

**Child and Family Services Reviews  
Summary of Findings Form**

**Final Report  
For The  
State of Arkansas**

**April 2002**

**U.S. Department of Health and Human Services  
Administration for Children and Families  
Administration on Children, Youth and Families  
Children's Bureau**

## SUMMARY OF FINDINGS FORM

**Purpose.** The purposes of this form include the following:

- To provide a preliminary assessment of the strengths and needs of the State's child and family services system prior to the onsite review, by analyzing information from the State's CFSP and Statewide Assessment on the form
  - To provide a format for each local review team to identify its collective findings based on the activities conducted by the team in a particular review site
  - To provide a format for recording information obtained during the onsite review applicable to the outcomes and systemic factors being reviewed, including information obtained from case reviews and stakeholder interviews
  - To provide a format for all the local review teams to consolidate their information into one comprehensive report to the State agency
  - When completed, following the onsite review, to serve as the final report of the review to the State agency that includes the summary of the review findings and the determination of substantial conformity
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- **Organization.** The form includes sections for each of the three outcome areas and each of the seven systemic areas being reviewed. For each outcome listed, subsections are provided to record the number of cases reviewed by the team according to the degree to which the outcome was determined by the reviewers to be achieved, followed by a list of each indicator used to evaluate the outcome. For each systemic factor listed, subsections are provided to record the State's substantial conformity, or lack thereof, followed by the State plan requirements used to evaluate each systemic factor. The form also includes sections used to record areas determined by the review team to be operating in substantial conformity with applicable State plan requirements and those determined not to be in substantial conformity.
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- **Instructions.** Each review team member should receive a copy of the form that includes the preliminary assessment information. However, each local review team will submit only one completed form that includes the results of the local team's findings of the onsite review as compiled at the local team's final debriefing. The local team leader must ensure that the form is completed and submitted by the end of the onsite review. For each outcome (sections I–III), the team should record the number of cases they reviewed in which that particular outcome was determined to be substantially achieved, partially achieved or not being achieved or addressed by the agency under review. Each systemic factor (sections IV–X) should be marked by the team as substantially conforming to State plan requirements or not substantially conforming. Each performance indicator (items 1–45) following the outcomes and systemic factors should be judged by the team as primarily a strength or primarily an area needing improvement, recognizing there may some identified strengths and needs within any one indicator. The basis for rating each performance indicator should be specific, should substantiate the rating, and should note the source of the information, i.e., case reviews, stakeholder interviews, or the self-assessment. In the debriefing of the entire State review team near the conclusion of the onsite review, the team should complete one consolidated form that incorporates the findings of each local team and includes and addresses the information on the preliminary assessment. The team should complete the final two sections of the form (sections XI and XII), indicating those areas determined to be operating in substantial conformity with applicable requirements and those areas not in substantial conformity. The team will identify the specific performance indicators needing improvement in each area determined not to be in substantial conformity, to assist the State in developing its program improvement plan. Following the onsite review, the Regional Office review team leader will refine and supplement the form as needed, verify the areas of nonconformity, and submit the completed form to the State agency as the final report of the review.

**I. SAFETY**

<b>Outcome S1: Children are, first and foremost, protected from abuse and neglect.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Team 1 Pulaski</b>	<b>Team 2 Jefferson</b>	<b>Team 3 White</b>	<b>Total Number</b>	<b>Total Percentage</b>
Substantially Achieved:	18	10	11	39	91%
Partially Achieved:	1	2	1	4	9.0%
Not Achieved or Addressed:					
Not Applicable:	5	2		7	
<b>Conformity of Statewide data indicators with national standards:</b>					
	<b>National Standard</b>	<b>State's Percentage</b>	<b>Meets Standard</b>	<b>Does Not Meet Standard</b>	
Repeat maltreatment	5%	4.48%	X		
Maltreatment of children in foster care	0.4%	0.29%	X		

**Status of Safety Outcome S1-Substantial Conformity**

**Of the 43 applicable cases reviewed, 91% substantially achieved Safety Outcome-S1.**

**Item 1. Timeliness of initiating investigations of reports of child maltreatment**

  X   Strength             Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

The Arkansas Division of Children and Family Services (DCFS) has developed the Health and Safety Assessment and Risk Assessment tools to be used in its investigation of reports of alleged maltreatment of children. The Health and Safety Assessment is used to assess the potential of immediate danger to the child. The Risk Assessment is utilized to determine the likelihood of future abuse to a child. These tools are part of a structured decision-making process to assist staff in making critical decisions regarding the safety and well-being of children. Professional judgement and training are stressed with the ongoing use of these casework tools.

A uniform protocol is used for screening and prioritizing all allegations of child maltreatment. In 1997, the Arkansas General Assembly authorized the Arkansas State Police to create the Family Protection Unit. This unit is charged with the responsibility to conduct investigations into severe child abuse as defined by the Interagency agreement developed between DCFS and the State Police and to administer the statewide child abuse hotline. The Family Protection Division composed of three sections: (1) The Child Abuse Hotline Section which allows for 24-hour a day reporting of information regarding possible incidents of child abuse; (2) The Child and Family Protection Section which is **staffed by non-law enforcement personnel** and is responsible for the investigation of allegations of child abuse allegations that initially do not appear to involve severe abuse or for the need for a criminal investigation, but may have implications of criminal activity involving child abuse; and (3) The Law Enforcement Child Abuse Section which is staffed with **law enforcement personnel** and is responsible for the investigation of allegations that initially appear to involve severe child abuse or other types of criminal child abuse.

During the 1999 Legislative Session, the standard for determination of **True** for a child maltreatment report was changed from "some credible evidence" to "a preponderance of evidence". This latter standard calls for a greater weight of evidence than the former.

The federal data profile indicates that for the children who were in foster care during the period under review, the incidence of children who were the subject of a True report of maltreatment by a foster parent equaled **0.29%** of the children in foster care. Thus, the state does meet this national standard regarding this indicator of child safety. The majority of the reports of maltreatment of children in foster care occurred in residential facilities.

## **Basis:**

### **On-site Review**

**In 43 applicable cases, this indicator is determined to be a strength. This indicator is rated as a strength based on the following:**

#### **Strength**

- ◆ **Ninety-one percent (91%) of cases reviewed met or exceeded the state's policy regarding timeframes for initiating investigations.**
- ◆ **There were case examples of investigations being initiated within a few hours of the receipt of some reports.**

- ◆ **The working relationship between DCFS and the Arkansas State Police facilitates the timeliness for initiating investigations.**
- ◆ **Face-to-face contact with victims and significant family members was also found to be within department guidelines in a majority of cases.**

### **Area Needing Improvement**

- ◆ **Some case reviews revealed that some caseworkers are not reporting new reports of abuse/neglect on open cases to the Hotline for entry onto the CHRIS system, thus a total case history is not reflected.**
- ◆ **Case reviews revealed a concern that, in FINS cases, abuse and neglect incidents are not consistently identified and/or reported.**
- ◆ **At least one case revealed and several stakeholders reported significant lag time between initial contact by law enforcement and the transfer of a case to DCFS. There is fear that risks to children were increased because of the time between initial investigation and the ongoing services delivered by DCFS staff.**

### **Item 2. Repeat maltreatment**

Strength       Area Needing Improvement

Basis:

#### **Statewide Self-Assessment:**

The state's records indicate that for the period under review, **4.48%** of the children who were the subject of initial reports of maltreatment were also the subject of subsequent founded reports. This percentage is within the allowable level of the national standard. The state of Arkansas tracks incidents of repeat maltreatment as part of their quality assurance reporting system. The information of prior reports of child maltreatment is incorporated into the assessment process during the investigation of reports of child maltreatment. When a call is made to the Child Abuse Hotline, the intake worker must complete a history check to determine whether there has been a previous report regarding the child and family. The DCFS' automated system (CHRIS) requires verification of this history check before an intake worker can close a referral. During the investigation, the Family Service Worker must complete the Health and Safety Assessment. This tool includes a section that requests the determination of whether or not the caretaker has previously maltreated a child and the severity of the maltreatment. The caretaker's response to the previous incident is also

documented. All of this information is considered to determine whether child safety is an immediate concern that must be addressed. Prior to a child returning home, the Family Service Worker must complete the Risk Assessment tool to determine that the home is safe for the child's return.

### **On-Site Review:**

**This indicator was rated as a strength. Repeat maltreatment, as defined for this item, was not observed in a majority of the cases in the review sample.**

#### **Strength**

- ◆ **Case reviews revealed an appropriate use of safety and placement prevention interventions.**
- ◆ **Several stakeholders reported a significant improvement in the area of repeat maltreatment during the past two years.**
- ◆ **Additionally, some stakeholders also noted that there has been a decrease in situations of the same perpetrator/same victim in DCFS cases.**

#### **Area Needing Improvement**

- ◆ **In the 50 cases reviewed, there were at least 9 reports of abuse or neglect in foster homes during the life of the cases. Reports of abuse and neglect in foster homes are investigated by the Arkansas State Police. While most of these reports were unsubstantiated, there is an indicated need to address the needs and supports provided to some foster care providers.**
- ◆ **In some cases, there were multiple reports of abuse and neglect during the life of the cases, but significantly fewer reports in those cases during the period under review.**

### **Status of Safety Outcome S1-Substantial Conformity**

**Of the cases reviewed, 91% substantially achieved Safety Outcome-S1.**

<b>Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Team 1 Pulaski</b>	<b>Team 2 Jefferson</b>	<b>Team 3 White</b>	<b>Total Number</b>	<b>Total Percentage</b>
Substantially Achieved:	16	4	5	25	72%
Partially Achieved:	1	3		4	11%
Not Achieved or Addressed:	2	1	3	6	17%
Not Applicable:	5	6	4	15	

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

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

DCFS provides some services directly, such as casework services, family support, foster care services, and, in one area, Intensive Family Services. DCFS also purchases a number of placement services for children who are in foster care placement including therapeutic foster care, emergency shelter, residential treatment, comprehensive residential treatment, supportive living and inpatient psychiatric hospitalization. These services are designed to serve the child in placement and meet his specific needs. DCFS utilizes community services and also purchases services to address family problems. This list of available services includes: parenting education; supervised visitation; lay therapy; Intensive Family Services; counseling services; treatment for adult perpetrators of child sexual abuse; and language and deaf interpreter services.

**On-Site Review:**

**This indicator is determined to be an area needing improvement.**

**Strength**

- ◆ **The Department has a good array of services to address safety and placement prevention issues in some areas.**

- ◆ Caseworkers are able to address issues of basic needs of children and families as a result of relationships with community resources.

**Area Needing Improvement**

- ◆ Although there is a risk assessment process used by caseworkers, some safety risks are not being identified and addressed.
- ◆ Case reviewers observed that several cases were closed for services even though there were clear risk factors present. The agency seems to be focusing on the needs of children but less attention is given to identifying expected outcomes for caregivers and contract providers that will result in the improved well-being of their children.
- ◆ Some stakeholders expressed concerns that skills for interviewing young sexual abuse victims were lacking for many caseworkers.
- ◆ Case reviews pointed to inconsistencies in case decision-making from caseworker to caseworker.
- ◆ Some stakeholders who worked with Division staff felt that coordination among service providers who are involved in cases was not occurring.
- ◆ Service gaps in some areas were determined to have clearly affected the quality of the outcomes for children and families in some areas, particularly in more rural counties.

**Item 4. Risk of harm to child**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

DCFS developed **Health and Safety Assessment and Risk Assessment tools** in 1999. The Health and Safety Assessment is utilized to assess issues posing an immediate danger to a child. The Risk Assessment is utilized to determine the likelihood of future abuse to a child. These Assessments are tools in a structured decision-making process, and their use does not replace professional judgment.

The **Health and Safety Assessment** is completed in conjunction with the child maltreatment assessment, and is designed:

- To identify factors in the home which affect the child's immediate safety.
- To guide the Family Service Worker in determining whether or not to leave the child in the home.

- To use as a structured decision-making tool. For example, information collected on the Health and Safety Assessment can be used to document reasonable efforts, aggravated circumstances, completion of the court report, and at important case decision points or when there are major changes in case circumstances.
- To assess the child's health and safety at placement changes.

Information to complete the Health and Safety Assessment will be gathered during the child maltreatment interviews.

Some of the questions that must be answered in the Health and Safety Assessment include the following:

- . Caretaker's behavior toward child(ren) is violent or out of control. If yes, explain.
- . Caretaker(s) explanation of the injury is unconvincing. If yes, explain.

In the **Safety Response**, the DCFS Family Service Worker enters information about services and monitoring to be provided to the family and about the use of family resources, neighbors or other individuals in the community as safety resources. Based on this information, the worker makes a decision about whether the child can safely remain in the home.

The **Risk Assessment** is designed:

- To identify the factors and circumstances that indicate the child may be at risk of future abuse or neglect.
- To indicate the necessary level of involvement to assure the child's well being.
- As a structured decision-making tool in case planning.

The **Risk Assessment** asks questions about current and past maltreatment and will be completed on all cases with a child maltreatment determination of "True", to establish the level of risk. Levels of risk are classified as intensive, high, moderate, and low. The higher the score, the higher the risk of future harm. Cases with intensive or high risk levels must be opened. Low and moderate risk cases may be opened. Face-to-face contact with the family is based on the established risk level. The Risk Assessment results are used in completing the Family Strengths and Needs Assessment and to help develop case plan objectives and tasks.

### **On-Site Review:**

**This indicator is determined to be an area needing improvement.**

### **Strength**

Case reviews revealed that DCFS often makes appropriate responses to remove children to assure safety in very serious situations:

- ◆ Training has been provided to foster parents to address risk issues that may occur in foster homes.
- ◆ There is an array of services available in several areas to assist families with reunification efforts.
- ◆ There was evidence in cases that safety issues were assessed prior to making decisions to reunify families.

### **Area Needing Improvement**

- ◆ Case reviews revealed concerns that in some case situations offenders were allowed to remain in the home with a victim without sufficient assessment of the likelihood of repeat maltreatment.
- ◆ In some situations, the child victim was removed from home but the perpetrator continued to reside in the family home and thus the risk to the child remained in the home.
- ◆ In some of the cases that were reviewed, risk was identified but there were not sufficient follow up services or actions to reduce or eliminate the risk.
- ◆ There were several Families In Need of Supervision (FINS) cases in the total sample. In many of those cases there was not an assessment of risk even though the case documentation pointed to clear indicators of risk. In contrast, there were some case situations in which risk was identified but services were not provided to reduce the identified risk.

### **Status of Safety Outcome S2-Not in Substantial Conformity**

For Safety Outcome S2, 72% of the cases in the review substantially achieved the expectations of the outcome. The state of Arkansas does have a good array of services to address safety issues. However, the review indicates that continuing risk is not adequately addressed in some cases. This seems to be a particular issue for in-home cases and it is also affected by the large number of Families in Need of Services (FINS) cases that are in the DCFS system along with those protective services cases that come to the Department with reports of abuse and neglect.

## II. PERMANENCY

<b>Outcome P1: Children have permanency and stability in their living situations.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Team 1 Pulaski</b>	<b>Team 2 Jefferson</b>	<b>Team 3 White</b>	<b>Total Number</b>	<b>Total Percentage</b>
Substantially Achieved:	7	5	4	16	62%
Partially Achieved:	4	3	1	8	31%
Not Achieved or Addressed:	1		1	2	7%
Not Applicable:	12	6	6	24	
<b>Conformity of Statewide data indicators with national standards:</b>					
	<b>National Standard</b>	<b>State's Percentage</b>	<b>Meets Standard</b>	<b>Does Not Meet Standard</b>	
Foster care re-entries	6%	10.57%		X	
Length of time to achieve reunification	78%	83.38%	X		
Length of time to achieve adoption	36%	26.02%		X	
Stability of foster care placements	89%	68.63%		X	
Length of stay in foster care*	N/A	12.45 Mos.	N/A	N/A	

\*Not used to determine substantial conformity.

### Item 5. Foster care re-entries

\_\_\_ Strength    \_\_X\_\_ Area Needing Improvement

Basis:

#### State-wide Self Assessment:

Of the children who entered care during FFY'99 in Arkansas, 10.57% were re-entering care. The national standard is 6%. The number of first time entries fell from FFY 98's 93.6% to 82.8% in FFY'99. Some of this may be tied to the implementation of CHRIS and lack of historical information that could have inflated the single removal category for FFY'98.

DCFS has not monitored re-entries in their management reporting but will begin to do so and will examine the issue in more depth.

**On-Site Review:**

**This indicator is an area needing improvement. The state is not in substantial conformity with the national standard related to this item.**

**Strength**

- ◆ **There were very few re-entries in the foster care cases in the sample for the period under review.**
- ◆ **Case history reviews indicate that foster care re-entry situations have been significantly improved during the past two years.**

**Area Needing Improvement**

- ◆ **In those cases with re-entry episodes, a lack of adequate services to achieve or maintain change in the risk situation appeared to be responsible for the situation.**
- ◆ **Although there have been improvements in the number of re-entries in care, some community stakeholders view this as a continuing problem for the Department.**

**Item 6. Stability of foster care placement**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

The Division's performance level of 68% for stability of foster care placements is below the national 89% standard. We know this is to some extent an issue of data collection.

Nevertheless, DCFS is sensitive to the need for placement stability and has been looking at multiple placement issues for some time. The Division's Quarterly Performance Reports monitor placements of all children in foster care in two ways:

- . Percentage of children entering foster care who have experienced more than three placements within

the past 18 months. In the latest report (October 2000 – December 2000) 17% had more than three placements, down from the previous three quarters which had 19%, 23% and 18%.

. Number of Placements of Children in Foster Care : Categorizing them into:

1-3 placements (72%); 4-9 placements (21%) and 10+ placements (7%).

In looking at the issue of multiple placements, DCFS has noted that children who actually move several times are usually teens or children with emotional or behavioral problems. DCFS is working with Community Mental Health Centers and the University of Arkansas for Medical Services who conduct the comprehensive health assessment to assure that foster children receive timely mental health assessments so that special placements needs could be identified and addressed.

DCFS also has contracted with Hornsby, Zeller and Associates and the Center for the Study of Social Policy to conduct separate examinations of the issue of multiple placements.

### **On-Site Review:**

**This indicator is an area needing improvement.**

#### **Strength**

- ◆ **The increasing use of relatives as foster care placements is making a positive impact on the placement stability issue.**
- ◆ **Regular contacts between caseworkers and foster parents help in maintaining the stability of some placements.**

#### **Area Needing Improvement**

- ◆ **Case reviews and discussions with stakeholders suggest that there are insufficient formal assessments of placement matches between foster homes and some children needing placement.**
- ◆ **A focus group with foster parents revealed significant communication problems between the Department and individual care providers.**
- ◆ **Respite care services do not appear to be consistently offered as a resource to diffuse difficult placement situations.**

- ◆ Stakeholders believe that the general lack of a partnership philosophy is having an impact on placement stability because foster parents are not feeling supported.
- ◆ Many foster parents feel that many of the children in their homes should qualify for special board payments but they are discouraged from seeking these supplements.
- ◆ Teens with multiple behavioral and mental health services needs have the most frequent moves in the foster care system, as noted by DCFS in the Statewide Assessment.
- ◆ Many youth in the FINS cases, that often become the responsibility of DCFS although no abuse and/or neglect reports have been initially made, seem to be inappropriately served in the same foster care system as children who have been placed as a result of maltreatment.
- ◆ Services of sufficient type and quantity do not appear to be in place to make positive impacts on the placement disruption problems.

**Item 7. Permanency goal for child**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

An analysis of the state's data in relation to the permanency goal of children in foster care revealed the following information regarding the population. First, there was a marked decrease in the permanency goal of reunification for all children in care, although that figure remained relatively constant for the first-time entry group. The goal of living with relatives stayed constant for all children, but the first-time entry group saw a slight increase.

The largest increase was in the goal of adoption. For all children the increase from FFY'98 to FFY'99 was 17.4 percentage points (ie., from 10.2% to 27.6%). For first time entry children, the increase was 10.9 percentage points (ie., from 2.7% to 13.6%). This increase was partially due to efforts of the field staff to clean up the information and to capture the most current and correct goal of the child. It also reflects increased and sustained efforts to locate adoptive placements for the increasing number of children freed for adoption. This increase can be verified by the increase in the number of adoptions from one year to the next as well. Arkansas' baseline was 138 adoptions, and in FFY 1999 251 children were placed for adoption.

As long term foster care slightly decreased as a goal, emancipation increased, significantly for the total population, and only slightly for the first time entry group.

The only other significant, and positive, change was the reduction in the number of cases where no case plan goal was established. Although still high at 12.8 percent, the number was reduced by over 50% from FFY 98 for all children and nearly 50% for the first time entry group.

At least 13% of the children in foster care are placed due to their behavior (e.g., emotional or behavioral problems, truancy, and sexual offenses). These children present special challenges in terms of permanency and coordination of services between agencies. DCFS is working with the Division of Mental Health, the Community Mental Health Centers and other mental health providers to develop a system of mental health services for children in foster care. As that system is developed, an additional challenge will also be to maintain that system as the child returns to their family or to another permanent living arrangement.

Another issue affecting permanency is how to achieve and maintain reunification or other permanency options for children who enter care because of parental substance abuse.

The Division is looking at the characteristics of children in foster care, the reasons children are placed and reasons for deciding the types of placement for a child.

The Division of Children and Family Services entered into a Mutual Agreement Of Understanding with Court Appointed Special Advocates (CASA) to work together in a collaborative effort to ensure safety and permanency for abused and/or neglected children in Arkansas. Currently there are 16 independent CASA programs throughout the state.

### **On-Site Review:**

**This indicator is an area needing improvement.**

#### **Strength**

- ◆ **There were some case examples in which foster parents provided long-term commitments to teens despite the presence of delinquent behavior and detention placements.**

- ◆ Many stakeholders believe that the Adoption and Safe Families Act (ASFA) is helping to motivate many families in their reunification efforts.
- ◆ Stakeholders expressed a belief that children who are 10 years and under have good chances for adoption placements.
- ◆ Case reviews revealed good examples of long-term relative placements for children with special needs.

Area Needing Improvement

- ◆ Case reviews indicated that caseworkers have difficulty with the concurrent planning concept for families and, as a result, issues regarding adoption are not being addressed until after a termination of parental rights has occurred.
- ◆ There seems to be a perception that older children are not likely to find successful adoption placements.
- ◆ There appears to be a trend of not pursuing the interests of the absent fathers of children in foster care and this can delay the achievement of permanency goals for some children.
- ◆ Several stakeholders mentioned a disconnection in the communications between primary children's workers and adoption caseworkers which has also affected the timeliness of achieving permanency goals for children.
- ◆ There seems to be a concurrent belief that children over 10 years are less likely to be successfully placed in adoption settings.
- ◆ Several stakeholders expressed a belief that the permanency goal process is very court-driven and many caseworkers will not pursue permanent placement goals unless they believe that the goal changes are supported by the court.

**Item 8. Independent living services**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

Another permanency service that DCFS offers is the Independent Living Program (ILP). If approved, a youth participating in the Independent Living Grant Program may request to move into the child's own place of residence. Data on youth served during FFY Year 2000 include:

Number of youth served: 551

A. Age 20+.....	6
B. Age 19 .....	22
C. Age 18 .....	77
D. Age 17 .....	143
E. Age 16 .....	132
F. Age 15-14.....	171

Life skills training was provided for 185 youth. Some of the life-skills topics covered in workshops – Finance/Money Management, Vocational Planning, Parenting, Health and Hygiene, Personal Appearance, Nutrition, Housing, Team Building, Self-Esteem, Legal Issues, Job Search/Vocational Planning, College Preparation, Drugs, STD’s/Sexual Awareness, Conflict Resolution, Community Resources.

Each child, age sixteen or older, is assessed every six (6) months to determine the progress in acquiring basic life skills. DCFS provides, either directly or through contract, those services identified in the assessment that are necessary to help the child achieve independence. Initial assessments were administered to 218 teens during FFY’ 2000, and a total of 262 were reassessed. DCFS has involved the National Resource Center for Youth Development in assisting us to examine and improve our Independent Living program. We are also looking at young teen mothers placed in foster care and how they care for their child.

**On-Site Review:**

**This indicator is an area needing improvement.**

**Strength**

- ◆ **The case review revealed several examples of teens receiving a great deal of basic life skills services in their foster homes.**
- ◆ **Teenage mothers are given very practical parenting skills training from foster parents and through formal parenting classes.**
- ◆ **There were good examples documented of independent living services planned and delivered for youth in foster care placements.**

**Area Needing Improvement**

- ◆ Case reviews revealed that for some teens, independent living skills development activities were occurring, these services had not been included in the youth's overall service plan.
- ◆ Case reviewers believed that more assessment should be occurring for teens to determine the level of need for independent living services beyond age-related eligibility.
- ◆ There were case examples in which foster parents were not aware of the plan for independent living services for some youth in their care.
- ◆ In some areas, basic independent living services were reported to be either lacking or inconsistently delivered.
- ◆ Some case reviews indicated that some youth were not as involved in their own service plan as they needed to be in order to be more invested in the outcomes.
- ◆ Some reviewers felt that there was a lack of clarity as to when independent living services should begin for some youth.

#### Item 9. Adoption

Strength       Area Needing Improvement

Basis:

#### **Statewide Self-Assessment:**

Arkansas children exited foster care to a finalized adoption within 24 months from the latest removal at a rate (26%) lower than the National Standard (36%). The adoption numbers in 98 were underreported and during 1999, the Division conducted a number of data clean-up activities. Staff received intensive training in 2000 on ASFA and concurrent planning. Concurrent planning includes working towards the goal of returning the child to the parents while concurrently working on alternative permanent placements. Concurrent planning is initiated when a child first enters the foster care system.. It is mandatory on the Case Plan screens in CHRIS when the goal is reunification.

In addition, DCFS has entered into contracts for adoption preparation, assessment and follow-up services to supplement the work of the Adoption Specialist and to allow them more time to recruit families for waiting children. DCFS is working with the state CASA organization, the Administrative Office of the Courts and faith-based organizations to highlight the need for adoptive families and other volunteers to work with dependent children using the One Church, One Child program.

## **On-Site Review:**

**This indicator is an area needing improvement.**

### **Strength**

- ◆ **There is evidence that DCFS has done some good work in promoting and supporting more foster parent and relative adoptions in recent years.**
- ◆ **The state of Arkansas has made good strides in increasing the overall number of children placed in finalized adoptions.**
- ◆ **The Department has included more aggressive recruitment of adoptive homes in their most recent state plan update.**
- ◆ **During the period under review, there were good examples noted of infants and very young children being moved into adoptive placements in a more timely manner than in years past.**

### **Area Needing Improvement**

- ◆ **The on-site reviews showed evidence of cases with no timelines or a sense of urgency to move children into permanent placements.**
- ◆ **There were several cases in which the goals for older children changed from adoption to independent living because an adoptive resource had not become available.**
- ◆ **Case review teams reported a sense that there had been uneven attempts to search for adoptive homes for special needs children.**

**Community and agency stakeholders were vocal regarding their perceptions of the efforts of the agency to secure adoptive placements for some children in the foster care system. There concerns are captured in the following reflections:**

- ◆ **Stakeholders described delays in adoptive placements for some children that were attributable to lack of coordination between the primary caseworker and the adoption worker.**
- ◆ **Stakeholders expressed beliefs that if a foster parent or relative was not available as an adoption resource for some children, there were likely to be delays in finding other suitable adoptive placements.**
- ◆ **Some stakeholders also indicated that they perceived reluctance by DCFS staff to place available children on national adoption registers.**

**Item 10. Permanency goal of other planned permanent living arrangement**

  X   Strength             Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

The Permanency Planning Hearing shall determine the permanency goal for the child:

- Return home,
  
- Termination of parental rights unless:
  - the child is being cared for by a relative;
  - the Division has documented a compelling reason why filing a termination petition would not be in the best interest of the child; or
  - the Division has not provided services, consistent with the case plan, necessary for the safe return of the child to his home.

If the court determines the permanency goal to be termination of parental rights, the Department shall file a petition to terminate parental rights within thirty (30) days from the Date of the entry of the order establishing such goal. The court shall conduct and complete a Termination of parental rights hearing within ninety (90) days from the date the petition for Termination of parental rights is filed, unless continued for good cause. After an order of Termination of parental rights is filed, the court shall review the case at least every three (3) months when the goal is adoption and, in other cases, every six (6) months until permanency is achieved for the child.

- Legal guardianship,
  
- Permanent custody (if the court grants legal guardianship or permanent custody no further services or periodic reviews are required),
  
- Continue the goal of reunification (only when the parent is complying with the established case plan, and orders of the court making significant measurable progress towards achieving the goals established in the case plan, and diligently working toward reunification. Reunification must be expected to occur within a time frame that is consistent with the child’s developmental needs),

- Long Term Foster Care/Independent Living.

**On-Site Review:**

**This indicator is determined to be a strength.**

**Strength**

- ◆ The on-site case review indicates that there are good staff support and concrete preparation services provided to teens who are known to be transitioning from foster care to independent living arrangements.
- ◆ The DCFS Youth Advisory Board has been helpful to the agency in recognizing the need for more supports and services for older youth.

**Area Needing Improvement**

None

**Status of Permanency Outcome P1-Not in Substantial Conformity**

For Permanency Outcome P1, 62% of the cases reviewed substantially achieved this outcome.

The on-site review revealed that there are problems in matching children with appropriate substitute care placements and that there are barriers in planning for and achieving permanency for children in the state's care.

<b>Outcome P2: The continuity of family relationships and connections is preserved for children.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Team 1 Pulaski</b>	<b>Team 2 Jefferson</b>	<b>Team 3 White</b>	<b>Total Number</b>	<b>Total Percentage</b>
Substantially Achieved:	8	7	4	19	73%
Partially Achieved:	4	1	2	7	27%
Not Achieved or Addressed:					
Not Applicable:	12	6	6	24	

**Item 11. Proximity of foster care placement**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

The state's Out-of-Home Placement Criteria as stated in their Policy (VI-A) require that the placement shall be chosen to keep the child in close proximity to the family, if possible, to maintain enrollment in the school the child attended before placement.

**On-Site Review:**

**This indicator is determined to be a strength.**

**Strength**

- ◆ **The on-site review of cases revealed that DCFS is doing an excellent job of maintaining children in their own communities during their placement in foster care. Placements outside of their communities, when necessary, seem to be for issues related to their case plans.**

**Area Needing Improvement**

None

**Item 12. Placement with siblings**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

**No information was available in the Statewide Assessment.**

**On-Site Review:**

**This indicator is an area needing improvement.**

**Strength**

- ◆ Case reviews displayed the effective use of relative placements in order to keep some sibling groups together.
- ◆ There were noted examples of some cases in which siblings were separated in order to more effectively meet the needs of one sibling, but staff made the effort to keep the group in the same community.

**Area Needing Improvement**

- ◆ A limited number of foster homes, in some categories, seems to make it difficult to keep large sibling groups together.
- ◆ There were case situations in which siblings were separated, but there were not subsequent efforts to place them back together when opportunities became available.
- ◆ Stakeholders believe that the declining number of foster homes is negatively affecting the ability of the agency to place siblings together.

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

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

The Arkansas DCFS procedures regarding case plan development indicate that the plan for a child in out-of-home placement will "include the visitation rights and obligations of the parents, guardian or custodian and the Division during the period the child is in an out-of-home placement."

**On-Site Review:**

**This indicator is an area needing improvement.**

**Strength**

- ◆ There were several examples of DCFS providing transportation to facilitate visits with parents including some Saturday visits.
- ◆ Relative placements often facilitated visitation between children in care and their parents and siblings.
- ◆ Most decisions to discontinue visits with parents were based on special circumstances and in the best interest of the children involved.

**Area Needing Improvement**

- ◆ The on-site review documented some inconsistencies among cases regarding the continuation of visitation between siblings in TPR/adoption placement cases.
- ◆ There were examples in which visitation did not occur between children and parents because DCFS was not able to provide the necessary supervision required for the visit.
- ◆ The case review revealed at least one example in which visitation was not occurring between a child in care and his siblings who remained in the home.

**Item 14. Preserving connections**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

The Arkansas self-assessment does not specifically speak to efforts to preserve connections for children in foster care. However, there was an increase in the percentage of children in relative foster family home placements. Kinship Care was established by law in Arkansas in 1995. Policy and training reflected this legislation, and Kinship Care placements have steadily increased since that time, although there has been a slight decrease since the implementation in March, 2000 of the ASFA requirement that Kinship Foster Homes meet the same requirements as non-relative foster family homes.

Additionally, the state offers the **Alternative Kinship Caregiver Support Group** in Pulaski County – Offers preventive and intervention services to kinship caregivers to help reduce risk factors for the children in their custody. Support given to children and caretakers includes resource identification, behavior modification, support, legal advice, and counseling.

### **On-Site Review:**

**This indicator is an area needing improvement.**

#### **Strength**

- ◆ **There is good case planning and service development for teenage mothers who have children maintained in foster homes with them.**
- ◆ **The increasing number of relative placements is helping to preserve connections for children in state custody.**
- ◆ **There were examples of other family members being encouraged to get involved in the case planning for their relatives.**
- ◆ **There were some strong connections observed between older children and their case workers which provided them connections even after they aged out of the foster care system.**
- ◆ **There were several examples of DCFS placing children in foster homes that allowed them to maintain their school placements and church and neighborhood affiliations.**

#### **Area Needing Improvement**

- ◆ **The on-site review documented that there has been a trend of not seeking out and/or involving fathers of children who come into foster care, especially when they have previously been absent from the child.**
- ◆ **Multiple moves for some children had a negative impact on the ability to maintain meaningful connections for these children.**
- ◆ **There is lack of clear policy and procedure in maintaining contact between children in foster care and their extended relatives after a termination of parental rights has occurred. A case example involved a child who requested continued contact with his grandmother but contact was not due to the TPR.**
- ◆ **One case revealed that there had insufficient probing to determine the heritage a Native American child in foster care and thus Indian Child Welfare Act mandates had not been put in place.**

## Item 15. Relative placement

\_\_\_ Strength      **X** Area Needing Improvement

Basis:

### Statewide Self-Assessment:

The Kinship Care program was established by statute in Arkansas in 1995. Policy and training reflected this legislation, and Kinship Care placements have steadily increased since that time, although there has been a slight decrease since the implementation in March, 2000 of the ASFA requirement that Kinship Foster Homes meet the same requirements as non-relative foster family homes.

### On-Site Review:

**This indicator is an area needing improvement.**

#### Strength

- ◆ **There were several examples that documented the increasing amount of work that DCFS is doing to encourage relative placements.**
- ◆ **There were case examples in which staff actively pursued placements with out of state relatives through the ICPC process.**
- ◆ **Several cases contained home studies of relatives in an effort to find suitable placements for children in care.**

#### Area Needing Improvement

- ◆ **Some case reviews revealed that efforts were not made to pursue relative placements when relatives did not come volunteer their homes as placement resources.**
- ◆ **The agency has tended to limit the involvement of fathers in the placement plans for their children.**
- ◆ **Some cases revealed a lack of services and supports to relatives who were attempting to provide care for their family members.**

**Item 16. Relationship of child in care with parents**

  X   Strength             Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

**There was no specific information regarding this indicator in the Statewide Assessment.**

**On-Site Review:**

**This indicator is determined to be a strength of the state of Arkansas.**

**Strength**

- ◆ **Relatives are being used more to help maintain the relationship between children in care and their parents.**
- ◆ **There was a case example of DCFS assisting with a Saturday visit to enhance one father's relationship with his child.**
- ◆ **The agency visitation policy seems to facilitate relationships between children in foster care and their parents.**

**Area Needing Improvement**

- ◆ **None**

**Status of Permanency Outcome P2-Not in Substantial Conformity**

**As per the case review, Arkansas DFCS had 73% of its cases that substantially achieved Permanency Outcome P2. The agency's policy and practice supports keeping children in their communities when they are placed in foster care. The agency staff are also doing good work in assisting families and children with maintaining good relationships while children are in foster care settings.**

### III. CHILD AND FAMILY WELL-BEING

<b>Outcome WB1: Families have enhanced capacity to provide for their children’s needs.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Team 1 Pulaski</b>	<b>Team 2 Jefferson</b>	<b>Team 3 White</b>	<b>Total Number</b>	<b>Total Percentage</b>
Substantially Achieved:	16	9	5	30	60%
Partially Achieved:	4	4	3	11	22%
Not Achieved or Addressed:	4	1	4	9	18%
Not Applicable:					

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

Strength       Area Needing Improvement

Basis:

#### **Statewide Self-Assessment:**

DCFS provides some services directly, such as casework services, family support, foster care services, and, in one area, Intensive Family Services. DCFS also purchases a number of placement services for children who are in foster care placement including therapeutic foster care, emergency shelter, residential treatment, comprehensive residential treatment, supportive living and inpatient psychiatric hospitalization. These services are designed to serve the child in placement and meet his specific needs. DCFS utilizes community services and also purchases services to address family problems, including the following:

**Parenting Education Support Groups** - to teach clients appropriate parenting skills and an enhanced knowledge of child/adolescent behavior. Training is given on child development, behavior management, and self-esteem. Currently, this service is underutilized and efforts are underway to insure that more referrals are made. In-Home Parenting served 581 families\*, and parenting education served 71 families.

**Supervised Visitation** - a worker is physically present during court-ordered or agency-referred visitation between children and their siblings, parents, or guardians and is able to observe, direct, and intervene if necessary and be available to testify in court as to the quality of interaction and other events during the visit. 23 families were served.

**Lay therapy** - a service provided by trained volunteers who work with very small caseloads (2-3 families) to provide services in the home designed to assist parents with issues of child development, anger control, behavior management and parenting skills. Lay therapy is available in nine counties and served 289 families.

**Intensive Family Services (IFS)** - A mixture of in-home counseling and support services intended for families with multiple and severe problems whose children are in imminent risk of an out-of-home placement or have already experienced an out-of-home placement and reunification is planned. The service is aimed at ensuring the safety of family members while helping the family learn how to stay together successfully. Services are family-centered, behaviorally oriented, immediate, intensive, and short-term. Services were provided in 34 counties throughout the state. DCFS provides IFS directly through staff in Pulaski County.

**Counseling Services** - Services based on a family-centered approach and intended to strengthen family functioning. Counseling Services encourage families and individuals to build upon their existing strengths, to develop capacities to meet their needs, and to acquire new skills. Services may include problem identification and resolution; identification of feasible goals; emotional support and guidance; provision of basic skills for functioning in the community; exploration of possible alternative behavior patterns; and development and strengthening the capacity for personal and social functioning. Services may be in-home or office-based. Counseling Services are intended for families whose children are at risk of an out-of-home placement or have experienced an out-of-home placement and reunification is planned.

**Treatment for Adult Perpetrators of Child Sexual Abuse** - Group therapy for adult perpetrators of child sexual abuse that focuses on issues that may have contributed to the sexual abuse of children. Contract services were provided 18 counties located across the state.

**Language and Deaf Interpreter Services** - To provide interpretation and translation of foreign languages for DCFS client families or interpretation for deaf clients. Services are provided for DCFS staff, DCFS clients, court personnel, and casework-related resources. Services are available statewide.

**Respite Care Services** are provided to client families in order to prevent a disruption in a biological family, foster family, or adoptive family. Services are provided in seven counties and in Area VIII.

**The Latchkey Children Initiative** – A collaborative effort between DCFS and local school districts to provide a safe, structured, academic before- and after-school environment for children in kindergarten through 6<sup>th</sup> grades.

**The School-based Human Service Worker Initiative** – A collaborative between DCFS and 19 local school districts which places case workers in the schools to help children and families. The objective of the initiative is (1) promoting safety and strengthening of our future, our children, (2) supporting the community's capacity to produce children who are healthy, children who are in supportive, nurturing, and healthy families, and children who succeed in school; and (3) promoting the Division's family preservation philosophy.

**Family Resource Centers** provide support services to DCFS clients and other families. This support consists of job skill training, housing location, resource referral, and seminars related to improving life in the community. Family Resource Centers exist in areas that lack adequate economic and social resource. The families in the community have a strong impact on the resources that are available for them. Centers are located in eight counties.

**Support groups for victims of child sexual abuse** – Group counseling in weekly sessions for child sexual abuse victims. The group is open to any child or adolescent who has been sexually abused. Services are provided in six areas and three counties.

**Drug Assessments** – Assessment to determine usage of illegal drugs or alcohol that would impact the safety and well being of children is based on either a court order or a DCFS referral. It must be performed under controlled circumstances and within specific timeframes.

**Home Studies** – A study completed by a licensed social worker to assess the suitability and safety of a home before approving the placement of a child. Collateral contacts are made, and a recommendation is given to DCFS and the court as to whether the placement is supportive of the child's safety and well being.

**Alternative Kinship Caregiver Support Group** – Offers preventive and intervention services to kinship caregivers to help reduce risk factors for the children in their custody. Support given to children and caretakers includes resource identification, behavior modification, reunification support, legal advice, and counseling. This program is being piloted in Pulaski County.

**Psychological Evaluations** - Provided to DCFS referrals to determine the emotional suitability of a caretaker. Activities include the administration and interpretation of appropriate psychological tests. Services are used to prevent out-of-home placement and promote reunification of families.

**Family Unification Program – (FUP)** provides Section 8 housing assistance to eligible families whose children are at imminent risk of placement into foster care or delayed in returning home from foster care, when housing problems are a primary, though not necessarily the only, factor. FUP certificates can be used to prevent initial foster care placements and to facilitate the reunification of children with their families.

DCFS' Quality Assurance function is responsible for programmatic contract monitoring of residential treatment and supported living contracts. Quality Assurance staff visit the facility, read case records and interview staff. These reviews determine whether the contractor is achieving the performance required by the contract and monitor the achievement of improvements emerging from prior reviews in which deficiencies were identified.

The SFY 1999 evaluation of Intensive Family Services noted the number of IFS services had increased, served a greater number of children and families, reduced the demand or need for other services, and reduced the rate of child maltreatment. It reported that IFS was far less costly than foster care.

### **On-Site Review:**

**This indicator is an area needing improvement.**

#### **Strength**

- ◆ **Service plans and updates were found in most cases reviewed.**
- ◆ **There were examples of comprehensive psychological evaluations being conducted for children through the University of Arkansas for Medical Services.**
- ◆ **There is a good array of services available to address case in some areas of the state.**

#### **Area Needing Improvement**

- ◆ **Case reviews revealed a lack of follow-up on service recommendations from providers in some situations.**
- ◆ **There was concern from reviewers regarding the quality of assessments that were conducted for in-homes cases.**
- ◆ **There was little being done in many cases regarding coordinating service delivery among multiple service providers.**
- ◆ **There was concern that foster parents were not being provided services needed to assist them with children with behavioral problems.**
- ◆ **Case reviewers had concerns that assessments that were conducted by agency staff were narrowly focused, sometimes only concentrating on one family dynamic.**

- ◆ There were examples in which in-homes cases were closed because parents/caretakers did not follow through on the service plan expectations as opposed to there being a reduction of the risk situation.
- ◆ Stakeholders expressed the belief that the current family needs assessment tool was not comprehensive or family focused enough to be a useful resource.
- ◆ There were case examples in which needs were identified for only one parent when there were two caretakers in the home.
- ◆ Some areas have too few resources available to address some assessed needs.
- ◆ Some stakeholders also felt that sometimes families and age appropriate children were not involved in the plans developed for their cases.

**Item 18. Child and family involvement in case planning**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

DCFS policy states the assessment of the family’s strengths, needs and resources is the basis for developing individualized goals and service delivery to meet the family’s unique goals, whether the child is placed out of home or receiving in-home services. The family shall be the primary source of information for the assessment with emphasis on the partnership with the family and a holistic view of their circumstances. The worker completes a Health and Safety Assessment.

A case plan is a written document between the family and DCFS that outlines a plan of services. Utilizing the Strengths and Needs Assessment, it addresses the family’s needs, building on the family’s strengths, and outlines the roles and responsibilities of all involved parties. Case plans will be developed after a thorough assessment of a family’s strengths and needs. The family shall be the primary source of information. The case plan shall be developed with the involvement of family, the age-appropriate children, the foster parents and the Attorney ad Litem (if there is court involvement), the Family Service Worker and any other involved parties. Consideration of the health and safety of a child must be included in case planning and case reviews for children in out-of-home placement.

**On-Site Review:**

**This indicator is an area needing improvement.**

**Strength**

- ◆ There was evidence in the case records that notices of case plan staffings were sent to parents.
- ◆ There were some case examples that teens were involved in and understood their case plans.
- ◆ There was situations found in which other family members, in addition to the parents, were involved in case planning.
- ◆ There were case examples in which case plans were appropriately revised when new case issues emerged.

**Area Needing Improvement**

- ◆ Some stakeholders felt that sometimes families and age appropriate children were not involved in the plans developed for their cases.
- ◆ There were few cases in which fathers were actively involved in the case planning for their children.
- ◆ There appears to be a trend for juvenile justice cases to come to DCFS with cases plans already developed and there was no subsequent assessment by DCFS staff to determine the potential for unidentified risk areas.
- ◆ Several case plans did not have signatures or any other evidence that families had been engaged in the development process.
- ◆ A family in one site reported that no case plans had been developed as part of the work with their family.
- ◆ There was evidence that completed case plans were mailed to families without review or discussion.

**Item 19. Worker visits with child**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

According to the Arkansas policy regarding **Supervision of Children in Out-of-Home Placement**, children in out-of-home placement will be visited regularly and such visits will take place no less than weekly. The worker will document any deviation from the weekly visitation policy and obtain supervisory approval for less frequent visits.

**On-Site Review:**

This indicator is an area needing improvement.

**Strength**

- ◆ The state has very clear policy expectations of weekly visits between caseworkers and the children on their caseloads.
- ◆ The on-site review revealed that many caseworkers are flexible in making night and weekend visits to families to accommodate the needs of some families.
- ◆ Caseworkers and supervisors are making use of policy waivers regarding contacts in situations when the risk to children appears to be reduced but some case management is necessary.
- ◆ There were several examples noted of very meaningful and productive visits between children and their assigned caseworker.

**Area Needing Improvement**

- ◆ Stakeholders suggest that there needs to be more focused guidelines on the expected content and/or the outcomes for visits between children and caseworkers.
- ◆ Case reviews revealed a need to analyze the practice of the waiver policy; there were many old waivers in place that needed to be reviewed and situations in which a request for a waiver would seem to be appropriate.
- ◆ There were case situations discovered in waivers had not been requested and yet there was not weekly contact. This was determined to be contrary to the DCFS policy.

**Item 20. Worker visits with parents**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

DCFS policy regarding visitation further states that the Division shall maintain a level of contact with the family adequate to protect the health and safety of the child, to protect the child from further maltreatment and to provide family support. When a report

of child maltreatment. The appropriate frequency for visits to the child and family shall be no less than weekly. Less frequent contact shall be dictated by the needs of the child and family and must have prior approval by the supervisor.

### **On-Site Review:**

**This indicator is an area needing improvement.**

#### **Strength**

- ◆ **The state has very clear policy expectations of weekly visits between caseworkers and the children on their caseloads.**
- ◆ **The on-site review revealed that many caseworkers are flexible in making night and weekend visits to families to accommodate the needs of some families.**
- ◆ **There were case examples of caseworkers using the time spent to provide transportation to some parents as an opportunity for meaningful case discussions.**
- ◆ **Some caseworkers that were interviewed appeared to be very knowledgeable regarding the current status of their respective cases and the progress being made by parents and children.**

#### **Area Needing Improvement**

- ◆ **Case reviewers found situations in which caseworkers were of the belief that policy required to make only unannounced visits to families and this resulted in several missed contacts.**
- ◆ **There appear to be circumstances in which attempted visits are being coded as completed contacts in the CHRIS system.**
- ◆ **In many FINS cases, the visitation/contact policy was not adhered to for families since more of the focus seemed directed toward the behavior of children and court-ordered expectations for those children.**

### **Status of Well-Being Outcome WB1-Not in Substantial Conformity**

**During the CFSR, 60% of the cases substantially achieved the expectations for Well-Being Outcome WB1. However, the state is not in substantial conformity to the outcome. The visitation/contact policy of the agency is very effective in assuring regular contacts between caseworkers and the families and children on their caseloads. There is a good service array in parts of the state, however, some areas are lacking in some essential services to assist staff in achieving case outcomes. There is a need for more attention to assessments for children and parents in in-homes cases and the**

**FINS cases. Finally, there is a need for more depth in the assessments of needs of children and families that are served by the Division and the case review revealed that more efforts need to be made to engage families to participate in case planning processes.**

<b>Outcome WB2: Children receive appropriate services to meet their educational needs.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Team 1 Pulaski</b>	<b>Team 2 Jefferson</b>	<b>Team 3 White</b>	<b>Total Number</b>	<b>Total Percentage</b>
Substantially Achieved:	17	11	8	36	82%
Partially Achieved:	3		2	5	11%
Not Achieved or Addressed:		2	1	3	7%
Not Applicable:	4	1	1	6	

**Item 21. Educational needs of the child**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

The state's Out-of-Home Placement Criteria as stated in their Policy (VI-A) states that the placement shall be chosen to keep the child in close proximity to the family, if possible, to maintain enrollment in the school the child attended before placement.

The Comprehensive Health Assessment conducted by the University of Arkansas for Medical Sciences (UAMS) includes questions about a child’s educational status. This includes random monitoring of follow up on recommendations made.

Education is included as part of the assessment of the child’s needs in their placement plan. A copy of the child’s education records is attached to the case plan. CHRIS captures the following educational services on the Education screen: Name, address and phone number of school; Current grade level, Grade last completed, Functional Grade Level, Educational Status, Education Placement, Date of Last IEP, School Performance, Strengths and Needs.

## **On-Site Review:**

**This indicator is an area needing improvement.**

### **Strength**

- ◆ **The comprehensive assessments conducted by the University of Arkansas for Medical Services for children in foster care includes an evaluation of educational achievement and needs.**
- ◆ **There were several examples of foster parents advocating with the schools in behalf of the children in their care.**
- ◆ **There were many efforts observed to keep children in their previous schools after they were placed into foster care settings.**
- ◆ **There were educational progress notes found in some case records.**
- ◆ **Stakeholders cited examples of some caseworkers who had appealed the school suspensions of children on their caseloads and who advocated for more comprehensive testing for some children by the school system.**

### **Area Needing Improvement**

- ◆ **Individual case record reviews revealed a number of situations in which children were assessed but the recommendations for education services were not pursued.**
- ◆ **There was an example of a case in which a child was identified as educationally delayed in preschool but there was no subsequent assessment.**
- ◆ **There were FINS truancy cases in which school attendance was not being addressed as part of the current case activity.**
- ◆ **Stakeholders did have concerns that some schools were reporting some truancy situations as educational neglect while circumventing the Courts or the school truancy officer as more appropriate referral options.**
- ◆ **Some case reviews did raise concerns that there was not enough advocacy occurring for some children to allow them to access educational alternative programs.**
- ◆ **Some cases revealed poor record keeping which made it difficult to determine when assessments and services had occurred.**

**Status of Well-Being Outcome WB2-Not in Substantial Conformity**

In the cases reviewed, 82% of them substantially achieved Well-Being Outcome WB2 which speaks to educational services for children that address their needs. The review revealed that many children are receiving appropriate educational needs assessments. This was particularly the case for children in foster care placements. However, there were noted examples in which assessed needs did not receive adequate follow up. The issue of the inconsistencies for in-homes and FINS cases was also a factor in the results for this outcome.

<b>Outcome WB3: Children receive adequate services to meet their physical and mental health needs.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Team 1 Pulaski</b>	<b>Team 2 Jefferson</b>	<b>Team 3 White</b>	<b>Total Number</b>	<b>Total Percentage</b>
Substantially Achieved:	17	8	9	34	74%
Partially Achieved:	5	3	1	9	20%
Not Achieved or Addressed:		1	2	3	6%
Not Applicable:	2	2		4	

**Item 22. Physical health of the child**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

DCFS policy states that “The Division of Children and Family Services shall ensure that all necessary medical services are provided to children receiving Out-of-Home Placement Services. Foster parents will play an integral role in meeting the child’s health needs.”

Policy also provides that an initial health screening is held within 24 or 72 hours of a child entering care, depending on the reason for entry and whether the child is ill when they entered care. If the initial screening indicates that treatment or further evaluation is needed, DCFS shall ensure that such treatment or evaluation is promptly provided.

A Comprehensive Health Assessment is completed on every foster child within 60 days of entry into foster care. A Medical Passport is completed for each child in an out-of-home placement. The Medical Passport is a brief, readable, and current summary of the child's health history and current health status for use by present and future caretakers of the child.

The Division reports the percent of compliance with completing the initial health screens and the comprehensive health screens in the monthly Compliance Outcome Report (COR) and in the Quarterly Performance Report. 90% of foster children received their required screening in a timely manner in March 2001. 95% received their comprehensive exam in a timely manner.

There is an Initial Screening Tickler that is computer generated from the child's removal date to notify the caseworker to complete the Initial Health Screening (includes the EPSDT) within 24 hours or 72 hours. Also, a Comprehensive Health Assessment computer generated tickler to notify the caseworker to have child thoroughly examined within 60 days of entering care. The following medical screens are in CHRIS to document the medical data on the child: Current Medical/Medical History Information, Medications, Immunizations, Medical Visits and Medical Coverage/Insurance.

### **On-Site Review:**

**This indicator is an area needing improvement.**

#### **Strength**

- ◆ **Initial health screening for children in foster care are occurring in a timely manner.**
- ◆ **EPSDT services are used frequently with many families and children.**
- ◆ **There were case examples of very effective work being done in some special health situations including some "failure to thrive" babies and teens with weight management problems.**

#### **Area Needing Improvement**

- ◆ **There were several inconsistencies noted regarding assessment and follow up of health services for in-homes cases.**
- ◆ **The physical health of youth in FINS cases was rarely addressed in some sites.**
- ◆ **There were cases in which health needs were identified but there was insufficient follow up regarding these needs.**
- ◆ **There was a case noted in which there were no follow ups for dental, eye health and other physician's appointments for a child.**

**Item 23. Mental health of the child**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

Mental Health is included in the Comprehensive Health Examination provided to all foster children by UAMS. Reports from UAMS indicate that 67% of children examined indicate a need for mental health services. When adjusted to be age appropriate, this figure would be closer to 90%.

Arkansas has a system of Community Mental Health Centers and other mental health providers that serve foster children. In 2000, the Department of Human Services entered into a contract for managed mental health care, which included services to all foster children. The contract was short lived, lasting only three months. After the managed care contract was cancelled, DCFS and the Division of Mental Health (DMH) entered into agreements with Community Mental Health Centers to serve foster children.

The Division is currently involved in two initiatives in the area of mental health for foster children:

- . A Pulaski County Mental Health Collaborative comprised of DCFS, DMH, local mental health centers and other mental health providers is developing a system of services in Pulaski County;
- . A statewide Mental Health Collaborative has been formed to develop a plan for statewide mental health services for foster children. This collaborative includes several DHS division (ie., DCFS, DMH, DDS Medical Services and DYS), legislators, a juvenile judge, a representative from the Department of Education and from the Mental Health Council of Arkansas and several mental health providers.

In addition, UAMS is providing the Division a quarterly report on initial care data for children which includes information about foster children with substance use history, previous psychological or medical diagnosis, and children on psychotropic medications.

The following medical screens are in CHRIS to capture the psychological information on each child: Psychological Functioning and Psychological Evaluations.

### **On-Site Review:**

**This indicator is an area needing improvement.**

### **Strength**

- ◆ **Initial mental health screening for children in foster care are occurring in a timely manner as a result of the relationship that DCFS has with the University of Arkansas for Medical Services.**
- ◆ **Some community services do exist to provide mental health care for uninsured families.**
- ◆ **There was evidence of specialized counseling for victims of sexual abuse being available.**
- ◆ **There were good examples of good teamwork occurring between some therapists, children, and caseworkers.**

### **Area Needing Improvement**

- ◆ **There were some case examples found in which a provider's recommendations for services were not followed.**
- ◆ **There were several examples noted in juvenile justice cases in which mental health needs were not assessed or addressed in case documentation or case plans.**
- ◆ **In-homes cases also presented several situations in which mental health needs were not assessed for parents or some children who were displaying behavioral problems.**
- ◆ **Some foster parents raised concerns for mental health assessments and follow up for children in their care that were not addressed.**

### **Status of Well-Being Outcome WB3-Not in Substantial Conformity**

**For the case review, 74% of the cases substantially achieved Well-Being Outcome WB3. There were good assessments for physical health, mental health and educational achievement for many children conducted by the University of Arkansas for Medical Services. However, the overall outcome achievement was affected by the degree to which some providers recommendations were followed and the inconsistencies apparent in pursuing some assessments for children in in-homes cases even when clear indicators for assessment were present.**

**IV. STATEWIDE INFORMATION SYSTEM**

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3	4-X

**Item 24. State is operating a Statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

The Arkansas Division of Children and Family Services (DCFS) has an automated statewide child welfare information system, the Children’s Reporting Information System (CHRIS). CHRIS is the official record of child welfare information and includes information on in-home service (child protective and supportive services), foster care and adoption cases.

CHRIS is a fully automated, worker-based, child welfare information system that identifies each foster child’s status, demographic characteristics, location and the case plan goal. Direct service workers, field supervisors, Area Managers, and Central Office managers and administrators use the system. In addition, our training partners, the University of Arkansas at Little Rock, MidSOUTH Training Academy, and the University of Arkansas for Medical Sciences (UAMS) use this system.

CHRIS captures the following information:

- Legal Status and the date child was removed from caregiver
- Demographics – Child’s name, gender, race, ethnicity, birth date and physical description
- Location - Child’s current placement including category and type of resource, name, address and date child entered the resource placement

- Goal - the child’s current case plan goal and concurrent plan

There are numerous reports by Area and by County to capture identifying information on our foster children:

- Quarterly Performance Report (QPR) – utilized by Area and Central Office Managers and Administrators and submitted to the Arkansas General Assembly
  - . Characteristics of Children in Foster Care
  - . Characteristics of Children in Relative Foster Care
  - . Permanency Goals of Children in Foster Care
  - . Current Placement of Children in Foster Care
- Alpha Listing For Foster Children By County of Service or County of Jurisdiction – utilized by County and Area Staff
- Children in Placement – Utilized by County and Area Staff
- Children Exiting Care – Utilized by County and Area Staff
- Clients referred for Adoption Planning – Utilized by County and Area Staff
- Foster Care Children with “remain at home” as the goal – Area Managers
- Child Protective Service Cases with no visits – Area Managers
- Non-current case plan report – Area Managers
- Cases missing the Case Plan Goal report – Area Managers
- Foster Family Homes with Overdue Evaluations Report – Area Managers

**On-Site Review:**

**This item is determined to be a strength.**

**Strength**

- ◆ **The Arkansas Children's Information Reporting System (CHRIS) is the DCFS statewide information system and it can readily identify the status, demographic characteristics, location and placement goals for every child in the state's foster care system currently and in the immediately preceding 12 months as per Title IV-B state plan requirements.**
- ◆ **Stakeholders report that CHRIS does allow for the development and regular distribution of several caseload and management analysis tools that assist agency managers in tracking the status of casework activity and resource utilization on a regular basis.**

- ◆ **The CHRIS system does allow DCFS to share critical case related information with the Arkansas State Police with whom it shares responsibilities for receiving and investigating reports of abuse and neglect of children around the state.**
- ◆ **Several external stakeholders such as the state mental health director and an educational liaison indicated that they receive copies of CHRIS-generated reports for children that they share a responsibility for serving along with DCFS.**
- ◆ **CHRIS does allow field staff to document case-related activity and manage service delivery in an automated format.**
- ◆ **DCFS staff are continuously working to address the critical issues that have been documented that affect the accuracy of information in the system; technical assistance has been provided to the state by the National Resource Center on Information Technology.**

#### **Area Needing Improvement**

- ◆ **There were concerns expressed by caseworkers and other stakeholders regarding the accuracy of the information that is currently contained in the CHRIS system.**
- ◆ **Caseworkers have concerns regarding the amount of "down time" that is currently experienced with CHRIS and many feel the need to maintain paper hard copies of case files due to fear of the computer system going down.**
- ◆ **There are concerns from staff and other stakeholders that the number and complexity of the screens that must be manipulated in the system is cumbersome and may affect the quality of the information that is entered onto the system.**
- ◆ **Some managers are not clear of the capabilities of CHRIS in allowing the to generate area-specific reports that may better assist them in managing caseloads and supervising staff more efficiently.**
- ◆ **Some stakeholders expressed the need for improvements in the CHRIS system that will allow better interfaces between technology and good case practice. An example that was cited relates to concerns that case plans are often generated by caseworker and given to clients for signature rather than a process that promotes collaborative development of plans that reflect both caseworker and client input.**
- ◆ **CHRIS lacks a complete history of founded abuse and neglect reports that were investigated prior to the CHRIS system coming on line in 1997; Child Abuse Hotline staff do have access to the legacy information and they can access when a new referral is received on a specific family.**

#### **Status of Statewide Information System-Substantial Conformity**

**V. CASE REVIEW SYSTEM**

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3-X	4

**Item 25. Provides a process that ensures that each child has a written case plan to be developed jointly with the child’s parent(s) that includes the required provisions.**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

DCFS policy requires development of a written case plan developed jointly with the parents of the child in care within the first 30 days after a child enters care. It should be updated as needed at the second staffing held ninety (90) days from the case opening and at subsequent staffing(s) held at a minimum of every three (3) months. A CHRIS tickler reminds staff of the need to conduct the 90-day staffing.

Policy states that the case plan will:

- Include a description of the out-of-home placement with regard to the health and safety of the child.
- Include a plan for assuring a child receives safe and proper care.
- Include a plan for assuring services are provided to the child and parent to improve conditions in the parent’s home and facilitate return of the child or the permanent placement of the child.
- Include a plan for assuring services are provided to the child and foster parents to address the needs of the child while in out-of-home placement.
- Include the visitation rights and obligations of the parents, guardian or custodian and the Division during the period the child is in an out-of-home placement.

- Identify and address specific independent living skill needs, as appropriate.
- Include documentation of the steps taken to (a) find an adoptive family or other permanent living arrangement for the child, (b) place the child with an adoptive family, a fit and willing relative, a legal guardian, or in another planned permanent living arrangement, and (c) finalize the adoption or legal guardianship. At a minimum, documentation shall include child specific recruitment efforts such as the use of state, regional, and national adoption exchanges including electronic exchange systems. This applies in the case of a child for whom the permanency plan is adoption or placement in another permanent home.

### **On-Site Review:**

**This item is determined to be an area needing improvement. Overall, it did not appear that families, children and caregivers were engaged in the case planning processes of the agency and that there was limited individualization of plans in many cases.**

#### **Strength**

- ◆ **Case plans were present in all cases reviewed.**
- ◆ **There were several examples noted by reviewers in which it was very clear that the case planning process was a driving factor in the case activity.**
- ◆ **Several stakeholders commented that the quality of case plans has improved in recent years.**
- ◆ **The automated case management system does all staff to send regularly notices to parents and foster parents regarding case staffings and court hearings.**

#### **Area Needing Improvement**

- ◆ **Some stakeholders stated that the case plan design was cumbersome, confusing, and did not allow for sufficient information regarding services to be delivered. There were several references that the plans consisted of a lot of boxes that are checked as the basis of case plan actions.**
- ◆ **Some case plans were described as being "cookie cutter"; sometimes appearing to have been cut and pasted with only a change in the due dates for case actions.**
- ◆ **Many stakeholders were concerned that all significant parties were not always included in the case plan development efforts, especially older children who could give input into their own plans and placement goals.**

- ◆ **Some stakeholders expressed concerns that caseworkers are not submitting case plans to the courts because judges frequently do not use them as a basis for making orders in foster care cases; and instead some judges develop their own plans that get reflected in the directives they give to DCFS staff and parents.**

**Item 26. Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

Arkansas law and policy require that periodic reviews are conducted throughout the life of a case. The status of each child in Out-of-Home Placement through DCFS, including children placed out-of-state, shall be reviewed no less than every six months by a judicial review.

CHRIS and various reports captures periodic judicial reviews for children in foster care through the following:

- CHRIS Screens:
  - . Hearing Detail
  - . Hearing Child Information
  - . Court Report
- CHRIS Ticklers:
  - . Court Hearing Date Tickler – generated from the Next Hearing/Review Date
  - . Court Report Tickler – generated from the Next Hearing/Review Date
- Hard Copy Document:
  - . Court Order
  - . Permanency Planning Court Report – Attachment 15
  - . Court Report – CFS-6011 – Attachment 16
  - . Attorney Report – CFS-393 – Attachment 17

The Statewide COR for March 2001 reports that foster care cases comply with judicial reviews every six months in 87% of the cases.

The CSSP case record review found that 97% of the foster care cases complied with judicial reviews every six months.

**On-Site Review:**

**This item is determined to be a strength.**

**Strength**

- ◆ **Courts do hear cases at least quarterly and some are back in court even more frequently.**
- ◆ **Subsequent hearings are often set at the conclusion of a current hearing so that all parties are aware of expectations.**
- ◆ **CASA coverage and involvement has increased throughout the state in the past five years.**
- ◆ **Stakeholders described the court hearings for children as being effective in producing changes in the case status.**
- ◆ **County supervisors, area managers, section supervisors, and placement specialists are having quarterly meetings with judges, probation officers, and staff of the Office of Chief Counsel in order to assist with coordination and meeting court guidelines.**

**Area Needing Improvement**

- ◆ **Some stakeholders expressed concerns that the current frequency of hearings creates burdens for staff and families in that it is difficult to show significant case progress every three months in some cases.**
- ◆ **Stakeholders expressed some thoughts that there are inconsistencies among judges around the state regarding the application of the expectations of the Adoption and Safe Families Act.**
- ◆ **Some stakeholders felt that some judges circumvent or delay permanency decisions in some cases.**

**Item 27. Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

DCFS Policy states that each child in an Out-of-Home Placement including children placed out-of-state, shall have a Permanency Planning Hearing (PPH) no later than 12 months from the date of entering foster care to determine the child's future status. A child shall be considered to have entered foster care on the date the child enters an Out-of-Home placement.

The Permanency Planning Hearing shall determine the permanency goal for the child.

In order to provide timely hearings for children, the DHS Office of Chief Counsel (OCC) Central Legal Office (CLO) has instituted a process to track Permanency Planning Hearings to assure compliance with state and federal law.

**On-Site Review:**

**This item is determined to be a strength.**

**Strength**

- ◆ **The Office of Chief Counsel is very diligent about filing and scheduling permanency hearings.**
- ◆ **Permanency hearings, especially the initial permanency hearings, are being held in a timely manner across the state of Arkansas.**
- ◆ **DCFS managers are having quarterly meetings with judges in an attempt to improve the quality and effectiveness of permanency hearings.**
- ◆ **The Office of Chief Counsel has a staff resource dedicated to reviewing and following up on court orders; the appropriateness of court order language in relation to its compliance to federal regulations; and the quality of the orders as an effective tool to achieve permanency goals for children.**
- ◆ **Both the courts and the CHRIS system are maintaining the tracking to identify children who have been in care for 15 of the last 22 months per the requirements of ASFA.**
- ◆ **Staff of the Arkansas Supreme Court are reviewing reports to monitor the consistency and frequency of court hearings across the state.**

**Area Needing Improvement**

- ◆ **Some stakeholders suggested that while initial permanency hearings are held in a timely manner, some subsequent hearings tend to be delayed.**
- ◆ **Some stakeholders shared their feelings that some judges are ambivalent regarding the usefulness and effectiveness of the permanency hearing process.**
- ◆ **There were perspectives from some stakeholders that there are some judges who will not terminate parental rights regardless of the time that has elapsed in a case in contrast to the expectations of ASFA.**

**Item 28. Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

The number of children in care 15 of the most recent 22 months changed little from 1998 to 1999. The Division produces a monthly report titled *The Permanency Planning Detail Report*, that describes a number of characteristics of foster children that fall in this category. The report is used as a monitoring tool for our Office Of Chief Counsel to insure that court hearings are scheduled, a permanent disposition is reached timely.

The DCFS Quality Assurance Unit produces a semiannual report, Compliance with the Adoption and Safe Families Act of 1997. The most recent report, dated March 16, 2001, includes children in foster care as of October 29, 2000. When information from CHRIS and the Office of Chief Counsel are considered, the following information was obtained. Of the 2, 628 children in foster care, 1,377 had been in foster care for 12 months or more, and 1,194 had been in foster care 15 of the past 22 months. Of the 1,377 children, 1, 105 (80.2%) had permanency hearings within the time frame. Of the 1, 194 children in care 15 of the past 22 months, 610 (51.1%) had petitions for termination of parental rights (TPR) filed by that point in time. 674 (56.3%) of the children showed evidence of a hearing.

**On-Site Review:**

**This item is determined to be a strength.**

**Strength**

- ◆ **On-site reviewers found evidence of TPRs having been filed in several cases.**
- ◆ **Documentation of compelling reasons seems to be understood by some staff and such documentation was found in some case records.**
- ◆ **Stakeholders who were interviewed could describe the TPR process and confirmed that a process is in place.**

**Area Needing Improvement**

- ◆ **There were perspectives from some stakeholders that there are some judges who will not terminate parental rights, regardless of the time that has elapsed in a case in contrast to the expectations of ASFA.**
- ◆ **Some stakeholders revealed that DCFS staff are sometimes treated harshly by some judges and this treatment results in a reluctance for the staff to make recommendations for pursuing TPR until and less they feel confident that it is what the judge wants to see in particular cases.**
- ◆ **Most stakeholders agreed that more work needs to be done with judges by DCFS regarding permanency issues for children around the state. Some judges were viewed as doing an excellent job in this area while others were seen as circumventing the expectations for permanency for children because of a reluctance to terminate parental rights.**

**Item 29. Provides a process for foster parents, preadoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

DCFS policy states that foster parents shall be considered as team members working with other child welfare professionals for the family. Complete information, such as a child's health, reasons for entering care, and probable length of placement, shall be provided to foster parents at the time of placement. Additional information shall be shared promptly with foster parents.

DCFS shall provide to foster parents and pre-adoptive parents of a child in DHS custody, notice of any review or hearing to be held with respect to the child. The original petitioner in the juvenile matter shall provide relative caregivers with notice. The Court shall allow foster parents, pre-adoptive parents and relative caregivers an opportunity to be heard in any review or hearing held with respect to a child in their care. Foster parents, adoptive parents, and relative caregivers shall not be made a party to such review or hearing solely on the basis that such persons are entitled to notice and the opportunity to be heard. Families are identified as pre-adoptive once a child is placed in the home and prior to the finalization of the adoption.

CHRIS documents notice to the foster parents, pre-adoptive parents and relative caregivers of any review or hearing in respect to the child in their care through the following:

- CHRIS Screens:
  - Client Contact (invited/attended staffings)
  - Document Tracking (sent Staffing Notice – CFS-590; and Notification of Court Appearance – CFS-343)
  - Hearing Detail (Notification to Other Staff and Parties to Hearing)
- Hard Copy Documents:
  - Invitation to Family Centered Meeting – CFS-590
  - Notification of Court Appearance – CFS-343 – Attachment 19
  - Family Case Plan – CFS-6010 (foster parents involvement)

The notice requirement is also included in the Family Foster Parent Handbook (PUB-030).

The Administrative Office of the Courts includes in their bench book for judges and resource cards for Attorney ad Litem, the legal requirement that foster parents have notice and an opportunity to be heard at hearings held on children in their care.

### **On-Site Review:**

**This item is determined to be a strength.**

#### **Strength**

- ◆ Stakeholders indicate that foster parents are receiving notice of reviews and hearings regarding the children in their care.
- ◆ The automation system (CHRIS) provides caseworkers with reminders to send notices to all significant parties in foster care cases.
- ◆ On-site reviewers found evidence of notices and subpoenas in case records regarding hearings.

- ◆ Several stakeholders expressed beliefs that many judges do expect to get input from foster parents regarding the children in their care.
- ◆ Stakeholders report that foster parents are often attending review and permanency hearings.

**Area Needing Improvement**

- ◆ There is a slight inconsistency in that some foster parents acknowledged getting notices but felt that the notices do not come with sufficient time for them to make arrangements to attend the hearings.
- ◆ **Status of Case Review System-Substantial Conformity**

**VI. QUALITY ASSURANCE SYSTEM**

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3	4-X

**Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.**

  X   Strength           Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

DCFS has Standards for Approval of Family Foster Homes, which include safety standards. The state also has Minimum Licensing Standards for Child Welfare Agencies, developed by DCFS in conjunction with the Child Welfare Agency Licensing Board. The Licensing standards address the safety issues for foster homes and require the agency that approves the foster home to conduct quarterly monitoring visits, annual re-evaluations, and re-evaluations each time there is a major life change in the home (e.g., death, divorce, marriage).

Previous DCFS Directors certified compliance with Minimum Licensing Standards for Child Welfare Agencies. The current DCFS Director made the decision that DCFS will be licensed. DCFS is currently conducting pre-licensing reviews and plans to apply for a license in June.

The DCFS philosophy is to maintain families, if appropriate, with the child’s health and safety always considered paramount. CHRIS includes a Health and Safety Assessment and a Risk Assessment for every child entering foster care. The Division seeks to ensure the health and safety of children and to preserve families through the provision of Intensive Family Services (IFS), the use of specific criteria for out-of-home placements, a services case plan, and foster parent training, approval and re-evaluation. Initial health screenings and comprehensive health assessments and health plans for children receiving out of home placement services are also a part of ensuring quality services.

All children in foster care are placed in licensed programs or residential facilities or approved foster homes. If the most appropriate placement is a relative placement, that home must meet the same standards as a non-relative foster home. Until the relative meets the minimum qualifications to become a Foster Family Home, including training and the home study, the child must remain in an approved foster home or licensed child welfare program or residential care facility.

DCFS contracts foster home recruitment in all areas except Area 5 where a staff person is responsible for recruitment of foster homes. The contracted recruiters advertise the need for foster homes and publicize and coordinate meetings to seek prospective foster homes. The application, the home study and necessary forms are begun once the recruiters have identified prospective foster parents. DCFS contracts with the MidSOUTH Training Academy to assess prospective DCFS foster parents' eligibility for approval, which includes meeting requirements in the Standards for Approval of Family Foster Homes. MidSOUTH Training Academy enrolls and provides necessary information regarding prospective foster parents attendance and completion of mandatory training.

County Supervisors review and approve studies of prospective foster homes. DCFS Adoption Specialists determine the eligibility of prospective adoptive families. Adoption Supervisors review the studies of prospective adoptive families submitted for approval for compliance with standards.

### **On-Site Review:**

**This item is determined to be a strength.**

#### **Strength**

- ◆ **Some county supervisors conduct random reviews of foster home records on a monthly basis and report findings in order to promote quality improvement.**
- ◆ **Agency foster homes are re-certified on an annual basis by an external contractor.**
- ◆ **Some counties have established foster home placement workers to provide support and training to foster parents.**
- ◆ **The DCFS policy requirement for weekly visits for children, parents and foster parents is helpful in addressing issues that arise during the placements and help to reduce placement disruptions.**

- ◆ **The DCFS mandate for Initial Health Screenings and Comprehensive Health Assessments for children in care are very effective in identifying physical, educational and mental health issues that need attention and that may affect the stability of the foster care placement.**

**Area Needing Improvement**

- ◆ **Some external stakeholders expressed believes that the quality of agency foster homes varies a great deal and suggested that a percentage of foster homes need to be evaluated as to their continuing effectiveness for children who are currently in the foster care system.**
- ◆ **Stakeholders cited a lack of appropriate foster care settings for older children and teens.**
- ◆ **Some stakeholders reported that there have been occasions in which individuals in addition to the foster parents and children in their care have resided in some homes and that there may be cause to have concerns about the backgrounds of those individuals.**

**Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.**

  X   Strength             Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

The DCFS quality assurance system monitors service effectiveness and quality on a statewide basis through four distinct processes:

- Production of periodic outcome, performance and compliance reports;
- onsite monitoring of contract providers;
- production of special evaluation reports on specific program topics; and
- targeted qualitative reviews of work performed in specific offices.

**Outcome, Performance and Compliance Reports** - The outcome, performance and compliance information is released primarily in two periodic reports: The Quarterly Performance Report (QPR) which is distributed to agency managers and to the General Assembly; and the Compliance Outcome Report (COR) which is published on the agency's intranet. The QPR measures safety on a cohort in

terms of repeat abuse/neglect for children with an initial true report, in terms of true reports related to children in foster care; and in terms of abuse and neglect which occurs after the opening of a case to protective, supportive or intensive family services. Cohort analysis is also used to measure permanency, counting both the percentages of children returning home within 18 months of removal and the percentage of children placed into adoptive homes within 12 months of the termination of parental rights. Finally, well-being measures include analyses of the number of children with more than 3 placements in the first 15 and the first 18 months after removal; the percentage of children placed with their siblings; and the percentage of children receiving initial and comprehensive health screenings after entering care. The QPR provides this information on a quarterly basis, showing trends over time, as well as descriptions of the client population at the various service stages, so that the agency has sufficient information on which populations to target in its efforts to improve performance.

### **On-Site Review:**

**This item is determined to be a strength.**

#### **Strength**

- ◆ **The CHRIS system generates data for inclusion in the agency's monthly Compliance Outcome Report (COR).**
- ◆ **The COR is used by most managers to track trends in caseloads and service delivery.**
- ◆ **The COR is a critical tool in the agency's efforts to track the movement of children in the service delivery system.**
- ◆ **DCFS developed their Quarterly Performance Report in collaboration with the Arkansas Legislature.**
- ◆ **Issues and trends arising from analyses of these reports are documented and provided to the DCFS executive team for review.**
- ◆ **Contracted services are now tracked through a set of performance indicators that are built into the contract compliance expectations.**
- ◆ **County supervisors are being given more information regarding the contracts that are in place in their areas in order to better understand the expectations of individual contracts and are expected to provide feedback on contractor performance.**
- ◆ **DCFS has engaged external contractors who have been providing technical assistance as the agency is moving towards the further development of its performance tracking and improvement systems.**
- ◆ **DCFS has invested in the creation of a Quality Assurance Unit that will monitor and provide technical assistance to managers and field staff regarding case specific performance issues.**

**Area Needing Improvement**

- ◆ On-site reviewers reported difficulty in determining the current level of supervisory review for individual cases.
- ◆ Reviewers indicated that it was not clear from the record reviews as to the processes that may be in place to monitor the level of collaboration between specialized units and primary workers.

**Status of Quality Review System-Substantial Conformity**

**VII. TRAINING**

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3	4-X

**Item 32. The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

The Minimum Licensing Standards for Child Welfare Agencies require that each caseworker in a child welfare agency shall have twenty-four hours of job-related continuing education each year. All new DCFS Family Service Workers (FSWs) must complete training requirements (i.e., six weeks of training) before being assigned a caseload. They also must complete 24 hours of in-service training annually.

DCFS contracts with the MidSOUTH Training Academy to provide initial and in-service training for DCFS staff. Training sessions are held at five academy locations around the state. Training is provided twice a year to Social Service Aides. In-service training is provided through the Academy trainers, closed circuit videos, and individual training sessions in county offices as identified by an individual training needs assessment.

The current training curriculum involves two weeks of classroom instruction, followed by one week of on-the-job training (OJT) in the county office, two additional weeks of classroom instruction culminating in the second and final week of OJT. The schedule gives the new FSW six weeks of training before they are assigned a caseload. A pre- and post- test is completed for units covered during the training. The results of these tests are provided to the supervisor and worker during an exit interview at the completion of training. Each area conducts a panel review prior to the end of the six-month probation. The panel uses oral and written evaluation measures based on actual case scenarios to determine whether the staff successfully completes probation or whether additional training is needed in identified areas.

DCFS also contracts with the University Partnership – a consortium of eight universities coordinated by the University of Arkansas at Fayetteville –to provide training in county offices tailored to the needs identified by requesting offices and mentoring for new workers. In addition, the University Partnership offers child welfare and social work curricula for degree candidates.

### **On-Site Review:**

**This item is determined to be a strength.**

#### **Strength**

- ◆ **DCFS has established a training academy system to provide initial and on-going training for their caseworker and supervisory staff.**
- ◆ **The university collaborative that provides the training academy provides five sites throughout the state for new caseworker training.**
- ◆ **The training academy system provides a consistent training curriculum for staff across the state.**
- ◆ **The university collaborative also provides a resource for stipend students to do internships with DCFS which, in turn, provides a group of potential new BSW- level caseworkers who have interest and some experience with child protection issues.**
- ◆ **Stakeholders indicated that training for caseworkers has improved significantly in the past years as evidenced by the fact that many workers are better equipped to address more difficult case-related situations.**

- ◆ **Some offices have established mentoring processes in which more experienced caseworkers guide newer staff through the initial months of their experience.**
- ◆ **Readiness panel reviews are occurring at the 6-month interval of employment to assess workers readiness to attain permanent status.**

**Area Needing Improvement**

**The state of Arkansas has a staff development and training program as per the requirements of the Title IV-B Child and Family Services Plan (CFSP). However, the results of the case review and interviews with case workers and other stakeholders suggest that the training program needs to be re-evaluated to increase the emphasis on skill-building for staff in the areas of assessment of risk and service needs; establishing case goals; working with contracted providers; and consistent application of policy and procedures.**

**Item 33. The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

Each unit supervisor administers an Individual Training Needs Assessment (ITNA) individually with Family Service Workers under their supervision. The assessment is based on the competencies developed through the Child Welfare League of America, and this information is the basis for determining what further training is needed. MidSOUTH Training Academy prepares an annual report of the ITNA results for both supervisory staff and Family Service Workers. The information contained in this report identifies training needs for the state and each area.

MidSOUTH Training Academy conducts an annual review of all curricula and presents recommendations to the Professional Development Team (PDT). The PDT is comprised of staff from the MidSOUTH Training Academy and key DCFS program and policy managers, including the Area Managers, who meet monthly to discuss training needs of staff.

The Family Protection Division of Arkansas State Police (FPD) is also included in the contract with MidSOUTH Training Academy for initial and in-service training. The FPD also has in-house training and utilizes training conferences and other professionals for staff training.

### **On-Site Review:**

This item is determined to be a strength.

#### **Strength**

- ◆ The training academy provides numerous continuing education opportunities for caseworkers.
- ◆ CASA volunteers are now being included in cross-training opportunities with DCFS staff.
- ◆ Training needs assessment processes are in place to assist in developing additional continuing education modules.
- ◆ Upcoming training opportunities are posted on the DCFS website which staff can access regularly.
- ◆ There are CHRIS system trainers in each area of the state and training is consistently provided when new releases are brought up on the system.
- ◆ DCFS is regularly reviewing training curriculum and training delivery issues in order to improve the effectiveness and usefulness of the training to field staff.
- ◆ DCFS maintains a resource library for staff and foster parents to keep them abreast of emerging issues related to working with children and families.
- ◆ The University of Arkansas-Little Rock provides a master's level social work program and works with DCFS to facilitate the participation of agency staff in the program.

#### **Area Needing Improvement**

- ◆ Some stakeholders felt that the current training does not adequately prepare new caseworkers for court testimony and effective interactions with the court system.
- ◆ Other stakeholders identified a need for training efforts that better prepared caseworkers to work more effectively with foster parents in order to help them identify their roles and responsibilities.
- ◆ There were several suggestions from stakeholders for more practical skilled-based training for caseworkers.
- ◆ Stakeholders and on-site reviewers identified a need for more training around cultural issues, especially the responsibilities the state has for Native American children who may enter the state's foster care system.

- ◆ Stakeholders also addressed the need for more cross-training between the DCFS staff and the staff of the Arkansas State Police and other local law enforcement agencies.
- ◆ While there is a mandate for the core training curriculum, some staff and other stakeholders expressed concerns that there is rarely the time for other staff development involvement because of caseload demands.

**Item 34. The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.**

  X   Strength             Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

DCFS contracts with MidSOUTH Training Academy to purchase training for adoptive parents and foster parents (both relative and non-relative). Thirty hours of mandatory pre-service training is provided as part of the foster/adoptive home approval process.

Child Welfare League of America’s FosterPride/Adopt Pride curriculum is used for the mandatory training. Training consists of ten (10) three-hour sessions delivered over a ten-week period either in the evening or on a Saturday. Foster parents and adoptive parents participate in this pre-service training together.

Additionally, there are several sources of training for foster parents to meet their annual in-service training requirement of 15 hours. The MidSOUTH Training Academy continuing education offerings are open to foster parents. Foster parents receive continuing education bulletins listing sessions specifically developed for foster parents. Foster parent networks in various areas hold monthly meetings and arrange for training during those meetings. DCFS and Arkansas Action for Foster Children sponsor an annual foster parent conference. Foster parents can earn 12 training hours during the two-day conference. Additionally, each DCFS Area hosts a one-day foster parent conference where six hours of training are offered.

DCFS has not historically developed training for the staff of child care institutions. In many DCFS contracts for residential and therapeutic foster care providers, training is included as a line item in the budgets. MidSOUTH Training Academy has a list of the

licensed child care facilities where DCFS places children and sends them notification of upcoming training. MidSOUTH Training Academy accumulates data on staff from facilities who attend training.

### **On-Site Review:**

**This item is determined to be a strength.**

#### **Strength**

- ◆ **The Mid-South Training Academy is providing the PRIDE curriculum and this effort appears to provide consistency around the state regarding training content.**
- ◆ **Additional in-service training is provided as requested through the relationship with the universities around the state.**
- ◆ **Upcoming training opportunities for foster parents are regularly posted on the DCFS website.**
- ◆ **Many of the more urban counties have functioning foster parent associations that facilitate training for many foster parents.**

#### **Area Needing Improvement**

- ◆ **Concerns were expressed that the current foster parent training is too broad and does not provide specific information on dealing with special populations such as teens with behavioral problems and children with developmental disabilities.**
- ◆ **Some key stakeholders expressed the need for more training and foster parent development that will focus on preventing or reducing placement disruptions.**
- ◆ **Stakeholders also stressed the need for training for staff and foster parents that focuses on foster parents as full partners in the service delivery system for children in foster care.**
- ◆ **There was concern expressed by some stakeholders that there is sometimes a tendency to "fast-track" training when there is a need to get a home licensed quickly; this can result in safety impacts for children in some homes.**

### **Status of Training System-Substantial Conformity**

**VIII. SERVICE ARRAY**

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3-X	4

**Item 35. The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.**

Strength       Area Needing Improvement

Basis:

**Statewide Self-Assessment:**

DCFS provides some services directly, such as casework services, family support, foster care services, and, in one area, Intensive Family Services. DCFS also purchases a number of placement services for children who are in foster care placement including therapeutic foster care, emergency shelter, residential treatment, comprehensive residential treatment, supportive living and inpatient psychiatric hospitalization. These services are designed to serve the child in placement and meet his specific needs. DCFS utilizes community services and also purchases services to address family problems. This list of available services includes: parenting education; supervised visitation; lay therapy; Intensive Family Services; counseling services; treatment for adult perpetrators of child sexual abuse; and language and deaf interpreter services.

**On-Site Review:**

**This item is determined to be a strength.**

### **Strength**

- ◆ The existence of a variety of services was confirmed through stakeholder interviews and case reviews.
- ◆ There was limited discussion of waiting lists for most available services.
- ◆ Stakeholders indicated that most current providers are invested in the services that they deliver and are often good resources for ongoing case planning.
- ◆ The Intensive Family Preservation Services program was frequently referenced as an excellent service that needs to be expanded across the state.
- ◆ The state conducts service needs assessments regularly as a basis for developing new contracts for services around the state.
- ◆ Human service workers have been assigned to 21 school campuses across the state to work in partnership with school personnel regarding child and family issues.
- ◆ Arkansas has a Medicaid Targeted Case Management waiver that allows it to expand resources for eligible children on their caseloads.
- ◆ The state Medicaid Office is pursuing a waiver in order to pay for respite services for eligible populations.
- ◆ The "Together We Can" initiative is a promising practice that has been implemented in several counties and it brings multi-disciplines together to fund or coordinate service to children with needs that may exceed the capacity of any one agency to address.
- ◆ The collaborative relationship that DCFS has formed with University of Arkansas Medical Services contributes to timely and comprehensive assessments for children who enter the foster care system.

### **Area Needing Improvement**

- ◆ Stakeholder interviews and case reviews indicate that the consistency of available services throughout the state appears problematic. Some counties are benefiting greatly from a wide array of services while other, generally more rural areas, have limited access to services to prevent and adequately address issues that impact child safety.
- ◆ Limited mental health services, including an adequate supply of therapeutic foster homes, is a concern of most stakeholders.
- ◆ Some advocates stressed a need for more independent living services for older youth and teens.
- ◆ Staff turnover within DCFS is seen as a significant factor in service disruptions and delays.

- ◆ **Many stakeholders identified a need for more several specialized services including substance abuse treatment services; sexual offender treatment; respite care services; transitional living services for older youth who leave foster care; post adoption services; children's mental health services; domestic violence services; and concrete resource options for rent deposits; utility payments; and funds to immediately purchase clothing for foster children as they come into care.**

**Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.**

Strength       Area Needing Improvement

Basis:

**Statewide Assessment:**

The Arkansas DCFS provides an extensive array of services in several formats including direct delivery by agency staff, through purchased community services, and with formal and informal arrangements with other community service organizations around the state. The state has done significant work to map the availability of specific critical services in each of the state's 75 counties. Most critical services are available in each of the state's 10 service areas. Area managers track the need for services in their respective administrative areas in order to do resource planning for additional services as needs are identified by field staff and the community.

**On-Site Review:**

**This item is determined to be an area needing improvement.**

**Strength**

- ◆ **Stakeholders indicate that there are counseling services available in most counties around the state through the local mental health centers.**
- ◆ **Intensive Family Preservation Services are available in almost half of the state's 75 counties.**
- ◆ **The state conducts service needs assessments regularly as a basis for developing new contracts for services around the state.**

- ◆ Many of the areas have contract coordinators who are attempting to do outreach to providers in their communities in order to increase responses to the agency's Requests for Proposals for services.
- ◆ DCFS has established 5 Resource Centers around the state to conduct outreach and make communities aware of the availability of services.

**Area Needing Improvement**

- ◆ Stakeholder interviews and case reviews indicate that the consistency of available services throughout the state appears problematic. Some counties are benefiting greatly from a wide array of services while other, generally more rural areas, have limited access to services to prevent and adequately address issues that impact child safety.
- ◆ Transportation is a significant problem across the state but there is difficulty in attracting transportation service providers.
- ◆ DCFS staff are often court-ordered to get involved with some families primarily to provide transportation services.
- ◆ Significant services such as respite are available in only a small number of counties in the state; this can affect placement stability.
- ◆ Children and families may need to travel significant distances to access some specialized services.

**Item 37. The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.**

Strength       Area Needing Improvement

Basis:

**Statewide Assessment:**

DCFS policy states the assessment of the family's strengths, needs and resources is the basis for developing individualized goals and service delivery to meet the family's unique goals, whether the child is placed out of home or receiving in-home services. The family shall be the primary source of information for the assessment with emphasis on the partnership with the family and a holistic view of their circumstances. The worker completes a Health and Safety Assessment and then proceeds to develop and individual case plan with the family to ensure the child's safety and to meet the unique needs of all of the family members.

### **On-Site Review:**

**This item is determined to be a strength.**

#### **Strength**

- ◆ **Several initiatives are underway at the Executive staff level to improve relationships with other agencies in order to increase the availability of services throughout the state.**
- ◆ **Case reviews revealed some examples of individualization of service needs that were provided through a service wrap-around process.**
- ◆ **Reviewers noted that family strengths/needs assessments are being provided to some courts and are being used to better focus court orders for individual services for some families.**

#### **Area Needing Improvement**

- ◆ **Some stakeholders indicated that in parts of the state resource gaps and "cookie cutter" case plans do not provide for individualized services.**
- ◆ **Stakeholders expressed that the limited pool of resources and providers and resources in some areas make individualization of services very difficult.**
- ◆ **Stakeholders in each site referenced cases, such as the FINS case, that are referred to DCFS without any defined involvement of abuse and neglect issues.**
- ◆ **Case reviewers noted that the lack of comprehensive assessments in FINS cases negatively impacts the ability of DCFS to provide individualized services.**

### **Status of Service Array System-Substantial Conformity**

**IX. AGENCY RESPONSIVENESS TO THE COMMUNITY**

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3	4-X

**Item 38. In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.**

Strength       Area Needing Improvement

Basis:

**Statewide Assessment:**

In developing the Child and Family State Plan (CFSP) FFY’s 2000 – 2004, DCFS collaborated with key field, administrative central office staff and community providers. Community providers included a representative from a SCAN agency and staff from a Family Resource Center. The planning process produced overarching goals that address prevention, protection, permanency, training, and staff retention.

As part of the Angela R. Settlement Agreement of October 1994, the Division is responsible for developing an annual plan that identifies priority tasks DCFS plans to accomplish. The Division conducted a planning meeting on June 25<sup>th</sup> and 26<sup>th</sup> of 2000 with key program staff within the agency and stakeholders from the community. The outcome of the meeting was the Angela R. Compliance Plan for SFY 2001 that noted the results of the external evaluation, the CFSP five year plan goals, objectives and tasks, and the draft Chafee plan. The plan was distributed to all attendees for review and comment. Input received was utilized to finalize the plan and to insure that services reflect stakeholders concerns and needs.

**On-Site Review:**

This item is determined to be a strength.

**Strength**

- ◆ Several stakeholders pointed to the active involvement of the judiciary with the agency as an example of DCFS' efforts to encourage involvement of the community in assisting in the service development efforts of the state.
- ◆ The "Together We Can" initiative was referenced by several stakeholders as an effort to engage communities in the delivery of services for children and families across the state of Arkansas.
- ◆ The Department of Human Services has implemented a Youth Advisory Board that has helped the agency to recognize the need for more intensive independent living services for teens.
- ◆ The Director of DCFS has initiated ongoing meetings with his counterparts in other public agencies to discuss overlapping service populations and service coordination.
- ◆ The agency has recently hired an Ombudsman to deal with constituent issues and to identify areas that need improvement in the service system.
- ◆ DCFS has assembled a team of internal and external stakeholders who participated in the development of the Statewide Assessment and who will continue to advise the agency in its ongoing CFSP development and review processes.

**Area Needing Improvement**

- ◆ Some stakeholders noted that there is no network of providers to address issues that arise in attempting to serve abused and neglected children and their families.
- ◆ It was noted that some community stakeholders had difficulty identifying who is included in the community of stakeholders who would advise DCFS on the development and evaluation of the CFSP.

Item 39. The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.

Strength       Area Needing Improvement

Basis:

**Statewide Assessment:**

On-going APSR Planning Efforts - In an effort to determine progress, the Planning Unit monitors all tasks on a semiannual basis based on information staff submit to determine the following:

- a) The status of each task described in the CFSP.
- b) The date the task was completed.
- c) A brief explanation of activities involved during the reporting period for each task with documentation attached, e.g. notes of meeting, draft policies developed etc.
- d) Barriers to accomplishing the tasks.
- e) Changes to the plan including revisions of task descriptions, or objectives.

**On-Site Review:**

**This item is determined to be a strength.**

**Strength**

- ◆ **DCFS and the Arkansas State Police recently convened a group of community stakeholders to review reports that had been screened out at the statewide Child Abuse Hotline. This group has issued a report of its findings which DCFS is incorporating into its service evaluation.**
- ◆ **The Department of Human Services has implemented a Youth Advisory Board that has helped the agency to recognize the need for more intensive independent living services for teens.**
- ◆ **The agency has recently hired an Ombudsman to deal with constituent issues and to identify areas that need improvement in the service system.**
- ◆ **Stakeholders provided positive comments on the quarterly performance reports that DCFS provides to the Arkansas legislature.**

**Area Needing Improvement**

None

**Item 40. The State’s services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.**

  X   Strength             Area Needing Improvement

Basis:

**Statewide Assessment:**

Various DCFS policies require coordination of services with other public and private agencies that serve the same population. DCFS will fully cooperate and participate in multi-disciplinary child maltreatment response and will release all information as requested on true reports, except the name of the reporter, to multi-disciplinary teams.

The following is a list of some of the collaborations in which DCFS staff participate in behalf of the children and families served by the state agency:

- ◆ Professional Development Team
- ◆ Multidisciplinary Team
- ◆ Court Appointed Special Advocates
- ◆ Child and Adolescent Service System Program
- ◆ Mental Health Collaborative
- ◆ Transitional Employment Assistance Coalition

DCFS had good collaboration in some areas of the state, but needs increased coordination in many areas. A number of focus groups indicated a need for agencies to know and understand each other’s services. DCFS needs to increase its collaborative efforts with other agencies and develop guidelines for staff.

**On-Site Review:**

**This item is determined to be a strength.**

**Strength**

- ◆ **Recently DCFS has signed agreements with local mental health centers for the delivery of services to DCFS clients in local communities.**
- ◆ **DCFS has formed strong relationships with universities across the state for staff training and continuing program development.**
- ◆ **DCFS has formed a strong working relationship with the state's Medicaid agency in an effort to expand resources and services to eligible segments of the child welfare population.**
- ◆ **Stakeholders noted that the Arkansas legislature has had an increasingly positive view of DCFS as a result of the intensive work that the agency has done to improve communications and respond to constituents.**

**Area Needing Improvement**

- ◆ **Some stakeholders expressed concerns that, although DCFS has been making efforts to reach out to other public and private agencies, there is not as much effort from other agencies to involve DCFS in relevant discussions, legislative testimony, or other collaborative initiatives that may also benefit the populations that DCFS is mandated to serve.**
- ◆ **There were several references from stakeholders that more collaborative efforts need to be conducted with individual school districts around the state. Currently, DCFS has difficulty getting access to children for interviews in some school districts and this can have an impact on DCFS' ability to conduct timely safety assessments for children.**

**Status of Agency's Responsiveness to the Community-Substantial Conformity**

**X. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION**

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3	4-X

**Item 41. The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.**

  X   Strength           Area Needing Improvement

Basis:

**Statewide Assessment:**

DCFS published sections 100 and 200 of the Minimum Licensing Standards for Child Welfare Agencies in Pub. 022, Standards for the Approval of Family Foster Homes. Division foster homes must meet these standards to be initially approved and must continue to meet them annually to continue as foster parents. Child Welfare Licensing Specialists conduct monitoring visits to each type of licensed child welfare agency to ensure continued compliance with the standards specific to the type of facility. All currently licensed agencies are operating in substantial compliance with licensing regulations.

**On-Site Review:**

**This item is determined to be a strength.**

**Strength**

- ◆ All foster homes are assessed with a standardized format with the PRIDE curriculum for prospective foster/adoptive parents.

- ◆ **Community stakeholders who were interviewed appeared to be very knowledgeable about the standards for approval and continuing certification for foster parents.**
- ◆ **Criminal background checks are required for all foster and adoptive parents prior to approval.**
- ◆ **The state agency contracts with external providers around the state to perform certification and recertification tasks in behalf of the department.**

**Area Needing Improvement**

- ◆ **Some stakeholders in areas outside of Pulaski County suggested that the time lag is too long in getting criminal background check results back to some field offices.**
- ◆ **DCFS has few caseworker positions specifically assigned to provide ongoing support foster parents or to monitor for compliance to standards between the annual recertification process.**

**Item 42. The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.**

  X   Strength             Area Needing Improvement

Basis:

**Statewide Assessment:**

Placement facilities are visited annually and residential facilities are monitored quarterly. Child Welfare Agency Licensing Specialists apply the same set of procedures to similar type facilities. Corrective action procedures are the same for all licensed agencies regardless of the facility type. Any deficiencies are noted in writing on the CFS-521, Licensing Compliance Record. Family Service Workers, Licensing Specialists and the contracted re-evaluators monitor homes.

Division foster homes must meet the Standards of Approval for Foster Family Homes to be initially approved and must continue to meet them for the duration of their service. There are no provisional approvals. The same standards apply for both relative and non-relative foster care providers.

**On-Site Review:**

**This item is determined to be a strength.**

**Strength**

- ◆ **There was verification that criminal background checks are required for all foster and adoptive parents prior to approval.**
- ◆ **All foster homes are assessed with a standardized format with the PRIDE curriculum for prospective foster/adoptive parents.**
- ◆ **Stakeholders concurred that there are no known differences in the application of licensing standards for foster parents.**

**Area Needing Improvement**

**None**

**Item 43. The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.**

  X   Strength             Area Needing Improvement

Basis:

**Statewide Assessment:**

DCFS has historically conducted Central Child Abuse Registry checks on all prospective foster and adoptive families. Since 1995, DCFS policy and licensing standards have required verification of criminal background clearance on prospective foster and adoptive families prior to approval or licensure. DCFS Standards for Approval of Family Foster Homes require prospective foster and adoptive parents and all members of the household fourteen (14) years of age and older to have a criminal background check. Minimum Licensing Standards require that all personnel of licensed agencies have criminal record checks.

Adoption Specialists require a criminal record check through the Arkansas State Police and local law enforcement. If the adult applicants have lived in Arkansas for less than six (6) months, an FBI fingerprint check is completed.

The Licensing Unit conducts a 100% review of private child welfare agencies to ensure the criminal record clearance requirement is satisfied. Files reveal all private licensed facilities are in substantial compliance with standards.

The Quarterly Performance Report for the second quarter SFY 2001 reveals that 67 new foster homes were approved during the quarter. The Central Foster Care Unit verified that Criminal Record checks had been completed in 100% for these homes.

**On-Site Review:**

**This item is determined to be a strength.**

**Strength**

- ◆ **There was verification that criminal background checks are required for all foster and adoptive parents prior to approval.**
- ◆ **Foster care case record reviews indicated evidence of the criminal background checks being completed for individual foster homes.**
- ◆ **Pulaski County applies a local criminal background check process in addition to the state criminal background check conducted through the Arkansas State Police.**

**Area Needing Improvement**

None

**Item 44. The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.**

Strength       Area Needing Improvement

Basis:

**Statewide Assessment:**

In some areas DCFS contracts with private individuals/ or agencies in the community for recruitment. In areas where no recruitment contracts exist, the Family Service Worker or a designee recruits foster homes for the area. Annually, each Area Manager develops a County Foster Parent Recruitment Needs Assessment to identify the kinds of foster family homes needed in the county. If additional foster family homes are needed to reflect the racial diversity of children in the counties are needed, the need is identified in the County Needs Assessment. The assessments are used by the Contracted Recruiters or Family Service Workers to develop a recruitment plan to meet the needs of the county.

The most recent Quarterly Progress Report for SFY 2001 reveals there were 2,528 children in foster care and 994 foster homes. Of the 2,528 foster children 1,021 (40.38%) of the children are African-American, one 1,456 (57.59%) are White, and 58 (2.29%) are categorized as Other. CHRIS reports there are 949 relative and non-relative foster homes. Of those, 445 (46.8%) are African-American, 502 (52.8%) are White and 22 (2.3%) are Other.

494 children were available for adoption, 270 (54.43%) were White, 220 (44.35%) were African-American and four (4) or less than 1% are categorized as Other. Comparatively, the most recent Quarterly Progress Report for SFY 2001 reveals there are 170 approved adoptive families awaiting a child. Of these, 122 (71.7%) are White, 39 (22%) of the homes are African-American, nine (9) or 5.2% are categorized as other.

**On-Site Review:**

**This item is determined to be a strength.**

**Strength**

- ◆ **DCFS has contracts in place around the state to recruit foster and adoptive parents.**
- ◆ **Some of the local areas use foster parent newsletter to encourage recruitment of new foster parents.**
- ◆ **The state agency has recently established a written agreement to re-establish the One Church/One Child program in order to recruit for foster and adoptive parents.**
- ◆ **The current DCFS state plan includes a recruitment plan to focus on recruiting for a number of populations including African American children, sibling groups, medically fragile children, and adolescents.**
- ◆ **DCFS is using its website and photo listing book as recruitment tools for foster and adoptive parents.**

- ◆ **There was evidence that staff are using the Interstate Compact for the Placement of Children as an attempt to recruit for adoptive homes for children who are awaiting placement.**

**Area Needing Improvement**

- ◆ **Most stakeholders expressed a perception that there are not enough foster parents currently to match the demographics of the total foster care population.**
- ◆ **Individual case reviews indicated that there does not appear to be aggressive efforts to recruit adoptive families for specific children who are awaiting adoption placement.**
- ◆ **Stakeholders feel that the recent increase in foster parent adoptions has concurrently decreased the pool of foster homes for diverse populations.**

**Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.**

Strength       Area Needing Improvement

Basis:

**Statewide Assessment:**

Currently there are 494 children awaiting adoption. Ninety-one (91) inquiries have been registered in the Central Office Adoption Unit on the children who are presently registered on the adoption web site and photo listing. One out-of-state family has been selected for a registered child and pre-placement visits are underway. Another out of state family was selected for another registered child, but due to the child's severe emotional condition, the Interstate Compact office in the family's state will not approve the placement.

Foster parents will adopt approximately fifty percent (50%) of the children. There are 170 approved adoptive applicants to consider children who will not be adopted by foster parents. Six applicants are from out of state.

. The largest county in Arkansas has recently sponsored an Adoption Event to recruit more families. The Adoption Unit participated in "FACES of Adoption", a national registry of information about children waiting for a home.

Funds from the Adoption Incentive money were provided to Adoption Specialists to find more child specific families, hold Adoption Receptions, develop recruitment tools (pencils, buttons, banners, public service announcements) and other recruitment activities with the emphasis on recruiting more African-American families specifically in Southwest Arkansas.

**On-Site Review:**

**This item is determined to be a strength.**

**Strength**

- ◆ **DCFS is using its website and photo listing book as recruitment tools for foster and adoptive parents.**
- ◆ **There was evidence that staff are using the Interstate Compact for the Placement of Children as an attempt to recruit for adoptive homes for children who are awaiting placement.**
- ◆ **The state agency is contracting with agencies that have ties to other states to do adoptive home recruitment for children who are in need of adoption placement.**

**Area Needing Improvement**

- ◆ **Several stakeholders agreed that the ICPC process often takes months for responses to get back to the Arkansas agency.**
- ◆ **Some stakeholders noted that the ICPC process seems inconsistent in that the response time for home studies can vary significantly among the states.**

**Status of Foster Parent's Licensing, Recruitment and Retention System-Substantial Conformity**

**XI. DETERMINATION OF SUBSTANTIAL CONFORMITY**

For each outcome and systemic factor listed below, mark “Y” where the State is determined to be in substantial conformity and “N” where the State is determined not to be in substantial conformity. For each outcome or systemic factor marked “N,” place a check beside the performance indicator, listed by item number in this form, that has been determined to be an area needing improvement.

**Outcomes**

**I. Safety**

Y **Outcome S1**  
 \_\_\_\_\_ Item 1  
 \_\_\_\_\_ Item 2

N **Outcome S2**  
 \* \_\_\_\_\_ Item 3  
 \* \_\_\_\_\_ Item 4

**II. Permanency**

N **Outcome P1**  
 \* \_\_\_\_\_ Item 5  
 \* \_\_\_\_\_ Item 6  
 \* \_\_\_\_\_ Item 7  
 \* \_\_\_\_\_ Item 8  
 \* \_\_\_\_\_ Item 9  
 \_\_\_\_\_ Item 10

N **Outcome P2**  
 \_\_\_\_\_ Item 11  
 \* \_\_\_\_\_ Item 12  
 \* \_\_\_\_\_ Item 13  
 \* \_\_\_\_\_ Item 14  
 \* \_\_\_\_\_ Item 15  
 \_\_\_\_\_ Item 16

**III. Child and Family Well-Being**

N **Outcome WB1**  
 \* \_\_\_\_\_ Item 17  
 \* \_\_\_\_\_ Item 18  
 \* \_\_\_\_\_ Item 19  
 \* \_\_\_\_\_ Item 20

N **Outcome WB2**  
 \* \_\_\_\_\_ Item 21

N **Outcome WB3**  
 \* \_\_\_\_\_ Item 22  
 \* \_\_\_\_\_ Item 23

**Systemic Factors**

Y **Statewide Information System**  
 \_\_\_\_\_ Item 24

Y **Case Review System**  
 \* \_\_\_\_\_ Item 25  
 \_\_\_\_\_ Item 26  
 \_\_\_\_\_ Item 27  
 \_\_\_\_\_ Item 28  
 \_\_\_\_\_ Item 29

**VI. Y Quality Assurance System**

\_\_\_\_\_ Item 30  
 \_\_\_\_\_ Item 31

**VII. Y Training**

\_\_\_\_\_ Item 32  
 \_\_\_\_\_ Item 33  
 \_\_\_\_\_ Item 34

**VIII. Y Service Array**

\_\_\_\_\_ Item 35  
 \* \_\_\_\_\_ Item 36  
 \_\_\_\_\_ Item 37

**IX. Y Agency Responsiveness to the Community**

\_\_\_\_\_ Item 38  
 \_\_\_\_\_ Item 39  
 \_\_\_\_\_ Item 40

**X. Y Foster and Adoptive Parent Licensing, Recruitment, and Retention**

\_\_\_\_\_ Item 41  
 \_\_\_\_\_ Item 42  
 \_\_\_\_\_ Item 43  
 \_\_\_\_\_ Item 44  
 \_\_\_\_\_ Item 45