

TITLE IV-E WAIVER DEMONSTRATION PROJECT PROPOSAL

**ARKANSAS DIVISION OF CHILDREN AND FAMILY SERVICES
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TITLE IV-E WAIVER DEMONSTRATION PROJECT PROPOSAL
ARKANSAS DIVISION OF CHILDREN AND FAMILY SERVICES

OVERVIEW

Arkansas is pleased to apply for the Title IV-E Child Welfare Waiver Demonstration Project in order to better ensure the safety of children, to prevent their removal and provide services in the family home when possible and to expedite permanency for children in foster care. The State is applying for a waiver demonstration project as authorized by Section 1130 of the Social Security Act, hereafter referred to as “the Act.”

Arkansas is in a unique position to seize this innovative opportunity to build upon the foundation laid over the past three years to transform the child welfare system. The State believes that access to the waiver will provide yet another way to implement and scale up effective screenings, assessments, and interventions focused on enhancing the well-being of children and families. In addition, the waiver demonstration project will support Arkansas in its efforts to shift from reliance on generic interventions to evidenced-based and/or evidenced-informed interventions tailored to a family’s specific needs and/or point of involvement in the child welfare system in order to produce demonstrable improvements in outcomes.

The proposed waiver will provide flexible funding to continue to cover the administrative and maintenance expenses of children in foster care as well as flexible funding to shift services from out-of-home care toward a wide array of services for in-home services, including support for the Differential Response population and post-reunification services, children and families involved in supportive service cases, and those children who remained in the family home following both true and unsubstantiated maltreatment findings. This may include but is not limited to:

- early intervention in situations of developmental need and actual crisis;
- diversion from out-of-home care by providing for immediate needs (concrete services) or other services to stabilize families;
- evidence- and team-based approaches for providing services in the home prior to and after removal;
- training for staff in service delivery and supervisory practices that support improved outcomes;
- services based on functional assessments of children and families; and,
- long-term supports for families to avoid repeat maltreatment.

THE CHILD WELFARE SYSTEM IN ARKANSAS

The overall population in Arkansas was 2,915,918 at the time of the U.S. Census in 2010, an increase of 9.1 percentage points from 2000. Children under five years of age comprised 6.8 percent of the population at that time, whereas 24.4 percent of the population was under the age of 18. Seventy-seven percent of the population is white, while another 15.4 percent of the population is black. More than six percent of the population identify themselves as being of Hispanic or Latino origin. In 2010, the median household income was \$39,267 annually.

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

The Division of Children and Family Services (DCFS), a division within DHS, is the designated state agency to administer and supervise all child welfare services (Titles IV-B and IV-E of the Social Security Act), including child abuse and neglect prevention, protective, foster care, and adoptive programs. The State's child welfare system investigated 33,849 reports of child maltreatment and managed 21,461 cases during SFY 2011, including 13,502 protective and supportive services cases and 7,959 foster care cases.

The current average caseload per worker is 29.7. This includes all case types plus investigations. Divisional data shows a 29.6% increase in investigations from 2007 to 2012. Please note that in Arkansas Priority 1 maltreatment types (those severe and likely to have criminal charges attached) are conducted by the Crimes Against Children Division (CACD) of the Arkansas State Police through an agreement between Arkansas State Police and DCFS. CACD is responsible as the primary investigator for 16% of the investigations and DCFS is primary for 84% along with serving as secondary on CACD's investigations.

By area the caseload average ranges from a high of 37.54 to a low of 20.67. For further information regarding caseload and staffing please see the chart below.

Staffing – Number of Employees/Caseload per Worker						
	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011	Projected SFY 2012
Full-time Staff	978	961	973	1,016	953	943
Extra Help	21	16	23	16	17	16
Total	999	977	996	1,032	970	959
Caseload	28.36	28.33	35.92	25.18	27	28.76

An Agency exit survey for 2010 indicated a turnover rate of 17.21 percent with a median length of employment of 1.08 years. Information from 2011 reflects a median length of employment of 1.58 years, a significant increase from 2010 of the median length of employment increased even further in 2012 to 2.33 years.

In analyzing the past three years worth of data, stress, caseload/workload and working conditions are three of the top reasons that employees leave the Agency. The number one reason involves transfers. Interviews with staff who have left as well as comments provided on the exit surveys indicate that on call hours, demands placed on staff, lack of staff and high caseloads are recurring themes leading to decisions to leave the Agency.

The Division is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages, and delivers services without regard to race, color, religion, sex, age, national origin, mental or physical disability, veteran status, political affiliation or belief.

The Division's mission statement is as follows:

Our mission is to keep children safe and help families. DCFS will respectfully engage families and youth and use community-based services and supports to assist parents in successfully caring for their children. We will focus on the safety, permanency and well-being for all children and youth.

The Division's Practice Model goals are:

- Safely keep children with their families.
- Enhance well-being in all of our practice with families.

- Ensure foster care and other placements support goals of permanency.
- Use permanent placement with relatives or other adults, when reunification is not possible, who have a close relationship to the child or children (preferred permanency option).
- Ensure adoptions, when that is the best permanency option, are timely, well-supported and lifelong.
- Ensure youth have access to an array of resources to help achieve successful transition to adulthood.

The Division's Practice Model principles are:

- Behavior change and the work of change is a part of our daily challenge.
- Safety for children is achieved through positive protective relationships with caring family and community members.
- Meaningful decisions require close family participation in decision-making.
- Strengths of families and supporting these strengths contribute to life-long permanent relationships for children.
- Families' success depends on community involvement and shared problem solving.
- Practice with families is inter-related at every step of the casework process.
- Sustainable success with families is the work of a team.
- The entire system must support frontline practice to achieve positive outcomes with families.
- Every staff position, role, and activity of the Division shows continuous effort to build and maintain professionalism.
- Skill-based training and consultation forms the foundation for successful practice with families.
- Quality improvement and accountability guide all of our work.
- How we do the work is as important as the work we do.

One of the ways in which the Division worked to communicate the DCFS Practice Model included the development of the tagline "Care, Commit, Connect" which succinctly embodies the Practice Model goals and principles. Reflecting back, the creation of the "Care, Commit, Connect" tagline assisted DCFS administration and staff in internalizing the Division's Practice Model for administration and staff alike.

PROPOSED DEMONSTRATION PROJECT

BACKGROUND

Arkansas has embraced the Child and Family Services Review (CFSR) process by internalizing key learning from the statewide assessment and on-site review. Following Arkansas's last CFSR in 2008, DCFS began to implement immediate and long-term strategies to assure safety, permanency, and well-being for vulnerable children and families across the state. Despite successful completion of a Program Improvement Plan after the first round CFSR (2001), the State's initial PIP did not create systemic change. The State performed as bad or even worse during the second round (2008) of federal reviews as it did during the first CFSR. Arkansas was not in substantial conformity with any of the seven outcomes.

The findings from the 2008 CFSR underscored Arkansas's need to develop a more family-centered child welfare system focused on improving safety, permanency and well-being outcomes. To reach the goal of a more effective child welfare system, DCFS established and implemented a Program Improvement Plan with four broad strategies aimed at achieving behavioral change and ultimately improving outcomes for children and families, including:

1. Build and implement a comprehensive practice model to guide the work of the field and central office supports.
2. Design and implement communication, professional development, and change management strategies.
3. Grow the State's service array (with attention to the variety and effectiveness of procured services as well as the types of services and supports provided through community partnerships).
4. Enhance the State's quality assurance mechanisms to become a more effective system regarding results monitoring and practice improvement. Taken together, these will serve to improve the safety, permanency, and well-being of Arkansas children and families in ways that are measurable and sustainable.

The Division implemented its Program Improvement Plan in FFY 2009 and utilized the Quality Services Peer Review process to monitor its progress. Arkansas's Quality Services Peer Review (QSPR) process

mirrors that of the onsite CFSR process. Like the CFSR, the QSPR focuses on the three broad goals of child welfare -- child safety, permanency, and well-being -- and the review instrument measures the same seven outcomes and 23 individual items. The Service Quality and Practice Improvement Unit conducts the QSPR in each of the Division's ten geographical service areas each year. Thirty stratified, randomly selected cases are reviewed within each of the service areas, thus totaling 300 case reviews statewide. All seventy-five counties are represented in the findings from the reviews, with at least one case being reviewed from each county in the state.

During implementation of the PIP, DCFS was challenged by a lack of skilled workers, effective and timely services; high caseloads; turnover; and limited community awareness and support. While all of these elements continue to be daily struggles, the Division has made significant strides forward and, as such, is demonstrating progress within several CFSR items. Arkansas's performance has improved on six of the seven outcomes since the 2008 CFSR, and the State's performance has improved on 18 of the 23 individual items since last federal review as well. The statewide scores for all CFSR measures are presented in Table 1 in the Appendix with a comparison of the State's performance during the most recent round of QSPRs to that of the 2009 and 2010 rounds of reviews as well as the second round of the CFSRs in 2008.

Arkansas valued the CFSR PIP process including the increased collaboration with its federal partners during that time. There has been a noticeable shift in practice over the past four years, and the Division continues to build on those strengths to engender best practice across the system. The State is fully committed to improving its child welfare system, even beyond the goals established in the CFSR PIP. DCFS continues to set goals of improvement and utilize the QSPR process to monitor its progress in achieving those goals.

Despite completing the formal PIP process in June 2011, the State continues to employ strategic planning and performance monitoring to fully implement its family-centered practice model. Increasingly, staff are employing data to inform decision making, both within central office and in the field. Following each QSPR, the Director and other members of the Division's executive team meet with each area director and all of his or her supervisors to discuss the findings from the reviews and what is needed to better serve children and families. Additionally, the Service Quality and Practice

Improvement Unit conducts coaching sessions annually in each of the Division's service areas during which the QSPR instrument itself is used to explain best practice using actual case examples.

The landscape is ripe for continued change within Arkansas's child welfare system. The system has a more stable infrastructure and one that is conducive to change:

- The previously referenced Practice Model and complementary tagline "Care, Commit, Connect" were developed with numerous internal and external stakeholders and officially launched in October 2009.
- In an effort to help staff understand and operationalize the Practice Model, the Division and its IV-E University Partnership developed a Supervisor Care, Commit, Connect ("3 Cs") Training. This training was held in December 2009 and featured several different workshops that focused on different aspects of developing supervisory skills that reflect the Practice Model goals and principles. DCFS and its IV-E University Partnership also designed a "3 Cs" for field staff. The format for this event was not a traditional training. Rather, DCFS and the University Partnership employed the appreciative inquiry method as a means of helping staff recognize the strengths within our existing system, how those strengths relate to the Practice Model goals and principles, and determine how DCFS can build upon what is already working well within the child welfare system in an effort to mitigate any existing challenges and strengthen the system as a whole. DCFS and its University Partners collaboratively conducted approximately 20 "3 Cs" events across the state during the spring of 2010.
- Staff have recognized the benefits of adopting the DCFS Practice Model and are more open to future changes that reinforce emerging best and promising practices.
- There has been an increase in provisional (relative) placements and familial involvement for children in foster care.
- The public is becoming more accepting of the Division's direction regarding maintaining children safely in their homes; working to build healthy families; assisting families in addressing their issues; and the value we place on strengthening parental capacity and family engagement.
- The Division has the support of its provider base, including contract providers and foster parents.
- As a part of the PIP efforts, DCFS and its IV-E University Partnership reviewed New Worker Training curriculum and On-the-Job Training (OJT) activities and made identified changes to include more focus on team work as well as work with local SOC Care Coordinating Councils.

- The Divisional Compliance Outcome Report data indicates over the last 12 months improvement in 27 of the 35 measures; decrease in 3 of the measures and consistent steady performance in the remaining 5 measures. The areas showing the greatest improvement involve case planning showing a 20% increase; involvement of bio parents, foster parents and children in staffings with improvements of 20%, 22% and 32%, respectively, along with improvement in foster children having comprehensive health assessments completed within 60 days showing an improvement of 28% over the last year. Throughout some of the measures we may have experienced an ebb and flow but overall the numbers are consistently showing an upward trend.
- The Arkansas Youth Advisory Board (YAB) is vocal and is unmistakably the voice for the youth in care. Members of the YAB have frequent communication not only with the Transitional Youth Manager in central office but also with the Division Director. The YAB recently developed and finalized their own constitution and bylaws in an effort to run their organization more consistently and effectively regardless of who is serving on the board at any given time.
- For the past two summers the Division, in partnership with FosterClub, has hosted a Youth Leadership Conference which is open to transitional age youth across the state. The conference includes workshops on a variety of topics relevant to youth in foster care; a panel of older youth in care and/or youth who have exited care who answer questions from the younger adolescents in attendance; and a talent show for the youth. The 2012 Youth Leadership Conference is currently being planned.
- DCFS has also partnered with the youth engagement specialists at the Administrative Office of the Courts (AOC) to survey youth in foster care regarding their view of the services they receive and how to improve the system.
- The creation of Interdivisional Staffings has not only allowed us to better serve children and youth who have complex needs, but has also strengthened partnerships with a variety of agencies. The purpose of Interdivisional Staffings is to resolve issues that make placements difficult or to otherwise address cases needing intensive coordination in order to connect children with appropriate services and supports in an effort to help them reach permanency. Interdivisional Staffings include representatives from the Department of Education as well as members of the following DHS divisions: Youth Services (i.e., juvenile justice), Medical Services (i.e., Medicaid), Developmental Disabilities, Behavioral Health Services, and Office of Chief Counsel.

- DCFS partnered with the DHS Division of Child Care and Early Childhood Education and Zero to Three to establish the Pulaski County Court Team for Safe Babies Project in Judge Joyce Williams-Warren's court in 2009. This project, while relatively small in scope, continues to produce positive outcomes for infants and toddlers in the child welfare system. The agency is considering expanding the Court Team Project to other counties.
- The State implemented Structured Decision Making (SDM) in 2010 to stress the distinction between risk and safety and work toward an overall improvement in protection planning while impressing upon staff that children should only be removed whenever safety concerns cannot be controlled in the family home.
- Also in 2010 DCFS, in partnership with Casey Family Programs, introduced Permanency Roundtables (PRTs) to Arkansas. PRTs are professional staffings designed to accelerate the permanency planning process by determining how permanency obstacles for youth can be removed. PRTs have been held in all 10 DCFS service areas and continue to be held regularly in some counties.
- In conjunction with the Permanency Roundtables, Casey Family Programs also provided several Permanency Values Trainings to DCFS staff and stakeholders. The continued agreement between the Division and Casey Family Programs includes a provision for Casey Family Programs to periodically offer Values Training in Arkansas to ensure that new staff and stakeholders also participate in and learn from this important training.
- As of July 1, 2011, DCFS completed implementation of the Structured Analysis Family Evaluation (SAFE) which since that time has been the required home study tool for all DCFS foster and adoptive homes. SAFE provides uniform information gathering tools that support the home study interview as well as an inter-related, structured process to evaluate the interview and determine the strengths and limitations of applicants. SAFE has assisted the Division in its continued efforts to open more quality foster and adoptive homes.
- In 2011, DCFS was awarded a technical assistance grant from the Mountains and Plains Child Welfare Implementation Center (MPCWIC) to create the Arkansas Creating Informed Results through Competent Leadership and Empowered Supervision (AR CIRCLES). The goal of AR CIRCLES is to develop supervisors' capacity and skills and enhance supervisory engagement. Primary strategies include the implementation of Learning Circles to help facilitate local, solution-focused approaches to challenges as well as a strategic planning process involving three workgroups -- the Care, Commit, and Connect Workgroups. These workgroups are comprised of

frontline field staff and supervisors as well as a central office liaison. Care, Commit, and Connect Workgroups are developing strategic plans to address issues of internal and external communication; supervisor training, policy, and case monitoring; and, community partnerships, respectively.

- Also at the beginning of SFY 2011, a “Sibling Project” began. The project is designed to identify those siblings who are not placed together; identify why they are not placed together; identify if there are any safety concerns with the siblings being placed together; identify what type of placement is needed for the siblings to be placed together; and, how often visits are occurring while the siblings are separated. Area Directors are required to update the information monthly. Information is shared with members of the judicial branch to address those situations in which court and/or attorney ad-litem does not want the siblings placed together or, in some cases, why visits between siblings are discouraged. Since starting this project the percentage of siblings placed together has consistently increased per quarter. In SFY 2010, 66% of siblings were placed together; SFY 2011 67%; during SFY 2012 we have seen the quarterly performance increase to 69%. We have also had numerous discussions with the judicial system about the importance of siblings being placed together and in those instances where they cannot be placed together the importance of the visits between the siblings.
- DCFS has also worked closely with University of Arkansas for Medical Sciences (UAMS) on the Project Positive Learning for Arkansas’s Youngest (Project PLAY) over the last year. Project PLAY promotes the healthy social and emotional development of children by providing early childhood mental health consultation in child care centers and advocating for high quality child care for all children. DCFS and Project PLAY recently collaborated on the development of a tool kit designed to increase communication between a child’s DCFS worker and child care provider.
- Beginning in 2011 DCFS collaborated with the UAMS Arkansas Building Effective Services for Trauma (AR BEST) to provide Trauma Informed Care Training. This training curriculum is informed by the National Child Traumatic Stress Network and encourages the use of Trauma-Focused Cognitive Behavioral Therapy when appropriate (*note: prior to this training, UAMS, with support from the Medical University of South Carolina, provided Trauma-Focused Cognitive Behavioral Therapy training to several mental health care providers around the state including Community Mental Health Centers*).
- In 2011 the Division requested Hornby Zeller Associates (HZA) to conduct an assessment of the quality of the agency’s current foster homes. HZA utilized multiple data sources to answer

research questions regarding the quality of foster homes. These included examination of management information, surveys, and interviews with past and present foster parents, children and youth in foster care, DCFS caseworkers, and DCFS resource workers (staff responsible for opening and monitoring foster homes). HZA completed this assessment and associated recommendations to improve the quality of foster homes in May 2012. DCFS is currently determining how to best implement the provided recommendations.

- At the beginning of 2012, a workgroup comprised of DCFS Executive Staff members began meeting regularly to determine how the foster and adoptive home application and approval process could be streamlined. While the group is still working on some proposed ideas, completed actions related to this group's work include allowing applicants to take the required CPR and First Aid classes online (provided they demonstrate skills learned in the presence of a certified trainer in order to complete their certification) and approval of funding for all resource workers (staff who open and monitor foster homes) to become notaries in an effort to expedite the background check process.
- In an effort to assess and assure appropriate and timely permanency planning for children in foster care, the Division recently developed a report indicating the date a child entered care, the number of days in care, the latest case plan goal and the date of the last case plan goal. Justifications were required for those with a goal of reunification and why this goal should be continued along with justifications for and progress being made in those cases with a goal of APPLA and adoption. Administrative Office of the Courts received this report so it can also be share with judges, the Attorney Ad-Litem director, and Parent Counsel. The Department of Human Services Office of Chief Counsel has also received this report for their review and use. As a result of the project: all case plans are updated statewide; all permanency goals have been reviewed and updated; cases have been appropriately assigned (or re-assigned) to staff; and, foster parent adoptions have been finalized on numerous clients. The Division continues to monitor this report on a monthly basis.

Arkansas is working towards a child welfare system that is focused on prevention as well as providing services to strengthen families and increase their capacity to handle challenges without the assistance of the child welfare system. To do so, the State needs to increase its capacity surrounding in-home services from developing policy to establishing effective interventions in that realm. DCFS needs to develop caseworkers to increase their faculty in working with those families whose children remain in the home.

The Division also needs to further evaluate what services are most needed and fill any service gaps by working with local communities. DCFS must utilize every available opportunity to educate local communities about the needs of their citizens and how they can help. The Agency must help them to understand that child welfare issues are not just a state issue. Rather, they are a local community issue and, when addressed in the local communities, there are more positive, long-lasting results for children and families.

PURPOSE

The State plans to develop a child welfare system that values families, one where families are engaged and have a voice in the decisions regarding their cases; one where children and families are served in their homes if at all possible; one in which children are only in foster care for a short time so that no child grows up in the system; one in which every child has permanence; and one in which the services needed by families are readily available and they help produce the best possible outcomes for the families served by the system.

To accomplish this, resources, including finances, should also be focused on strengthening parental capacity and enhancing family functioning to prevent unnecessary removal or to promote timely reunification when removal is necessary. However, current Title IV-E funding is restrictive with regard to the types of services that can be provided and the settings in which they can be delivered. It largely supports only those children in foster care settings, and it provides no incentive to focus on preventing children from coming into care. Arkansas is applying for a Title IV-E waiver demonstration project to increase the flexibility of its funding to better ensure the safety of children, to prevent their removal and provide services in the family home when possible, and to expedite permanency for children in foster care. The State's demonstration project is innovative and will transform the child welfare system. The waiver's flexibility to provide in-home services as well as out-of-home care will allow Arkansas to adopt an array of evidence-based and evidence-informed practices and programs which will, in turn, foster improved child and family well-being. The State believes that the proposed demonstration project will build upon the goals and strategies within its PIP and bolster its performance on the CFSR measures.

Arkansas would like to use the flexible funding provided by the waiver to further accomplish the following statutory goals:

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

PROBLEMS AND PROPOSED INTERVENTIONS

Problem 1: Arkansas needs to prevent children from entering/re-entering foster care by providing timely, effective in-home services/interventions.

Arkansas must continue to work to safely maintain children in their homes and prevent their entry into foster care. The State's current entry rate is 5.4 entries per 1,000 compared to the national standard of 3.3 entries per 1,000.

Since the last CFSR, DCFS has focused on maintaining and serving children in their homes. For example, the Division works with Arkansas's System of Care (SOC) initiative and the local SOC Care Coordinating Councils in an effort to provide wraparound services to strengthen families and safely maintain children in the home when possible. Furthermore, the Division adopted a Structured Decision Making (SDM) model in 2010 that emphasizes the distinction between risk and safety. Staff are trained that services/interventions should be provided to address risk and that children should only be removed whenever safety concerns cannot be controlled in the family home. To date, investigative staff have received the SDM training, but the model will be rolled out to all caseworkers this fall. Since implementing SDM, fewer children are coming into the system and more are being served in their home environment. In reviewing the ratio of children removed as a percentage of true maltreatment findings, removal rates have decreased from 67 percent in SFY 2007 to 51 percent in SFY 2012.

Even so, there are still far too many children entering care in Arkansas. During SFY 2011, data shows that 4,126 children entered foster care. Neglect and substance abuse are the most prevalent reasons that children enter foster care, and the two are inter-related. Arkansas continues to see an increase in the number of cases involving both illegal and prescription drug abuse. The substance abuse is often associated with inadequate supervision, medical neglect, failure to protect, environmental neglect, and educational neglect. Addressing the needs of this population will be critical to safely maintaining children in their homes.

Of equal importance will be focusing on the children who enter foster care for short periods of time. Twenty-nine percent of the children who entered care in SFY 2011 exited the system within 90 days. In fact, 15 percent of the children who entered care during that time exited in less than 30 days. Arkansas believes that most of these children should have never come into care and should have instead been served in the family home.

As the Division focuses on preventing children from entering foster care, it must concentrate on preventing children from re-entering care as well. Arkansas's re-entries have increased slightly as of late from 8.9 percent in SFY 2011 to 9.8 percent in current SFY 2012. It should be noted that the Agency's reentry calculation is different from that of the federal government. DCFS counts each time the child re-enters the system versus the federal methodology of counting only the first re-entry. Between April 1, 2010 and March 31, 2011, 3,121 children exited foster care due to reunification or relative custody. Of those children, 306 of them re-entered foster care within 12 months. Half of the children re-entered foster care due to immediate health or safety concerns following either a new maltreatment referral or information obtained during an open services case. The children in 36 percent of the cases were court ordered into foster care, in both Family In Need of Services (FINS) and dependency/neglect cases. The remaining forty-four children exited foster care when custody was granted to a relative or non-relative and the custodian could no longer continue caring for the children either due to inability to cope or the child's behavior. Arkansas must improve the services provided to children who exit care to prevent their re-entry into care. As with all families, the Division will need proven, concrete interventions to safely maintain children in the family home.

In its current state, the Division is largely void of an in-home services program. DCFS policy does not contain guidelines and procedures specific to casework practice in its in-home cases. Without this

guidance to make the Agency's expectations known, staff must presume what is required in their dealings with families involved in protective services cases. This creates inconsistency in service delivery across the state and often results in families not receiving adequate services. This also contributes to the number of children served in out-of-home care.

- ❖ *Goal 1: Prevent child abuse and neglect and the re-entry of infants, children, and youth in to foster care.*

- ❖ *Goal 2: Increase positive outcomes for infants, children, youth, and families in their homes and communities, including tribal communities, and improve the safety and well-being of infants, children, and youth.*

Scope and Types of Interventions

To limit the number of children entering/re-entering care each year, Arkansas would like to use the flexible funding provided by the Title IV-E waiver demonstration project to develop a comprehensive model of practice from investigations to in-home services, including post-reunification services that are offered after court closure on cases, that bolsters safety, permanency and well-being and safely maintains children in their homes. The State will use the flexible funding to develop an in-home services program supported by evidence-based and evidence-informed practices.

In creating the new in-home services program, DCFS will develop policy and procedures specific to in-home cases. Such policy will outline the guiding principles for working with families in in-home cases, including how the work is to be done and why it is important. In addition, DCFS plans to utilize evidence-based and evidence-informed interventions to improve outcomes for vulnerable children. In particular, the State will build upon current initiatives and/or develop and implement the following interventions:

- Evidence-based screening tools and functional assessments
- Family Team Meetings
- Evidence-based parenting education program
- Differential Response

Screening Tools and Functional Assessments

Arkansas would like to put into practice evidence-based and/or –informed screening tools and functional assessments to support meaningful and measurable improvements in children’s functioning across all domains, including:

- behavioral and emotional functioning;
- social functioning;
- cognitive and academic functioning;
- physical health and development; and,
- mental health.

The State would like to use these instruments to shift the system’s focus away from monitoring clients’ access to services to continuously monitoring child and family improvements in functioning. Of particular interest to DCFS is ensuring children’s and families’ outcomes are improving as they are receiving services.

The screening tools and functional assessments will be used statewide for clients in both in-home and foster care cases. The Division expects that the introduction of these practices will lead to measurable improvements for clients. Children’s improved functioning and individualized service interventions will allow DCFS to safely maintain more children in the family homes. The Agency intends to use data from the evidence-based screenings and assessments to evaluate its success in achieving positive outcomes for children and youth. Arkansas is researching screening and assessment tools that have been identified in Administration for Youth and Families’ presentations and that are posted on the National Child Traumatic Stress Network and SAMHSA websites.

Family Team Meetings

DCFS plans to implement family team meetings within the State to give families more voice in their cases. Arkansas believes successful work with families hinges upon individualized services and interventions and familial involvement in decision-making. The family team meeting structure would allow family members to serve as more active partners in the shared decision-making process and produce tailored service plans.

DCFS will research and develop effective family team meeting protocols and implement them statewide. The family team meeting process would be available throughout the system, from the onset of the Agency's involvement with families through achievement of the case goals and/or permanence. Families would be more engaged and supported in the case planning, case management, and case closure process, thus leading to improved outcomes for children and families. Fewer children will enter/re-enter foster care because interventions will be tailored to the individual needs of families which will mitigate risk and ensure safety.

Parenting Education Program

Arkansas wants to acquire and implement an evidence-based parenting education program in order to improve the fundamental parenting practices of parents involved with the Division. Particularly, DCFS is focused on increasing parenting capacities regarding the provision of safe and nurturing environments and consistent interactions. Arkansas believes that the appropriate parenting education program will assist parents and caregivers in maintaining children who have experienced maltreatment in the family home by providing them with a safe, nurturing, and healing environment.

The State will research and evaluate the merits of the various evidence-based parenting education programs such as Nurturing Parents and Safe Care. Once the program best suited to address the needs of Arkansas's families is selected, it will initially be phased into certain counties in order to better monitor challenges and successes. However, by 2019 the evidence-based parenting education program will be available statewide to those families whose children were able to safely remain in the family home and those families whose children are in foster care. DCFS intends to engage communities and providers in implementing a proven, effective parenting education program and contribute to the evidence base by monitoring and evaluating the outcomes of clients served by the program.

Differential Response

The State intends to implement a Differential Response (DR) program designed to strengthen and empower families involved in low risk child maltreatment referrals. The DR program will divert families from the formal investigative process and engage them in building from their strengths, meeting their individualized needs, and connecting them to community resources.

As a result, Differential Response will assist DCFS in decreasing the number of children coming into the system by working with families in a more positive way through diversion versus the traditional investigative approach. The Division will engage communities and providers in making DR a community-based program that effectively supports families while diverting them from the formal child welfare system. Arkansas plans to phase in Differential Response statewide.

Problem 2: Arkansas needs to provide children in foster care with more stable placements.

DCFS must provide children in care with greater stability. The system is showing positive movement as more children experience stability in their placements. Arkansas's QSPR stability performance has improved by ten percentage points since the 2008 CFSR. In addition, according to the most recent data profile, the State is currently ranked 45 of 51 states on the stability measure, up from 47 during SFY 2009. Nevertheless, the Division must continue to ensure that more children in care experience stability. In reviewing our data, 47 percent of foster children have experienced three or more placement changes. Of those children, six percent are 0 – 1 year old; 20 percent are 2 – 5 years old; 29 percent are 6 – 11 years old; 22 percent are 12 – 15 years old; and 23 percent are 16 and older.

The problems with placement stability are multi-faceted. Many placement changes are not planned by the agency. The 2012 study and report, "Monitoring and Evaluation of Foster Family Homes," conducted by Hornby Zeller Associates (HZA) at the request DCFS found that one of the most frequent reasons for children moving from one place to another is simply because the caregiver requests it. Foster parents interviewed for this report stated that it is generally the child's behavior that generates the request. Arkansas struggles with providing foster children with stable accommodations largely because the State does not have a sufficient number of placement resources that can address the breadth of care needed by its diverse foster care population. Due to a shortage of placement resources, placement decisions are frequently made based on the availability of placements rather than on the actual needs of the children. DCFS must work to better recruit and retain quality foster homes and other placement resources that can carry out the scope of services needed by the Division's varied children in foster care.

Recruiting and retaining quality foster homes has proven to be challenging for the Division. In SFY 2011, Arkansas experienced a net gain of only three foster homes. To date in SFY 2012, the State only has a net gain of 31 homes. The State has faced a shortage of individuals interested in only fostering.

Many families come to the foster care system with the intention to adopt. Others state they only want to foster but eventually adopt. In fact, more than two-thirds of the State's adoptions are by foster parents. While this is a benefit in terms of some children achieving permanency, it reduces the system's placement resources and has a significant impact on the placement stability of other children and youth.

Problem 3: Arkansas needs to help children in foster care achieve more timely permanence.

Children are not exiting the system as quickly as they should be. Data indicates exits are not exceeding entries and, therefore, the child welfare population continues to grow. The State experienced some positive trends during SFY 2011 when exits either equaled entries or were within one or two. However, the tide has turned in SFY 2012. Entries are now exceeding exits (see table below for more information on this trend). Data shows there are a number of cases within the system in which permanence should be occurring more quickly, particularly in the realm of foster parent adoptions.

Entries and Exits from Foster Care SFY 07-SFY 11		
SFY	Entries into Foster Care	Exits from Foster Care
2007	4,174	3,860
2008	3,754	3,721
2009	4,214	4,050
2010	4,134	3,831
2011	4,126	4,071

The aforementioned "Monitoring and Evaluation of Foster Family Homes" conducted by HZA noted that Arkansas' foster parents make important contributions to achieving permanency for children by accounting for two-thirds of all adoptions and, in some cases, helping biological parents maintain close relationships with their children. However, Arkansas still needs to improve upon its work with children and families to ensure children achieve permanence as quickly as possible. In most cases, the State continues to exhibit difficulties in working to preserve familial ties and other important connections for children in care. Arkansas must focus on engaging and working with birth families to better promote and develop relationships between the children in foster care and their birth families. Foster children need more frequent, quality visitation with their parents and siblings. Parents must be more actively involved in the lives of their children. Without such improvements, fewer children will be reunified with their families and those who are will take longer to achieve reunification.

Caseworkers must work to ensure the involvement and participation of all family members in all of the decision-making surrounding the case, including all aspects of case planning. Such family engagement will help to ensure services are tailored to best address each family member's strengths and needs. Moreover, it is more apt to produce positive outcomes because families are more likely to buy-in and follow their service plans. Regarding visits with children in out of home placements there has been an increase of 10% over the last 12 months. For in-home cases there has been an increase of 7% over the last 12 months. Several tracking reports known as the "120 day visit reports" have been developed to help monitor visits in out-of-home placements, in-home cases, and visits with biological parents. These reports show which cases have had visits in the last 120 days and are refreshed daily.

- ❖ *Goal 3: Increase permanency for all infants, children, and youth by reducing their time in foster placements when possible and promoting a successful transition to adulthood for older youth.*

Scope and Types of Interventions

Arkansas would like to use the flexibility of the demonstration project to provide children in foster care with more stable accommodations and help them achieve more timely permanency. The State will seek to improve placement stability and bring about earlier permanence by implementing evidence-based and evidence informed practices, fostering collaboration between foster and birth families and by increasing the number of placement resources that are equipped to care for the specific needs of the children in care in Arkansas. Specifically, DCFS plans to build upon current initiatives and/or develop and implement the following interventions:

- Evidence-based screening tools and functional assessments
- Foster parent / birth parent partnerships
- Targeted foster family recruitment
- Trauma-Informed Care
- Evidence-based parenting education program
- Permanency Round Tables
- Administrative Review
- Family Search

Screening Tools and Functional Assessments

As described under Goal 1, Arkansas would like to implement evidence-based and/or –informed screening tools and functional assessments to support meaningful and measurable improvements in children’s functioning. DCFS is currently considering a variety of screening tools and assessments including, but not limited to, the Child and Adolescent Needs and Strengths (CANS) Trauma Version, Child Behavior Checklist (CBCL), and Strengths and Difficulties Questionnaire, and the Emotional Quotient Inventory Youth Version (EQ-i:YV). The State will utilize these instruments statewide to ensure the needs of children are adequately assessed and addressed and that their placements are best suited to meet their individual needs. The use of evidence-based and –informed screening tools and functional assessments will improve the well-being outcomes for all children involved with the Division by increasing stability in their foster care placements. The Division intends to use data from the evidence-based screenings and assessments to evaluate its success in achieving positive outcomes for children and youth.

Foster Parent / Birth Parent Partnerships

DCFS intends to establish mechanisms through which birth parents can partner with foster parents in caring for their children. This partnership will facilitate reunification and other permanency goals. It will allow the foster parents to aid the parents in strengthening their capacities as caretakers. Furthermore, the cooperation between birth and foster parents will help lessen the trauma experienced by children in out-of-home care. Children will experience less grief and loss because their families will remain a regular part of their life. As such, this collaborative parenting structure will also cultivate improved child well-being as there will be less stress in the children’s lives thereby leading to more positive impacts on children’s development.

The Division will explore effective strategies and best practices surrounding parent partnerships and then develop and implement foster parent / birth parent partnership practices across the state. These partnerships will produce positive well-being outcomes for children, youth and their families, and they will reduce the trauma experienced by children who have been abused and/or neglected.

Targeted Foster Family Recruitment

The State will establish targeted recruitment strategies to increase the number of foster homes in each county. Additional foster homes will allow staff to make appropriate placement decisions from the moment children enter care. With more foster homes, DCFS will also be better equipped to place children in their removal county or at least within close proximity to their families which should have a positive impact on reunification efforts, improve their educational outcomes, and decrease the length of time they are in care. In addition, since additional foster homes should result in more appropriate placement options for children, this, in turn, should lead to fewer placement disruptions. As a result, there should also be an increase in the amount of time workers have to do practice case work rather than spending time traveling to pick children up from disrupted placements and then working to find new placements for them.

While Arkansas's targeted recruitment strategies will eventually increase the number of foster homes across the state, the implementation will begin in and priority will be given to those counties with the greatest need. An increase in the number of available placement resources will improve placement stability, and it will promote the social and emotional well-being of children and youth in foster care.

Trauma-Informed Care

Arkansas would like to develop a child welfare system that is sensitive to and capable of addressing the trauma experienced by children and youth involved with child welfare. DCFS, in partnership with the University of Arkansas for Medical Sciences (UAMS) Arkansas Building Effective Services for Trauma (AR BEST), has already provided trauma-informed training to staff and supervisors across the state. However, DCFS intends to bolster its efforts to provide trauma-informed care to children, youth, and families by educating all of the system's stakeholders about trauma. The Division will help foster families understand the impact of trauma on child development and how to effectively minimize its effects without causing additional trauma. Policies and procedures will also be revised as necessary and the Agency will work collaboratively with other providers and stakeholders to ensure that the system becomes more trauma-informed.

As the State attempts to cultivate a trauma-informed system, Arkansas will continue to provide training related to assessing and treating trauma, including educating staff about compassion fatigue and how to

cope with secondary trauma. Eventually, DCFS plans to identify and implement more treatment programs capable of meeting the needs of children, youth, and families affected by trauma.

Shifting the system so that it is truly trauma-informed will lead to greater placement stability for children in care, as foster parents will be responsive to trauma and have a genuine understanding of the trauma caused to children by each placement move. As a result, children in foster care will also experience fewer traumas thereby ensuring their chances for normal development and earlier permanence. Trauma-informed care will also improve the social and emotional functioning and corresponding well-being outcomes for children involved with the child welfare system.

Parenting Education Program

As discussed under Problem 1, the State would like to acquire and implement an evidence-based parenting education program in order to improve the fundamental parenting practices of parents involved with the Division. In particular, DCFS is focused on increasing parenting capacities regarding the provision of safe and nurturing environments and consistent interactions. Arkansas believes a parenting education program that is designed specifically for parents involved in the child welfare system will help parents and caregivers learn appropriate parenting skills. As a result, the evidence-based parenting education program could potentially accelerate the time in which parents and other caregivers are reunified with their children, thus increasing permanency for their children by reducing their time in foster care placements.

The State will research and evaluate the strengths and challenges of several evidence-based parenting education programs such as Nurturing Parents and Safe Care and select the program best suited to address the needs of Arkansas's families. In addition to eventually being available on a statewide basis to those families whose children are able to safely remain in the home in order to prevent entry into foster care, the program will also be available statewide through a phased-in process to those families whose children are in foster care in order to increase permanency for infants, children, and youth. DCFS intends to engage communities and providers in implementing a proven, effective parenting education and contribute to the evidence base by monitoring and evaluating the outcomes of clients served by the program.

Permanency Roundtables

Arkansas partnered with Casey Family Programs in 2009 and 2010 to conduct permanency roundtables (PRT) across the state for the children who had been in care for 24 months or longer. PRTs are interventions designed to facilitate the permanency planning process by identifying innovative yet realistic solutions to permanency obstacles for youth. Key players (a permanency consultant, a master practitioner, a youth's case manager and supervisor, etc.) convene to create individual permanency plans.

The PRTs were a success in Arkansas and helped to facilitate permanency for children. The first official round of PRTs concluded in May 2011 and resulted in 353 roundtables conducted across the state. As of December 2011, the statewide aggregated data results confirm out of 353 cases reviewed, 278 children remain in foster care. Of the 353 cases reviewed, 17 children achieved legal permanence through adoption, eight through guardianship, six via reunification, and 48 children were emancipated. About 22% of the children achieved some form of legal permanency.

DCFS has continued to implement sustainability practices for the Permanency Roundtables into our system. The DCFS Permanency Specialist coordinates efforts by using the Arkansas practice model as the foundation for developing permanency strategies and activities that could potentially expedite the permanency process for children lingering in extended foster care. The PRT coordinators across the state continue to submit aggregated data along with summary reports on the cases quarterly.

DCFS would like to expand the use of PRTs to include more children and further promote the sense of urgency within the Division surrounding permanency. The State has adopted the interactive permanency values training session provided by Casey for agency staff that is focused on issues surrounding permanency, particularly the importance of legal permanence and individualized permanency planning as a vehicle to achieve it. Arkansas believes that no child should grow up in foster care because permanency is essential to healthy, appropriate development and well-being functioning in children and youth. The flexibility granted by the waiver would allow Arkansas to expand the use of PRTs to establish lifelong connections and supports for children in foster care.

Administrative Reviews

Federal legislation requires that cases involving children in out-of-home care be reviewed at least every six months, either by a court or through administrative review. The State would like to explore replacing regular court review hearings in its foster care cases with an administrative review process. Arkansas believes that the administrative review framework would foster increased permanency by permitting DCFS to focus on family-centered permanency planning. Statute provides that an administrative review may be conducted by a variety of individuals, but at least one should not have responsibility for case management or service delivery to the child or his/her parents. The flexibility in funding granted to the State by the waiver would allow the Division to contract with an independent, third party reviewer to administer the administrative review process.

The administrative review process would bring families to the table with other key players in their cases at regular intervals to discuss the permanency/service plan, namely progress on service plan components, including both service delivery and behavioral change; adjustments to plan objectives, if appropriate; anticipated permanency date and/or change of permanency goal. Participants would walk away with a tangible plan regarding what is required to accomplish the case goals and move the children to permanence. Administrative review would also reduce the time caseworkers spend traveling to and waiting in court, thus allowing them more time to work with families. The reduced travel would also save the State a significant amount of resources which could then be reinvested back into concrete service interventions for families.

Family Search

DCFS would like to adopt family search protocols to identify family and caring adults who are important to children in foster care and engage them in case planning with the youth, as well as explore the possibility of establishing meaningful and lasting relationships. Given the large, diverse nature of families, the Agency feels that family tracing mechanisms will be effective in locating people who care about the child but have either lost contact or were never aware of the youth's placement in foster care. Arkansas will explore the various approaches used for conducting family searches and design protocols for locating and engaging relatives.

The State is particularly interested in employing case mining activities throughout the system. Case mining involves the careful review of case files to identify overlooked family members and other

significant adults. DCFS will use case mining to collect names, social security numbers, birthdates, and any other identifying information to help locate family members for children in care. The Division understands the importance of establishing lifelong connections for children and believes the demonstration project would allow Arkansas the flexibility needed to implement family search mechanisms statewide.

HYPOTHESIS

The opportunity to access flexible funding to support interventions that are traditionally non-allowable under Title IV-E will decrease the number of children entering/re-entering foster care; increase permanency for children by reducing the time in foster placements when possible and promote successful transition to adulthood for older youth; improve safety and well-being of children; and, ultimately, increase positive outcomes for infants, children, youth, and families who come into contact with the child welfare system in Arkansas.

DURATION

The proposed demonstration project will be initiated once the terms and conditions are established and agreed upon. The project's anticipated start date is during FFY 2013. In accordance with Section 1130 (d) of the Act, the duration of the demonstration will be limited to not more than five years unless an extension is granted by the Secretary. Also in line with the statute, the demonstration project will terminate operation by September 30, 2019.

STATUTORY PROVISIONS

Arkansas requests that the Secretary waive the following provisions of the Social Security Act, as amended, in order to permit the State to conduct the demonstration:

- Section 470, related to eligibility for assistance;
- Section 471(a)(1), related to foster care payments;
- Section 471(a)(5), related to program administration;

- Section 472 except that children in foster care shall continue to be eligible for Medicaid under Title XIX and shall continue to be considered a dependent child for purposes of Title XX, consistent with the provisions of section 472(h)(1);
- Section 474(a)(1), related to foster care maintenance payments;
- Section 474(a)(3), related to foster care administration but excluding section 474(3)(C) related to planning, design development or installation of a SACWIS project; and
- Section 474(b)(1), related to quarterly payments to the State, to the extent such provisions are inconsistent with the proposed demonstration project.

In accordance with statute, the project is consistent with the purposes of titles IV-B and IV-E of the Act. Additionally, the State recognizes that Section 1130 (b) excludes certain provisions of titles IV-E and IV-B from waiver, including:

- Section 422(b)(8)
- Section 479
- Any provision of title IV-E to the extent that a demonstration project would impair the entitlement of any qualified child or family to benefits under Part E.

Arkansas also acknowledges that the Department has determined that it will exclude from waiver those provisions of Sections 471(a)(8) and (12) which provide for confidentiality and fair hearings, respectively.

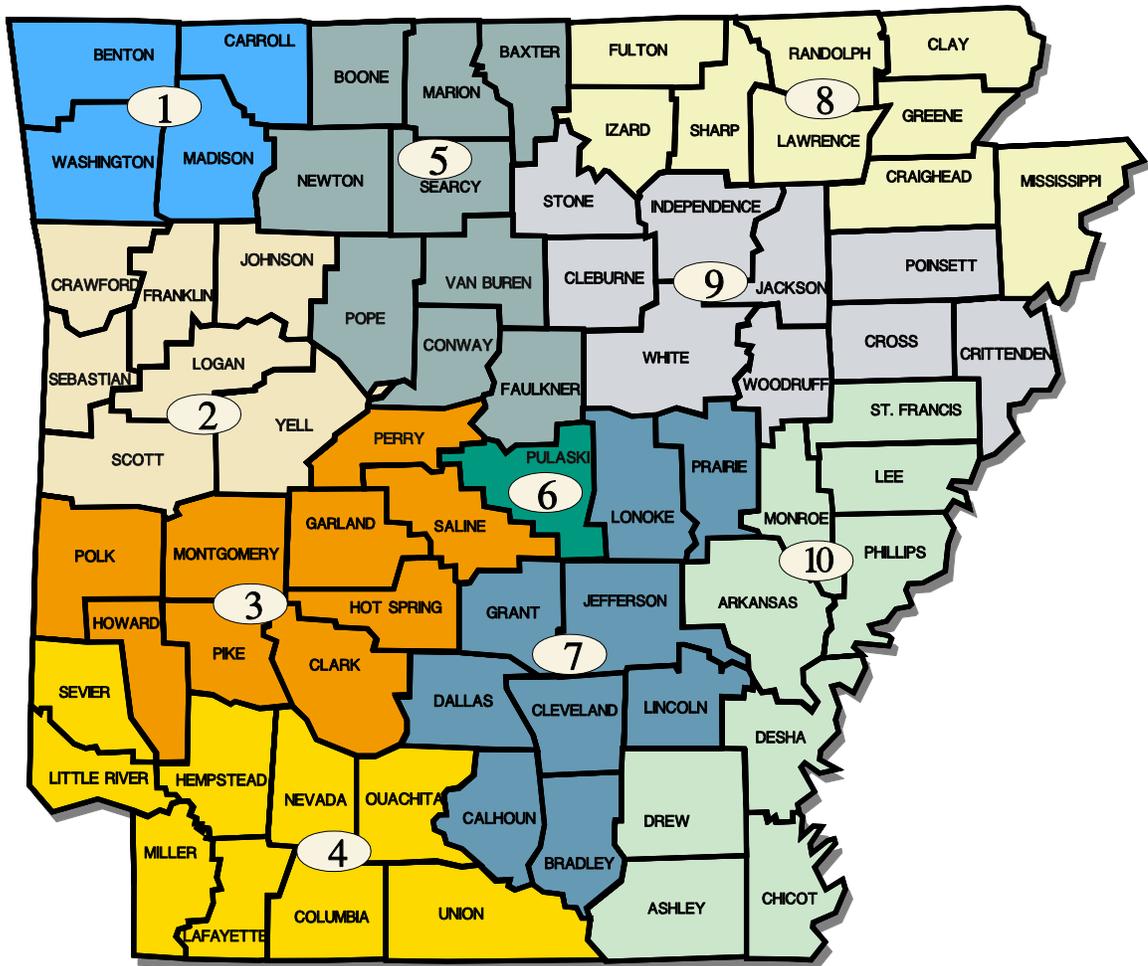
TARGET POPULATION

SCOPE

The scope of Arkansas's target population for the demonstration project will include all children and families in need of child welfare services. The children and families targeted to receive waiver funds will be all children referred for child abuse and neglect or already receiving services during the waiver period regardless of removal status, placement types, services provided, or eligibility for public assistance.

GEOGRAPHIC AREA

DCFS expects that children and families from all 75 counties within the state will be served through the demonstration project. Each of the Division’s 10 geographical service areas (see the following map) will benefit from programs, services and interventions funded by the waiver.



STATUS AND HISTORY

The Division’s client population and resultant caseloads are on the rise. The State’s child welfare system investigated 33,849 reports of child maltreatment and managed 21,461 cases during SFY 2011, including 13,502 protective and supportive services cases and 7,959 foster care cases. Tables 1 and 2

reflect the extent to which investigative and service caseloads increased between SFY 2008 and SFY 2011.

Statewide Investigations

Table 1. Statewide Investigations SFY 2008 – SFY 2011

SFY	Total	DCFS	CACD*
2008	27,672	21,319	6,353
2009	30,191	23,801	6,390
2010	32,915	26,215	6,700
2011	33,849	27,471	6,378

**In Arkansas Priority 1 maltreatment types (those severe and likely to have criminal charges attached) are conducted by the Crimes Against Children Division (CACD) of the Arkansas State Police through an agreement between Arkansas State Police and DCFS. CACD is responsible as the primary investigator for 16% of the investigations and DCFS is primary for 84% along with serving as secondary on CACD's 16%.*

Statewide Caseloads

Table 2. Statewide Caseloads SFY 2008 – SFY 2011

SFY	Total Cases	FC Cases	PS Cases	PS Children	SS Cases	SS Children
2008	17,921	6,974	10,305	22,469	642	1,282
2009	18,681	7,446	10,385	23,071	850	1,793
2010	20,381	7,491	11,804	26,407	1,086	2,380
2011	21,461	7,959	12,479	29,658	1,023	2,451

*Note: For foster care cases, one case equals one child.

The following provides further description of Arkansas's child welfare status and history and other identified risk factors of the target population. It should be noted that DCFS has an abundance of data and many measurements can be drilled down further to the service area, county and even caseworker levels, if needed.

Child Maltreatment Assessments

As previously stated, there were 33,849 maltreatment assessments received during SFY 2011, a three percent increase from SFY 2010 (32,915). Of those, 8,573 reports (25%) were found to be true, a rate which is just above the national percentage (23.7%). There were 11,746 victim children involved in the reports determined to be true during the year.

Table 3: Child Maltreatment Assessments

SFY	Total Assessments	True Assessments	Percent True
2011	33,849	8,573	25%
2010	32,915	7,831	24%
2009	30,191	6,701	22%
2008	27,672	6,288	23%

Table 4: Child Maltreatment Assessments by Investigating Agency

SFY	DCFS			CACD		
	Total Assessments	True Assessments	Percent True	Total Assessments	True Assessments	Percent True
2011	27,471	5,984	22%	6,378	2,589	41%
2010	26,215	5,164	20%	6,700	2,667	40%
2009	23,801	4,138	17%	6,390	2,563	40%
2008	21,319	3,897	18%	6,353	2,391	38%

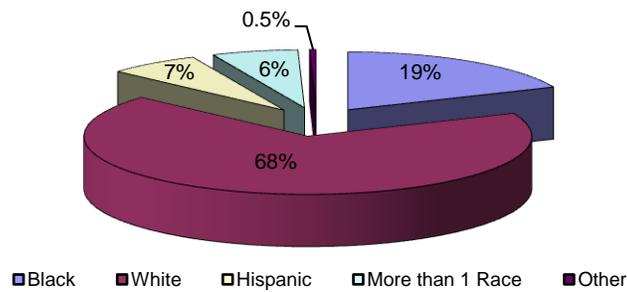
DEMOGRAPHIC CHARACTERISTICS

Characteristics of Children in True Maltreatment Reports

As indicated above, 11,746 victim children were involved in true reports of maltreatment during SFY 2011. This number represents nearly a two percent increase of children involved in a true report from SFY 2010 (11,532 children).

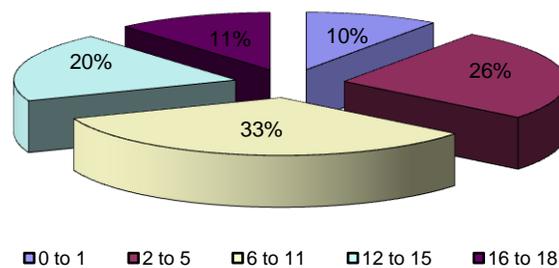
The chart below shows that 68 percent of the children involved in true maltreatment reports were white, while 19 percent were black and seven percent were Hispanic. These are similar to the percentages from SFY 2010.

Chart 1: Race/Ethnicity of Children in True Maltreatment Reports



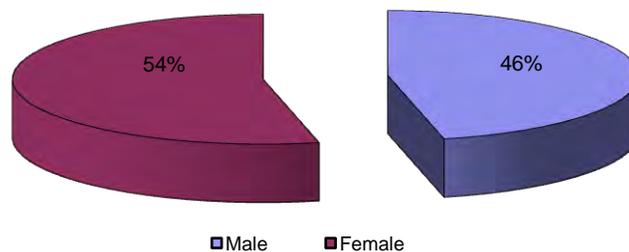
The following chart shows that children between the ages of six and 11 represented the highest percentage of children involved in true reports received during SFY 2011 (33%). These percentages are similar to those from SFY 2010.

Chart 2: Ages of Children Involved in True Maltreatment Reports



Fifty-four percent of the children involved in true reports were male, while 46 percent were female.

Chart 3: Gender of Children In True Maltreatment Reports



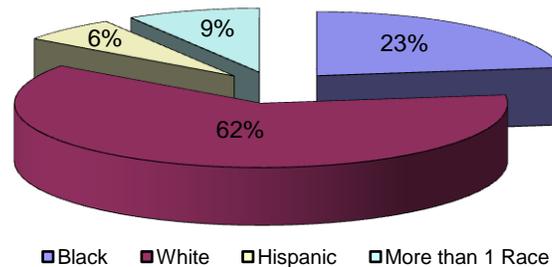
Children Involved in Allegations of True Maltreatment Reports

The majority of the 11,746 children cited in true maltreatment reports were involved in allegations of neglect (89%) during SFY 2011, followed by reports involving allegations of physical abuse (44%) and sexual abuse (29%).

Characteristics of Children in Foster Care

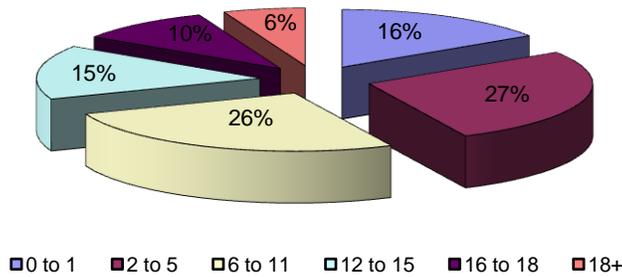
There were 7,959 children in foster care during SFY 2011, an increase from SFY 2010 (7,491 children). This count includes children who remained in care from the previous year as well as children who came into care during SFY 2011. The chart below shows that 62 percent of the children in foster care during the year were white, while 23 percent of the children were black. National data reveal that only 41 percent of the children in the national foster care system were white, while 29 percent of the children were black.

Chart 4: Race/Ethnicity of Children in Care During the Year



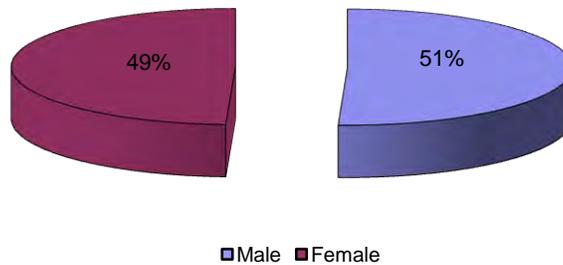
At least half of the children who were in care during the year were between the ages of two and 11 years old.

Chart 5: Ages of Children in Care During the Year



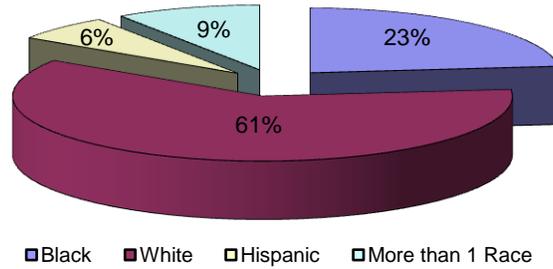
The following chart shows the gender distribution of the children in foster care during the year. Forty-nine percent of the children were female and 51 percent were male.

Chart 6: Gender of Children in Care During the Year



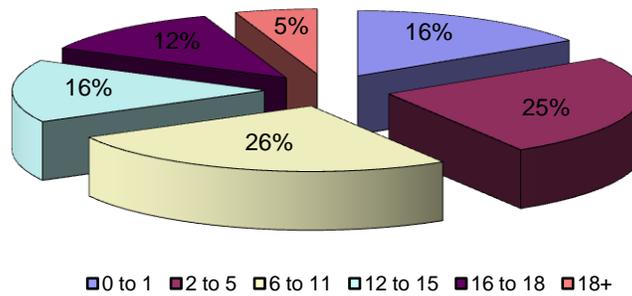
There were 4,105 children in foster care at the end of SFY 2011, a slight decrease from the 4,118 children in care at the end of SFY 2010. The chart below shows that 61 percent of the children in foster care at the end of the SFY 2011 were white, while 23 percent of the children were black.

Chart 7: Race/Ethnicity of Children in Care at the End of the Year



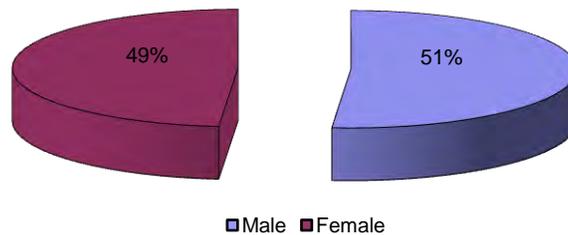
The following chart shows that children between the ages of six and 11 represented the highest percentage of children in care at the end of the year with a resulting figure of 26 percent. Children ages two to five years represented the second highest percentage of children (25%) who were in care at the end of the fiscal year.

Chart 8: Ages of Children in Care at the End of the Year



The following chart shows the gender breakout of the children in foster care at the end of SFY 2011.

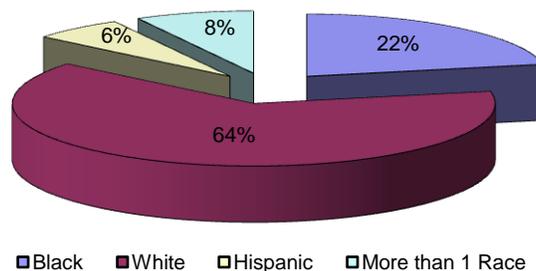
Chart 9: Gender of Children in Care at the End of the Year



Entries into Foster Care

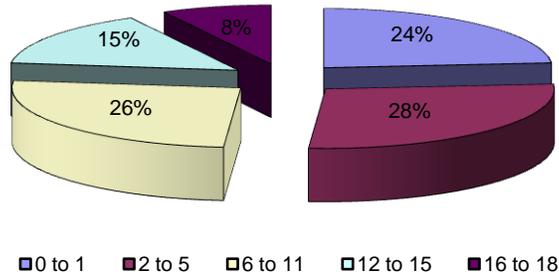
During SFY 2011, data show that 4,126 children entered foster care. This represents a slight decrease from the number of children who entered care during the previous fiscal year (4,134). The following chart shows that 64 percent of the children who entered foster care during the year were white, while 22 percent of the children were black. In addition, Hispanic children made up eight percent of the children who entered foster care. National data indicate that 45 percent of the children who entered care were white, 24 percent were black, and 21 percent were Hispanic.

Chart 10: Race/Ethnicity of Children who Entered Care



The following chart shows that 78 percent of the children who entered foster care during SFY 2011 were under the age of 12.

Chart 11: Ages of Children who Entered Care



The following chart shows the gender of the children who entered foster care during SFY 2011. Fifty-one percent of the children were female and 49 percent were male. These percentages are similar to those reported for SFY 2010.

Chart 12: Gender of Children who Entered Care

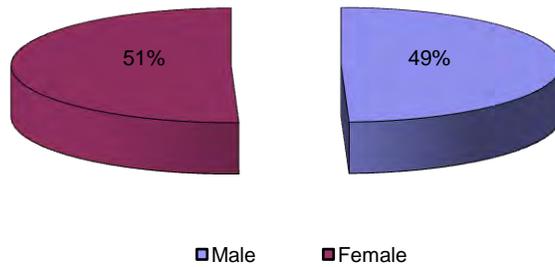


Table 5 outlines the characteristics of the children who entered foster care during SFY 2011.

Table 5: Characteristics of Children who Entered Foster Care During the Year SFY 2011

Age	Gender	White	Black	Asian	AIAN	NAPI	Hispanic	More Than 1 Race	Total
0 to 1	<i>Female</i>	278	110	0	0	2	26	36	452
	<i>Male</i>	325	125	0	1	1	26	43	521
2 to 5	<i>Female</i>	372	108	1	1	1	25	49	557
	<i>Male</i>	354	128	2	2	0	37	50	573
6 to 11	<i>Female</i>	355	109	1	0	0	46	32	543
	<i>Male</i>	344	99	2	0	0	29	42	516
12 to 15	<i>Female</i>	224	68	1	0	0	27	26	346
	<i>Male</i>	176	68	0	0	1	14	22	281
16 to 18	<i>Female</i>	107	46	1	0	0	11	15	180
	<i>Male</i>	86	34	0	0	0	9	10	139
18+	<i>Female</i>	0	0	0	0	0	0	0	0
	<i>Male</i>	0	1	0	0	0	0	0	1
Total*		2,621	896	8	4	5	250	325	4,109

*Demographic information had not been entered into CHRIS for 17 children.

Neglect and substance abuse were the most common reasons children entered foster care. Of the 1,857 instances where entry was attributed to substance abuse, substance abuse by parents 1,803 instances) accounted for the largest percentage (97%) as compared to substance abuse by children (3%).

The following chart further outlines the most prevalent reasons that children enter care.

Chart 13: Most Prevalent Reasons Children Entered Care

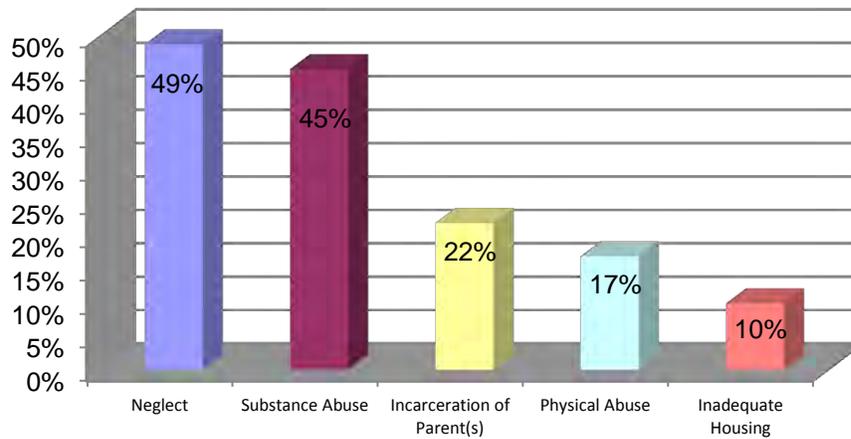


Table 6: Reasons Children Placed in Foster Care by Age SFY 2011

	0 to 1	2 to 5	6 to 11	12 to 15	16 to 18	18+	Total
Neglect	473	569	533	299	133	3	2,010
Substance Abuse	454	554	501	236	110	2	1,857
Parent Incarceration	158	283	257	137	66	5	906
Physical Abuse	137	182	179	138	61	4	701
Child's Behavior	0	0	19	86	79	4	188
Abandonment	32	35	28	41	42	1	179
Inadequate Housing	92	126	109	62	19	1	409
Caretaker Illness	50	48	60	46	35	1	240
Sexual Abuse	11	51	112	103	37	0	314
Truancy	0	0	16	25	22	0	63
Child's Disability	1	0	9	2	2	0	14
Parent Death	1	8	7	7	1	0	24
Sex Offender	0	0	10	9	4	1	24
Relinquishment	3	2	1	2	0	0	8
Managed Mental Health	0	0	0	0	1	0	1
Teen Parent in Care	18	2	1	0	0	0	21
Other	0	0	0	10	4	0	14
Total	1,430	1,860	1,842	1,203	616	22	6,973

Permanency Goals of Children in Foster Care

Permanency goals are supposed to be established for each child in foster care within 30 days of the child entering care. Of the 4,105 children in foster care at the end of the quarter, 3,848 children had been in care for at least 30 days. Reunification (return home) remained the most prevalent goal among the children in foster care at 55 percent.

**Table 7: Permanency Goals of Children in Foster Care
SFY 2011**

	SFY 2011		National
Return Home	2,129	55%	49%
Adoption	777	20%	24%
APPLA	464	12%	N/A
Relative Care	110	3%	4%
Guardianship	25	1%	4%
Emancipation	0	0%	6%
Long Term Care	0	0%	8%
Not Yet Established	343	9%	5%
Total	3,848	100%	100%

Length of Stay of Children in Foster Care

For SFY 2011, 61 percent of the children in foster care were in care less than one year. The percentage of children in care for less than a year is higher for those in relative care (66%). Compared to national data, children in the Arkansas foster care system stay in care a substantially shorter amount of time. A further in-depth review of Arkansas's data shows that of those children who are in care for 30 days or less, the average length of stay is 7.7 days; of those in care 31-60 days, the average length of stay is 45.2 days; and of those in care for 61-90 days, the average length of stay is 73.2 days. In the review of the

reasons associated with the majority of removals for these time periods, the most common causes are parent incarceration, some form of substance abuse, and neglect.

**Table 8: Length of Stay of Children in Foster Care
SFY 2011**

	Number	Percentage*	National
Less than 30 days	1,215	15%	5%
30-90 Days	1,099	14%	20%
3-6 Months	1,016	13%	
6-12 Months	1,525	19%	17%
12-24 Months	1,560	20%	23%
24-36 Months	676	8%	12%
36+ Months	868	11%	24%
Total*	7,959	100%	100%

**Table 9: Length of Stay of Children in Relative Care
SFY 2011**

	Number	Percentage
Less than 30 days	94	7%
30-90 Days	194	15%
3-6 Months	212	16%
6-12 Months	378	28%
12-24 Months	305	23%
24-36 Months	111	8%
36+ Months	40	3%
Total	1,334	100%

Number of Placements of Children in Foster Care

Overall, 53 percent of the children in care at the end of SFY 2011 experienced two or fewer placements. The result is similar to that of the previous fiscal year. It is not surprising that the likelihood of multiple placements increases the longer children remain in foster care. In order to better focus on placement stability, DCFS now tracks its stability data by the length of time children are in care.

Chart 14: Number of Placements

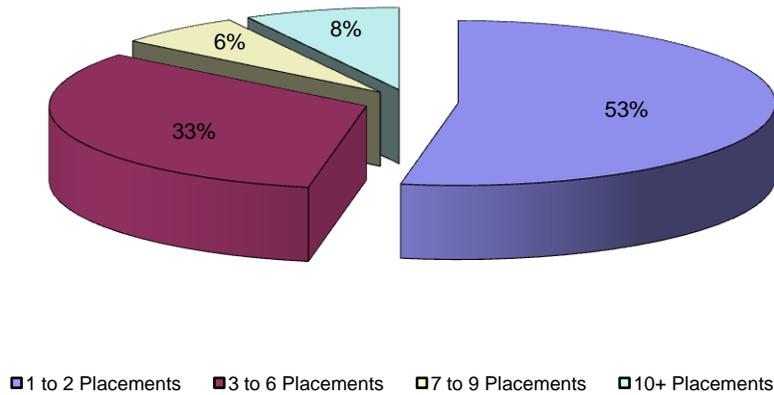


Table 10: Number of Placements of Children in Foster Care SFY 2011

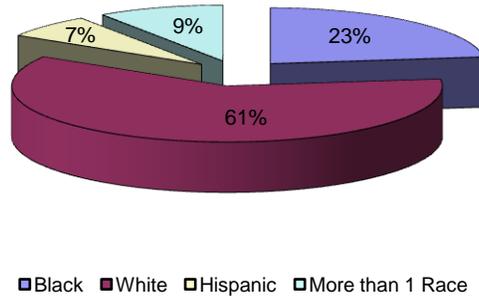
	Children in FC Less Than 12 Months		Children in FC 12 and 24 Months		Children in FC More Than 24 Months		Total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
1-2 Placements	1,590	73%	387	42%	195	19%	2,172	53%
3-6 Placements	551	25%	429	46%	367	37%	1,347	33%
7-9 Placements	30	1%	86	9%	145	14%	261	6%
10+ Placements	4	0%	23	2%	298	30%	325	8%
Total*	2,175	100%	925	100%	1,005	100%	4,105	100%

*Sum of individual percentages may not equal 100% due to rounding.

Characteristics of Children who Experienced Three or More Placements

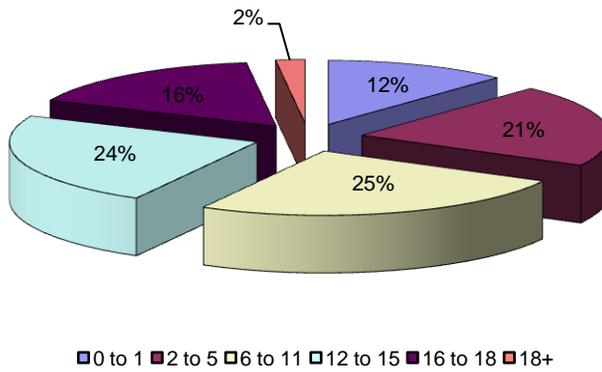
As noted previously, there were 4,105 children in care at the end of the year. Of those, 1,933 (47%) children experienced three or more placements while in foster care. Of the children who experienced three or more placements, 61 percent were white and 23 percent were black.

Chart 15: Race/Ethnicity of Children Who Experienced Three or More Placements



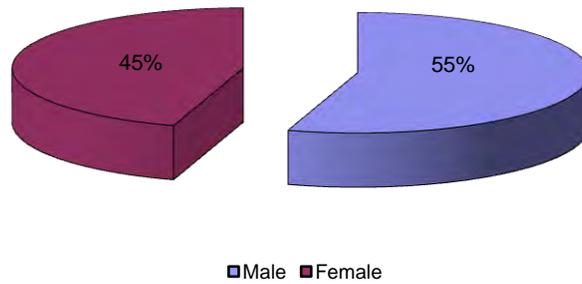
The largest group of children who experienced three or more placements was between the ages of six and 11 (25%), followed closely by children ages 12 to 15 (24%).

Chart 16: Ages of Children who Experienced Three or More Placements



More male children (55%) than female children (45%) experienced three or more placements while in care.

Chart 17: Gender of Children Who Experienced Three or More Placements



Current Placement of Children in Foster Care

More children who remained in foster care at the end of SFY 2011 were placed in foster homes. Forty-one percent of the children were in DCFS foster homes. Aside from non-relative family foster homes, the most common placement options for children residing in care were residential facilities (10%), relative care (16%) and therapeutic foster care (7%).

Chart 18: Current Placement of Children in Care

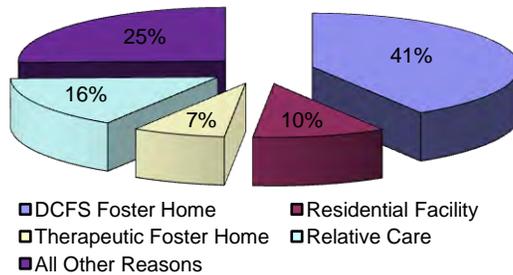


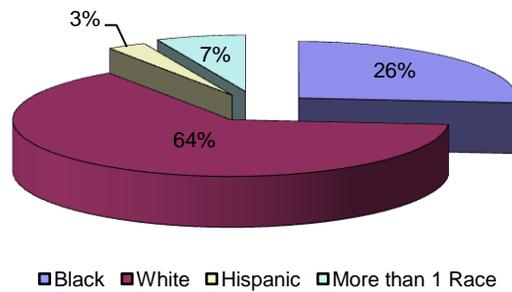
Table 11: Current Placement of Children in Foster Care SFY 2011

Placement	Age						
	0 to 1	2 to 5	6 to 11	12 to 15	16 to 18	Over 19	Total
DCFS Foster Home (Non-Relative)	422	584	377	159	118	34	1,694
DCFS Foster Home (Relative)	42	118	99	35	21	3	318
Therapeutic Foster Home	2	46	136	80	23	10	297
Pre-Adoptive Home (Non-Relative)	34	59	35	10	3	0	141
Pre-Adoptive Home (Relative)	0	7	2	4	1	0	14
Emergency Shelter	5	19	67	34	28	0	153
Residential Facility	16	27	88	120	126	49	426
Youth Services	0	0	0	4	16	2	22
Runaway	0	0	1	11	29	3	44
Trial Home Visit	32	58	70	45	19	0	224
Hospital/Medical	5	2	3	8	8	0	26
ASAP Residential Treatment	0	0	0	3	8	3	14
Incarceration	0	0	0	2	6	1	9
ASAP CRT	0	0	0	8	6	0	14
Acute CRT	0	0	3	5	14	0	22
Sub-Acute CRT	0	0	37	62	38	0	137
Independent Living	0	0	1	0	9	104	114
Temporary Placement	6	21	28	16	9	2	82
ASAP Therapeutic Foster Care	0	0	0	4	5	4	13
DDS Placement	0	0	2	3	1	0	6
Provisional Relative	79	107	108	22	9	1	326
DYS After Care	0	0	0	1	0	0	1
Unknown <i>(unknown due to data entry after report completion)</i>	5	0	0	2	1	0	8
Total	648	1,048	1,057	638	498	216	4,105

Characteristics of Children in Relative Care

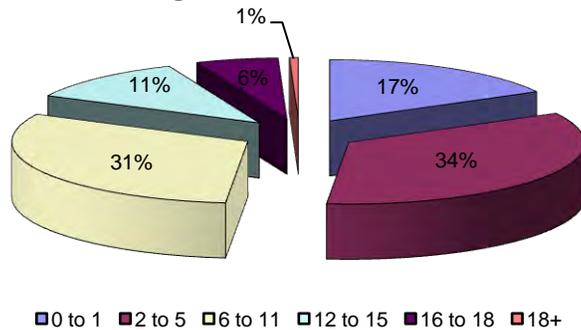
There were 1,334 children who were in relative care anytime during SFY 2011. The table below outlines the demographics of those children. White children represented the highest percentage of children (64%) in relative care during the 2011 SFY, similar to the percentage reported for SFY 2010 (62%). Meanwhile, black children represented 26 percent, a slight percentage point decrease from SFY 2010 (28%).

Chart 19: Race/Ethnicity of Children in Relative Care



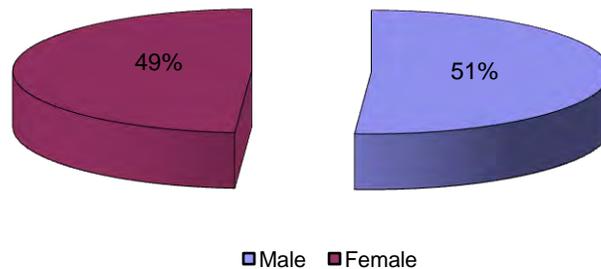
Children between the ages of two and five represented the largest age group of children in relative care (34%), followed by children between the ages of six and 11 (31%).

Chart 20: Ages of Children in Relative Care



Of the children who were in relative care during the year, 49 percent were female and 51 percent were male.

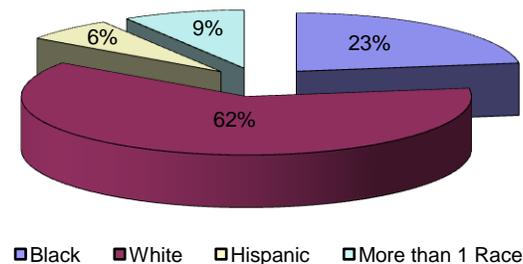
Chart 21: Gender of Children in Relative Care



Exits from Foster Care

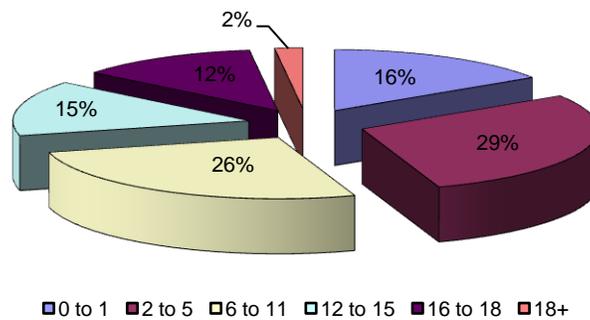
There were 4,071 children who exited foster care during SFY 2011, a six percent increase from SFY 2010 (3,831 children). Of those children, 62 percent were white and 23 percent were black. National data indicate that 43 percent of the children who leave foster care are white and 27 percent are black.

Chart 22: Race/Ethnicity of Children who Exited Care



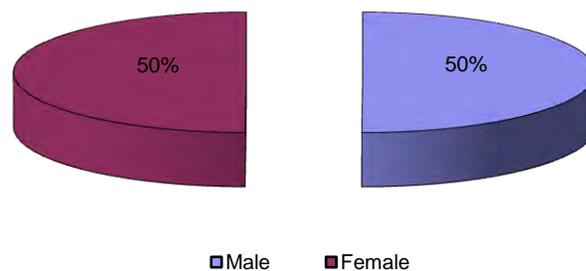
The following chart shows that children between the ages of two and five represented the highest percentage of children (29%) who exited foster care during SFY 2011, followed closely by children between the ages of six and 11 (26%).

Chart 23: Ages of Children who Exited Care

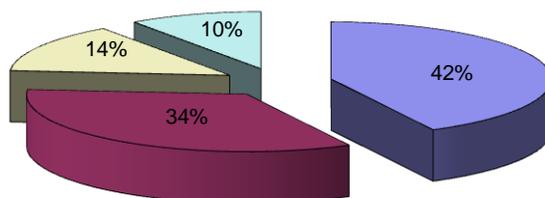


Fifty percent of the children who left care during the year were female and half were male.

Chart 24: Gender of Children who Exited Care



The most prevalent reason children left foster care during SFY 2011 was reunification. Approximately two-fifths (42%) of the children exiting care reunified with their families; the result demonstrated a slight increase in comparison to SFY 2010 (39%). The second most prevalent reason was relative custody (34%), which experienced a two percentage point decrease from SFY 2010 (36%). Fourteen percent of the children left foster care to adoption. National data indicates that the three most prevalent reasons children exit care are reunification (52%), adoption (19%) and relative care (8%). The reasons for which children exit care have remained relatively consistent over the past several years within Arkansas’s child welfare system.

Chart 25: Most Prevalent Reasons for Children Exiting Care

■ Reunification ■ Relative Custody ■ Adoption ■ All Other Reasons

Table 12: Reasons Children Exited Foster Care by Age SFY 2011

Reason	Age						Total
	0 to 1	2 to 5	6 to 11	12 to 15	16 to 18	Over 18	
Reunification	271	513	499	282	159	0	1,724
Relative Custody	247	397	375	246	114	4	1,383
Adoption	105	235	165	47	15	0	567
Child Aged Out	0	0	0	0	181	64	245
Non-Relative Custody	13	23	28	19	20	2	105
Emancipation	0	0	0	0	6	5	11
Death of Child	4	1	0	0	1	0	6
Custody Transfer	2	3	2	2	3	3	15
Tribal Jurisdiction	0	2	0	0	0	0	2
Total*	642	1,174	1,069	596	499	78	4,058

*Demographic data had not been entered into CHRIS for 13 children.

EVALUATION DESIGN

The DCFS evaluation will be conducted by a national consulting firm which is already familiar with the agency and its processes. Hornby Zeller Associates, Inc. (HZA) is currently responsible for generating performance reports, contract monitoring, and special studies for the Division. It also leads a public-private team which conducts the Quality Service Peer Reviews and provides the central office support needed for the agency's child protective services functions. The HZA staff conducting the evaluation of the waiver activities will, however, come from the firm's offices outside of Arkansas, except in the conduct of Quality Service Peer Reviews as noted in the following narrative.

HZA has worked in more than 30 states conducting evaluations, measuring agency performance, establishing workload standards, undertaking needs assessments, developing web-based applications, and providing training, among other tasks. Most of this work has involved child welfare, although numerous projects have also involved children's behavioral health, substance abuse prevention, court related activities, and juvenile justice.

PROCESS EVALUATION

DCFS' process evaluation will focus on the extent to which the activities undertaken during the waiver period conform to the waiver proposal. Moreover, this will occur at three levels. First, the evaluation will focus on actions at the State level in creating the infrastructure needed to implement the waiver initiatives in specific cases. Second, the administrative and supervisory activities supporting implementation in each of the ten Service Areas will be examined. Finally, HZA will examine how individual cases are handled to determine the extent to which families and children actually receive the services proposed.

State and Service Area Levels

The State level activities involve creating the infrastructure necessary for case practice to change at the case level. This infrastructure will include new policies, development of new services, and implementation of new decision making processes. Once the central office has done its part in defining the policies and making the services and tools available, it then becomes the job of the Area Directors

and County Supervisors to translate that infrastructure into case level action by promoting practices which ensure the use of the new tools and resources.

For the first goal, prevention of child abuse and neglect and of re-entry into foster care, four specific activities are proposed in the preceding pages. These include:

- 1) Evidence-based screening tools and functional assessments;
- 2) Family Team Meetings;
- 3) Evidence-based parenting education programs; and,
- 4) Differential Response.

The State level activities here will include, at a minimum: selecting the tools to be used, defining the characteristics of Family Team Meetings either through new policy or through training or both, identifying and contracting for appropriate parent education, and arranging for the resources needed for Differential Response. At the Service Area level, it will be necessary for Area Directors and County Supervisors first to ensure that the relevant staff are aware of the new resources, tools, and policies, and later that these are being used appropriately.

The evaluation of these activities, like the process evaluation of most of the State and county level activities, will involve at least interviewing the staff responsible for each of the specific initiatives, interviewing those who should be directly affected by their actions (Area Directors for State level activities and caseworkers for Service Area activities), examining the research which went into selecting the tools or services, and reviewing the documentation about the tools or services against the goals and objectives set out in this proposal. The questions will be whether the central and Area offices took the steps either explicitly proposed or implicitly needed for achieving the goals of the waiver initiative and whether the resources provided (including policies, services, and decision making tools) were adequate for that achievement.

For the process evaluation of State level activities there can obviously be no comparison group. Even at the Area level there can be no true control group because the waiver initiative is statewide and everyone is expected to be involved. On the other hand, in terms of measuring the success of each Service Area in promoting the changes in practice, each Service Area serves as a comparison for all of the others. More

importantly, however, the evaluation of the Service Area activities is expected to provide information about which Areas could serve as comparisons in the outcome and cost components of the evaluation. Some Areas are expected to be less successful at implementing some or all of the initiatives than are others. Reasons for varying levels of success may include differences in management, discrepancies in the amount and/or quality of local resources, or special circumstances such as turnover at the Area Director and/or County Supervisor levels. To the extent that these Areas continue to serve children and families in traditional ways, they may be appropriate comparison sites for the outcome and cost evaluations. Given the statewide nature of the waiver initiative, there is no other realistic means of defining comparison groups.

For the second goal, increasing positive outcomes for children and families in their homes and communities, the infrastructure activities include:

- 1) Evidence-based screening tools and functional assessments;
- 2) Foster parent / birth parent partnerships;
- 3) Targeted foster family recruitment; and,
- 4) Trauma-Informed Care.

While the first goal was designed to address unnecessary removals of children from their homes, this one is focused on creating greater stability for children who are in foster care. The kinds of activities to be undertaken at the State and Service Area levels are similar, as will be the nature of the data collection and analysis. These activities, however, suggest that an additional question will need to be answered by the evaluation: are the activities proposed realistically connected to the goals and objectives to be achieved?

This question should be asked of all activities in relation to their associated goals and objectives, but in this instance, an especially close examination is required of the way foster parent/birth parent partnerships will contribute to placement stability. On the surface one would expect such partnerships to be directed at enhancing the capacities of birth parents and thus at expediting the children's return home. This need not be the only purpose of the partnerships, however. It is equally possible that improved communication and cooperation between the two sets of adults will make the children more stable emotionally while they are in care, reducing, for example, some of the acting out behavior which is often

associated with visits home. The question to be asked, therefore, is whether the way in which the partnerships are implemented puts as much focus on the child's stability while in care as it does on enhancing the parents' capacity to care for the child upon reunification.

The third goal outlined above, increasing permanency, also uses some of the same activities listed for the first two goals. Without listing the ones that have already been addressed, the activities for the State level include:

- 1) Permanency Round Tables;
- 2) Administrative Review, and,
- 3) Family Search.

As with the other State and Service Area activities, the methods here will largely involve interviews and examination of relevant documents. In some cases, such as the cross agency training on permanency, HZA may also add an observational component.

Case Level

The case level component of the process evaluation will focus on the extent to which children and families are treated in accordance with the new policies, tools, and services which are to be put into place. That means, as examples, that it will examine the proportion of families and/or children for whom functional assessment tools are utilized, for whom Family Team Meetings are held, for whom evidence based practices are provided, for whom foster parent/birth parent partnerships actually occur, and for whom case mining is done.

This examination will necessarily begin after the various infrastructure components have been implemented through the State and Service Area level activities, and it will provide a measure of the effectiveness of those activities in translating theory into practice at the case level. The examination will, however, continue throughout the course of the waiver initiative, as a means of determining how well the initiatives are sustained.

The two primary tools HZA will use for this part of the study will be case readings and interviews with both caseworkers and clients. Samples will be drawn from each Service Area each year from both in-home and out-of-home cases, and the results will be compared across the Service Areas. The continuation of the case level component of the process evaluation will be important for determining whether by the end of the waiver families and children in all parts of the State are receiving the benefits of the changes, even if some Service Areas were slower in the initial implementation.

OUTCOME EVALUATION

The outcome evaluation will focus on three kinds of measures: those used in the CFSR, measures of placement rate, and professionally recognized measures of well-being. As with the case level process measures, comparisons will be made among the Service Areas, using those which have not yet fully implemented the new initiatives as comparison groups for those which have.

For the CFSR measures, HZA intends to utilize most or all of both the statewide indicators and the on-site review measures. The former will measure the impacts of the waiver initiatives on the entire population, both statewide and in each Service Area, and will be drawn from the Children's Reporting and Information System (CHRIS), the State's SACWIS. If changes are made to the statewide indicators at the federal level, DCFS and HZA will examine the nature of the changes and modify the measures used in the evaluation to the extent that they are deemed to offer better measurements of the outcomes of interest to the evaluation. Given the reliance of the statewide indicators on NCANDS and AFCARS, these changes will presumably be able to be made retroactively.

The CFSR's on-site review measures will be utilized through continuing Quality Service Peer Reviews (QSPR). As part of its second Program Improvement Plan, the Division has been conducting those reviews in every Service Area and will continue that practice as part of the evaluation. This is the one component of the evaluation which will be conducted by HZA's existing Arkansas staff (and the DCFS staff who are also assigned to that unit), reducing the overall costs of the evaluation.

In its present format, the QSPR involves reviewing 30 cases from each Service Area each year and then weighting the results by the size of each Area's foster care population to arrive at statewide results. The

30 cases are divided equally between in-home and out-of-home cases. Both the distribution of cases and the weighting may need to be changed, if the waiver initiatives succeed to the point that far more families are served in-home than out-of-home. That decision will be made during the course of the evaluation.

One of the major goals of the waiver initiative is to reduce the removal of children from their homes, serving more families while they remain united. Because the CFSR does not have a measure of the rate of placement, the evaluation will create appropriate measures. At least four measures will be considered, with potentially all of them being utilized. These are:

- the number of children per thousand in the general population removed from their homes each year;
- the number of children per thousand in the poverty population removed from their homes each year;
- the percentage of children in homes with substantiated reports of maltreatment who are removed each year; and,
- the overall number of children in foster care per thousand in the general population.

The first three of these represent genuine measures of the rate of removal, while the last one allows national comparisons to all other states. Aside from its inclusion of children who were removed in previous years, its primary disadvantage is that the national data may be too old to be useful, but a decision on whether to use that measure can be made at the appropriate time.

While the measurement of placement rates will include comparisons among the Service Areas and possibly to other states, the primary analysis here will be historical. The goal of the project is to reduce both the number of removals and the total population in care, and a historical comparison is the most direct means of measuring success in achieving that goal.

Well-being will be measured in two ways: by the relevant CFSR on-site measures and by nationally recognized measures of well-being. The first of these will be gathered through the QSPR, as described above. The second will involve separate data collection activities with individual families. HZA is currently involved in projects utilizing four different sets of these measures: the Caregiver Strain

Questionnaire, the Protective Factors Survey, the Human Systems and Outcomes“ Quality Service Review, and the Child and Adolescent Assessment of Needs and Strengths.

DCFS and HZA will review these and other such systems available for measuring well-being to determine which one, or which combination, best fits the needs of the evaluation. Measurements will then be taken on a pre-/post-test basis, so that the impact of the waiver initiatives can be measured as directly as possible. Again, comparisons among the Service Areas will be made, this time in terms of the relative differences in pre-/post-test scores.

The advantage of adding nationally recognized tools to the measurement of well-being outcomes is that they focus on the actual condition of the children and families at the different points in time. The CFSR measures, on the other hand, focus to a large extent on the efforts made by the agency to improve well-being. While those efforts may be exemplary, that does not always mean they are successful. These other tools provide a measure of actual success.

All of the outcome measures will be analyzed by breaking down the populations by demographics, reasons for removal or service, and the presence/absence of child mental or emotional issues. This will permit DCFS to identify the populations with which it is most and least successful and to alter the interventions accordingly.

COST EVALUATION

The cost evaluation will examine three questions.

- 1) Is the waiver being conducted in a cost neutral way without increasing the costs to the State of Arkansas?
- 2) Are the total costs incurred after full implementation of the waiver less than those incurred prior to full implementation?
- 3) What is the cost of success of the waiver initiative compared to that of the current method of delivering services?

While cost neutrality is built into the waiver project, control of the State's costs is not. One of the premises of the initiative, however, is that families and children can be served appropriately with less intensive services than are currently being provided. That should result in reduced costs, but there is no guarantee.

This component of the cost evaluation will use the same kinds of projections utilized to generate the amount of the block grant under the waiver to estimate what the State costs would have been without the waiver initiative. In addition, those methodologies will be applied to the individual Service Areas so that the projections can be verified in those Service Areas where implementation is delayed or slow. Measurement of the impact of the waiver on State costs must, like the measurement of outcomes, wait until implementation is complete, at least within specific Service Areas, but that is true of all parts of the cost evaluation.

It should be noted that, while the remaining components of the cost evaluation will focus on the costs of serving individual families, the answer to this first question will also take into account variations in the size of the population served. In other words, it is possible, and not unusual for projects seeking to avoid deep-end services, that the size of the served population will increase, so that total costs increase even if per family costs decline. That is not the Division's intent, but the possibility makes it imperative to determine whether that occurs.

The second part of the cost evaluation will be divided into two parts. The first will examine the annual costs of serving a family under the traditional methods of service delivery and under the waiver methods. Both historical (the State and each Service Area before and after implementation) and comparative (fully implemented Service Areas against unimplemented or slowly implemented Areas) will be used. The costs to be examined will include caseworker costs, contracted services costs, and payments to foster parents and other out-of-home providers, i.e., all the costs associated with serving a family.

The other way the second question will be answered will be to examine the costs of serving a family during the entirety of that family's involvement with DCFS. Here, cohorts of families will be selected and followed as far as feasible into the future, including through any returns to service after case closure. The same costs will be examined as in the analysis of annual costs, but the time frame will be indefinite.

The final part of the cost evaluation will be the measurement of the cost of success. The cost of success, a concept designed by HZA, combines measures of effectiveness and efficiency through a simple calculation. The total costs of a program are divided by the number of successful cases served in that program. High per family costs may, if associated with a high proportion of successful cases, exhibit a lower cost of success than a program with low per family costs and a low success rate.

For this evaluation the cost of success calculations will need to be done using a variety of outcome measures. These might include the number of children returned home from foster care within 12 months of entry, the number returned home without a re-entry within 12 months, the number experiencing no more than two placement settings during their time in care and the number exhibiting improved mental or physical health after receiving DCFS services. For some of these measures, like the last one, projections will need to be made from the samples used to measure the outcomes.

COST NEUTRALITY, FINANCIAL INFORMATION & ADDITIONAL REQUIREMENTS**COST NEUTRALITY & FINANCIAL INFORMATION**

Federal foster care expenditures are reported quarterly in five categories:

Maintenance assistance payments

This includes foster care room and board payments which are matched at the federal medical assistance rate (FMAP).

Administration

While this category of expenditures is generally referred to as “administration”, it includes a variety of functions. The majority of expenditures in Arkansas reflected in this category are for case planning and management. Other items in this category include eligibility determinations, agency management, SACWIS operational costs, and candidate administrative costs related to pre placement activities. Please note that „administration“ costs are matched at a 50% rate instead of the FMAP rate.

SACWIS

This category includes expenditures for an approved SACWIS development, but does not include ongoing maintenance and operational costs of a SACWIS system.

State and Local Training

This category of funds includes training activities which are matched at 75% federal funds for state staff.

Demonstration Projects

This category includes expenditures for federally approved demonstration projects. Arkansas does not have any approved projects.

The following table shows the total federal and state expenditures in these categories for the five federal fiscal year period October 1, 2006 through September 30, 2011.

Year Ending	Maintenance Assistance Payments	Administration	SACWIS Development Costs	Training	Demonstration Projects	Total
9/30/07	15,654,993	37,097,084	844,658	8,922,414	0	62,519,149
9/30/08	15,613,002	38,251,376	0	9,102,579	0	62,966,957
9/30/09	17,393,786	38,458,564	0	10,059,650	0	65,912,000
9/30/10	16,796,140	39,227,852	0	10,172,391	0	66,196,383
9/30/11	14,419,003	41,505,654	0	9,092,353	0	65,017,010

Based on these past federal fiscal year expenditures, the Division can project the expenditure trend for future years.

The projections were made based off of past expenditure data combined with changes the Division expects to make in operations over the next five years. The Division is expecting to increase staff to lower caseloads, recruit foster homes at a higher rate and increase board rates for children to be able to maintain in an appropriate foster home rather than a higher level of care. In the absence of a child welfare demonstration waiver, it is projected that these changes would result in increased IV-E expenditures. A summary table of estimated federal expenditures by federal fiscal year is below. Note that these funds do not include SACWIS Development Costs, Title IV-E adoption funding, Education and Training Vouchers or Independent Living funding.

Federal Fiscal Year	Projected Federal Funds
2013 (6 months)	\$21,174,063
2014	\$44,099,700
2015	\$45,630,724
2016	\$46,516,915
2017	\$47,863,186
2018 (6 months)	\$24,419,154
Total Five Year Estimate	\$229,703,742

We believe the assumptions made to develop the five year projection of federal funds are a reasonable expectation of federal funding Arkansas would receive in federal IV-E foster care funds for the federal fiscal years 2014 through 2018. The Division would propose a capped allocation methodology by which the federal Title IV-E foster care funds are provided through a fixed schedule of payments as shown in the table above. Arkansas proposes that any SACWIS development costs be outside of the waiver amount and proposes that Adoption Assistance remain a federal and state matching program as is the case under current law. As a waiver operating under a capped allocation methodology, the project will be cost neutral to the federal government, consistent with federal law. Any Federal IV-E funds, along with State resources, that are freed up under the demonstration project would be devoted to be used for child welfare purposes.

The Division has not made any investments nor has it coordinated any private investment during the past two fiscal years to provide any of the service interventions that would be undertaken through the waiver demonstration.

GENERAL ASSURANCES

Related Projects

DCFS is not aware of any similar projects underway in Arkansas that would be adversely affected by this proposal.

Child Welfare Program Improvement Policies

The specific Child Welfare Program Improvement Policies identified in section 1130(a)(3)(C) of the Act that the Arkansas Division of Children and Family Services has implemented or intends to implement within three years of the date on which it submits an application to conduct the demonstration project or two years after the Department approves the demonstration (whichever is later) are:

- *Establishment of a family counseling program such as family group decision-making, which may include in-home peer support for families, to prevent foster care entry or provide permanency*

While Arkansas strives to conduct family-centered practice at all levels, the State does not currently utilize any type of formal family group decision-making model. As such, the implementation of this child welfare program improvement policy would serve as the policy that has not previously been implemented as of the date on which Arkansas submits its application to conduct the demonstration project. DCFS would like to consider initiating a family counseling program such as the Child Welfare Policy and Practice Group's Family Team Conference model and eventually work toward implementing a model such as Family Group Conferencing.

- ***Addressing Health and Mental Health Needs of Children in Foster Care***

Arkansas has already started work relating to the development and implementation of a plan for meeting the health and mental health needs of infant, children, and youth in foster care including training staff about the issue of trauma and working with the University of Arkansas for Medical Sciences (UAMS) to develop electronic health records (EHRs) for children in care. During the time of the waiver demonstration project Arkansas proposes to address this policy more comprehensively with particular attention to the development of a medical home for children in care and increased oversight of psychotropic medication use.

- ***Keeping Siblings Together***

As previously mentioned, Arkansas is currently focusing on how to ensure that more siblings are placed together in foster care through the Sibling Project. This project is designed to identify those siblings who are not placed together, identify why they are not placed together, identify if there are any safety concerns with the siblings being placed together, identify what type of placement is needed for the siblings to be placed together, and how often visits are occurring while being separated. Since this project started, the percentage of siblings placed together has consistently increased per quarter. While DCFS believes the current policy regarding placing siblings is already strong, more work is still needed with staff, the courts, and other stakeholders regarding practice in this arena in order to increase the number of cases siblings who are in the same foster care, kinship guardianship, or adoptive placement above the number of cases in fiscal year 2008.

- ***Recruiting and Supporting High Quality Foster Homes***

The State has also completed work regarding the recruitment and support of high quality foster homes such as implementing the Structured Analysis Family Evaluation (SAFE), establishing the work group to study how to streamline the foster and adoptive home approval process, and commissioning HZA to conduct the 2011-2012 "Monitoring and Evaluation of Foster Family

Homes” in an effort to assess current foster family homes. DCFS would like to continue further implementation of this policy by providing Trauma Informed Care Training to all foster parents. The Division would also like to act upon recommendations in the “Monitoring and Evaluation of Foster Family Homes” regarding additional work with foster parents relating to efforts to reunify children with their parents and the frequency with which children move from one setting to another.

- ***Preparing Youth in Transition***

While Arkansas already provides opportunities for youth in care to obtain a driver’s license and participate in age-appropriate extra-curricular activities, more work remains to be done for transitional age youth in Arkansas. During the demonstration project period the State would like to strengthen its Transitional Youth Services policy, revise its Independent Living Skills curriculum, and determine how to assist staff to better support this population of youth in care.

- ***Description of Procedures to Assist Youth in Foster Care to Reconnect with Biological Family Members***

Arkansas has emphasized the importance of family connections for youth in care through strategies such as Permanency Roundtables, the associated Permanency Values Training, and coaching provided by the Service Quality and Practice Improvement Unit during the QSPR reviews. However, the Division would like to conduct additional work in this area by developing protocols around the use of Lexis Nexis for family finding purposes as well as developing practice guides and/or training for staff and youth in an effort to provide appropriate guidance and services to assist youth who express interest in reconnecting with biological family members to safely and successfully achieve this goal.

Note: Arkansas has already completed implementation of its Title IV-E Guardianship Assistance Program (Subsidized Guardianship) as well as increased the age limit for Title IV-E programs by defining “child” to extend eligibility for title IV-E foster care, adoption assistance, and kinship guardianship assistance programs up to age 21.

Health Insurance

Arkansas currently provides Medicaid coverage to children in foster care. All children in foster care will continue to be eligible for Medicaid, as under current law, throughout the waiver demonstration project. The State further provides assurance that health insurance will continue to be provided for all special needs children for whom there is an adoption assistance agreement.

State Automated Child Welfare Information System

As stated in this proposal, the demonstration funding will include foster care administration which includes State Automated Child Welfare Information System (SACWIS) maintenance and operation funding. SACWIS project development costs are not included in the scope of this demonstration.

Court Orders

The Division is not aware of any court orders in effect in the state by which a court has determined that the child welfare program failed to comply with State child welfare laws, Titles IV-E or IV-B, or the Constitution.

PARTNERSHIPS AND PUBLIC INPUT

DCFS has strong professional relationships with many groups that share its common goal of strengthening families. Community relationships and partnerships are valued by the Division and are embodied in its practice model framework. For example, the Division Director meets regularly with the Administrative Office of the Courts staff to address concerns and determine how to build upon existing strengths. The Division Director also attends the annual Arkansas Judges' Conference each November and meets with several judges individually on a regular basis and with other judges on an as needed basis. In addition, several other DCFS central office staff are regularly invited to present at local conferences related to child welfare. Most recently DCFS staff presented at the Children in the Courts Conference in May 2012 to discuss the existing Subsidized Guardianship Program as well as the forthcoming Differential Response Program with attorney ad litem, parent counsel, DHS Office of

Chief Counsel attorneys, judges, and other stakeholders who were in attendance. DCFS also presented at the fall 2011 CASA Conference on topics including the Structured Analysis Family Evaluation (SAFE) and the Subsidized Guardianship Program.

The Division also strives to keep the community at large informed of its work and upcoming changes. DCFS hosts public media release events at local venues during National Child Abuse Prevention Month, National Foster Care Month, and National Adoption Month to share information with the public about the various issues associated with each of these topics. As another example, during the spring of 2012 Community Forums were held in 10 locations across the state to share information regarding the forthcoming Differential Response Program. Through those Community Forums as well as a presentation at the Arkansas CASA Directors' State Conference, over 360 people from across the state participated in discussions about Differential Response in Arkansas. Participants at the Community Forums included representatives from:

- Administrative Office of the Courts (including attorney ad litem, judges, judges' court staff etc.)
- CASA
- several school districts
- IV-E University Partnership
- Variety of children's shelters, group homes, and advocacy centers
- Bikers Against Child Abuse
- Arkansas Multidisciplinary Teams
- Arkansas Children's Hospital
- Multiple mental health and other service providers
- Local housing authorities
- Crimes Against Children Division (CACD) (investigators and administrators)
- Juvenile justice
- DHS Division of Developmental Disabilities Services
- DHS Division of County Operations (*DCO is the DHS Division responsible for the administration of the local DHS county offices as well as several public assistance programs such as the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), the Home Energy Assistance Program (HEAP), and the Transitional Employment Assistance (TEA) Program*)

The Agency continues to develop new partnerships with groups as it becomes more creative in assessing the needs of families and searching for supports that will best meet their needs in their own communities. For instance, in late 2011 the Division began collaborating with a statewide workgroup focusing on issues related to human trafficking. DCFS is particularly proud of the relationships it has formed within the Arkansas State Legislature over the past three years despite the challenges to build and sustain such connections given that Arkansas legislators are term limited. As such, educating new legislators about the child welfare system and building relationships with new legislators is an ongoing process.

DCFS achieved substantial conformity with the systemic factor involving agency responsiveness to the community during the last federal review. Staff at all levels recognize and value the importance of strong partnerships in serving children and families in Arkansas. Local staff have worked hard to cultivate partnerships ranging from churches to civic groups to a local Sonic that now regularly employees older youth in care as well as parents who are or were once involved in the child welfare system. No one agency or individual can solely support and ensure services that families need. It truly takes communities coming together to meet the needs of families.

DCFS engages key stakeholders in the development and implementation of its strategic plans to partner with those groups and individuals to accomplish the common goal of improving the health, permanency, and well-being outcomes of children and families. Arkansas's PIP and Child and Family Services Plan include many strategies that involve more partnerships and community involvement than ever before in order to optimize the accessibility and availability of services that are individualized to meet the individual needs of families.

The Agency has identified and begun discussions regarding the IV-E Child Welfare Waiver Demonstration Project with stakeholders who share our mission, including both internal and external stakeholders such as:

- DCFS Area Directors and Supervisors
- Family Service Workers
- Program managers

- Administrative and financial services staff
- DHS Office of Chief Counsel
- Division's IV-E University Partners
- Administrative Office of the Courts executive team
- Arkansas Advocates for Children and Families
- State legislators
- Arkansas Governor Mike Beebe and his staff

DCFS has also identified stakeholders who the Agency will need to engage regarding its vision for and work with the demonstration project, including:

- Children and youth
- Parents, caregivers, and other family members
- Foster and adoptive families
- Medical and mental health communities
- Local law enforcement
- System of Care community
- Court personnel
- Arkansas State Police Crimes Against Children Division(CACD)
- Court Appointed Special Advocates (CASA)
- Various contract service providers

Arkansas has begun the initial planning for and development of a communication plan that includes the following strategies for messaging and informing private and public stakeholders about the demonstration waiver and opportunities for them to provide input and feedback:

- Develop/revise talking points concerning the mission, vision and practice model framework.
- Include information about trauma, evidence-based interventions, and connections to outcomes in material.
- Develop a schedule and conduct community forums across the state.
- Develop a section in the DCFS Connections Newsletter for demonstration project updates and achievements.

- Conduct focus groups for input at key points in time.
- Conduct surveys and analysis for continuous quality improvement.
- Review and revise child welfare related material to assure aligns with the outcomes.
- Routinely include information about progress and areas needing improvement in community meetings, staff meetings, and other opportunities when educating or sharing information about child welfare.

CONCLUSION

The Arkansas Division of Children and Family Services believes the transformative work that has taken place over the past three years within the child welfare system has not only demonstrated the Division's commitment to inventive, collaborative approaches, but, even more importantly, has established a strong foundation from which the State's child welfare system can continue to build. The Division considers the funding flexibility provided through the Title IV-E Child Welfare Waiver Demonstration Project to be a critical opportunity that will allow the Agency and its partners to further improve the child welfare system by implementing strategies and interventions to decrease the number of entries and re-entries into foster care as well as increase permanency, improve the safety and well-being, and increase positive outcomes for infants, children, youth, and families in their homes and communities. As such, the Arkansas Division of Children and Family Services respectfully submits its application for the Title IV-E Child Welfare Waiver Demonstration Project and looks forward to taking part in this innovative approach to improving the lives of children and families in Arkansas.

APPENDIX

Table 1. Statewide QSPR/CFSR Comparison Table

Statewide QSPR / CFSR Comparisons				
	2011 QSPR	2010 QSPR	2009 QSPR	2008 CFSR
SAFETY 1: Children are first and foremost protected from abuse and neglect	77%	85%	76%	77%
ITEM 1: Timeliness of investigations	85%	91%	83%	77%
ITEM 2: Repeat maltreatment	88%	83%	82%	95%
SAFETY 2: Children are safely maintained in their home when possible and appropriate	63%	62%	60%	59%
ITEM 3: Services to prevent removal	70%	67%	62%	68%
ITEM 4: Risk of harm	64%	63%	61%	61%
PERMANENCY 1: Children have permanency and stability in their living situations	67%	66%	62%	41%
ITEM 5: Foster care re-entry	97%	85%	93%	100%
ITEM 6: Stability of foster care placement	74%	69%	74%	64%
ITEM 7: Permanency goal for child	90%	92%	84%	72%
ITEM 8: Reunification, guardianship, and placement with relatives	78%	88%	85%	72%
ITEM 9: Adoption	68%	71%	56%	33%
ITEM 10: Alternative planned permanent living arrangement	63%	77%	71%	57%
PERMANENCY 2: The continuity of family relationships and connection is preserved	68%	67%	73%	54%
ITEM 11: Proximity of placement	93%	92%	90%	96%
ITEM 12: Placement with siblings	75%	83%	92%	82%
ITEM 13: Visiting with parents and siblings in foster care	73%	69%	69%	59%
ITEM 14: Preserving connections	77%	80%	87%	79%
ITEM 15: Relative placement	77%	68%	84%	67%
ITEM 16: Relationship of child in care with parents	70%	69%	70%	48%
WELL-BEING 1: Families have enhanced capacity to provide for children's needs	48%	45%	45%	28%
ITEM 17: Needs/services of child, parents and foster parents	62%	56%	56%	37%
ITEM 18: Child//family involvement in case planning	53%	49%	53%	31%
ITEM 19: Worker visits with child	52%	60%	54%	46%
ITEM 20: Worker visits with parents	42%	37%	42%	33%
WELL-BEING 2: Children receive services to meet their educational needs	80%	78%	75%	71%
ITEM 21: Educational needs of child	80%	78%	75%	71%

WELL-BEING 3: Children receive services to meet their physical & mental health needs	79%	75%	69%	62%
ITEM 22: Physical health of child	90%	85%	84%	74%
ITEM 23: Mental health of child	77%	74%	68%	67%