

Cleburne County Supervisor Johnnelle Switzer said fixing a broken window at their home and repairing the fence so the children could be safely contained were two very tangible ways to help.

"We came to know that family and fell in love with them," Felicia recalled. "Her children came back into care and by then they were real to us. At the time there were not enough homes or beds in Cleburne County to keep them here. We felt helpless to do anything, and we knew those children were going to leave our county."

At that same time, The CALL was recruiting families to open their homes for foster placements.

"Great leaders in The CALL have grown the number of foster homes we have," Switzer said, "and their relationship with DHS allows for open communication and support. We're so grateful for what they do for our children."

Felicia and Casey began the foster process, learning about the often traumatic situations children in foster care endure and how to best help them thrive



**"Supporting the birth families makes the biggest impact for good through fostering,"**  
**Felicia Stone**

with appropriate boundaries, love, patience and extraordinary understanding.

By the time the Stones' home opened, those 10 children in care had their case resolved, but the call for the Stones was just beginning. Felicia laughingly said that the decision to open their home to foster children wasn't a family decision, but it's certainly a family effort that includes daughters, Shelby, 17, Abby, 15, and Sophia, 11.

The eldest wrote recently wrote an essay about the family's experiences.

"I'm called to love these children," Shelby wrote. "Although I'm sad when they leave, I'm comforted by the

knowledge I've shown them the love of Christ even in the short time I have had with them.

"I've learned that when I give as much as I can away, I gain even more," she continued. "I gain when I see the first smile of a baby, and I gain when a biological parent hugs my neck, thankful for the love — Christ's love — that I share with her children."

Soon, the Stones will close their home for foster placement temporarily in order to let the birth mother of their two current foster sons, ages 11 months and five years, move in and get back on her feet.

"Maybe because we don't plan to adopt," Felicia said, "our greatest desire is to see families healed and reunified."

The boys' mother will soon complete a one-year drug rehabilitation program. Unfortunately, no transitional services exist in their area, which can greatly affect her sobriety and ability to keep herself and her children healthy and safe.

"We want to set them up with the best chances for success," Felicia said. "We've talked about setting realistic goals, a timeline for meeting those and providing the best possible opportunity to rebuild as a whole, healthy family. We think their stay in our home together will be brief, as we set some boundaries and encourage their mom to move forward toward a life of independence."

The Stones still have relationships with many families, celebrating birthdays and babysitting when needed.

"When we open our home to a child, we also open our hearts to their parents when appropriate," she concluded. "That helps the children and the parents heal — the entire family unit. Supporting the birth families makes the biggest impact for good through fostering."



and such placement is in the best interest of the child. Research supports that law, showing that placing children with family is less traumatic than other options. Yet, Arkansas's relative placements are consistently lower than the national average. When war room meetings began in May, 21.3 percent of children were placed with relatives (or someone close to the child, called fictive kin). In an effort to move beyond the judicial and staff decisions that have been widely discussed in news reports and legislative committee meetings and a focus of a report by Hornby Zeller Associates, Inc., the war room team reviewed DCFS policies and processes to determine whether any could be obstacles to relative placements. The team found:

- All exceptions to policy related to relative placements could only be approved by the DCFS Director, making the process more cumbersome and slow.
- The time it took to complete background checks delayed approvals

because central office staff was required to process all checks.

- Notarized documents were required after hours when it is very difficult to find an available notary.
- A lack of available staff to visit and approve homes after hours caused youth to be placed in other foster homes or emergency shelters.

Because most of these issues were in the purview of DHS, DCFS staff took quick action to remove these obstacles to relative placement. This summer, DCFS:

- Gave area directors the ability to approve certain exceptions to policy so relative homes can be opened more quickly,
- Worked with local law enforcement to process after-hours background checks,
- Removed the requirement for notarized child maltreatment registry check forms during emergency situations, and

- Placed resource workers on call so that they are available to do a visual inspection of homes after hours.

Today, the percentage of children with relatives or fictive kin is at 25.1 percent. DCFS is formally tracking relative placement data by county and is using it to determine whether we need to conduct trainings to re-inforce the importance of — and process for — relative placements. The goal is to boost relative and fictive kin placements to at least the national average of 29 percent by August 2017. Already, several areas of the state have surpassed (far northeast Arkansas and southeastern Arkansas) and others are close to meeting the goal.

Though the action steps outlined above do not focus on the relationship DHS has with judges, the agency is committed to strengthening those relationships and to working with courts to ensure all decisions are made with the safety and permanency of children in mind.

## Streamlining the DHS foster care application process

We know relatives are not available for many children who need the safety of foster care. So DHS also is working to make the process of becoming a non-relative foster parent more manageable and increasing targeted recruitment efforts for our hardest-to-place youth.

The application process is lengthy and, at times, complex and difficult to navigate. Complaints have long been centered on the length of time it takes – about six months – to complete the application and training process. So DHS has taken a

number of steps to streamline the process and to make the steps and timeframes clear to potential applicants. This summer DCFS:

- Changed the point in the process in which potential foster families are referred for a home study so that they did not have to complete all training before being referred.
- Created educational materials that clearly define the process, steps and timeframes for potential foster families. Other outreach and educational materials will be created.
- Created a more robust tracking and monitoring process so that we can clearly see what step in the process a family is on and how long that step is taking to complete. Senior DCFS staff are monitoring the timeframes and reaching out to resource staff routinely with questions.
- Developed a process of providing electronic packets of application paperwork to families rather than mailing paper copies and waiting for them to be returned in the same

manner.

- Revamped the state's website [fosterarkansas.org](http://fosterarkansas.org) so that potential foster families can very easily find information and inquire about becoming a foster family.
- Initiated monthly meetings with The CALL, Christians 4 Kids, Arkansas Baptists and Greene County Baptist Association, which all recruit foster families for us. We recognize what an important role these groups play in the child welfare system, and want to make sure they have the information they need to fulfill their missions.

For the last two quarters of this state fiscal year, we have seen a net gain of foster homes, which bucks the historical trends and is a promising sign that we will be able to meet the goals outlined in this report.

### Recruiting more families for older youth and siblings

It can be difficult to find approved foster families willing to open their homes to older youth and large sibling groups. As a result, many older youth often end up in

group homes or emergency shelters, which do not have the same benefits as a family setting and are more expensive than foster family homes. Sibling groups are often split up, which can make the move to foster care even more traumatic for children and can impact the well-being of children. It also results in extensive travel and caseworker time to ensure those siblings still get the opportunity to see one another on a regular basis. At the end of the most recent fiscal year, 33 percent of youth in foster care were age 10 or older, and there are more than 1,200 sibling groups in foster care. Only 57 percent of siblings were placed with all their siblings. A review of policies, DCFS structure and input from partners/foster families found:

- DCFS structure lacked a focus on placements, with no one person responsible for monitoring how well DCFS was recruiting these families, pushing for targeted recruitment or prioritizing finding these youth foster families rather than congregate care.
- Lack of consistent communication of needs to faith-based and non-profit organizations that help recruit foster





and adoptive families.

- Overly broad roles for community engagement specialists leading to less time spent on targeted recruiting.

There is no easy way to find more families willing to provide safe, loving homes for older youth and sibling groups. But there are steps the agency has taken or will take in an aggressive effort to increase the number of foster homes for older youth and siblings by 200 by August 2017. DHS has:

- Restructured DCFS so that an assistant director is responsible for monitoring and prioritizing placements.
- Outlined clear goals for community engagement specialists and monthly monitoring.
- Worked to strengthen partnerships by building better relationships and sharing information with organizations that recruit foster families so that needs are continuously communicated.

In addition, DCFS is developing public placement dashboards that will measure progress toward meeting goals outlined in this report. These dashboards will be made available on the DHS website. DCFS also hired a communications person to support a wide-range of division activities, including foster family recruitment.

### **Recruiting families for children with special needs**

There has been a lack of broad or consistent recruitment efforts focused on

special needs populations. So DHS is working to recruit new placements that can meet the special needs of children with developmental disabilities and additional homes for children with complex behavioral health needs. To recruit these new placements DHS has:

- Met with providers who serve individuals with developmental disabilities to discuss ways they could help serve children in foster care, including helping DHS recruit their employees as foster families.
- Partnered with the DHS Division of Developmental Disabilities Services to develop criteria for specialized therapeutic foster care and is developing a Request for Proposals to secure those services through a competitive bidding process.
- Expanded therapeutic foster care providers' ability to conduct targeted recruitment efforts related to children with complex behavioral health needs.

We need enough new therapeutic foster care providers so that DHS can transition youth with complex behavioral health needs from sub-acute placements, emergency shelters and residential treatment centers to therapeutic foster care. This is discussed in more detail when we outline the issues and solutions related to finding the right level of care for children, but it is important to note that this could have a positive impact on our ability to move children through the system to a place of permanency, whether that is reunified with family or adopted.

## Supporting foster families

Streamlining the application process and intensive targeted recruitment will not reduce the need for more appropriate placements unless foster families also feel supported and are provided with the information and materials they need to care for children in their care. During the war room process, DHS found:

- DCFS structure lacked focus on foster parent support and communication.
- Inadequate support for and communication with foster families, caused in part because of the level of turnover that exists in the caseworker ranks and the fact that so many children are placed with foster families outside their home counties.
- Antiquated process for finding placements and for communicating with potential foster families.

DHS is committed to being better partners to foster families because their successes equal successes for children in foster care. We began the process of surveying foster families from across the state to get their feedback and input on areas that need strengthening. That likely will result in some changes or new processes. In the meantime, we already have made some changes and are working toward more improvements that would provide additional support and information. Those changes include:

- Making a DCFS senior-level position responsible for foster parent support and communication. Among other things, this position is responsible for ensuring foster families know about policy changes and will serve as a direct point of contact for foster families. This position also will bring systemic foster family issues to senior

DCFS staff's attention.

- Increasing communication with foster parents through regular emails and an updated foster parent portal that allows routine tasks to be done electronically. We will continue to make the functionality of the portal more robust and interactive over the next year.
- Developing a texting system that





caseworkers can use to reach out to foster parents when a placement is needed. This would save a significant amount of time that workers currently spend calling one foster family after another to find an available home. This also would prevent caseworkers from calling the same willing families over and over again.

- Engaging foster parent associations and creating an open and continuous dialog.
- Creating a Facebook page as an additional avenue of communicating events and information to foster and adoptive families and engaging them in conversation. When we invited foster and adoptive families to “like” the page, we received more than 500 likes in about 12 hours — a sign that they are eager for information and engagement with division staff.

## Customer service as foster parent recruitment and retention tool

A survey of foster families in two counties found inconsistencies in the interactions between DCFS staff and foster families. One foster parent told DCFS that the way she is treated varies based on the caseworker. “Some staff members are wonderful and easy to communicate with while others can be stoic and hard to read. It’s very frustrating to have to communicate with someone who seems to not want to trust you when you are attempting to help – help that has been heavily solicited. You stop feeling like volunteers and begin to feel like a resentful staff member.” Yes, there were positive responses to the survey as well, but this answer speaks to an important issue – customer service as a tool in child welfare. It is clear that foster parents are eager for consistent, meaningful engagement with

their caseworkers.

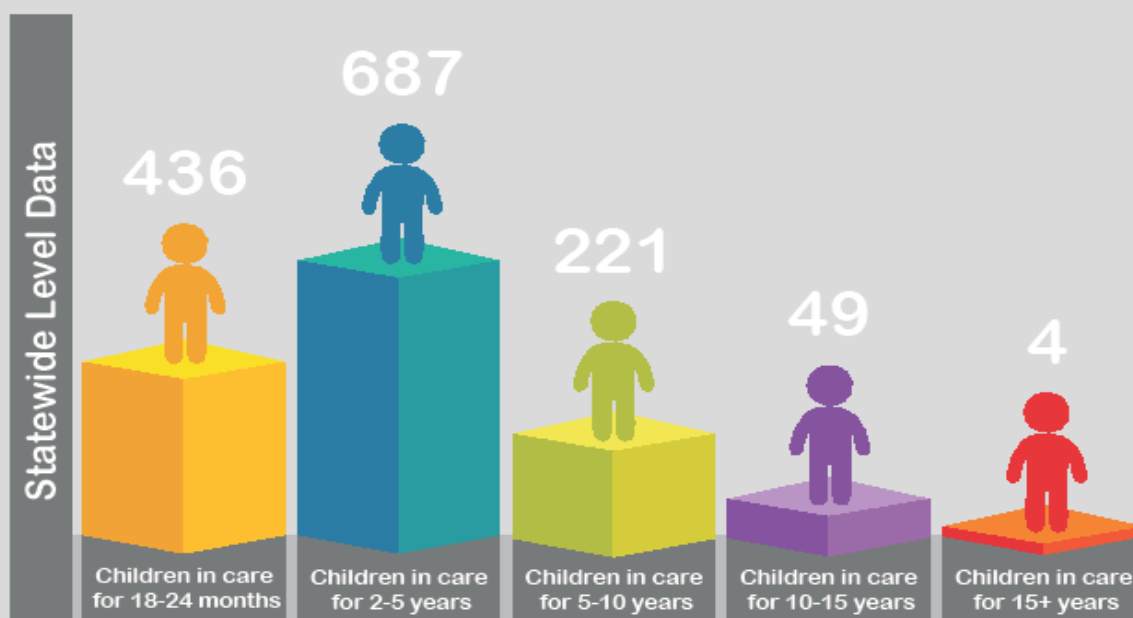
According to AdoptUSKids, customer service in child welfare is defined as the “customers”’ perceptions of the way they are treated, the responsiveness of the services provided, and the extent to which they are engaged in teamwork to meet the needs of children and youth.” Customers can be the children and families we serve as well as the foster parents and other stakeholders who help DHS serve them. DHS wants to improve its customer service culture, starting with a focus on the customer service relationship between DCFS caseworkers and foster parents. This effort, which will take some time to develop, will focus on providing professional and proactive customer service in three areas:

- Processes – providing timely responses and relevant services; being consistent and efficient.









**1397** total # of children in care 18 months or longer

to long hours for caseworkers and hundreds of hours of overtime every month. These tasks also take away from the time they have to serve children and families. FSWs need support so they can concentrate their efforts on protecting children, reuniting families and finding children forever homes. Long hours and high caseloads are regularly among the issues departing FSWs cite as reasons for leaving. Today, most DCFS areas in the state faces a 32 percent turnover rate among FSWs, which has lead to more inexperienced workers handling investigations and foster care cases. A review of employee records found that, on average, most FSWs working today have just over 1.8 years of experience.

To better support FSWs, DHS plans to

shift the money it spends on overtime to pilot a full second shift of workers who would work evenings or other non-conventional hours. But without significant added staff and strengthened prevention and reunification programs, we project a substantial growth in the number of children in foster care. The Governor's budget request would fund a total of 228 additional staff over state fiscal years '18 and '19. Most of those positions, 150, would be new family service workers.

In addition, there would be a total increase of 60 program assistants (who help with transportation and other needs) and 18 family service worker supervisors. Five of these positions will make up a new mobile crisis unit, which will deploy to high-turnover areas and help stabilize them

until new hires can be made.

### Assessing the current foster care population

For some children and youth in Arkansas, foster care is very short-term, which suggests that removal could have been prevented if the right family supports were provided. For others, foster care has unfortunately become a long-term solution to address the fact that they could not safely stay at home.

In November, DHS launched a "Rapid Review" pilot program in Sebastian County created by the Casey Family Foundation. The pilot targets children who have a permanent alternative to foster care, but the final steps to permanency have been delayed. This should address

the decreased rate at which children are leaving foster care. If the pilot proves successful and helps us identify trends that we can address on a larger scale, then it will be replicated in other counties.

The project will focus on two groups: The small number of children in trial home visits lasting 30 days and who have permanency plans in place that could be fast-tracked, and children who have been in placements longer than six months with a goal of adoption, but their adoptions have not been finalized.

### **Reducing reliance on congregate care for younger children**

The plans above focus on families – biological, fictive and foster – but do not address the reality that many children and youth in foster care do not live in family settings. Instead, they are in congregate care — from group homes to acute residential treatment. On Nov. 9, there were 164 youth in emergency shelters, 508 in residential care and 202 in residential mental health treatment.

When children come into care, the use of emergency shelters for placement has become a convenient option, especially when the children are difficult to place due to age or other needs. Reviews conducted as part of the war room meetings showed that some children and youth stayed in emergency shelters for a month or longer without staff looking for other more permanent placement options. Often that happened because caseworkers were juggling very high caseloads that resulted in the need to find placements

for many children in a short period of time. It is also clear that there is a reliance on emergency shelters even for children under the age of 10.

Leading researchers have concluded that group placements are not appropriate as long-term living situations for youths, but especially younger children, as they are at a high risk of developing clinical attachment disorders. So DHS has:

- Developed a prior authorization process that will require central office approval before children 10 and under can be placed in an emergency shelter or other congregate care setting.
- Begun monitoring emergency shelter placements and notifying supervisors and caseworkers when a child's stay exceed 10 days.
- Started reviews of cases of children 10 and under currently in emergency shelters and is creating discharge plans.
- Developed "How to make a placement" training materials for staff that explains that congregate care should be a last resort.
- Outlined changes to the IT system to require caseworkers to document attempts to place children in foster homes prior to contacting emergency shelters. These changes should be completed in December 2016.
- Begun identifying and monitoring open foster homes that have not had placements in 90 days to ensure

DCFS is maximizing use of available homes.

## **BUILDING A MORE DYNAMIC BEHAVIORAL HEALTH SYSTEM**

Children in foster care with serious mental health issues have few options as it relates to their treatment, in part because the state lacks a broad array of services that allow for a gradual transition from a psychiatric residential treatment facility. A review of foster children in long-term residential treatment found that:

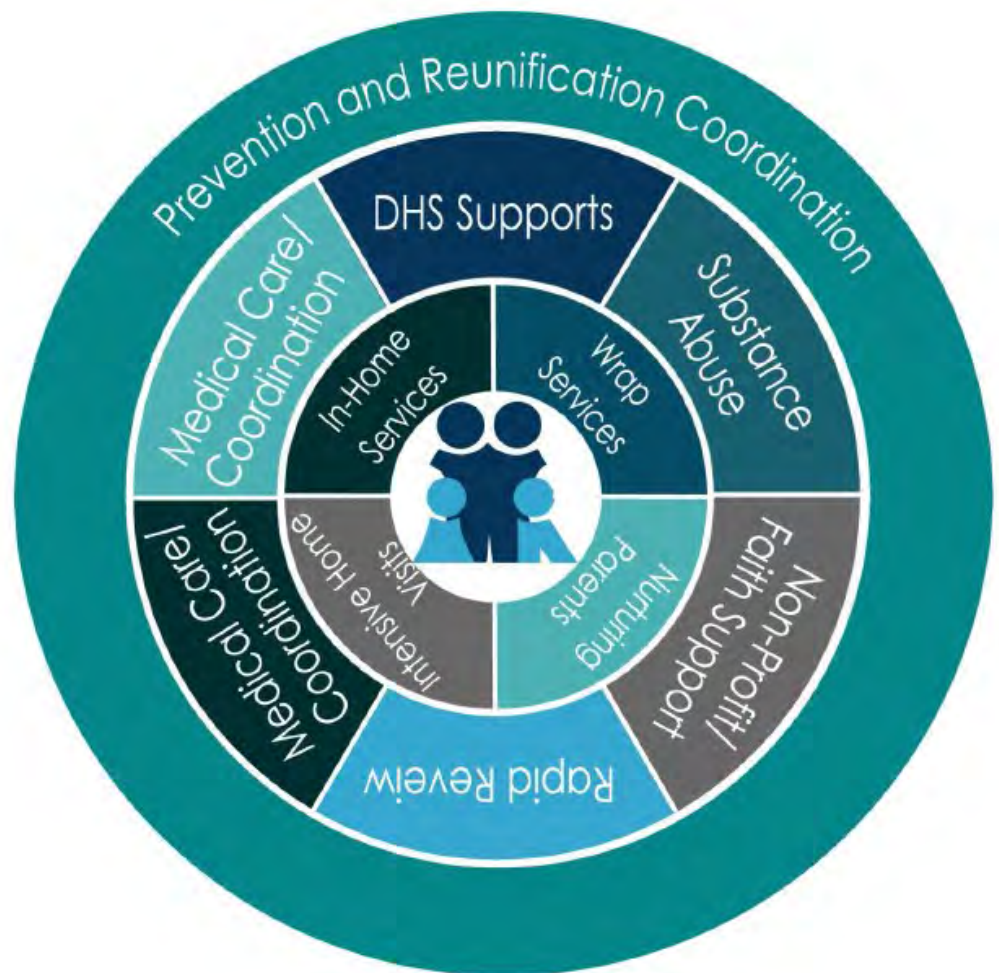
- 89 youth were "stuck" in an institution on July 1 for more than 30 days even though it was no longer medically necessary because they were not yet ready to move into a family home setting, but a lack of supportive services prevents them from transitioning to a less restrictive setting.
- Long-term institutionalization is not an effective mode of treatment and is much more expensive than intensive behavioral health treatment in home and community settings. In many cases, it can require 100 percent state general revenue.

### **Filling service gaps to reduce institutional care**

With the right supports and treatment, children with serious mental health issues can safely live and thrive in less restrictive settings, including foster family homes. DCFS has made a



concerted and intensive effort since the war room meetings began to find less restrictive settings and has been able to move 28 of 89 youth out of long-term residential treatment as of October. But there is a need for a more robust array of services. Those types of services will be available in July 2017, if our efforts to transform the state's behavioral health system are successful. But we did not want children who need services to have to wait until July to get them. So DHS requested federal approval to create and implement a short-term Medicaid-funded initiative that will build out transitional services for youth leaving psychiatric residential treatment. This \$2.5 million initiative will be 100 percent federally funded, and will:



- Help parents and children communicate their family's strengths and needs and develop a plan of care that looks beyond behavioral health issues;
- Support parents so they can realistically plan for challenges they may experience when their child returns home from residential treatment by working with the community-based provider to develop a transition plan;
- Provide access to non-traditional (for DCFS) services and supports such as mentoring, tutoring, individual and family therapy, supportive recreational and enrichment activities,

camps, parenting support, crisis support.

The family and support services will be provided by para-professional staff members employed by an Arkansas Medicaid certified behavioral health agency and supervised by a master's level clinician.

To create this short-term initiative, DHS has:

- Submitted a formal State Plan Amendment to CMS on Aug. 17 outlining how it will use Medicaid health services initiative funding for the new initiative. CMS approved the amendment Oct. 14.

- Identified current behavioral health providers that also provide therapeutic foster care homes and wrap-around services, and will amend contracts as necessary to add the new funding.
- Recognized a need to recruit therapeutic foster homes and other placement options for "stuck" youth, and will work with this community to identify homes.
- Developed a mobile assessment and crisis mobilization team to reduce the number of institutional placements. The hope is that this will be operational in November 2016.

## CONCLUSION

The steps and new initiatives outlined above should help stabilize the foster care system within a year, but they by no means go far enough to address all of the issues plaguing the child welfare system in Arkansas. As a state, we must also complete transformation efforts in the behavioral health system that will allow for Medicaid-funded substance abuse treatment services for adults eligible for the traditional Medicaid program and would allow for treatment of co-occurring disorders by one provider (i.e. substance abuse and depression). This is critical to DCFS because 52 percent of children who entered care last state fiscal year entered because of parental substance abuse issues. Today, only eligible pregnant women and adolescents can access that treatment.

There also is a great need for funding for additional caseworkers in order to bring

down caseloads to a more manageable level, which could relieve some of the stress that results in turnover and poor casework. As described earlier, the additional money for DCFS that the Governor placed in his budget request to the Legislature would address this need. Significant workforce challenges also remain at DHS. Though pay scale, an increase in which also is in the Governor's budget request, is a factor in the workforce issues that exist, it is only a piece. Over the next year, DHS also will identify better ways to recruit, train, evaluate and retain staff for both DCFS FSWs, but also other high-turnover positions in the organization.

There will always be challenges and unexpected situations in child welfare, and nothing in this report will change that reality. But the steps outlined in these pages should help Arkansas create a stronger, more nimble system that can handle those challenges when they arrive.