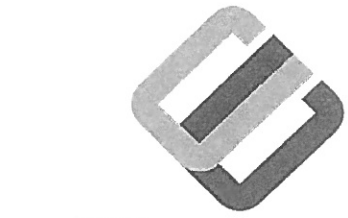

A Review of the Arkansas Division of Children and Family Services

July 6, 2015

Conducted by: The Child Welfare Policy and Practice Group

Supported by: Casey Family Programs

Acknowledgements

The Child Welfare Policy and Practice Group is a non-profit technical assistance organization focused on improving child and family outcomes by improving front-line practice. Information about the organization can be seen at www.childwelfaregroup.org.

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Executive Summary

Introduction

In March of 2015, Governor Hutchinson commissioned a broad review of DCFS operations and performance, intended to identify what worked well, what needed improvement and how the system might be strengthened. Paul Vincent, Director of The Child Welfare Policy and Practice Group, a nonprofit technical assistance organization, was asked to conduct the review. Casey Family Programs, which has been assisting the State, agreed to support the review financially.

This review of the Arkansas child welfare system and specifically the Division of Child and Family Services (DCFS) was conducted by reviewing DCFS policy and procedures, agency performance and trend data, internal studies and interviews with approximately 200 DCFS staff and external stakeholders. DCFS staff at all levels were interviewed and external stakeholders consisted of legislators, judges, other state agency representatives, other legal partners, foster and adoptive parents, service providers, former foster youth, advocates and other individuals and groups with an interest in the welfare of children. The input of those individuals was critical to the accurate analysis of the child welfare system. A list of the stakeholder groups interviewed is placed in the Appendix.

This review confirmed the high importance the State places on children in the child welfare system. For example, the rate of child maltreatment reporting in Arkansas at 72.9 reports per 1,000 children, is considerably higher than the average rate of 47.1 nationally (according to the Children's Bureau publication *Child Maltreatment 2013*). It is also higher than surrounding states, where rates are:

Texas – 28.2
Missouri – 56.0
Oklahoma – 63.2
Louisiana – 37.7.

The Arkansas legislature also takes a strong interest in children served by DCFS. Bills guiding DCFS operations are often considered by the legislature, such as recent statutes addressing the child fatality review process, visits with siblings by children in foster care and judicial review of DCFS child protection planning, for example. Arkansas may be the only state in the country to create a role for the State Police in receiving all child maltreatment reports.

The legislature, the judicial system, advocates and concerned citizens also set high performance expectations for DCFS, which now produces a sophisticated array of reports and analyses about its operations. Those data were a major source of information for this report.

DCFS Performance and Challenges

Child Safety:

The annual number of child maltreatment reports assigned to DCFS is now fairly stable, at around 27,800. The rate at which reports were found true (or substantiated) is 22%, near the national average.

DCFS performs at a relatively high level in initiating child maltreatment investigations timely, although the percentage of timely initiations has dropped somewhat from 94% in 2011 for Priority I investigations to 86% in 2015. The thoroughness of investigations has improved, from 58% in 2011 to 70% in 2015. DCFS improved the percentage in which caseworkers had a face-to-face contact with in-home families during the prior three months from 75.8% in 2011 to 82.3 % in 2013. However, monthly visits in in-home cases occurred only in 66 percent of cases.

The percentage of children with true allegations with a subsequent report in six months is 6% currently, slightly higher than the national standard of 5.4%. The percentage has gone down from a high of 9% in 2012. The percentage of children receiving supportive or protective services (in-home) who are abused or neglected within one year is at 9%, down from 15% the two preceding years.

There has been an increase in child fatalities where the family was known to DCFS from 23 fatalities in FY 2011 to 40 (to date) in FY 2015, but no causal effects were evident in this review. Nationally, only two states, Oklahoma and West Virginia, have a higher rate of total child fatalities than Arkansas, which is at 4.09 per100,000 children, according to *Child Maltreatment 2013,* a Children's Bureau Publication.

Child Permanency:

Recently, DCFS began experiencing a declining number of children exiting foster care. The number of children entering care has been stable at 3,835 for 2014, meaning the total number of children in foster care is rising. In the past two months, the total number has risen from 3,875 to 4,323, a significant level of growth. DCFS also has a relatively high number of foster children in non-family settings, at 19%. Only 12 states have a higher percentage. An equally concerning, but not new trend is what DCFS staff and many stakeholders refer to as the placement crisis. Currently nearly 55% of children are placed in a county outside of their own county. The underlying reason for this trend is that there are not enough foster and relative homes to meet the demand. Statewide, there are only 0.66 foster care beds per child. There

has been little or no net growth in the number of family foster home beds, despite recruitment efforts.

Arkansas also has a low rate of placements of children with relatives, which increases the placement challenge. The percentage of relative placements in Arkansas in 14%, which compares with the following in nearby states:

Louisiana 21%
Mississippi 26%
Missouri 21%
Oklahoma 29%
Texas 29%

The foster care placement shortage has become so severe that in the period January-April 2015, 22 children in foster care spent the night in a DCFS office because no placement could be found. There is also a pattern in some areas where children are placed in different foster homes each night until a more long-term placement can be found. Caseworkers spend an inordinate amount of time driving children to distant placements, visiting them and in some cases, taking them to visits with family members. At the front-line, average DCFS caseworker caseloads are over 29 cases, nearly double the national recommended standard of 1/15. Despite these challenges, data show that DCFS generally performs better than national standards relative to the length of time children spend in foster care, reunification within 12 months and rates of re-entry to care.

The placement shortage is having a major impact on child stability, unfortunately. Children are now more likely to be in multiple emergency short-term placements and placement disruptions are rising.

DCFS has been able to decrease the average time to adoption, from 25.4 months in 2011 to 22.1 months in 2014. In 2014, DCFS experienced finalized adoptions with 724 children, a commendable accomplishment for the Division and its adoption partners. DCFS expanded its policy on post-adoptive services in 2015, issuing new policy guidance to staff and providing more information about post-adoptive services to pre-adoptive families.

Organizational Accomplishments and Challenges

To help address the resource challenges, rising staff caseloads and foster care growth, DCFS has implemented a number of major initiatives intended to address some of the problems it faces. DCFS was granted a federal waiver to permit use of federal foster care funds more flexibly, won a federal foster and adoptive recruitment and retention grant, implemented new casework assessment tools, created an Advocacy Council to provide external input, provided new training to staff, implemented provisions of new statutes permitting guardianships and fictive kin to become caregivers and implemented Differential Response, a flexible assessment process for low-risk child protection cases, among many others.

DCFS has struggled to fully engage external stakeholders in some areas and in the counties with the greatest workload burdens, has a frustrated and discouraged work force. This has increased turnover and contributed to workload stresses. The State's mental health system is also experiencing challenges, especially in developing the ability to provide the type of home and community-based mental health supports needed by children in foster care and some adoptive homes.

Recommendations

This report contains 11 recommendations, the first 8 of which could be implemented with little or no additional revenue. Two of the most critical, however, expanding home and community based mental health services and reducing DCFS caseloads, would require additional funding. In summary, the recommendations are as follow:

- Designate a Staff Member in the Governor's Office to Coordinate Interagency Planning and System Collaboration for Children, Youth and Family Services
- Build DCFS Capacity to Partner with Stakeholders
- Address the Shortage of Placements
- Create a DCFS County-Central Office Task Force to Address Local Administrative Flexibility
- Strengthen the DCFS - Administrative Office of Courts Relationship
- Permit DCFS to Operate its Own Personnel System
- Develop and Implement a Principle-Based DCFS Model of Practice
- Strengthen DCFS Assessment and Family Engagement Skills
- Expand the Availability of Intensive Home and Community-Based Mental Health Services
- Develop a Three-Year Plan to Reduce DCFS Caseloads

DCFS finds itself at the intersection of a growing foster care population, worker caseloads of nearly twice the national standard, an insufficient number of foster home and relative placements and high expectations for performance among its partners. Despite these challenges, the Division is able to meet or exceed a number of national standards for performance, however many obstacles remain. The Division has embarked on an array of ambitious initiatives in an attempt to manage the challenges it faces, but at this point appears to be at the limits of its capacity to make significant additional gains. To progress in improving child and family outcomes, DCFS needs to form strong partnerships with its partners, leading to a shared vision and strategies for serving the State's children and families. In addition, it will need additional resources with which to achieve that goal.

A Review of the Arkansas Division of Children and Families Conducted by The Child Welfare Policy and Practice Group July 6, 2015

I. Introduction

In March, 2015, Governor Hutchinson directed that a broad study of the State's child welfare system be conducted to identify the strengths and challenges within the system. Paul Vincent, the Director of The Child Welfare Policy and Practice Group, a non-profit technical assistance organization, was asked to conduct this study. Casey Family Programs committed to provide financial support for the evaluation. The following is a summary report of the results of that study.

II. Methodology

The study was conducted between April and June 2015 and involved four primary means of evaluation. These included a review of DCFS policies, procedures, standards and guidelines, review of DCFS data on system performance and outcomes, review of internal special studies conducted by the Division and stakeholder interviews with individuals and groups both within and external to DCFS. The findings of those data and information collection activities are summarized below.

III. A Snapshot of the System

The following is a summary of key child and family, workload and resource factors that impact system performance and child and family outcomes.

Period	SFY 2013 – 2nd Quarter	SFY 2014 – 2nd Quarter	SFY 2015 – 2nd Quarter
Reports of Maltreatment	9,166 DCFS 7,670 CACD 1,496	7,697 DCFS 6,518 CACD 1,179	8,177 DCFS 6,757 CACD 1,420.
Number of Children Out-of-Home	3,862	3,855	3,875 By May 14, 2015 total was 4,323 children

IV. DCFS and System Strengths

In the face growing demands, DCFS has undertaken an ambitious agenda in seeking system improvements over the past several years, implementing a number of initiatives that are considered to be promising and best practices nationally. One of the most significant is securing federal approval for a IV-E Waiver Demonstration Project, which permits child welfare systems to utilize federal foster care funds for families whose children remain at home. States operating with a Waiver have their Title IV-E funding capped.

Other DCFS initiatives have included:

Implementing a Differential Response initiative. DCFS describes Differential Response as:

> Differential Response (DR) is a method that allows the Division to respond to reports of specific, low risk allegations of child maltreatment with a Family Assessment (FA) rather than the traditional investigative response. As with investigations, Differential Response is initiated through accepted Child Abuse Hotline reports and focuses on the safety, permanency and well-being of the child. Having two different response options in the child welfare system recognizes that there are variations in the severity of the reported maltreatment and allows for a Differential Response or an investigation, whichever is most appropriate, to respond to reports of child neglect.

Securing a federal Diligent Recruitment Grant, to recruit and support resource families in the four DCFS Areas in the highest need

Utilizing the respected technical assistance organization, Hornby and Zeller, to support the Division's Quality assurance and quality improvement efforts

Implementing the CANS (for children in out-of-home care) and FAST (foe children living with their own families) assessment tools

Establishing the DCFS Advocacy Council

Implementing Structured Decision Making, a safety and risk assessment tool in national use

Implementing Permanency Roundtables, a Casey Family Programs sponsored approach to moving children and youth to permanency

Beginning Quality Service Reviews of investigative cases

Developing transitional homes for older youth

Conducting Trauma-Informed Care training for staff

Developing a foster care and adoption matching web site

Implementing a New Worker Training structure

Issuing policy implementing a statute allowing fictive kin as provisional homes

Developing and implementing policy for the subsidized guardianship program

In addition to these efforts, the Division of Medical Services, with the support of DCFS and the Division of Behavioral Health Services, reduced the percentage of children on anti-psychotics by 86 percent and reduced the percentage among children in foster care by 90 percent.

V. Child Safety

DCFS shares child protection responsibility with the Crimes Against Children Division (CACD) of the Arkansas State Police, which is responsible for receiving all reports of suspected maltreatment. CACD determines if the report meets the criteria for child maltreatment, assigns response priorities to the report based on risk and severity of the alleged maltreatment and determines whether the CACD or DCFS should be responsible for investigation of the allegations. CACD also has responsibility for investigating Priority I reports and allegations of maltreatment in foster homes. DCFS has responsibility for investigating all other valid allegations of child maltreatment.

Trend and Performance Data

In SFY 2014 the hotline accepted 32,928 reports of maltreatment. Sixteen percent, or 5,123 were assigned to CACD and 84 percent, or 27,805 reports were assigned to DCFS. Of those assigned to DCFS, 3,840, or 14 percent were assigned to Differential Response.

The table below identifies the recent quarterly trend of the number of new cases assigned to DCFS for the 2nd Quarter of the past three years. The volume has been relatively stable for the past two years and slightly higher for 2015.

Number of Child Maltreatment Reports Assigned to DCFS

2nd Qtr SFY 2011 – 7,365
2nd Qtr SFY 2012 – 7,778
2nd Qtr SFY 2013 – 7,670
2nd Qtr SFY 2014 – 6,518 (5,473 investigations / 1,045 Differential Response referrals)
2nd Qtr SFY 2015 – 6,757 (5,844 investigations / 913 Differential Response referrals)

According to the HHS Administration for Children and Families publication *Child Maltreatment 2013*, the rate of child maltreatment reporting in Arkansas was 72.9 reports per 1,000 children. The national average rate was 47.1. In nearby states, the rates were:

Texas - 28.2
Missouri – 56.0
Oklahoma - 63.2
Louisiana - 37.7

Reporting rates have an obvious impact on workload and costs.

The most recent data on the percentage of alleged maltreatment reports being determined as true, meaning substantiated, shows that 19 percent of cases had a true finding in that quarter. Overall for 2014, 22 percent of allegations were found as true.

Relationship between DCFS and CACD

As previously mentioned, DCFS and CACD share a role in in investigating child maltreatment reports. In assessing this relationship staff in both organizations were interviewed and an April 2013 internal DCFS report by Hornby Zeller Associates titled A Review of the Arkansas Child Abuse Hotline was reviewed.

Arkansas is unique among states in separating the child maltreatment response function between DCFS and another agency, in this case the State Police. CACD receives all calls alleging child maltreatment, determines if they the meet the legal criteria for child maltreatment, determines the prospective seriousness of the allegation and assigns the report to either its own investigators or DCFS. The two agencies also share investigative roles. CACD investigates allegations that could constitute serious criminal abuse and alleged maltreatment of children by foster parents and DCFS investigates all other cases.

According to the Hornby Zeller Report, based on a sample of cases, "The Hotline accepted and screened out reports appropriately in the vast majority of calls." According to the report and interviews with CACD leadership, the Hotline experiences some delays in connecting with the caller, with an average wait time of 8 minutes and 18 seconds in the review month in 2012. The report identified three factors affecting wait time: the volume of calls received, limited ability to divert automatically to appropriate resources and the practice of taking all caller information even though it is apparent the allegation doesn't meet the legal criteria of maltreatment. CACD states that they initially take some abbreviated information during peak call time to speed up response timeliness. Additional information is taken later.

Among the recommendations of the report were:

- Train staff to interview callers with sufficient thoroughness that calls not meeting the legal standard aren't unnecessarily accepted
- Upgrade the phone system to provide capacity to automatically divert miscellaneous callers to alternate resources
- Develop a more comprehensive QA process to include reviews of decision-making and documentation

In interviews with DCFS caseworkers and Hotline leadership, caseworkers' main concern was the lack of complete information collected about the allegation in some cases. Hotline staff noted the need for additional staff, particularly at peak call times. There are also circumstances where CACD investigators, having found serious risk and safety concerns in a case, may have to

wait for several hours for a DCFS caseworker to arrive and arrange placement of a child. High DCFS workloads are a factor in these delays.

Basically, there is evidence that despite the bifurcated structure, the two agencies work well together and that the CACD functions effectively in receiving and classifying calls and investigating Priority I cases.

Percent of True DCFS Reports

2nd Qtr SFY 2011 – 26%
2nd Qtr SFY 2012 – 21%
2nd Qtr SFY 2013 – 20%
2nd Qtr SFY 2014 – 23%
2nd Qtr SFY 2015 – 19%

To compare the percentage of Arkansas' true reports with national data, according to the Children's Bureau publication *Child Maltreatment 2013*, *"For FFY 2013, approximately 3.9 million children were the subjects of at least one report (screened-in referral). A child may be a victim in one report and a nonvictim in another report and in this analysis, the child would be counted both times. One-fifth of these children were found to be victims with dispositions of substantiated (17.5%), indicated (0.9%), and alternative response victim (0.4%). The remaining four-fifths of the children were found to be nonvictims of maltreatment."*

The percentage of true findings has declined somewhat in recent years.

Timely Initiation of DCFS Child Maltreatment Investigations

As shown below, response times for the 2nd quarter of past years have clustered between 80-90 percent timely. Priority I has declined somewhat and Priority II has remained fairly stable. Response times for DR are lower.

Priority I (Within 24 Hours)
2nd Qtr SFY 2011 – 94%
2nd Qtr SFY 2012 – 96%
2nd Qtr SFY 2013 – 92%
2nd Qtr SFY 2014 – 83%
2nd Qtr SFY 2015 – 86%

Priority II (Within 72 Hours)
2nd Qtr SFY 2011 – 83%
2nd Qtr SFY 2012 – 85%
2nd Qtr SFY 2013 – 81%
2nd Qtr SFY 2014 – 77% (DR – 74%)
2nd Qtr SFY 2015 – 85% (DR – 66%)

Timely Completion of DCFS Child Maltreatment Investigations

Timeliness of completion of investigations rose considerably after 2013, and remain around the 70 percent rate.

Priority I (Within 30 Days)	Priority II (Within 30 Days)
2nd Qtr SFY 2011 – 58%	2nd Qtr SFY 2011 – 57%
2nd Qtr SFY 2012 – 67%	2nd Qtr SFY 2012 – 68%
2nd Qtr SFY 2013 – 47%	2nd Qtr SFY 2013 – 46%
2nd Qtr SFY 2014 – 72%	2nd Qtr SFY 2014 – 70% (DR – 79%)
2nd Qtr SFY 2015 – 70%	2nd Qtr SFY 2015 – 71% (DR – 79%)

Data from the DCFS Statewide Meta-Analysis Report state that in December 2013, there were 1,148 overdue investigations statewide. BY May 2014 the number had risen to 1,267 and currently the number has been reduced to 584. It is important to note than an overdue investigation does not necessarily mean that the child victim was not assessed or that safety interventions have not occurred. It may mean that documentation is not complete. DCFS tracks these trends closely and can identify the causes of the overdue cases by Area and county. Most of the overdue cases are in counties that have vacant positions, staff covering an additional county or new staff not carrying full caseloads.

Investigative Practice

DCFS quality assurance processes report that in a study of randomly selected maltreatment investigations in 2014, 98 percent of victims, 97 percent of non-victims, 93 percent of alleged offenders and 90 percent of non-offending caregivers were interviewed by investigators. Staff interviewed 93 percent of known offenders, addressed all of the reported allegations in 95 percent of the interviews and completed interviews with the non-offending parent in 90 percent of the cases. DCFS performance in these areas is relatively high.

However, assessors did not interview 16 percent of reporters, missed at least one interview with a potential collateral source in 39 percent of the cases and while Health and Safety Assessments were documented for almost all children, 68 percent of them were documented after the required time frame. In addition, the study found that for those cases where a protection plan was implemented, 30 percent of those plans did not accurately address the child's safety. The report also states that in this small sample, "thirty-six percent of the investigations reviewed this year were overdue, ranging from one to 262 days late". Assessors continue to cite staff shortages as the primary reason (44 percent) for referrals not being completed within mandated time frames.

Percent of Children with True Allegations with a Subsequent Report within 6 and 12 months

6 Months:		12 Months:
2nd Qtr SFY 2011 –	8%	12%
2nd Qtr SFY 2012 –	9%	12%
2nd Qtr SFY 2013 –	7%	10%
2nd Qtr SFY 2014 –	7%	10% (DR – 0.4%)
2nd Qtr SFY 2015 –	6%	9% (DR – 1%)

The incidence of recurrence can be an indication of the effectiveness of the system's response to maltreatment. The national standard for performance is no more than 5.4 percent of cases should have a subsequent report of maltreatment. DCFS moved closer to the standard in the 2nd quarter of 2015, but missed it by a slight margin.

Percent of Children Receiving Supportive or Protective Services Abused or Neglected within One Year

	Supportive Services	Protective Services
2nd Qtr SFY 2011 –	3%	9%
2nd Qtr SFY 2012 –	9%	12%
2nd Qtr SFY 2013 –	6%	9%
2nd Qtr SFY 2014 –	6%	9%
2nd Qtr SFY 2015 –	2%	7%

DCFS improved its performance by 6 percent in the 2nd quarter of 2015.

Percent of Foster Families with True Reports of Maltreatment

2nd Qtr SFY 2011 – 0.47%
2nd Qtr SFY 2012 – 0.13%
2nd Qtr SFY 2013 – 0.33%
2nd Qtr SFY 2014 – 0.36%
2nd Qtr SFY 2015 – 0.30%

The Children's Bureau and child welfare systems track the incidence of maltreatment of foster care specifically. The incidence of child maltreatment in family foster care In Arkansas declined over the past three years.

Efforts to Protect Children in their own Home

DCFS assesses its safety performance by other means in addition to measuring outcomes. The following table shows system performance related to efforts to assess risk and safety concerns for cases where children are in their own homes. The following table shows a improvement in performance of 7 % between 2011 and 2013 despite continuing high workloads. However, the system still does not meet the national standard of 90%. These data are produced by case reviews conducted by quality assurance staff.

Assessing and Addressing Risk of Harm to Children *Percentage (%) of Total Cases in which DCFS Staff Made Efforts to Assess and Address the Risk and Safety Concerns in the Children's Home*			
Area	**2011**	**2012**	**2013**
1	46.7	43.3	63.3
2	56.7	63.3	80.0
3	63.3	50.0	70.0
4	76.7	96.7	96.7
5	73.3	80.0	76.7
6	70.0	80.0	83.3
7	53.3	70.0	80.0
8	60.0	70.0	60.0
9	70.0	43.3	63.3
10	93.3	80.0	73.3
Statewide	***66.3***	***67.7***	***74.7***

Protection Plans

During FY 2014, DCFS reviewed 50 randomly selected child maltreatment investigations from each of 10 service areas. The review found that the plans accurately addressed safety in 70 percent of cases. Four DCFS Areas accurately addressed safety in 100 percent of cases and the others accurately assessed safety ranging from 45 to 67 percent of cases. DCFS advises that a finding that safety is not accurately addressed also includes staff identifying imminent danger when none exists. DCFS has worked to improve the quality of assessment through implementation of a nationally used risk-assessment tool, Structured Decision-Making and provision of additional training of staff on protection plans. To provide an additional layer of safety assessment, Team Decision-Making meetings are being implemented when protection plans are used. DCFS notes that 95 percent of children receiving Supportive Services and 93

percent of children receiving Protective Services one year prior to SFY 2014 were not re-victimized within one year of service initiation.

Worker Contacts

Frequent worker contact is an important process for assisting families to develop adequate caregiving capacity and assuring child safety. As the following chart indicates, in the three years covered by these data, DCFS improved the frequency of family contacts in in-home cases with a face-to-face-contact from 75.8 percent to 82.3 percent.

In-Home Cases with Recent Caseworker Contact at the End of the Year, by Area

Percentage (%) of In-Home Cases in which Caseworker Completed a Face-to-Face Contact with the Family during the Prior Three Months

Area	2011	2012	2013
1	59.4	64.6	78.4
2	70.4	61.8	79.4
3	92.5	60.0	89.3
4	86.4	97.1	98.6
5	82.4	92.5	87.0
6	71.4	84.6	92.4
7	50.4	73.3	80.4
8	78.4	73.7	77.0
9	78.9	74.5	71.9
10	95.6	81.5	91.1
Statewide	***75.8***	***75.4***	***82.3***

However, DCFS data shows that required monthly visits to in-home cases occurred in 66 percent of the cases.

Child Fatalities

According to the Children's Bureau publication *Child Maltreatment 2013*, there are only two other states, Oklahoma and West Virginia, that have a higher rate of child fatalities per 100,000 children than Arkansas. The rate in Arkansas is 4.09.

Using a different metric, DCFS reports on child fatalities with prior DCFS involvement within 12 months prior to the fatality. The trend from 2011 to 2015 as shown below, reflects an increase in these fatalities.

Fatalities w/ Prior DCFS Involvement within 12 Months Prior to Fatality	
SFY	**# Fatalities**
2011	23
2012	35
2013	39
2014	34
2015	*40*

*The SFY15 # represents the fatalities to date, 06/17/2015

It is not clear why fatality numbers are rising. This could be factor of improved reporting or other more complex factors. In many systems, co-sleeping practices account for a high number of child fatalities and other factors, such as parental substance abuse, can contribute to co-sleeping deaths. The fatality review process is the best forum for examining child fatality trends.

The Administrative Office of Courts states that it has different numbers on child fatalities than DCFS uses and the two organizations have not reached agreement on the best measures to use in examining child fatalities. The legislature recently passed a statute establishing a child fatality review process external to DCFS. Once members are appointed, this body should be a neutral forum in which accurate child fatality data can be analyzed. It is important to note that child fatalities can be assessed through a number of analyses, depending on to what questions answer are sought.

VI. Permanency

Selected Permanency Indicators

Number of Children in Foster Care at End of Quarter

The table below shows a slow growth in the number of children in care between 2013 and 2015 until May of 2015, when the number of children grew from 3,875 to 4,323, a substantial increase. According to DCFS, which constantly monitors these data, the increase is mostly related to fewer children exiting foster care, as a table in this section reveals.

2nd Qtr SFY 2011 – 4,072
2nd Qtr SFY 2012 – 4,002
2nd Qtr SFY 2013 – 3,862
2nd Qtr SFY 2014 – 3,855
2nd Qtr SFY 2015 – 3,875
There were **4,374** children in care on 05/27/15

Foster Care Entries and Exits

Period	2011	2012	2013	2014	2nd Qtr 2015
Entries	4,126	3,873	3,901	3,835	715
Exits	4,071	3,894	3,913	3,592	841

These data show slightly more foster care entries than exits in 2014, which means that the 2015 foster care population is growing. The trend was briefly reversed in the 2nd Quarter, but DCFS states that currently there are now fewer exits than entries, which has caused a significant increase in the total number of children in out-of-home care.

Percent of Children in Foster Care per 1000 Children at End of Quarter

The percentage of children in out-of-home care per 1000 children is a rough index of the system's ability to keep children safely in their own homes and provide them permanent homes once they enter care. The national average for FY 14 was 5.3 children per 1,000. For that period the Arkansas rate was 5.4.

Percent of Children in Foster Care by Placement Type End of FY

Percentage of Children in Foster Care by Placement Type					
Placement Type	**SFY 2011**	**SFY 2012**	**SFY 2013**	**SFY 2014**	**SFY 2015**
DCFS Foster Home (Non-Relative)	43%	40%	38%	37%	36%
DCFS Foster Home (Relative)	7%	8%	8%	8%	8%

Provisional Relative Care	6%	8%	6%	6%	6%
Therapeutic Foster Home	7%	7%	7%	7%	8%
Pre-Adoptive Home	5%	5%	4%	6%	6%
Emergency Shelter	3%	4%	4%	4%	4%
Residential Facility	10%	11%	12%	11%	12%
Trial Home Visit	5%	5%	7%	5%	5%
Other	14%	12%	13%	15%	15%

The Annie E. Casey Foundation 2013 report on children in out-of-home placements showed the following regarding children in out-of-home-care in Non-Family Settings (Congregate Placements):

Arkansas – 19%
Louisiana – 9%
Missouri – 11%
Oklahoma – 9%
Tennessee – 17%
Texas – 16%

Oregon was the lowest at 4% and Colorado was highest at 35%. Twelve states had a higher percentage of children in non-family settings than Arkansas. There is considerable evidence that children do better in family-based settings than congregate settings. The lack of suitable foster home and relative placements is most likely the reason a disproportionately high number of children are in non-family settings.

Proximity of Placement to Home County

Percentage of Children Placed in a Setting
within the Same County from which they were Removed

Area	**2011**	**2012**	**2013**
1	54.0	55.0	58.3
2	31.9	34.0	31.2
3	57.0	41.2	38.7
4	18.1	27.8	29.5
5	33.4	38.7	31.4
6	79.1	78.7	80.9
7	62.2	60.5	54.8
8	35.9	40.5	43.6
9	43.9	42.6	37.7
10	50.6	49.1	50.0
Statewide	***46.5***	***47.1***	***45.5***

No national data are available to compare Arkansas' out-of-county placement levels with other systems, but having almost half of the children placed outside of their home county is extremely high. This trend produces poorer outcomes for children, huge additional workload demands on caseworkers and limits the ability of staff to respond to the needs of children and their foster parents.

Placement Availability 2nd QTR 2015

Area	Number of Children in Care	Number of Family Foster Care Beds	Child/Placement Bed Ratio
1	417	421	1.01
2	829	272	0.33
3	298	203	0.68
4	224	120	0.40
5	395	264	0.67
6	550	472	0.86
7	222	142	0.64
8	482	385	0.80
9	509	293	0.58
10	169	144	0.85
Total	4095	2716	0.66

This table shows the number of foster care beds compared with the number of children in care in each area and the ratio of foster home beds to children. The data clearly underscore the need for significant numbers of additional foster homes.

Length of Stay in Care 2ND FY 15 QTR Annually

Length of Time in Care					
Length of Stay	**2nd QTR SFY 2011**	**2nd QTR SFY 2012**	**2nd QTR SFY 2013**	**2nd QTR SFY 2014**	**2nd QTR SFY 2015**
Less than 30 days	9% (Nationally - 5%)	8% (Nationally - 5%)	9% (Nationally - 5%)	6% (Nationally - 5%)	6% (Nationally - 11%)
30-90 Days	14% (Nationally - 20%)	13% (Nationally - 20%)	12% (Nationally - 20%)	10% (Nationally - 22%)	9% (Nationally - 15%)
3-6 Months	13% (Nationally - 20%)	13% (Nationally - 20%)	14% (Nationally - 20%)	15% (Nationally - 22%)	14% (Nationally - 15%)

6-12 Months	21% (Nationally - 17%)	22% (Nationally - 17%)	21% (Nationally - 17%)	23% (Nationally - 20%)	25% (Nationally - 20%)
12-24 Months	21% (Nationally - 23%)	21% (Nationally - 24%)	22% (Nationally - 23%)	22% (Nationally - 24%)	22% (Nationally - 27%)
24-36 Months	9% (Nationally - 12%)	9% (Nationally - 12%)	9% (Nationally - 12%)	9% (Nationally - 11%)	9% (Nationally - 13%)
36+ Months	14% (Nationally - 24%)	14% (Nationally - 24%)	14% (Nationally - 24%)	15% (Nationally - 18%)	15% (Nationally - 14%)

In many of the categories above, Arkansas performs better than the national standard, which is commendable given the severe resource limits under which DCFS operates.

Reunification within 12 Months

Percent of Children Reunified within 12 months of Removal

National Standard = 48.4% or more

2011 – 65%

2012 – 63%

2013 – 63%

2014 – 61%

2015 – 61% (2nd Qtr. QPR)

DCFS exceeds the national standard.

Re-entries into Foster Care

Percent of Children Re-entering Care within 12 months of Reunifying

National Standard = 9.9% or less

2011 – 10.1%

2012 – 9.2%

2013 – 8.8%

2014 – 7.5%

2015 – 12.7% (2nd Qtr. QPR)

2015 - 8.4% (3rd Qtr. QPR)

DFCS exceeded the national standard for the 3rd quarter and also did so in 2012, 2013 and 2014.

Placement Stability

Placement Stability					
Number of Placements	2nd QTR SFY 2011	2nd QTR SFY 2012	2nd QTR SFY 2013	2nd QTR SFY 2014 Data not available	2nd QTR SFY 2015
1 to 2	52%	54%	53%		56%
3 to 6	33%	32%	32%		31%
7 to 9	6%	6%	7%		6%
10 or more	9%	8%	8%		7%

Placement Stability					
# of Placements	2011	2012	2013	2014	2015
2 or Fewer	0.52	0.54	0.53		0.56
3 or More	0.48	0.46	0.47		0.44

The DCFS 2nd Quarter SFY 2015 report states the following:

Length of Stay	National Standard	Arkansas Performance
Children in care less than 12 months	86% experienced 2 or fewer placements	72%
Children in care 12-24 months	65.4% experienced 2 or fewer placements	44%
Children in care more than 2 years	41.8% experienced 2 or fewer placements	16%

DCFS experiences significant challenges with placement stability, which is not surprising given the lack of available placement options for children. When placement resources are limited, placement selection becomes driven largely by bed availability rather than careful matching of child needs to caregiver abilities. Frequent placement changes are traumatic for children already experiencing trauma from removal from their families. Trauma responses can be expressed behaviorally as anger, defiance and depression, which without effective mental health services, can lead to further disruptions.

Engagement of Families in Case Planning

SFY	In-Home	Foster Care Cases
2011	38%	61%
2012	38%	69%
2013	48%	75%
2014	50%	81%
2015	In progress	

Nationally, there is agreement that youth and families are more involved and committed to a planning process that meaningfully involves them in setting goals and developing strategies. The table above reflects improvement in engaging families of children in foster care, but significant challenges remain in engaging in-home caregivers.

Completion of Monthly Caseworker Visits

SFY	In-Home	Foster Care Cases
2011	55%	59%
2012	55%	60%
2013	58%	64%
2014	60%	73%
2015	66%	76%

*2015 reflects the end of the 2nd Qtr of SFY 2015.

Largely as a result of high caseloads and placement of children in distant counties, DCFS has difficulty in making monthly caseworker visits. However DCFS visit frequency has improved over the past 5 years. Given caseload constraints, it is commendable that DCFS is able to show improvement in completing monthly contacts. However, further progress is needed. If visits by other DCFS staff, such as program assistants and other support staff are counted, performance is higher.

VII. Adoption

Time to Adoption

2011 – 25.4 Months
2012 – 25.4 Months
2013 – 24.4 Months
2014 – 22.1 Months
2015 – 22.6 Months (end of 2nd Qtr.)

The data show that time to adoption has declined in the past two years.

Annual Adoption Placements

Annual Adoption Placements		
Year	Legally Free Children	Finalized Adoptions
2011	362	583
2012	444	674
2013	517	677
2014	587	724
2015 To date	596	405

A significant number of children in DCFS custody are placed for adoption annually, thanks to DCFS and its adoption community partners. The number of finalized adoptions has grown by over 140 children since 2011.

Post-Adoptive Supports

DCFS conducted a study of adoption re-entries in March 2015 and noted that since FY 2004, when the foster care population was half that of today, the annual number of adoptions has risen from 360 to 724. It also found that of the 4,055 adoptions finalized between FY 2007 and 2013, 67 children, less than 1.7 percent, returned to foster care. Not all of these children were placed through a DCFS adoption. Behavioral issues were identified as the most common reasons these children re-entered foster care. The study noted that DCFS generally did not find out about these behavioral issues because there is little follow-up with post adoptive parents after the adoption is finalized. DCFS adoption specialists were found to be unaware of any responsibility to provide post-adoption services to parents.

Both central office and local DCFS staff stated during this review that there had not been a practice of staff offering post-adoptive services during a crisis in the past. Recently DCFS sent communications to local staff with guidance about pre-adoptive and post-adoptive supports. The message stated the following:

> Recent attention regarding adoptions has highlighted how important it is that we -- in all levels of the division -- are sensitive, non-threatening and professional when families approach us, especially when these families are contacting us about issues they are having in either a pre-adoptive placement or with a finalized adoption. They should walk away from any interaction with us knowing that we are here to help them no matter where they are in the adoption process.

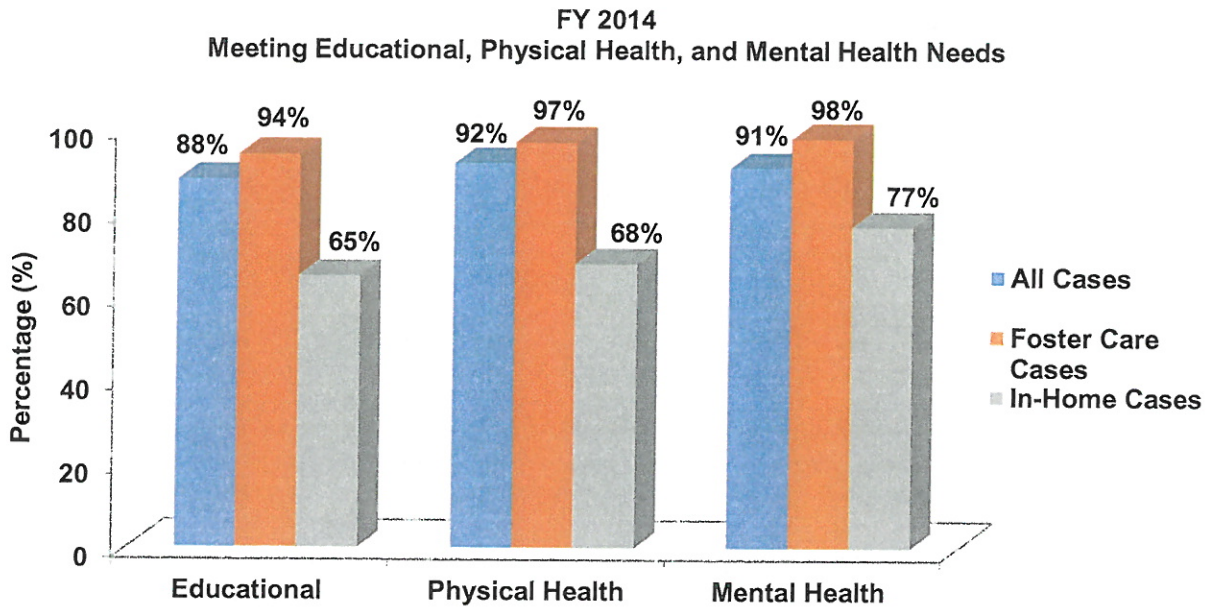
There is always more we can do to ensure families feel that we are listening to and addressing their concerns, including communicating better with them throughout the process; ensuring they know to and how to communicate with us when they have questions or concerns; ensuring they are aware of the services available to them at all stages; and ensuring adoptive families understand how to access post-adoptive services.

With input, we are developing more systemic supports for families and staff to ensure families and children receive the services needed to provide children with "forever" families. I will share additional information with you all about that once it is available. Thank you for your hard work and dedication to the children and families you serve.

DCFS states that it now provides information about post-adoptive supports to all pre-adoptive families.

VIII. Child Well-Being

Nationally, child welfare does not have a sophisticated ability to assess child well-being and as a result, measures are few in number. Currently, qualitative tools currently are the most frequently used. Some of these often involve case file reviews, which have limited value. More useful approaches employ interview-based approaches which use interviews with children and youth, caregivers, workers, substitute caregivers and professionals. These interview-based methods involve reviews of a modest sample of cases, using interviews to form professional judgements about the quality and effectiveness of interventions. Fortunately, DCFS has established a qualitative review process, the statewide Quality Services Peer Reviews (QSPR) involving 300 cases statewide. Because of the small sample, data are not statistically definitive, but do provide a representative view of overall qualitative performance. DCFS describes the QSPR as mirroring the Federal Child and Family Service Review Process (CFSR). The QSRP process is the source of the following table:



Overall System Trends and Performance

Based on these QSPR measures DCFS does a competent job of addressing Educational, Physical Health and Mental Health needs for children in foster care, but performs less well with in-home cases. Arguably, the Department's obligation to meet these needs is greater for children in its custody than children living with their own families. Typically, child welfare systems do a much better job in meeting physical health needs than mental health needs. The performance level for meeting mental health needs is surprisingly high, compared to qualitative reviews in other systems. Stakeholders and front-line staff did not describe the Division's response to children with mental health needs as positively as this assessment did.

IX. The Front-Line DCFS Environment

Meetings were held with all Area Directors and with three large groups of DCFS Investigators, Family Service Workers and front-line supervisors, representing offices from throughout the state. The work environment described by many of these staff was one of high caseloads and workloads, constant compliance deadlines, some of which staff stated were not possible to meet, low pay, constant turnover and vacancies and work weeks routinely extending beyond 40 hours. They cited limitations on compensation for overtime, the threat of being disciplined for not meeting compliance measures and the lack of technology, in this case smart phones, as additional stresses. (Note: DCFS recently piloted the use of smart phones and now plans to equip all line staff and supervisors with the technology this year.) Staff also identified the high number of concurrent initiatives undertaken in recent years as a challenge, although they understood the potential value of many of them individually.

Related to compliance, the Division currently tracks 18 specific casework and administrative tasks related to child maltreatment performance, 22 areas related to foster care tasks and 1

related to family foster homes. Some well-being indicators are included under the foster care category. The system performs better on child maltreatment tasks than foster care tasks. Staff face the biggest challenges in complying with expectations related to child visits with parents and siblings, which is not surprising given caseload size and children placed out-of-county. Conformity to notice requirements for parents, CASA and attorneys ad litem about placement changes also needs considerable improvement. Performance related to health care activities is high. This level of performance oversight is common in child welfare systems, but is particularly stressful to staff in systems with the resource challenges Arkansas experiences.

The most urgent challenge cited was the lack of placements for children in out-of-home care, which is creating a host of bad outcomes for children, families and staff. Child protection investigators spoke of driving long distances to other counties to place children because in-county placements were unavailable. Family Service Workers, who provide case management to children in foster care face a similar challenge, compounded by the fact that they have to make at least monthly contacts with children and often transport children to visits with parents, siblings, medical and other appointments. Some DCFS staff noted increases in placements ordered by courts of youth who also have delinquent behaviors, perhaps in an effort to secure more treatment-oriented placement settings. DCFS does not feel equipped to adequately serve some of these youth.

Some staff and supervisors must cover more than one county due to vacancies and limited staff allocations. In rural areas of the state, services needed by children and families are limited and create additional frustrations for families, staff and legal partners. Within these system challenges, workers must also perform the ongoing work of child welfare, such as attending court hearings, entering data, coordinating with providers, preparing court reports and performing other administrative tasks.

An unexpected practice, largely caused by the lack of placements, was identified by a number of staff. According to retrospective data provided by the Division, between January 1, 2015 and mid-April, 2015, at least 22 children have spent at least one night in a DCFS office with a worker because no placement was available. In another manifestation of the placement crisis, in some offices placements are so limited that staff secure agreement from a number of foster parents to keep a child at least one night, after which the child is placed with a different foster parent until a more long-term placement can be found. While this does not appear to be a routine practice, it occurs frequently enough that the Central office is seeking ways to limit it. The traumatic effect these serial placement changes inflict on children is directly related to the lack of placements.

One sympathetic veteran judicial stakeholder interviewed summed up the Arkansas child welfare environment as one in constant crisis, a status the system shares with many other child welfare systems in the country. He mentioned staff shortages, staff turnover, inexperienced staff and the lack of sufficient placements as stresses that contribute to the crisis-driven environment. He added that DCFS is highly risk-averse, for understandable reasons, which has driven the agency to attempt to control local practice and decision-making with a large number

of policies, rules, compliance tracking and layers of approval. The result is a work setting in which constant compliance monitoring and the multiple layers of review and approval required for exceptions or reasonable deviation from standard are perceived by staff as mistrust. This stakeholder noted that staff turnover was not surprising, given the many stresses that diminish job satisfaction.

In the face of these challenges, like all other states, DCFS maintains efforts to establish performance expectations for staff that are intended to produce appropriate and adequate practice. DCFS regularly tracks staff and county performance to make sure vital activities such as contacts with children and families, timely actions and development of case plans, for example are conducted. DCFS is attentive to risk for appropriate reasons and naturally tries to compensate for vulnerabilities such as inexperienced staff, high risk families and limited resources. The challenge public child welfare systems face is creating balance between rules and flexibility. In this regard, DCFS states that it is examining the compliance measures with the intent of limiting the number and focusing on the more important issues.

Front-Line Practice

This report has spoken to the negative impact high caseloads have on DCFS performance; however one factor that needs additional attention is the nature of DCFS practice. Nationally, there is a trend in child welfare for systems to create what is called a practice model. A practice model is a written framework of values and practice principles that is based on best practice, evidence-based practice and promising practices. The practice model should guide all of the agency's operations, including policy, staff performance expectations, training, resource design, contract expectations, monitoring and quality assurance and outcomes.

Without a coherent and faithfully applied practice model, front-line practice can be driven by crises, individual practitioner values, custom and the latest initiative instead of carefully designed practice. DCFS has a basic practice model, but its detail is limited, making it difficult to apply operationally. An example of the principles that might be included in Arkansas' child welfare practice model is included in the appendix.

Two critical elements of practice in particular, engaging families in planning and decision-making and assessing underlying child and family needs should be strengthened. In group discussions with DCFS front-line staff, it became apparent that many staff either didn't fully understand how to effectively engage families and identify underlying needs or stated "We don't have time to fully listen to parents."

X. Resource Availability

Placements

Limited placement resources underlie many of the Division's challenges. Data and stakeholder input underscore the problems presented by the lack of placements. This issue contributes to child trauma, instability, educational disruption, interruption of therapeutic relationships, poor matching of children to caregiver capacity and the loss of connection of children in care with parents, siblings, school, community, friends and their caseworkers. When children are placed significant distances from home, their permanency prospects are impaired as is their emotional-behavioral well-being. Only 45 percent of children are currently placed in their home county. As previously mentioned, distant placements also increase front-line staff workload. The placement challenge needs to be one of the Division's highest priorities.

A crucial place to look for solutions to the placement challenge is the use of relative placements and guardianships. According to DCFS, only 14 percent of children DCFS children out-of-home are placed in some form of relative care, 8 percent in licensed relative care and 6 percent in provisional relative care. By comparison, according to the Annie E. Casey Foundation, percentages from surrounding states are:

Louisiana 21%
Mississippi 26%
Missouri 21%
Oklahoma 29%
Texas 29%

Ten states have 30% or more children placed with relatives. Stakeholders and DCFS note that there can be delays in initiating children's Medicaid eligibility when children are returned home and in placements with relatives when relatives have custody. DCFS attributes this to backlogs in processing eligibility. Delays such as this can further limit willingness of relatives to serve as placement resources.

The guardianship option is seldom used according to stakeholders, but can be another useful placement option. Several stakeholders noted that considerable time was required to secure approval for use of guardianships.

A significant expansion of family foster homes is also needed. The current child-to-placement bed ratio is .66, meaning that for the 4,095 children in care at the end of the 2nd quarter of 2015, only 2,716 family foster home beds were available. DCFS sought the Diligent Recruitment grant as a strategy to increase the number of foster home beds; however the slow start-up period of the initiative has undermined the utility of this effort. The initiative created a state-level team of Family Engagement Specialists which replaced local staff who carried these duties, based on the assumption that the new staff would have more time and specialized marketing

skills to devote to recruitment. Difficulty in securing staff and other barriers slowed implementation and resulted in a large backlog of prospective foster parent inquires, applications and background clearances that the system couldn't respond to in a timely manner. DCFS states that the backlog has been almost eliminated at this point, but it is clear that transition issues heightened the placement challenge.

Local DCFS staff and some stakeholders were highly frustrated over these delays which, unfortunately, further undermined relationships between the Division and some crucial stakeholders, especially those in the faith community. Another source of tension between DCFS and some stakeholders is the DCFS decision to suspend licensing of respite foster homes. DCFC explains that it did so because of the practice of front-line staff in making serial placements in different respite homes because there were no traditional foster homes available. This, in the Division's opinion, has the undesirable effect of increasing the incidence of multiple placements. DCFS notes that there are flexible policies for foster parents related to using family and friends for very short-term "respite".

From a national perspective, respite is seen not only as a valuable foster home retention tool, providing stressed caregivers with a break from parenting without having to ask for help from friends and family. It can also serve as a recruitment tool, permitting new foster parents an opportunity to test and practice their fostering skills over a limited time period before committing to caring for children over the longer term.

Foster parent retention is also critical to having sufficient placement resources. For the last four quarters, DCFS has experienced no net gain in family foster homes. For three of the past four quarters, DCFS lost more homes that it gained. In the 2nd quarter of 2015, it gained 122 homes and lost 138 homes. Foster parents report that having a child placed in their home from a distant county makes it difficult to address issues experienced by children in their care because workers are less accessible. This issue is becoming another reason for foster parents to drop out. It is important to note that losses in foster homes are not necessarily associated with dissatisfaction. Some foster parents drop out due to changing family dynamics, job demands or adopting a child or children in their home. However the difficulty in accessing appropriate mental health services for children with behavioral issues was mentioned as major reason for foster parent frustrations.

Some stakeholders and foster parents felt that the 12 week term for basic foster parent training offered by DCFS is an impediment to recruitment. This involves weekly three-hour sessions. They compared it with the training provided to foster parents recruited by The Call, a faith-based organization. This training, which is said to contain the same content, occurs over one weekend. Undoubtedly there are some trade-offs in the learning process when training sessions compressed into two long days. However the shortened schedule could make fostering more appealing.

Mental Health Services

Numerous staff and stakeholders identified the lack of mental health services, especially high quality mental health services, as a barrier. Rural areas were identified as the most underserved populations within Arkansas. Foster parents and post-adoptive parents identified the limitations in access to mental health services as a major challenge. DCFS staff and stakeholders noted that office-based mental health counseling, which is the predominate service available, is often not sufficient for high-need children and youth. Respondents stated that some of the most effective mental health interventions, which are highly individualized and intensive home-based mental health services, are particularly limited. Wraparound serves are available on a modest basis and one knowledgeable stakeholder noted that providers seem reluctant to develop the service.

There had been plans to expand mental health services through implementation of the Affordable Care Act, but those plans are now on hold. Some mental health professionals stated that there was little attention to the development of evidence-based services and that more trauma-responsive services and mobile crisis services were needed.

An issue that a number of DCFS staff mentioned as a challenge is disputes over authorization by Value Options for some mental health residential placements, where Value Options raises questions about medical necessity. When Medicaid authorization is denied, DCFS has to cover costs for these cases entirely from its limited state dollars. There are complex issues of policy and clinical judgement affecting decision-making in these cases, so the concerns of both parties deserve consideration. Resolution will require high level discussions between DCFS, mental health and the Medicaid agency and ultimately, a broader mental health continuum of services that serves children in their own homes and communities.

DCFS Waiver

The recent increase in the number of children in out-of-home care, if maintained at that level, could impact the Waiver. DCFS reports that it is already limiting some elements of the Waiver implementation because of concerns about out-of-home costs exceeding the Waiver cap. It is too early to fully assess the full impact of the caseload growth.

XI. Workload and Caseload

DCFS family service worker caseloads now average 28.96 cases, compared to 24.7 in December 2014. An analysis of DCFS local workload data shows the following:

Number of Counties with Average Workloads of 15 or less - 9
Number of Counties with Average Workloads of 16-20 - 16
Number of Counties with Average Workloads of 21-25 - 28
Number of Counties with Average Workloads of 26-30 - 12
Number of Counties with Average Workloads of 31-40 - 8
Number of Counties with Average Workloads of 40 + - 4

Child Welfare League of America (CWLA) recommended standards are 15 cases per worker. Average caseloads in Arkansas are almost double the national standard. By way of comparison, among states that have an established workload standard consistent with CWLA recommendations, Oklahoma, New Jersey, and The District of Columbia, for example, all operate within the 15 cases per worker standard. These states happen to be operating under class action settlement agreements. All but 9 Arkansas counties have caseloads exceeding the 1/15 standard and 52 counties exceed the standard by more than 5 cases. An average caseload of over 28 cases is particularly challenging for Arkansas because of the travel necessitated by the number of children placed outside of their home county.

It is not just DCFS front line staff who have high caseloads. DHS legal staff, who represent DCFS in court, also have high caseloads and a high turnover rate. DHS attorneys average 96 cases each and have a 47 percent turnover rate. The American Bar Association recommends 60 cases as a standard. Many attorneys cover multiple counties. There is only a single appellate attorney for the office. DHS attorneys are also paid less than their attorney ad litem and parent attorney colleagues.

This review also identified several recent statutory mandates and interagency agreements that have a high potential for increasing DCFS workloads. House Bill 1624, which passed in the last legislative session, sets out explicit expectations for placement of siblings together, contacts between siblings not placed together, sibling inclusion in case planning for other siblings, notice of placement changes to siblings, court reviews and other entitlements. All of these are important to optimal well-being and should be a standard best-practice principle. However, now these issues will be subject to litigation and presumably contempt findings if provisions are not met. Data presented previously demonstrates the difficulty DCFS has in meeting some of its own performance standards due to workload, so it can be expected that it will struggle to meet some of these requirements as well.

Another provision of HB 1624, requires DCFS to file a dependency-neglect petition for any case where a protection plan is considered necessary to permit a child to remain safely at home. Prior to the Act's effective date, DCFS did not present protection plans to the court for approval. DCFS describes a protection plan as follows:

> When any safety factors are present, a protection plan must be developed to address each identified safety factor if the child will remain in the home. A protection plan is a written plan developed by DCFS staff in conjunction with the family to address identified safety factors. This documentation describing the actual use or consideration of using protecting interventions establishes reasonable efforts to prevent removal of the child from the home.
>
> The protection plan must be developed and receive DCFS supervisory approval prior to DCFS staff leaving the home. The protection plan serves as a written agreement between the Division and the family. As such, a copy of the plan will be provided to the

caregiver and to other members participating in the plan prior to the investigator leaving the home.

With protection plans nationally, there is generally no petition submitted to the court and the case is monitored to assure that the caregiver is following the plan. This structure is utilized with lower risk cases in most states. Strategies such as the DCFS protection plans have a useful place in child welfare systems. They allow an individualized approach to families, providing a less adversarial environment than a court hearing. When used appropriately, they can facilitate safe maintenance of children in their own homes. To be successful, however, a thorough assessment of families is needed, frequent contact by the caseworker is required, and a process is needed to use alternative strategies, such as court, if families do not follow through.

It is likely that this bill was introduced because of doubts on the part of some stakeholders that DCFS could assure child safety without court oversight. Some legal stakeholders criticized a DCFS practice which they called coercive placements, meaning that DCFS would threaten removal unless the caregiver placed the child with another family member, for example, without properly reviewing the alternative caregiver's suitability or petitioning the court. Regardless of the merits of the Act, it will undoubtedly increase the DFCS workload, including administrative tasks and time in court. It is also likely to increase the number of children placed in foster care.

This statute also adds responsibility to DCFS related to provision of background information at dependency-neglect review hearings. Completing this administrative task requires additional staff time.

Another bill, Senate Bill 810, adds educational neglect to the list of qualifying reports of certain types of maltreatment, without the conditions cited in the prior statute. In this context educational neglect is the term usually applied to truancy cases. This statute means that the Child Abuse Hotline must accept each call regarding educational neglect. DCFS will be required to assess the safety of the child upon receipt of the report and assess "each underlying issue or additional child maltreatment concern that may have not been identified in the original hotline report, a new specific mandate. The statute also requires DCFS to "work with" families to remedy the issues that resulted in the report. Some legal partners, including judges, reported that when DCFS accepted educational neglect it was often referred to a DR worker who might admonish the caregiver and elicit a promise to insure attendance, which did not consistently result in a resolution of truancy. These stakeholders also have concern that DCFS ignores more significant underlying family issues, of which truancy is a symptom, such as physical abuse and substance abuse.

Like the intent of the other statutes referenced, the provisions of Senate Bill 180 reflect legitimate concerns about child well-being and in some cases child safety. However it will increase the DCFS workload without any commensurate increase in staff resources.

Several other statutes that add administrative requirements to DCFS were also passed.

XII. DCFS Relationship with State and Community Partners

In collecting information on which to base the findings of the report, a large variety of stakeholders both internal and external to DCFS were interviewed in person and by phone. Some interviews were group interviews and others were individual conversations. Respondents represented legal partners, legislators, foster and adoptive parents, service providers, advocates and others. There were also individual group meetings with DCFS area directors, front-line staff and supervisors and central office staff. As might be expected, stakeholder perceptions of DCFS varied. However many respondents, including some critics, recognized DCFS workload challenges. Several judges complimented their local DCFS staff and stated that they were doing their best within a very challenging environment. From most, DCFS got high marks for its data analysis work. Many stakeholders also recognized that the Division has a sophisticated capacity to develop, collect and present management and outcome data and does so in its written publications, on its web site and in stakeholder interactions. There is considerable transparency from DCFS about both its good and its unflattering performance against selected measures.

A number of contract service providers expressed appreciation for the Division's understanding of their complex fiscal issues. Working relationships between contract providers and DCFS seemed generally positive.

It is possible that the Division's facility with data and numbers inadvertently gives the impression of detachment from some of the human issues of child welfare. Some stakeholders feel distanced from the Division in regard to collaborative planning. While the Division has attempted to reach out to stakeholders through initiatives such as the new DCFS Advocacy Council, stakeholders express a desire for collaboration that goes beyond being briefed on new child welfare initiatives. Stakeholders clearly prefer to help shape planning and policy rather than merely commenting on it. In defense of child welfare systems in this regard, there is a tendency for them to want to demonstrate their own competence first, which can make the planning process seem exclusive.

A number of local DCFS staff and supervisors as well as some stakeholders noted the same high degree of central office oversight of local practice that was referenced earlier in this report.

Some post-adoptive families mentioned being contacted by DCFS staff recently, asking about their child or children's status and advising them to contact the Division if additional supports are needed. The representativeness of this experience is unknown at this time, however DCFS has recently communicated with local staff about the need for responsiveness to post-adoptive needs.

Among stakeholders, DCFS has no greater challenge than the conflictual relationship between DCFS and the Administrative Office of Courts (AOC). A number of influential stakeholders and

stakeholder groups stated that the differences between the two organizations are significant enough that this review has to recognize them. Both DCFS and AOC leadership acknowledge the tension, although they continue to communicate and work together on issues of joint concern.

AOC leadership expresses doubts about some DCFS data, such as related to child fatalities and believes that DCFS is inconsistent in following up on commitments. AOC managers are also highly frustrated by what can be described as an inability by DCFS to demonstrate a high level of performance, which they believe can place children at risk of harm and/or lack of permanency and well-being. It is out of this dissatisfaction that AOC supported legislation mandating DCFS actions, such as some of those statutes mentioned previously in this report. DCFS expresses similar frustrations over its own inability to meet some of its expectations, but attributes the shortcomings to lack of staff, turnover and insufficient service resources. AOC staff acknowledge those limits, but feel that they shouldn't impede good outcomes for children.

The tension between child welfare agencies and the juvenile and family courts system is not uncommon nationally. Courts are accustomed to having their orders and agency policy met fully, an expectation overstressed child welfare systems cannot always meet. Attorneys for children feel an uncompromising obligation to ensure that their clients' needs are met, which means that a perceived lack of responsiveness by the child welfare system is considered unacceptable. Court Appointed Child Advocates (CASA) feel a similar obligation. Parent attorneys expect that safeguards for parents' rights should be respected by DCFS and where they may not be, are obligated to advocate for their clients.

On the child welfare side, state agencies always have limits and when resources are constrained in the way that Arkansas is experiencing, the child welfare agency cannot consistently overcome the fiscal constraints they face. An additional challenge that DCFS experiences is that in a structure which occurs in few if any other states, all of the traditional court critics of the child welfare agency - parent attorneys, children's attorneys and CASAs – are part of the same administrative structure, the AOC, instead of being organizationally independent. Practically speaking, criticism of DCFS which might come from each of these entities is now consolidated into one organizational voice, which magnifies the negative feedback. One result of this dynamic is that DCFS becomes more defensive, fostering greater mistrust.

Against this backdrop, however, both agencies are committed to similar goals with a common interest, improving outcomes for children. The two organizations must re-establish constructive working relationship for those goals to be met.

XIII. Recommendations

Based on the review of DCFS data, policy and studies and stakeholder input, the following recommendations are made to address the challenges present in the Arkansas child welfare system. These recommendations are ordered to begin with simpler, practical strategies that do not necessarily require significant additional resources. They are followed by other essential strategies that do require additional financial investments. The challenges faced by the Arkansas child welfare system are so great that DCFS alone cannot solve them. However it does have many partners in the public and private sector who would be happy to have a role in improving child and family outcomes. To foster greater stakeholder involvement, a number of the recommendations are designed to involve stakeholders in problem-solving, a dual strategy to concurrently strengthen DCFS-Stakeholder relationships.

Arkansas can make meaningful advances by implementing Recommendations 1 through 8, even with its limited resources. However, the system cannot fully meet expectations and more importantly, significantly improve outcomes for families and children without addressing Recommendations 9, Expanding Intensive Home and Community-Based Mental Health Resources and 10, Reducing DCFS Caseloads. Implementing these two recommendations will require additional financial investments.

1. Designate a Staff Member in the Governor's Office to Coordinate Interagency Planning and System Collaboration for Children, Youth and Family Services

The Arkansas child welfare system is interdependent not only with its private partners, but also with judges, behavioral health, Medicaid, the Administrative Office of Courts, law enforcement, youth services and the legislature. For DCFS to overcome the challenges it faces, the coordinated support of all of these entities is essential. However, DCFS alone does not have the standing or leverage to facilitate effective partnerships with so many diverse stakeholders. To create a functional coalition of all of these partners, each of which has its own challenges, strong leadership is essential.

Appoint a staff member within the Governor's office to coordinate interagency planning and system collaboration for children, youth and family services. The first objective of this office should be assisting with implementation of improvements in child welfare, including, but not limited to consideration of the recommendations of this report.

2. Build DCFS Capacity to Partner with Stakeholders

The resource obstacles to achieving the potential of the Arkansas child welfare system are significant enough that DCFS must engage its community partners in developing and implementing a common strategy to substantially improve outcomes for children and families. Developing this partnership will take time, energy and perseverance, all of which will tax the resources of the current DCFS leadership team. Relationships need to be strengthened not only

within the voluntary sector; they also need to be maximized with other Divisions of DHS and other state agencies.

With the support of the proposed Office of Children and Youth, DCFS should establish an independent stakeholder panel to provide input into a formal plan to implement the recommendations of this report. Drafting of the plan should involve stakeholders as active workgroup members. This initiative is important enough to merit a specific accountability process to track not only engagement with stakeholders, but also the implementation of the other recommendations in this report. This accountability process should be facilitated by the independent stakeholder panel, which should issue periodic reports about implementation progress.

Casey Family Programs has extensive experience in developing stakeholder partnerships and reform design. They might be enlisted as an ally in this effort.

3. Address the Placement Challenge

Many of the Division's challenges are a result of limited resources; however the lack of appropriate placements in close proximity to children's home is the most critical. And given the recent increase in the number of children placed in out-of-home care, the problem is getting worse. Increasing the use of relative placements is the simplest and most promising next step toward expanding placement options. DCFS staff and stakeholders identified a number of factors limiting the use of relatives. Attitudes toward the suitability of relatives as caregivers on the part of some staff, judges and other legal partners were frequently mentioned as a barrier. This negative view seems to be most prominent among those who view some extended families as sharing a common lack of caregiving capacities. However there are numerous staff and legal partners who see relatives as a valuable untapped resource and point to system barriers that impede relative availability as placements.

The process of enlisting relatives as caregivers and granting provisional approval as caregivers can be slowed by training requirements, criminal background checks and where relevant, delays in waiver approvals, untimely board payments and delays in Medicaid eligibility. When children need additional assistance, limited supportive services negatively affect relative caregivers to the same degree as they do foster parents. The foster home recruitment and retention process also needs attention. Several stakeholders involved in recruitment shared creative ideas to increase foster and adoptive home capacity.

The following steps are recommended:

- Convene a work group consisting of DCFS recruitment staff, representatives of the major faith-based organizations involved in recruitment and retention activities, current kinship, foster home and adoptive caregivers and judicial representatives and other legal partners to develop a joint plan to expand the use of relatives and guardianships,

recruit and retain new placement family foster homes and strengthen post-adoptive supports.

- Provide training to staff on caregiver engagement, especially relative caregivers, and family finding.
- Borrowing a strategy from a judge who was interviewed, develop a process whereby when DCFS determines that a relative might be a suitable placement option, prior to the court hearing DCFS should complete background checks and assess the relative's home. In doing so, the court could approve the relative placement in court, avoiding a short-term, interim placement.
- Resume licensing of respite homes to provide support for current caregivers struggling with challenging children and youth.
- Consider a system used in Utah, where child welfare foster care support staff organize foster parents living in relative proximity to each other in geographic "Clusters". Utah staff convene foster parents in these clusters for information-sharing and problem-solving related to day-to-day fostering issues. Foster parents also use their cluster peers as respite resources and sources of advice and peer support.
- Create an ongoing forum in which Community Engagement Specialists and staff of other foster and adoption recruitment organizations, such as The Call, meet regularly to coordinate their recruitment efforts, share recruitment and retention strategies and develop new approaches to placement development.
- Develop a strategy to compress the length of time required to complete foster parent training so foster families and relative caregivers will have the option to be licensed or approved more quickly.
- DHS should convene a meeting between DCFS and Medicaid leadership to identify administrative delays in initiating Medicaid so there are no lapses in coverage for caregivers.
- Begin providing reimbursement to kinship providers as soon as provisional approval is granted.
- Develop specific written communications to pre-adoptive and post-adoptive parents about how to access post-adoptive supports.

4. Create a County-Central Office Task Force to Address Administrative Flexibility

A number of stakeholders and local DCFS staff mentioned the large number of local administrative actions that require approval at the executive level of DCFS. In the current practice environment of high caseloads, staff turnover, staff inexperience and the high level of scrutiny which DCFS experiences, the caution of Central Office staff in providing greater autonomy of decision-making at the local level is understandable. However, at some point this

oversight becomes experienced as a lack of trust and a barrier to timely decision-making, making it counter-productive. In an effort to improve state-county relationships and to increase timely actions, DCFS should appoint a work group consisting of a supervisor and Family Service Worker from each of the 10 Areas to solicit efficiency recommendations from the field and make recommendations directed at safely enhancing local flexibility. This charge relates to local actions and decisions requiring central office approval as well as local performance measures and tracking, some of which may not be essential. Strategically, members should start with identifying opportunities to use flexibility to address the placement crisis. A county representative should be selected by the group as chairperson.

5. Improve the DCFS – AOC Working Relationship

As mentioned previously, a constructive relationship between DCFS and the Administrative Office of Courts is important to improving the lives of Arkansas children. The agencies share common goals for children and families and this should be a foundation for improving working relationships. The two organizations need to mutually acknowledge two critical facts. On the part of DCFS, the agency should recognize the fact that the court system and attorneys/advocates for children have a right to expect effective action from DCFS in support of child safety, permanency and well-being. AOC should communicate its recognition that high caseloads and limited resources are preventing DCFS from effectively accomplishing this mission. The ongoing work of the two organizations should be to, within existing resource constraints, jointly develop strategies to improve outcomes for families and children.

- As an initial step, both agencies should reach agreement on a basic set of indicators that accurately reflect the overall performance of each agency. Child welfare outcomes are not totally dependent on DCFS performance. Judicial actions, for example, are also crucial. For DCFS, the indicators are likely to be some of those measures identified in this report. However, DCFS has many other management indicators that might be useful. AOC reports that it has some data about court trends. Data collected relative to parent attorneys and attorneys ad litem are unknown. Relevant AOC areas that might be tracked include but aren't limited to the following:

  <u>By Circuit:</u>
  Time to permanency
  Number of relative placements
  Number of guardianships
  Finalized adoptions
  Attorney ad litem contacts with children between hearings

  Data for DCFS and AOC indicators should be shared broadly among stakeholders.

- The Supreme Court and the legislature should consider moving the parent attorney function to an independent setting. Having parent attorneys in particular under the judicial system, while it may not directly affect DCFS, does raise the questions about the independence of this crucial attorney-client relationship in form if not in substance.

- To demonstrate the efforts of DCFS and AOC to improve their working relationship, the organizations should invite a small number of interested/affected stakeholders to their policy and performance discussions for both information sharing and input.

6. Expedite the Processing for Filling DCFS Vacancies

The turnover of DCFS front-line staff heightens the workloads of staff, which increases with each day a position is left vacant. A process should be created to expedite the filling of DCFS vacancies and address other processes that delay hiring new staff.

7. Develop and Implement a Principle-Based Operational DCFS Model of Practice

DCFS should expand its Practice Model to include a core set of specific principles of practice that provide guidance to the field about how children and families should experience the child welfare system. The model should guide system policies, training content, staff performance standards, service contract expectations, accountability measures and quality assurance/quality improvement methods. The practice model should speak specifically to the importance of family and strengths of kin resources. Existing policies and procedures should be tested against the principles and where incongruent, should be revised. A set of best practice principles used by improving systems nationally is attached in the Appendix. In developing a revised practice model, DCFS should involve key stakeholders in shaping the design.

8. Strengthen DCFS Practice in Assessing Safety Assessment and Engagement Skills

DCFS data and some stakeholder input suggest that DCFS needs to further strengthen its family assessment capacity. DCFS has added new assessment and planning tools, such as Structured Decision-Making, the CANs process and FAST and also is making efforts to improve the Protection Planning Process. These tools are useful in promoting the consistent consideration of safety factors and guiding case decision-making. They are also beneficial when employed with inexperienced staff. Factors that tools such as these cannot provide is critical thinking and insight into underlying child, youth and family needs (meaning the causes of behavior).

- DCFS should provide additional training to staff on Protection Planning, with a focus on the issues that are causing the poor caregiving activities which brought them to the Division's attention. If a parent's inattention to the needs of her child are caused by depression resulting from lifetime trauma experiences, for example, offering parenting training is not likely to enhance child safety. Since concerns about the quality of

Protection Plans are frequently anecdotal, DCFS should also track outcomes for families with protection plans to actually determine their effectiveness in keeping children safe.

- DCFS should also provide additional training in family engagement skills. Training should be skills-based and permit engagement skills to be modeled by trainers and practiced by staff in the classroom settings. Training should be followed by coaching, using skilled practitioners. Training should be initially targeted on those counties with the greatest volume of children entering care and remaining in care.

9. Expand the Availability of Intensive Home and Community-Based Mental Health Services

According to key stakeholders, much of the mental health service delivery in Arkansas is office-based rather than home and community-based, is insufficiently evidence-based and trauma-responsive and lacks the intensity required for children with high mental health needs. Foster parent retention, child stability and post-adoptive success are also negatively affected by the limited capacity of mental health agencies. Many systems nationally are transitioning their traditional mental health service delivery to an intensive home and community-based model. It is recommended that the leadership of DCFS, the Division of Behavioral Health and the Division of Medical Services visit two systems implementing innovative approaches to delivery of home and community mental health services, one in Arizona and one in Los Angeles, to identify opportunities to implement similar approaches in Arkansas. The first priority should be to return those children placed out- of-state to Arkansas.

Implementation of a new mental health system of care will require additional resources as matching for Medicaid funding.

10. Develop a Three-Year Plan to Reduce DCFS Caseloads to an Average of 20

DCFS should provide the state legislature a three-year plan for reducing caseloads from the current average of 29 to an average of 20 by adding staff appropriations in each of the next three budget years. As part of that budgeting process, DHS should include the cost of equalizing the salaries of DHS attorneys to a level comparable with the salaries of attorneys ad litem and parent attorneys. The agency must have the ability to retain experienced attorneys to represent the Department in court.

It is also recommended that DCFS provide a fiscal and workload note to the legislature for any bill that is introduced affecting workloads in the child welfare system. If such a document is not provided, the legislature should request it.

THE CHILD WELFARE POLICY & PRACTICE GROUP

A Review of the Arkansas Division of Children and Family Services

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