SEMI-ANNUAL PROGRESS REPORT
Title IV-E Waiver Demonstration Project

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OVERVIEW

Arkansas is three and a half years into its Title IV-E Waiver Demonstration Project. The Arkansas Department of Human Services, Division of Children and Family Services (DCFS) initiated the State's Waiver in August 2013 to accomplish three goals:

1. safely reduce the number of children entering foster care;
2. increase placement stability; and,
3. expedite permanency for children in foster care.

Six interventions are being implemented across the state to achieve these goals, including:

- Differential Response;
- Child and Adolescent Needs and Strengths / Family Advocacy and Support Tool;
- Team Decision Making;
- Permanency Roundtables;
- Nurturing Parenting Program; and,
- Targeted Recruitment.

These interventions are at varying stages of implementation, but progress continues for all of the interventions, save for Permanency Roundtables. This report summarizes the project and evaluation activities and accomplishments for Arkansas's Waiver during the period of August 1, 2016 through January 31, 2017.

The DCFS Waiver Core Team continues to be the decision-making authority for the Demonstration Project. This oversight team reviews data as well as the current progress and deliverables of the six interventions to ensure that all implementation activities and work align with the overall direction of Arkansas's Waiver. Waiver Core Team meetings were held throughout the reporting period, including regular meetings with the evaluators. The team normally meets at least twice monthly, with at least one meeting focused on status updates and decision-making and one meeting focused on evaluation.

DEMONSTRATION STATUS

Program Improvement Policies

Arkansas selected key program improvement policies, including the six aforementioned interventions, to accomplish the goals of its demonstration project. The Implementation section within Arkansas's Terms and Conditions (2.3) outlines the two primary program improvement policies the state committed to implement during the demonstration project, including:

- Specific Programs to Prevent Foster Care Entry or Provide Permanency
- Recruiting and Supporting High Quality Foster Homes

Through the Waiver, DCFS decided to implement programs designed to prevent children from entering foster care, programs focused on providing permanency for children in foster care and programs focused on the recruitment and retention of high quality foster homes. Although there is still room for improvement, the ensuing implementation and evaluation sections for each intervention show that the Division has been successful in implementing these program improvement policies over the past three and a half years.

Differential Response, Team Decision Making and the Nurturing Parenting Program have been implemented to protect children and prevent them from entering foster care, just as Permanency Roundtables and Arkansas's Creating Connections for Children (ARCCC) program are working to provide permanency for children in care. The Child and Adolescent Needs and Strengths (CANS) and Family Advocacy and Support Tool (FAST) functional assessment tools support each of these goals by providing comprehensive assessments of families' needs and family-centered service planning. ARCCC is a statewide diligent and targeted recruitment program designed to recruit and support high quality resource families and volunteers.

Differential Response

Arkansas's Differential Response (DR) program was implemented statewide in August 2013. As reported in prior reports, the program is administered by the DR Program Unit in Central Office, which consists of the DR Program Manager and DR Program Specialist, and is implemented by DR Specialists and Supervisors in each service area. There were no significant policy or procedural changes within the DR program during the reporting period. The following data and accomplishments represent the DR program's functioning between August 1, 2016 and January 31, 2017:

Differential Response Data:

- DR referrals worked: **2,447**
- DR referrals screened out: **267**
- DR referrals re-assigned to investigations: **581**

*In examining the number of referrals that were screened out and switched from DR to investigations, it is important to note that each DR referral goes through a two-tier screening process. The first review is conducted by the Arkansas Child Abuse Hotline at the onset of the initial call. The second-level review is conducted by the DR Program Unit and includes a history search to determine if the family is currently involved with DCFS (i.e., in an open investigation or services case) and a review of the intake narrative to determine if the allegations and information included are eligible for Differential Response.

Summary of Differential Response Activities:

August 2016
- Shadowing DR staff in Areas 4, 5, and 9
- DR Program Unit participated in Building Healthy Communities to Promote Child and Family Well-Being Webinar
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Program Unit participated in Protective Factors and Protective Capacities Webinar
- DR Program Unit participated in Innovative Prevention Planning Framework: Blending Multiple Strategies Together to Achieve Collective Impact Webinar

September 2016
- Shadowing DR staff in Areas 3, 6, and 7
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Program Unit participated in Prevention Program Planning Training
- DR Program Unit participated in Child Protector Application Training

October 2016
- Shadowing DR staff in Areas 1, 5, and 7

- DR Program Unit trained Area 7 DR Supervisors
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Program Manager attended Area Director Meeting to discuss DR and review the program's monthly report
- DR Program Unit attended CHRIS meetings to discuss upcoming program updates
- DR Program Unit tested CHRIS to ensure no errors occurred in the enhancements made for the upcoming release

November 2016
- Shadowing DR staff in area 8
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Program Manager attended Area Director Meeting to discuss DR and review the program's monthly report
- DR Program Manager attended the International Conference on Family Engagement

December 2016
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- Shadowing DR staff in Areas 9 and 10

January 2017
- DR Program Manager attended Waiver Core Team meeting to provide DR updates
- DR Program Unit attended CHRIS meetings to discuss upcoming program updates
- Shadowing DR staff in Areas 2 and 9
- DR Program Unit met with Area 9 DR staff and supervisor to ensure best practice and policy review
- DR Program Manager attended Area Director Meeting to discuss DR and review the program's monthly report
- DR Program Unit met with Arkansas Children's Hospital Social Workers to discuss DR program

CANS & FAST Functional Assessment Tools

As reported in our previous Semi Annual Report, the Division shifted the originally planned phase-in approach for the Child and Adolescent Needs and Strengths (CANS) and Family Advocacy and Support Tool (FAST) intervention to an implementation in two counties (Pulaski and Miller) in November 2014 followed by all remaining counties on February 12, 2015.

The decision to implement the assessment tools in Pulaski and Miller counties were based on several factors. Pulaski County is the largest urban county (by population) in the state while Miller County is a more rural county in Arkansas. Pulaski has a high enough volume of cases and has a well-balanced case-to-worker ratio to effectively implement the tools. Moreover, the Miller County Supervisor participated in the national CANS training in 2013 and certified on the CANS assessment tool. Therefore, she was able to support staff and guide them on the use of the tools.

The two initial implementation counties, Pulaski and Miller, used paper copies of the CANS/FAST and case plans until the tools could be fully integrated into CHRIS. The Case Plan Subcommittee developed these paper forms for the implementation counties to document their assessment work until CANS/FAST went live in CHRIS. The Case Plan Subcommittee also developed the new case plan format for CHRIS that is CANS/FAST driven. The CANS/FAST and New Case Plan screens were integrated in CHRIS on February 12, 2015 which is the same date that CANS/FAST became the official assessment tools for foster care and in-home services cases, respectively, for the entire state.

During a previous reporting period, the larger CANS/FAST Implementation Committee was 'put on hold' to allow the program manager to focus on more specific work to occur in various other workgroups/sub-committees. These other targeted efforts have included the program manager holding workshops with the identified CANS Champions across the state; serving on an In-home Workgroup to ensure focus on best practice use of FAST with in-home cases; working extensively with the MidSOUTH curriculum writers to develop appropriate training surrounding CANS/FAST for workers, supervisors and community stakeholders; and beginning to work within the CANS/FAST Annual Revision workgroup to look at necessary changes and improvements to the Arkansas tools.

The CANS/FAST Program Manager also continues to attend several meetings across the state with various stakeholder groups to introduce CANS/FAST and answer questions, including Court Improvement Team Meetings in several counties and the Statewide Court Appointed Special Advocates Meeting. Supervisors across the state who have been identified as CANS/FAST Champions in the area have also been reaching out and providing education at the local level to stakeholders as needed/requested.

Arkansas also developed and implemented a CANS/FAST Stakeholder Orientation, which is being conducted quarterly by MidSOUTH at each of their five training academies across the state. All stakeholders are invited and encouraged to attend the Stakeholder Orientations

(the targeted audience is providers, foster parents, CASA volunteers, and attorneys/court teams). The orientation explains the AR DCFS history and background with CANS/FAST, what our agency goals are with CANS/FAST, and goes in depth about the actual tools (item review, how to determine ratings, what action levels mean, etc.). Essentially, they are educated on how to interpret the CANS/FAST so that they can be involved in the process and give appropriate feedback on the CANS/FAST for clients with whom they are working. They also complete a CANS in small groups with a practice vignette and review a case plan based on that CANS/practice vignette. The program manager attends these sessions to offer support and answer any DCFS-specific questions. Local area Champions also attend whenever possible to provide stakeholders a contact at the local level and answer any area specific questions that might come up. Announcements of these trainings were sent by various avenues to stakeholders, and the program manager has also participated in the quarterly conference calls with various DCFS providers to encourage attendance and discuss how providers can use the CANS/FAST in their work with clients. There have been four rounds of these trainings conducted to far, holding a training at each of the five MidSOUTH sites across the state, for a total of 20 Stakeholder Orientations to date. The feedback from the stakeholder trainings has been very positive so far, and partners have shared that they are excited to be a part of the CANS/FAST process and use the assessments as they work with DCFS clients. A fifth round is scheduled and will take place in the coming months. An additional flyer has also been developed and shared; it focuses on the reasons DCFS is using CANS/FAST as well as stakeholders' roles is in the process.

Dr. John Lyons continues to serve in a consultative and technical assistance capacity for Arkansas. As previously reported, he assisted in the development of the State's CANS/FAST implementation plan and served as the primary trainer for the two initial counties and the Academic Partnership for Public Child Welfare (i.e., IV-E University Partnership) in October 2014 and for the remainder of the statewide staff in January 2015. After the initial trainings, Dr. Lyons (or one of his coaches) also facilitated multiple coaching calls that were arranged for the field supervisors across the state to discuss best practice use of CANS and FAST and also complete additional vignettes to strengthen fidelity of use.

The supervisors are encouraged to use the practice scenarios completed on the call to then do inter-office trainings with their staff to improve fidelity and reinforce workers understanding of the tools. There were no coaching calls that took place during this reporting period (due to scheduling conflicts with the identified liaison from Praed responsible for arranging the calls), however, the program manager did continue to message to supervisors whenever possible reminders about using the tools previously provided in coaching sessions with staff or at staff meetings to continue to promote best practice with CANS/FAST and adhere to the fidelity of the model. Previous coaching call topics have included 'Meaningful Use of the CANS,' 'CANS as a Communication Tool,' an in depth review of the six key characteristics of the CANS and how to determine appropriate ratings, and case reviews from a supervisor's perspective on a real (but de-identified) DCFS FAST and case.

Dr. Lyons has also been available for consultation as Arkansas looks at potential changes to the current tools and future development of new tools. During a previous reporting period,

Dr. Lyons approved changes to the rating scale for the trauma section of the CANS (which was implemented in August 2016) and expressed support of Arkansas beginning the process of converting to a hybrid CANS/FAST modeled after Utah's UFACET for both in-home and out-of-home cases (any modules specific to foster care/out-of-home case would just be triggered). A condensed version of this hybrid tool will then be employed for use in investigations/differential response. Arkansas's research suggests that most states that utilize multiple different tools use CANS for a level of care recommendation for children in foster care (which Arkansas is not currently doing) or use FAST in investigations/DR (which Arkansas would still like to do). The Division believes that, if the tools are combined (like Utah has done with great success) so that the basic assessment is the same regardless of case type (but additional modules would be completed for out-of-home cases) then that will increase ease of use for staff and, therefore, also augment fidelity to the model.

In fact, the number one complaint from the field has been that it is too time consuming to do a single CANS for every child when there are so many cases with multiple children in them and that it is complicated to switch back and forth between CANS and FAST based on case type (e.g., when a child is taken into foster care or returned home). Arkansas's CANS and FAST do not directly align, so caseworkers must start over with the new instrument when the case type changes, which impacts their ability to track a child's or family's progress on individual items. The Division believes that staff buy-in and fidelity to the tool will if they don't see it as such a burden. Once Arkansas has transitioned to a more finely-honed single assessment tool, it will be easier for DCFS to develop and implement the modified/shortened version that the investigator/DR worker would conduct during the assessment phase. Dr. Lyons will be available for consultation throughout this process and will approve any changes that Arkansas makes.

The workgroup designated for this project did not meet during this review period, in large part because Dr. Lyons/Praed informed the Program Manager that they would be making edits to the current Arkansas manuals as Praed is working on making formatting of the CANS more consistent state-to-state. This took several months to get back from Praed and once returned there were some errors that the program manager has been working with Praed to correct before finalizing the new manuals. The content of the manuals was not intended to change with this revision, just formatting of the items within the manual so that each item also has suggested questions/conversation starters paired with it, however, some items were missing/definitions changed so it has taken some time to work with Praed to get these corrected. The Program Manager has also been focusing throughout this review period on ensuring best practice and fidelity of the model and current CANS/FAST being used in Arkansas through trainings, support to the field, stakeholder education, and working with CHRIS/SACWIS on enhancements to the current tools and reports available to promote policy compliance and accuracy. The Annual Revision Workgroup is scheduled to start meeting again and actively working towards the hybrid version of CANS/FAST for Arkansas (and, additionally, the condensed set of items to be answered by investigators/DR workers) in February 2017.

The Division has offered ongoing support for this IV-E Waiver initiative by continuing to add frontline field staff to counties where the caseload-to-worker ratio is still high (above

25 cases) and, as referenced above, hiring a program manager dedicated solely to CANS/FAST in central office to ensure fidelity is monitored as well as to provide ongoing support to the field throughout implementation. The program manager continues to provide the field with recertification coupons as needed, enter certifications into the CHRIS system to enable access to the CANS/FAST tools, assist the field with technical issues regarding both the CANS training site and CANS/FAST/Case Plan in CHRIS. Additionally, an extra-help position has been added dedicated exclusively to reviewing CANS/FAST. The program manager and extra-help reviewer worked together to develop the CANS/FAST Review Tool in Survey Monkey to be used for the case reviews. This CANS unit has been completing detailed case reviews with feedback specifically on CANS/FAST and how it guided the case plan and providing that directly back to the field staff and area directors. During this review period, the extra-help reviewer began a project of completing case reviews on a specific population of children identified as difficult to place by the placement team who are currently on contract in acute or sub-acute facilities. The agency hopes that by getting a thorough and accurate assessment on these children the placement team/central office can work with the field to identify the most appropriate placements for these children and be able to successfully step them down from their current placement setting. The agency is also planning to then work with Casey Family Programs to do a larger data review of all the CANS for this identified population.

Additionally, the program manager speaks with the area directors at their monthly meetings and to supervisors at each Quarterly Statewide Supervisor Meeting to provide updates and address any concerning trends in practice. For example, many workers seem to only be looking at the "true finding" in the case and the CANS item that correlates with that is often rated a 2 or 3, but the entire rest of the assessment is rated all 0s. The concern is that staff are not truly doing a thorough assessment of all areas and this has been addressed and is continuing to be monitored, in part by providing the individual thorough case reviews to the field as they are completed. The program manager also continues to reiterate at these meetings the importance of using CANS as a communication tool and sharing it with our family teams, and ensuring we involve our collaterals (providers, foster parents, school personnel, court teams, etc.) and check-in with them prior to completing subsequent CANS/FAST assessments so that any changes or improvements being made by the family as a result of the services can be accurately reflected in the updated assessment.

The aforementioned coaching calls also provide a forum in which practice issues and proper use of CANS/FAST may be discussed, and again, though calls were not held this review period, the program manager focused on ensuring that the supervisors were bringing the tools back and using the information and tools provided to coach their workers and provide best practice examples of CANS/FAST. In addition, it was because of some of these practice issues referenced above that DCFS decided to conduct full refresher trainings prior to recertification last year instead of just allowing staff to use the CANS training website to recertify. The refresher trainings focused on best practice and highlighted some of the issues identified to date.   These trainings were mandatory for all staff that directly work with CANS and FAST and all supervisors. These trainings reviewed all aspects of CANS and FAST and focused on what it means to use CANS as a communication tool (and what that should look like in real practice), what makes up a

'quality' CANS/FAST, the importance of proper engagement with families and how the CANS/FAST should be guiding case decisions and driving the case plan. The Refresher Trainings are now held every few months or as needed for any staff that wish to come back through, staff promoted to a new position who would benefit from a Refresher, or staff that supervisors require to come as they seem to be having difficulty with CANS/FAST and completing them thoroughly and accurately.

During the last review period, the program manager began shadowing in Pulaski County during case staffings to observe (and model when necessary) the proper use of CANS in a staffing scenario and how to use the CANS to guide the decisions surrounding services and building the case plan as a family team. The program manager has continued this and is specifically working with the Pulaski County 0-3 Safe Babies Court Team (SBCT) liaison to ensure that the CANS is being utilized in those facilitated staffings as a decision support tool and to identify and prioritize services for the families. During this review period, the program manager also worked with MidSOUTH and the Partnership who developed the federally mandated Human Trafficking Trainings to incorporate a CANS/FAST component to these trainings to ensure workers are making the connection of where to document various case details in the assessment and how to utilize those identified needs to determine appropriate services for this population. In the activity developed, the workers practice with case scenarios that involve human trafficking and identify where various details would be reflected and documented in the CANS or FAST assessment for the child/family, and then go on to discuss service options based on these identified needs. These trainings began around December and will continue through February 2017 statewide.

The full CANS/FAST Family Engagement Tool was provided to workers and supervisors across the state in April 2015. This tool goes domain by domain and provides suggested questions and conversation starters to help workers gather the information needed to complete the CANS/FAST, as well as general tips for engaging families and ways to engage stakeholders and collaterals to obtain a more comprehensive assessment of families' needs. These were shared again at the CANS/FAST Refresher/Recertification Trainings and staff were encouraged to use them as they complete the CANS/FAST. The program manager continues to share this at various meetings and specifically with staff who seem to be struggling with engagement and gathering all the necessary information for the CANS/FAST, as identified during case reviews.

New Workers all have goals to be certified by the end of their NST classes, and the majority of workers have all been certified by the end of NST. There is a report to monitor certifications and the program manager provides it to Area Directors monthly highlighting staff that need to re-certify. Assistance and coaching is given by the program manager or various CANS Champions as needed for workers struggling with certification. If a worker's certification is expired, the CHRIS system blocks them from completing CANS/FAST in the system (or blocks supervisors from approving if they are expired).

CANS/FAST Champions have been identified in each service area. These individuals are field supervisors who oversee Protective Service and/or Foster Care cases who were

identified as a leader in the area by the Area Director. Their role is to be a peer in the field who staff can go to if they have questions or need help and to help achieve buy-in at the county and service area level. The program manager has worked with the champions to build their skills and knowledge around CANS/FAST so they can truly be leaders of CANS/FAST in their respective areas. The program manager has provided additional trainings and support, and the Champions have taken on assignments in their areas to do presentations/small group trainings with staff or engage stakeholders regarding CANS/FAST. So far, seven champions have also had the opportunity to participate in a site visit to another state using CANS or go to the Annual CANS Conference and bring that knowledge learned back to the field. The CANS Champions have also been working with the program manager to identify coaching tools that can be shared among supervisors for CANS.

A workshop was held during the previous reporting period to look at specific coaching models for potential implementation, and the team selected the OSKARS model (which stands for Outcome, Scale, Know-how, Affirm + Action, and Review). It is a solution-focused coaching model. The program manager communicated with the OSKARS developers and determined that there is no contract or copyright issues and Arkansas can move forward with the use of OSKARS and developing tools to use OSKARS to coach CANS. They simply requested that Arkansas share with them any tools developed. However, during this review period there was broader discussion among DCFS Leadership of implementing an agency-wide coaching model for supervisors, so the decision was made to delay continued work towards implementing OSKARS specifically for CANS/FAST unless it is identified as the broader coaching model to be applied to all areas of practice. Whatever model is identified, the program manager will work to develop specific tools for supervisors for coaching CANS/FAST and promoting fidelity to the model.

CANS/FAST has been implemented statewide for almost two years now (since February 2015). As of January 31, 2016, there were *10,191* children in *5,582* cases assessed in a CANS, and *22,477* children in *10,217* cases assessed in a FAST.

Summary of CANS/FAST Activities:

August 2016
- Ongoing CHRIS meetings to discuss final details for the ITN's for the upcoming release
- Email went out to field (DCFS All) informing of upcoming Stakeholder Orientations and encouraging staff to invite local stakeholders to attend
- CANS Training for Pulaski County Court Appointed Special Advocates (CASA)
- CANS Stakeholder Orientation held in Little Rock and Arkadelphia
- Program Manager attended 0-3 SBCT Facilitated Staffing's. Program Manager provided and reviewed the CANS on the cases with the family team, modeling to case workers how to share and use the CANS at a staffing
- Program Manager attended Mid-Level Managers Learning Collaborative sponsored by Casey Family Programs in Seattle

- Program Manager attended the Arkansas Child Abuse Conference
- Extra Help CANS Reviewer position started back at the end of the month
- Upcoming Refresher Trainings for CANS were scheduled and the field was notified of these trainings
- Monthly reports regarding CANS compliance were shared with the area directors
- Identified Champions across the state continued to provide support in their local areas. Some of the reported activities for the month include: assisting various workers with technical issues with CANS/FAST in CHRIS, assisting supervisors with the review process and reviewing for quality/fidelity to the model, assistance with certification tests (in all areas).
- The program manager continued to provide the field with recertification coupons as needed, entered certifications into CHRIS to enable access to the CANS/FAST tools, assisted the field with technical issues regarding both the CANS training site and CANS/FAST/Case Plan in CHRIS.

September 2016
- Ongoing Waiver Core Team Meetings
- Refresher Trainings were held in Fayetteville, Arkadelphia, and Monticello
- Program Manager worked with Partnership/MidSOUTH to incorporate CANS practice scenarios into the upcoming federally mandated Human Trafficking Trainings
- Stakeholder Orientations were held in Fayetteville and Monticello
- Program Manager participated in CHRIS testing for the CANS ITN's in the upcoming release
- Email went out to field (DCFS all) informing of upcoming Refresher Trainings being offered
- Messaging and deadlines were sent to the field regarding cases out of compliance/overdue for CANS/Case Plan
- Program Manager worked in training database to get all training materials updated based on recent CHRIS release
- Program Manager met with Extra Help CANS Reviewer to go over case review process and plan of action moving forward for CANS/FAST case reviews
- Program Manager provided CANS and Case Plan for the 0-3 SBCT cases that were staffed this month to ensure they are being used to facilitate the staffings
- Identified Champions across the state continued to provide support in their local areas. Some of the reported activities for the month include: assisting various workers with technical issues with CANS/FAST in CHRIS, assisting supervisors with the review process and reviewing for quality/fidelity to the model, assistance with certification tests (in all areas). Champion in area 2 held one-on-one coaching sessions with all new staff on best practice with CANS, proper documentation of CANS in CHRIS, and expectations for approval of a CANS/FAST. Champions also attended Stakeholder Orientations to provide support and a contact for CANS/FAST at the local level for stakeholders.
- The program manager continued to provide the field with recertification coupons as needed, entered certifications into CHRIS to enable access to the CANS/FAST tools,

and assisted the field with technical issues regarding both the CANS training site and CANS/FAST/Case Plan in CHRIS.

October 2016
- Refresher Trainings held in Jonesboro and Little Rock (2)
- Ongoing CHRIS meetings regarding upcoming ITN requirements for automating due dates for CANS/FAST/Case Plan to help the field stay in compliance with policy timeframes
- Email went out to field (DCFS All) informing of next round of Stakeholder Orientations and encouraging staff to invite local stakeholders to attend. Reiterated that workers should be sharing the CANS with the family team and that the model focuses on creating a shared vision among the family team which will create better outcomes for families
- Participate in Area Director conference call to discuss out-of-compliance/overdue case plans and necessary disciplinary action for those extremely overdue that did not complete by deadline given
- Program Manager attended Training Skills Development Team (TSDT) meeting to discuss the CANS/FAST components of the upcoming Human Trafficking Trainings
- Ongoing Waiver Core Team meetings
- Planning meetings between program manager, MidSOUTH trainer, and supervisor/Champion for upcoming TCOM/CANS Conference presentation
- Program Manager participated in webinar with Mid-Level Managers Learning Collaborative sponsored by Casey Family Programs
- Extra Help CANS Reviewer began project of reviewing difficult to place children in category that placement team has been focusing on as they are on contract in acute or sub-acute placements. Will be completing thorough reviews of the CANS and sending feedback directly to the field to incorporate and update the CANS on these children. Using review tool developed in survey monkey for this project
- The program manager continued to provide the field with recertification coupons as needed, entered certifications into CHRIS to enable access to the CANS/FAST tools, and assisted the field with technical issues regarding both the CANS training site and CANS/FAST/Case Plan in CHRIS.
- Identified Champions across the state continued to provide support in their local areas. Some of the reported activities for the month include: assisting various workers with technical issues with CANS/FAST in CHRIS, assisting supervisors with the review process and reviewing for quality/fidelity to the model, assistance with certification tests (in all areas).

November 2016
- Program Manager worked with the 0-3 SBCT liaison to develop presentation to share how Arkansas is using 0-3 program with the Mid-Level Managers Learning Collaborative group via webinar
- Ongoing CHRIS meetings for prioritization for upcoming releases as well as testing on CANS ITN's for current release
- Extra Help CANS Reviewer continued to work on project of reviewing difficult to place children in category that placement team has been focusing on as they are on

contract in acute or sub-acute placements. Reviews sent to field as completed with deadlines to updated the cases by, with additional feedback sent prior to update being finalized

- Meeting with placement team held to determine priority for reviews (decided to start with children who have been on contract in the current placement the longest)
- Program Manager worked with MidSOUTH to incorporate some additional CANS coaching and supervision handouts into New Supervisor Training
- Monthly reports regarding CANS compliance were shared with the area directors
- New CHRIS Net report developed and shared to identify/track cases overdue for their subsequent CANS/FAST and Case Plans (shows any case without an assessment/case plan within the last 90 days as policy says they will be updated at least every 90 days)
- Program Manager, Supervisor/Champion from Area 9, and MidSOUTH CHRIS Curriculum Developer attended and presented at Annual TCOM/CANS Conference. The Arkansas presentation focused on successes and lessons learned during Arkansas's collaborative implementation of CANS, and detailed how DCFS worked with our partners (the training academy and CHRIS developers for SACWIS system) to ensure a successful and fully integrated implementation of CANS
- Program Manager attended Mid-Level Managers Learning Collaborative sponsored by Casey Family Programs in Miami
- CANS Stakeholder Orientation held in Monticello
- The program manager continued to provide the field with recertification coupons as needed, entered certifications into CHRIS to enable access to the CANS/FAST tools, and assisted the field with technical issues regarding both the CANS training site and CANS/FAST/Case Plan in CHRIS.
- Identified Champions across the state continued to provide support in their local areas. Some of the reported activities for the month include: assisting various workers with technical issues with CANS/FAST in CHRIS, assisting supervisors with the review process and reviewing for quality/fidelity to the model, assistance with certification tests (in all areas). Champions also attended Stakeholder Orientations to provide support and a contact for CANS/FAST at the local level for stakeholders.

December 2016
- CANS Stakeholder Orientations held in Fayetteville, Arkadelphia, Little Rock and Jonesboro
- Assist with in-home/PS case review of Poinsett County (area 9). Looked at CANS/FAST/Case Plans and provided feedback for quality/compliance
- Program Manager presented at monthly Area Director Meeting. Discussed monthly reports/compliance (for worker/supervisor CANS certifications, initial CANS/FAST/Case Plan compliance, and new subsequent CANS/FAST/Case Plan report), reiterated importance of sharing the CANS/FAST and using CANS/FAST as a communication and decision support tool with our families and family teams, shared communication flyer to pass on to field, gave update on current review project that extra-help CANS Reviewer is doing on difficult to place children currently on contract in acute/sub-acute

- Ongoing CHRIS meetings. CHRIS fixed several minor errors in the system related to CANS/Case Plan and also corrected an error in the way one of the CANS reports were running/pulling data
- Extra Help CANS Reviewer continued to work on project of reviewing difficult to place children in category that placement team has been focusing on as they are on contract in acute or sub-acute placements. Reviews sent to field as completed with deadlines to updated the cases by, with additional feedback sent prior to update being finalized
- The program manager continued to provide the field with recertification coupons as needed, entered certifications into CHRIS to enable access to the CANS/FAST tools, and assisted the field with technical issues regarding both the CANS training site and CANS/FAST/Case Plan in CHRIS.
- Identified Champions across the state continued to provide support in their local areas. Some of the reported activities for the month include: assisting various workers with technical issues with CANS/FAST in CHRIS, assisting supervisors with the review process and reviewing for quality/fidelity to the model, assistance with certification tests (in all areas). Champions also attended Stakeholder Orientations to provide support and a contact for CANS/FAST at the local level for stakeholders.

January 2017
- CHRIS met with Program Managers/Director to discuss upcoming release ITN's and prioritizations.
- Email went out to field (DCFS all) informing of upcoming Refresher Trainings being offered
- Program Manager met with CHRIS and others to discuss updates based on new federal regulations for identifying and serving sex trafficking victims. One component of this will be reminders on related CANS items (exploited, sexual abuse, adjustment to trauma) if not scored as actionable but there is an indication elsewhere in the case that this child has been identified as a potential sex trafficking victim
- Email went out to field (DCFS All) informing of upcoming Stakeholder Orientations and encouraging staff to invite local stakeholders to attend. Reiterated that workers should be sharing the CANS with the family team and that the model focuses on creating a shared vision among the family team which will create better outcomes for families. This email detailed, including screen shots from CHRIS, exactly what is to be printed and shared, and informed workers of a new feature which will make it easier to share with the ability to PDF documents directly from CHRIS to email (rather than printing, scanning, and emailing or printing and faxing)
- Program Manager presented to new supervisors at New Supervisor Training on best practice with CANS/FAST supervision and steps in the approval process
- Ongoing Waiver Core Team Meetings
- Program Manager attended TSDT Meeting and tour of Regional Child Protection Center
- Monthly reports regarding CANS compliance were shared with the area directors
- Program Manager presented at Little Rock Supervisor meeting; reviewed steps in the approval process for CANS/FAST/Case Plan and reiterated the supervisor's role

in coaching workers to use CANS/FAST with fidelity and best practice. Coaching Activities with case examples were shared with supervisors to take back and do coaching sessions with their staff.

- Program Manager attended 0-3 Safe Babies Court Team Monthly Meeting
- Program Manager attended New Staff Training Revision Workgroup
- Program Manager met with CQI Manager and Assistant Director to discuss incorporating CANS Strategies into the state's Program Improvement Plan (resulting from the Child and Family Services Review). Some strategies include additional training focused on best practice and fidelity of the model, additional reports that help to monitor fidelity and not just compliance, continuing with case reviews and individualized feedback provided to the field, and continuing to educate stakeholders on the CANS model and process
- The program manager continued to provide the field with recertification coupons as needed, entered certifications into CHRIS to enable access to the CANS/FAST tools, and assisted the field with technical issues regarding both the CANS training site and CANS/FAST/Case Plan in CHRIS.
- Identified Champions across the state continued to provide support in their local areas. Some of the reported activities for the month include: assisting various workers with technical issues with CANS/FAST in CHRIS, assisting supervisors with the review process and reviewing for quality/fidelity to the model, assistance with certification tests (in all areas).

Team Decision Making

Arkansas previously launched the Annie E. Casey Foundation's Team Decision Making (TDM) model in Saline, Conway, Faulkner, Craighead, Lawrence, Randolph, Pulaski, Pope and Sebastian, Crawford, Garland, Hot Spring, Perry, Miller, Lafayette, Union, Columbia, and Greene Counties. Van Buren County implemented TDM on May 2, 2016, followed by Clay, Sharp, Hempstead, Nevada, and Ouachita Counties on June 13, 2016. DCFS used removal data, staff capacity data and information, and geographic considerations when determining in which counties to implement TDM. With an implementation date still to be determined, the next implementation phase will include Washington and Madison Counties in Area 1; Lonoke and Prairie Counties in Area 7; Crittenden, Cross, Poinsett, and Woodruff Counties in Area 9; and St. Francis, Lee, Monroe, Phillips, and Arkansas Counties in Area 10. Statewide implementation is tentatively scheduled for July 1, 2018.

On March 14, 2016, the Area 6 TDM Facilitator was promoted to TDM Supervisor leaving the Area 6 position vacant. Since the Area 6 Facilitator was promoted in March 2016, a hire freeze request was submitted and approved for the Area 6 vacancy. An applicant was selected from the register, and this new Area 6 TDM Facilitator started on June 13, 2016.

In October 2016, the Area 6 and Area 8 Facilitators turned in their letters of resignation, both effective in November 2016, to accept different positions. At that time, hire freeze approval requests were submitted to fill the upcoming vacant positions. Bowen Law School mediators and the TDM Supervisor have acted as back-ups for Area 8. The Facilitators from Areas 3 and 4 and the TDM Supervisor have acted as back-ups for Area 6. In December 2016, the freeze approval requests were approved to fill the vacant positions. A selection was made on the first hire registers. The Area 6 Facilitator started on January 30, 2017. The Area 8 Facilitator has been selected and will start on February 6, 2017.

Even after expanding the number of counties in each area covered by the TDM facilitators, referrals for TDM meetings have still remained low due to the number of protection plans being implemented. The Waiver Core Team previously made the decision to include all investigations accepted by the Child Abuse Hotline for Substance Exposed Infants, also referred to as Garrett's Law, as a new TDM trigger. This allegation is accepted if there is the presence of an illegal substance in a child or its mother at the time of birth resulting from the mother knowingly using the substance. The number of Garrett's Law referrals accepted for investigation has consistently increased in recent years. There were 1,143 Garrett's Law referrals for SFY 2016. This represents an 18 percent increase from SFY 2015. DCFS policy mandates that a protective services case be opened to establish a plan of safe care for the infant and the family which aligns with the Child Abuse Prevention and Treatment Act (CAPTA) requirement. The TDM meeting will serve as an opportunity to begin developing the Plan of Safe Care and initiating services on the front end during the investigation prior to the protective services case opening. Substance abuse was present in 61 percent of the families who experienced a child death in SFY 2015, a decrease from 74 percent from SFY 2014. In SFY 2015, marijuana and methamphetamines were the most commonly used drugs by families who experienced a child death. This data from the Summary of Garrett's

Law Referrals and Child Fatality Reviews was used for the decision to include Garrett's Law as a TDM trigger. The Waiver Core Team also discussed adoption disruptions as a potential trigger for a TDM. The Annie E. Casey Foundation (AECF) was consulted about this potential trigger and advised that a TDM meeting at the point of disruption would likely not be successful. It was suggested by AECF that TDM meetings would better serve the family at the time when the children are being placed in the adoptive home. The decision was made to have an interdivisional staffing rather than a TDM meeting for adoption disruptions. Waiver Core Team continues to look at triggers for TDM.

The TDM Implementation Workgroup made recommendations to the Waiver Core Team about necessary policy changes to add Garrett's Law as a trigger. The new TDM policy was promulgated in 2015. The TDM Sponsor and TDM Lead met with CHRIS staff to discuss all changes required to the SACWIS to include Garrett's Law in the TDM screens. All SACWIS changes were completed in a CHRIS release on August 2, 2015. In August of 2016, another meeting type was requested to be added to the trigger box. The changes to the SACWIS system were made in October 11, 2016 to include "Other Meeting". The meeting type box now allows users to identify if the meeting was triggered by a protection plan, substance exposed infant, or "Other" meeting. In order for "Other" meeting type to be utilized the meeting must be requested by a supervisor. The meeting would be held if the family may need more support or services from the agency or when the family may not be compliant with their case or there may be concerns for the family but no actual safety factors. This allows for each trigger type to be identified in the outcome analysis for the evaluation.

In November 2016, changes were made to the text boxes in the CHRIS TDM screen to lengthen the number of characters that may be included in the test box. In December 2016, an enhancement was made to Document Tracking to add TDM-specific forms, including the CFS-354, CFS-355, and Pub-35. Automatic emails continue to be sent to the Area Director and TDM supervisor when the Child Abuse Hotline accepts an investigation for Garrett's Law. It is required that a TDM meeting be held for all Garrett's law referrals accepted for investigation in the TDM implementation counties, with the exception of Pulaski County, a requirement which went into effect on July 27, 2015.

Pulaski County receives 20 percent of all the Garrett's Law reports received by the Hotline statewide. Due to the high volume of Garrett's Law reports in Area 6 and the staffing issues created by the TDM Facilitator covering both Areas 5 and 6 at that time, it was decided by Waiver Core Team not to implement Garrett's Law in Pulaski County. In December 2015 and January 2016, all supervisors, caseworkers, and investigators in Pulaski County went through the Garrett's Law TDM policy training. Garrett's Law was implemented in Pulaski County on February 1, 2016. On May 25, 2016, Garrett's Law was temporarily suspended in Pulaski County due to high number of staff resignations, investigators carrying 60 or more investigations, the TDM Facilitator vacancy and training requirements, as well as the number of Garrett's Law referrals assigned to Pulaski County. Area 6 has requested a few Garrett's Law TDM meetings since the temporary suspension. On December 1, 2016, TDM was temporarily suspended in Crawford County due to staff resignations and high caseloads.

Waiver Core Team has approved policy changes for Garrett's Law TDM meetings. Garrett's Law TDM is required to occur within 72 hours of the hotline receiving the referral. It has been difficult to maintain the 72-hour timeframe due to infants being born in other states, length of hospital stays when an infant is born in another state, infants being transferred to other hospitals, secondary investigators not able to relay information in a timely manner due to caseloads, and supervisors not being available for meetings. The new timeframes approved by Waiver Core Team will require that the meetings be held within three business days of receipt of the referral. New policy is being promulgated to incorporate the new timeframes.

As of January 31, 2017, there have been 1,132 TDM meetings in the 28 implementation counties and these meetings have involved 2,385 children.   Of these 1,132 meetings:

- 45% were triggered by a protection plan and 54% were triggered by a Garrett's Law referral.
- 61% of the TDM recommendations were to Maintain Children in Own Home/No Court Involvement
- 32% of the TDM recommendations were to File for Court Intervention Not Involving Removal
- 6% of the TDM recommendations were to file for any Type of Custody that Includes Removal. Of these children that were removed at the time of the TDM, 40% were on a Garrett's Law TDM and 60% on a Protection Planning TDM.
- 7% of the children involved in a TDM were removed within 30 days of the meeting.

Once the technical assistance from Annie E. Casey Foundation ended in May 2015, the monthly Case Consultations continued and are led by the TDM Sponsor and TDM Lead on the second Wednesday of each month. The Case Consultations provide peer-to-peer learning, live case consultation, and guest speakers from the Community/Service Providers. In November 2016, the TDM Supervisor and Area 3 TDM Facilitator attended the International Conference on Innovations in Family Engagement in Fort Worth, Texas. At the conference, several new techniques and skills were shared that would benefit TDM meetings and practice in Arkansas. The TDM Supervisor and Area 3 TDM Facilitator will co-facilitate TDM meetings with each of the other TDM facilitators in order to model the new techniques and skills to expand learning across the state.

As reported previously, A Training of Trainers (TOT) was held in April 2015 with the TDM facilitators, Supervisor, Manager, MidSOUTH trainer, and one back up facilitator. The sustainability plan is to partner a TDM facilitator with a MidSOUTH trainer for future training needs as TDM is implemented. The TDM Facilitators have been leading all TDM policy and procedure trainings for DCFS staff. The MidSOUTH trainer, TDM Sponsor, TDM Supervisor, and a TDM facilitator have combined the One-Day Staff orientation and the TDM policy training into one training for field staff. One-Day Orientations were scheduled and any new staff in the existing implementation counties and newly expanded counties were required to attend.   Joint trainings with the MidSOUTH trainer and the TDM Supervisor and the area facilitator are hosting mock TDMs with staff to help them gain a better understanding of the TDM process. Mock TDMs will take place in each of the

implemented counties. Area 8 mock TDMs were held in August 2016 and Area 3's were held in September 2016. Area 5's mock TDM training was initially scheduled but had to be cancelled. The mock TDM trainings for Areas 2, 4, 5, and 6 have not been scheduled at this time.

When the TDM facilitators are not conducting TDM meetings, they continue community/stakeholder engagement and identifying available services within each of their respective communities, e.g., drug treatment providers, home visiting programs, domestic violence shelters, etc. The TDM facilitators have developed a community/stakeholder resource list and will send out invitations for TDM stakeholder sessions in each of the implementation counties. Stakeholder meetings for Crawford, Sebastian, Franklin, Logan, Saline, Garland, Perry, Hot Springs, Clay and Sharp Counties had to be rescheduled for 2017 due to facilitator and staff shortages. This three-hour curriculum is designed to introduce and familiarize key community stakeholders/partners with the goals of Team Decision Meetings (TDM) and the important role that stakeholders play in the TDM process.

Previously data for TDM could only be gathered manually and there was no automated mechanism for tracking and monitoring TDM implementation. TDM Facilitators were responsible for creating and maintaining spreadsheets of all their TDM meetings and submitting them weekly to the TDM Sponsor. Annie E. Casey Foundation, CHRIS staff, and Wildfire Associates held multiple meetings to discuss the TDM quarterly report. The Quarterly Report is designed to help guide a data-informed implementation for TDM. Due to priority enhancements needed for each waiver intervention; CHRIS staff were not able to start development of the TDM quarterly report and the CHRIS Net report for monitoring until May 2015. Both reports were developed and tested for errors in August 2015 and were moved to production on CHRIS Net reports in September 2015.

The previous semi-annual report identified concerns with the impact of Act 1017, which requires that a dependency/neglect petition be filed with the court for all protection plans. Interviews with DCFS staff reveal that the threat of courts overturning the protection plans coming out of TDMs has diminished their likelihood to use those plans. CHRIS data confirms that the Agency is implementing fewer protection plans since Act 1017 was enacted in July 2015. DCFS completed an average of 172 protection plans per month from October 2013 through June 2015, compared to just 84 protection plans per month from July 2015 through March 2016. The Division will continue to monitor the protection planning process statewide and work with staff to ensure that they're used appropriately.

Summary of TDM Activities:

August 2016
- CHRIS enhancement was requested to add "Other" meeting type to the trigger box
- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Met with CHIRIS staff concerning CHRIS enhancements for TDM
- Conducted Individual and Group Supervision
- Conducted conference call with Facilitators

- TDM Supervisor conducted Mock TDM role play with Facilitators
- Area 3 Facilitator presented TDM to Saline County Workforce, AR Career Education Center, and Saline Memorial Hospice
- Area 4 Facilitator presented TDM to Hope Community College and City Hall in Prescott
- Conducted Mock TDM Training with Area 8 field staff and supervisors

September 2016
- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Conducted Individual and Group Supervision
- Conducted Mock TDM Training with Area 8 field staff and supervisors
- TDM Facilitator conference call with AECF to discuss possible triggers
- TDM Supervisor met with Area 2 supervisors and facilitator to discuss TDM plans
- TDM Supervisor attended Leadership training
- Area 2 Facilitator presented TDM to Mercy Hospital and Crawford County Parents as Teachers
- Area 2 Facilitator confirmed meetings rooms for TDM at Mercy Hospital
- Area 3 Facilitator presented TDM to Birch Tree Communities, Inc.
- Area 4 Facilitator presented TDM and discussed the possibility of hosting TDM meetings with Salvation Army, Kiddie College of Arkansas, Developmental Center of South Arkansas, HUB, and the Healing Place

October 2016
- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Enhancements were made to CHRIS to include "Other" meeting type
- Conducted observation and coaching of Area 8 Facilitator (TDM Supervisor)
- Conducted Stakeholder meeting in Clay and Sharp Counties in Area 8
- TDM Supervisor conducted individual and group supervision
- Held TDM CHRIS enhancement meeting
- Presented TDM to ASU Social Work Students and Professors
- Conducted Individual and Group Supervision
- Area 3 Facilitator presented at Saline County DCFS unit meeting

November 2016
- TDM Supervisor and Area 3 Facilitator attended the International Conference on Family Engagement
- Enhancements were made to CHRIS to increase the number of allowable characters in the test boxes
- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Met with MidSOUTH trainer to discuss future training needs for TDM
- Met with CHRIS staff to discuss needed TDM data reports
- Conducted Individual and Group Supervision
- Tested CHRIS enhancements related to TDM
- Area 2 Facilitator presented TDM to the Victim Witness Coordinator with Sebastian County, Sebastian County Literacy Counsel, Fort Smith School District Homeless Liaison, and Fort Smith Juvenile Probation

December 2016
- Scheduled interviews for Facilitator vacancies in Areas 6 and 8
- Enhancements were made to Document Tracking in CHRIS to include the CFS-354, CFS-355, and Pub-35
- Area 4 TDM Facilitator presented TDM to Prescott Manor Facility, El Dorado Youth Services, Hope Community Library, and Miller County Library
- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Mock TDM Training scheduled in Ouachita County in Area 4 for January 2017
- CFS-355 updated and entered in CHRIS NET
- TDM Supervisor conducted TDM observations and coaching.
- TDM Supervisor and Area 2 Facilitator attended training on Motivational Interviewing

January 2017
- Interviews held for Facilitator vacancies in Areas 6 and 8
- Facilitators selected / hire packets submitted for Areas 6 and 8
- TDM Supervisor attended Drug Endangered Children Meeting
- Held case consultation meeting with TDM staff led by TDM Sponsor and TDM Lead
- Mock TDM and Policy Training held in Ouachita County in Area 4
- Area 6 Facilitator started January 30th
- TDM Supervisor conducted TDM observations and coaching

Permanency Roundtables

DCFS placed Permanency Roundtables (PRT) on hold temporarily in June 2016 to strengthen the program and increase its effectiveness. The Permanency Specialist position was vacated that month and has not been filled since. In order to enrich the PRT process, DCFS sought technical assistance from Casey Family Programs. The first consultation with Casey was scheduled for August 2016 but subsequent support has been suspended as the Division assesses the viability of the intervention. DCFS has piloted Rapid Permanency Reviews in Sebastian County to help bring children in care to permanency and is assessing the possibility of using that intervention as a supplement to or replacement for PRT. The Division has not yet set a date to reinstitute PRT and will keep the Children's Bureau informed of any such progress on this front.

Nurturing the Families of Arkansas

From August 1, 2016 through January 31, 2017 the Nurturing Parenting Program (NPP), also known as Nurturing the Families of Arkansas (NFA), continued offering parenting education to families within the target population statewide. As of December 31, 2016, 230 families (which includes 542 children) have graduated from NFA. Due to the results of their final Comprehensive Parenting Inventory (CPI), twenty-one of these families received individual tutorials before they graduated from the program to ensure they successfully comprehended all parenting constructs and related competencies. As of this same date, MidSOUTH has also completed 359 initial CPIs and 256 mid-point CPIs. The results of the midpoint and final CPI scores continue to show improvement as the families progress through the program.

State-level and local MidSOUTH NFA staff members continued to travel the state to meet with DCFS in a variety of forums in an effort to ensure regular and consistent communication. This includes MidSOUTH NFA administrative staff attending monthly DCFS Area Directors' meetings. At these monthly meetings, MidSOUTH NFA administrative staff members provide the Area Directors with updated CPI averages as well as the monthly numbers by service area of families referred, families not currently active, and families that have graduated from NFA.

MidSOUTH NFA administrative staff members have continually used their autonomy wisely in determining on a case-by-case basis which referrals meet NFA programmatic criteria for those cases that initially come to the attention of DCFS due to a Family In Need of Services (FINS) case but are then opened as a DCFS protective services case. They have only requested assistance in a few extenuating circumstances from the DCFS NFA Program Lead and/or Sponsor.

While referrals for families that are not within the identified target population continued, the acceptance rate for these cases has decreased as the number of referrals that do fall within the referral criteria have increased and MidSOUTH's ability to serve referrals has reached capacity in most areas. For those that are accepted, MidSOUTH documents in their database when cases do not meet the standard referral criteria. If any of these cases are pulled as part of the Hornby Zeller Associates (HZA) evaluation, they will be removed from the evaluation sample since they do not meet the referral criteria set out in Arkansas's IV-E Waiver Demonstration Project Initial Design and Implementation Report (IDIR).

During the reporting period, NFA staff continued to attempt to increase the number of group sessions versus individual family sessions if at all possible in order to better manage staff resources. All NFA sessions and home visits are scheduled with each family's needs in mind (e.g., after school and scheduled around the parents' work schedules).

MidSOUTH continues to see some turnover in its NFA staff with the reason for resignation often tied to the amount of travel and/or non-traditional work hours required of program staff. However, in all cases MidSOUTH NFA administrative staff have been able to fill these

vacancies in a timely manner. All NFA employees have a minimum of a Bachelor's degree in social work, education, sociology, psychology, human services, counseling, or related field or have at least one year experience with a social service organization and all of whom also have at least two years' experience facilitating groups. Many of the NFA staff members have previously worked for DCFS. All MidSOUTH staff members receive annual performance evaluations to assess their performance regarding the provision of the NFA curriculum to clients and related activities.

During this reporting period, DCFS continued to work to fully integrate NFA into staff practice. NFA administrative staff reports a rise in the number of referrals since the implementation of this CHRIS enhancement. Both DCFS and MidSOUTH continues to look forward to more fully moving toward the ensuring the sustainability phase of NFA in Arkansas. Communication between DCFS and MidSOUTH continues to be consistent and meaningful allowing the two entities to quickly resolve any small setbacks or issues needing clarification.

Summary of NFA Activities:

August 2016
- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in their counties.
- MidSOUTH NFA hired a Child Program Specialist in Fayetteville.

September 2016
- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in their counties.
- Newly hired Child Program Specialist in Fayetteville completed NFA training.

October 2016
- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with DCFS Area Directors at the monthly Area Director meeting to discuss successes and barriers to NFA in their areas.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in there counties.
- MidSOUTH NFA is completed hiring activities for the Child Program Specialist for Jonesboro as well as a second bilingual Child Program Specialist to serve statewide.

November 2016
- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in there counties.

December 2016
- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in there counties.

January 2017
- NFA Lead met with MidSOUTH administrative staff to assess general progress of NFA and any challenges.
- MidSOUTH NFA administrative staff met with local DCFS staff to discuss successes and barriers to NFA in there counties.
- Two newly hired NFA Educators from Fayetteville and one from Arkadelphia were trained.

Arkansas's Creating Connections for Children Program

The Division of Children and Family Services continues to implement the targeted recruitment intervention, Arkansas's Creating Connections for Children (ARCCC) program. The intervention has been implemented across the state in service areas 3, 4, 5, 7, 9, and 10. Areas 1, 2, 6 and 8 are covered by the Division's Diligent Recruitment grant, the other major component of ARCCC.

ARCCC experienced challenges with staffing in Areas 5, 7, and 9 during this reporting period. The Community Engagement Specialist (CES) in Area 5 was not immediately filled after the resignation in November 2016, but a hire was selected in January 2017. The previous CES in Area 5 was promoted to assist with coaching and training CES in the Diligent Recruitment Grant Areas. The Area 7 CES accepted a position as a Resource Worker in Area 7. The Area 7 CES vacancy had to be re-advertised because a suitable candidate was not found to fill the position. A new list of applicants was established in January and interviews are pending. A hire was selected for Area 9 in September 2016. However, the CES was also tasked with maintaining a full workload of child protective service cases in Poinsett County in addition to focusing on targeted recruitment in the communities of Area 9. The CES still continued to carry out recruitment activities despite additional duties. While ARCCC experienced turnover, recruitment activities continued in the communities through partners that are actively recruiting and/or the Community Recruitment Teams that are active in the communities.

Resource Development and Support

CES continued the work of strengthening current community recruitment teams to assist with resource family recruitment and retention. Other DCFS staff continue to participate on the community recruitment teams to provide local stakeholders and prospective resource families additional information about DCFS in the community. Community recruitment teams have been implemented in Areas 3, 4 5, 7, and 10. Due to the CES carrying a workload of protective services cases, the teams have not been fully developed. However, the CES has maintained recruitment activities in the Area to identify appropriate individuals to become a part of the team. There was one new community recruitment team added in Van Buren County during this period. The counties that specifically have an active recruitment team include:

- Area 3
  - Garland County, 4 members
  - Howard and Pike Counties, 4 members
  - Perry County, 3 members
  - Montgomery and Polk Counties, 3 members
  - Hot Springs County, 2 members
- Area 4
  - Columbia County 3 members

- o Hempstead County 4 members
- o Lafayette County, 2 members
- o Little River County, 2 members
- o Miller County, 4 members
- Area 5
  - o Pope County, 15 members
  - o Conway County, 12 members
  - o Van Buren County, 9 members
- Area 7
  - o Jefferson County, 4 members
- Area 9
  - o No recruitment teams active at this time
- Area 10
  - o St. Francis County, 5 members
  - o Phillips County, 2 members

Community Partnerships

The ARCCC workgroup was previously established to forge lasting partnerships to recruit and support resource families. The ARCCC workgroup consists of ten members that share an interest in DCFS' goals to help children and families. During this period, the workgroup continued meetings to accomplish the following:

- Identified strategies and action plans to recruit and retain new and existing foster families to meet the needs of youth 10 and older, sibling groups, children with special behavior and medical needs, youth in congregate care, and children of color
- Identified strategies to recruit and retain volunteers to support current and new foster families
- Identified strategies to promote partnerships between DCFS and community groups to promote foster home recruitment

The workgroup focused on retention of resource families and training. Due to the needs of the workgroup members' organizations, initial activities were only addressed during this reporting period, such as training of trainers for newly recruited families, processing applicants timely, and the need to recruit for sibling groups and older youth. The workgroup held one meeting during this reporting period due to the holidays, but ARCCC did maintain frequent communication by telephone and email with workgroup members. At this time, neither a biological parent nor a foster youth alumni have been appointed to the workgroup, however adding members will be discussed at the upcoming meeting in February 2017.

ARCCC continues to partner with the following organizations for foster home recruitment and retention:
- The Arkansas Baptist Children's Homes and Family Ministries (ABCH- Get Connected) is a non-profit agency of the Arkansas Baptist State Convention. ABC

Homes Get Connected is actively recruiting in in Area 4 and 10 by recruiting resource families and volunteers from local churches in Miller and Mississippi Counties.

- Christians for Kids (C4K) is a non-profit organization that has expanded recruitment and retention activities from Craighead County in Area 8 to Poinsett, Cross, and Crittenden Counties in Area 9 to help Christian families and singles become resource parents by helping them through the application process to approval. C4K initiated a pilot to provide volunteers that work with DCFS badges to make transports and other activities with children easier.
- Bikers Against Child Abuse (BACA) finalized a Memorandum of Understanding (MOU) with DCFS during this period to provide services for the empowerment of children involved with DCFS in Areas 4, 5, and 9 as well as other parts of the state.
- Southern Christian Home Morrilton is a newly developed partnership in Area 5 to recruit, train, and support resource families in Conway County. The organization finalized as a licensed private placement agency to begin recruitment and retention activities in their community.
- COMPACT is a Christ-centered ministry that is continuing its planning to launch a resource family recruitment program to recruit, train, and support families in Arkansas as a licensed private placement agency.
- Children of Arkansas Loved for a Lifetime (The CALL) is a faith-based organization that actively recruits foster and adoptive families in multiple counties across the state.

Geographic Information System

Arkansas continued to utilize the Geographic Information System (GIS) website during this reporting period. The GIS website added some enhancements to allow CES to navigate through communities with the Google Maps features. During the next reporting period, changes will be implemented so that staff may identify resources such as churches and daycares within the GIS website.

National Resource Center for Diligent Recruitment

ARCCC continued to receive technical assistance for targeted recruitment from the National Resource Center for Diligent Recruitment (NRCDR) during this reporting period. The ARCCC Program Manager continues to participate in telephone conference calls with NRCDR at least monthly. The NRCDR is providing ARCCC technical assistance with the following outcomes:

- Advancing ARCCC's increasing focus on the commitment to relative placements
- Strengthening ARCCC's local area recruitment planning efforts
- Addressing customer service as part of the strategies to achieve ARCCC's goals
- Strengthening ARCCC leadership staff's capacity for successfully implementing ARCCC and understanding change management, implementation stages and drivers

Targeted Recruitment Tools

CES continue to utilize the following tools to guide recruitment:

- Brochures and flyers that display targeted populations
- Guides for Provisional Relative and Fictive Kin placements
- "Road to Fostering" which identifies each step involved in the application process
- Foster Children Demographics by County – Age, Race and Gender
- Foster Families and Adoptive Families by County – Race
- Active, Available and Approved Foster Family Home by Area and County with Placement
- Foster Care Children in TFC Provider
- Foster Care Sibling Separation
- Annual and Quarterly Report Cards
- Recruitment Planning Tools

The CES continue to use the ARCCC Community Recruitment Team Charter for the ongoing work and implementation of the ARCCC local recruitment teams. The purpose of the Charter is to set out expectations for community members that will assist with recruitment efforts. The components of the charter include:

- Purpose and Goal
- Partnership and Collaboration
- Roles and Responsibilities
- Operating Rules of the Team
- Methods of Communication
- Target Dates

The ARCCC Recruitment Planning Tool and the use of data reports continue to drive the program manager's and CES' efforts to identify placement gaps and provide real education to stakeholders about the needs of Arkansas's child welfare system. The teams are expected to recruit, at a minimum, two resource family homes that are willing to accept the target populations and two volunteers to support resource families or youth in care on a monthly basis. This means the work of the team will lead to at least two resource families inquiring online each month. While the goal is for the family to be open and approved as a resource family, the CES is primarily responsible for sharing the need and providing any additional information to support the potential family. Once the family has inquired and submitted appropriate background paperwork, the CES generally is no longer involved as the family is assigned to a Resource Worker. However, the CES is encouraged to follow up with pending resource families and make their contact information available to assist with the engagement process.

The CES continue to monitor the ARCCC Resource Family Home Inquiry Report to follow up with inquires or applicants that are currently going through the process and those who may have discontinued the process as well. During this reporting period, the Central

Inquiry Unit, which is tasked with engaging prospective resource families from the initial inquiry to assignment of the local county Resource Worker to be fully approved, was transitioned to ARCCC. The Resource Family Home Inquiry Applicant Tracker Report is a tool closely monitored by the ARCCC Program Manager and other Central Inquiry Unit staff to monitor the timeliness of engagement with applicants and processing of their background checks, and in home consultation assignments. The transition allows the CES to be more informed of applicants in process and Central Inquiry Unit staff are ensuring applicants understand the type of resource families needed for children in foster care. The CES have strengthened communication with the Central Inquiry Unit for swift follow up with pending applicants. This also allows CES to monitor the status of resources families.

Progress

As previously described, ARCCC has been successful in establishing new partnerships for DCFS. The Targeted and Diligent Recruitment interventions have also increased the number of resource families available to care for children in foster care, even with the significant increase in the foster care population. The following tables delineate key data around resource families and their willingness to care for children in the target population, as well as the number of children in care. The "Pre-ARCCC" table lists the totals for the year prior to implementation, while the "ARCCC Today" table provides the present totals.

Pre-ARCCC - As of August 10, 2012					
Area	Number of Foster Homes	Number of Homes Willing to Accept a Child Between the Ages of 11 and 17	Number of Homes Willing to Accept a Sibling Group	Number of Homes Willing to Accept Child with Disability	Number of Children in Foster Care
1	151	41	150	135	381
2	155	77	155	93	753
3	106	42	104	91	287
4	37	20	37	24	210
5	91	37	87	87	348
6	187	69	186	135	557
7	94	36	94	66	305
8	108	54	106	80	460
9	119	48	119	102	408
10	64	39	62	38	182
99	53	37	53	33	N/A
Total	1165	500	1153	884	3891

ARCCC Today - As of February 10, 2017					
Area	Number of Foster Homes	Number of Homes Willing to Accept a Child Between the Ages of 11 and 17	Number of Homes Willing to Accept a Sibling Group	Number of Homes Willing to Accept Child with Disability	Number of Children in Foster Care
1	219	78	207	187	539
2	204	74	200	156	1197
3	142	39	137	131	338
4	72	26	70	54	296
5	180	77	174	161	518
6	298	82	280	196	548
7	93	34	91	66	288
8	250	89	238	220	693
9	174	75	172	135	575
10	66	36	64	44	201
99	20	16	20	16	N/A
Total	1718	626	1653	1366	5193

Summary of Targeted Recruitment Activities:

August 2016
- Fully transitioned the Central Inquiry Unit to ARCCC
- Continued peer-to-peer learning conference calls for the ARCCC team
- Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
- Continued meetings with UALR for GIS data and SACWIS management
- Continued CES weekly peer-to-peer learning calls
- Continued Evaluation Calls with HZA
- Continued Technical Assistance from NRCDR
- Initiated planning for statewide Resource Trainings
- Continued weekly placement team meetings
- Area 3 promoted foster home recruitment at Amplify Concert in Saline County
- Area 3 held recruitment team meetings in Pike, Howard, Clark, Hot Springs, Garland, Montgomery, Polk, Perry, and Saline Counties.
- Area 3 held a meeting with DCFS supervisors in Area 3 to discuss recruitment ideas and possible team members

- Area 4 held community outreach meeting in Sevier Co. organized by resource worker
- Area 4 promoted foster home recruitment at SAYS Back to School Bash in Columbia Co. in collaboration with a resource worker
- Area 4 promoted foster home recruitment at Back to School Health Fair in Miller Co. in collaboration with a resource worker
- Area 4 promoted foster home recruitment at Literacy Council Meeting
- Area 5 attended Stuff the Bus project in Pope County for the recruitment team to collect donations of backpacks and supplies for children in foster care.
- Area 5 held Van Buren County Foster Care Coalition Team Meeting
- Area 5 held Pope County Community Recruitment Team Meeting
- Area 5 held Conway County Community Recruitment Team Meeting
- Area 7 CES Vacancy
- Area 9 CES Vacancy
- Area 10 CES held Community Outreach Meetings in Ashley, St. Francis, Monroe, and Desha Counties
- Area 10 Foster Parent Association meeting held; CES supported foster children and foster parents as needed.
- Area 10 CES attended local Home Town Health meeting in Desha County, discussed target population of children and developed connections in the community
- Area 10 CES Held St. Francis Community Recruitment Team Meeting
- Area 10 CES presented targeted population of children to St. Francis County, Williams' Temple COGIC Church.
- Area 10 CES worked on researching and scheduling meetings, speaking engagements and events.
- Area 10 CES promoted foster care needs to local church members at Oak Hill Church in St. Francis County
- Area 10 CES held Community Recruitment Team Meeting in St. Francis County
- Area 10 CES held Community Outreach meetings in Monroe and St. Francis Counties
- Area 10 CES presented targeted and general information to Wheatley Baptist Church in St. Francis County
- Area 10 CES presented targeted and general information to Phillips County Medical Center staff
- Area 10 CES met with staff at Phillips County Crest Park CNA's to present targeted information on medically fragile foster children

September 2016
- Continued peer-to-peer learning conference calls for the ARCCC team
- Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
- Continued meetings with UALR for GIS data and SACWIS management
- Continued CES Weekly Peer to Peer Learning Calls
- Continued Evaluation Call with HZA
- Continued Technical Assistance from NRCDR
- Statewide Resource Trainings held

- Participated in statewide CALL Summit to strengthen DCFS and CALL recruitment activities
- Continued weekly placement team meetings
- CES assisted with babysitting for foster parents during HZA focus groups for Waiver evaluation
- Area 3 CES attended the Montgomery County CALL Launch to represent DCFS and discuss recruitment with individuals.
- Area 3 CES attended the foster parent meeting for Howard County to introduce herself and talk to the foster parents about ARCCC and recruitment.
- Area 3 CES held Community Recruitment Team Meetings in Pike, Howard, Clark, Hot Springs, Garland, Montgomery, Polk, Perry, and Saline Counties.
- Area 4 promoted foster children's needs during support group meetings in Miller, Columbia, and Ouachita counties.
- Area 4 promoted foster children's needs during CASA 5K Colorful Run in Miller Co.
- Area 4 promoted foster children's needs during Literacy Council Meeting.
- Area 5 hosted a booth at Conway County Fair
- Area 5 held Conway County Community Recruitment Team Meeting
- Area 5 held Van Buren County Community Recruitment Team Meeting
- Area 5 held Van Buren County Community Outreach Meeting
- Area 5 Community Recruitment Team hosted a booth for foster home recruitment at the Van Buren County Fair
- Area 5 held Pope County Recruitment Team Meeting
- Area 9 promoted foster care needs during a CALL inquiry meeting in Independence County
- Area 9 promoted foster care needs during a meeting with Cleburne County CALL coordinator
- Area 9 introduced the GIS findings to staff in Area 9 and collected information about the communities of Jackson County
- Area 9 attended a meeting at Compass Church with CALL Coordinators in Area 9 and the regional CALL Director to promote Area 9 foster child placement needs
- Area 10 CES obtained book donations from local stakeholder
- Area 10 CES attended local Home Town Health community meeting, spoke about target children and foster home needs, made connections with community members.
- Area 10 CES presented at local Rotary Club in Phillips County/ Helena-West Helena
- Area 10 CES presented recruitment needs at St. Francis Chamber of Commerce Monthly Meeting
- Area 10 CES held Community Outreach Meetings in St. Francis, Desha, and Monroe Counties
- Area 10 CES held St. Francis County Community Recruitment Team Meeting
- Area 10 CES presented recruitment needs to Monroe County Rotary Club.

October 2016
- ARCCC Workgroup Meeting
- Continued peer-to-peer learning conference calls for the ARCCC team

- Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
- Continued meetings with UALR for GIS data and SACWIS management
- Continued CES Weekly Peer to Peer Learning Calls
- Statewide Resource Trainings held
- Continued Evaluation Call with HZA
- Continued Technical Assistance from NRCDR
- Finalized MOU with BACA
- Continued weekly placement team meetings
- Area 3 hosted a booth at the Battle Of Badges for Polk County to promote targeted population foster child needs
- Area 3 CES held Community Recruitment Team Meetings in Pike, Howard, Clark, Hot Spring, Garland, Montgomery, Polk, Perry, and Saline Counties.
- Area 4 promoted foster child needs at support group meetings in Hempstead, Ouachita, and Union Counties.
- Area 4 held community outreach meeting in Miller County in collaboration with resource worker
- Area 4 promoted foster child needs at the Battle of Badges in Sevier County organized by CASA.
- Area 4 promoted foster child needs during foster parent support group meeting in Union Co.
- Area 4 met with Hempstead County supervisor to discuss foster home recruitment
- Area 4 attended Bridging the Gaps Partnership for Success Coalition Meeting in Miller County to promoted foster child needs
- Area 5 held Conway County Community Recruitment Team Meeting
- Area 5 held Pope County Community Recruitment Team Meeting
- Area 5 held Van Buren Community Recruitment Team Meeting
- Area 5 held Conway County Community Outreach Meeting
- Area 5 Foster Parent Conference held in Pope County – many of the Pope County Recruitment Team Members assisted with the conference activities
- Area 9 held a staff meeting with DCFS staff from Poinsett County to educate them on CES role and how staff plays a part in recruitment
- Area 9 met with the Director of Economic Development in Poinsett County to promote foster child needs
- Area 9 presented at the Assembly of God church in Jackson County about the need for foster homes
- Area 9 presented at the Ministerial Alliance in Independence County.
- Area 9 presented at the monthly Poinsett County DHS meeting to promote foster child placement needs
- Area 9 met with the Mayor of Trumann in Poinsett County to promote foster home recruitment
- Area 9 presented at the Independence County Foster Parent Association Meeting to promote foster parents as recruiters
- Area 9 presented at the Brownsville Baptist Church in Cleburne County to promote foster child placement needs

- Area 10 collected donations for Phillips County foster children from Seventh Day Adventist Church
- Area 10 met with Foster Care School Liaisons in Monroe, Desha, and Chicot Counties
- Area 10 CES met with local church members at Oak Hill Church in St. Francis County to promote foster home recruitment
- Area 10 held a Community Recruitment Team Meeting in St. Francis County
- Area 10 held Community Outreach meetings in Monroe and St. Francis Counties
- Area 10 CES presented target and general information to Wheatley Baptist Church in St. Francis County
- Area 10 CES presented targeted and general information at Medical Center in Phillips County

November 2016
- Continued weekly placement team meetings
- Continued peer-to-peer learning conference calls for the ARCCC team
- Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
- Continued meetings with UALR for GIS data and SACWIS management
- Continued CES Weekly Peer to Peer Learning Calls
- Continued Evaluation Call with HZA
- Continued Technical Assistance from NRCDR
- Continued GIS meeting with DCFS staff
- Area 3 CES held Community Recruitment Team Meetings in Pike, Howard, Clark, Hot Spring, Garland, Montgomery, Polk, Perry, and Saline Counties
- Area 3 initiated work to begin a Heart Gallery for children waiting to be adopted
- Area 4 held Community Recruitment Team meetings in Sevier and Lafayette Counties
- Area 4 attended Bridging the Gaps Partnerships for Success Coalition meeting in Miller County to promote foster child placement needs
- Area 4 attended Unified Community Resource Coalition Meeting in Miller County
- Area 5 held Pope, Van Buren, and Conway Counties Community Recruitment Team Meetings
- Area 5 held Van Buren County Community Recruitment Team Meeting
- Area 5 Community Recruitment Team held a Chili Cook-Off to recruit for new resource families
- Area 10 met with foster care liaison in Lee County for foster home recruitment
- Area 10 met Temple Pentecostal Church in St. Francis County to promote foster children placement needs
- Area 10 held St. Francis County Community Recruitment Team Meeting

December 2016
- Program Manager trained TDM Facilitators on ARCCC
- Continued weekly placement team meetings
- Continued peer-to-peer learning conference calls for the ARCCC team

- Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
- Continued meetings with UALR for GIS data and SACWIS management
- Continued CES Weekly Peer to Peer Learning Calls
- Continued Evaluation Call with HZA
- Continued Technical Assistance from NRCDR
▪ Area 3 CES held recruitment team meetings in Pike, Howard, Clark, Hot Spring, Garland, Montgomery, Polk, Perry, and Saline Counties.
▪ Area 3 held a Community Outreach Meeting in Perry County at the Perryville High School
▪ Area 4 held recruitment event at St. Michaels Hospital in Miller County
▪ Area 4 attended Lions Club meeting in Lafayette County to promote foster home recruitment
▪ Area 4 attended Literacy Council Meeting to promote foster home recruitment
▪ Area 4 attended Bridging the Gaps Partnership for Success Coalition Meeting to promote foster home recruitment
▪ Area 5 held Community Recruitment Team Meetings in Conway and Pope Counties
▪ Pope County Recruitment Team members assisted with Christmas sponsorships for children in foster care through a toy drive
▪ Area 9 presented about foster home recruitment at the Harrisburg Rotary Club in Poinsett County.
▪ Area 10 held St. Francis County Community Recruitment Team Meeting
▪ Area 10 CES held Community Outreach Meetings in Monroe and St. Francis Counties
▪ Area 10 CES met with community members at Episcopal Church of the Good Shepherd to promote foster children placement needs
▪ Area 10 CES met with Foster Care Liaisons in Phillips County school district

January 2017
▪ Continued peer-to-peer learning conference calls for the ARCCC team
- Received Monthly Foster Child and Resource Family Demographic Data by county from HZA
- Continued meetings with UALR for GIS data and SACWIS management
- Continued CES Weekly Peer to Peer Learning Calls
- Continued Evaluation Call with HZA
- Continued Technical Assistance from NRCDR
- Continued weekly placement team meetings
▪ Area 3 held Community Recruitment Team meetings in Pike, Howard, Clark, Hot Spring, Garland, Montgomery, Polk, Perry, and Saline Counties
▪ Area 3 met with the Secretary of the Polk County Chamber of Commerce to discuss the need for foster homes in the area and recruitment.
▪ Area 3 attended the United Way of the Ouachitas in Garland County to discuss the need for homes and recruitment
▪ Area 3 attended The CALL panel to answer questions, discuss the need for homes, and meet pending families in the application process

- Area 4 presented to CALL Coordinators in Union, Hempstead and Ouachita Counties to discuss target populations of children in foster care
- Area 4 held Miller County Community Recruitment Team Meeting
- Area 5 CES hired
- Area 10 held St. Francis County Community Recruitment Team Meeting
- Area 10 CES attended Phillips County School District, Children, foster Care Committee and presented information on targeted population of children in foster care
- Area 10 CES attend council meetings at Mid-South Health Systems in St. Francis County to promote foster home recruitment

Planned Activities for Upcoming Reporting Period

The following are some of the activities planned for the upcoming reporting period (February 1 – July 31, 2017) for some of the Waiver interventions:

CANS/FAST Functional Assessments

- The program manager is currently attending the Statewide Supervisors' Meetings and presenting information related to CANS. This presentation is reviewing the 'steps in the approval process' developed during a previous coaching call and trying to get supervisors to take ownership in the quality of the CANS/FAST they are approving. These sessions also focus on coaching vs supervision and trying to get supervisors to start seeing themselves as 'best practice coaches' for CANS and FAST and not just 'compliance monitoring.' Supervisors are being provided a coaching packet developed from a case discussed on a coaching call with specific suggestions for how to use it as a coaching activity with staff. And, lastly, the program manager is reminding participants of the upcoming stakeholder orientations and again encouraging them to get their local stakeholders there so that they can better understand the model which will make it easier on workers when sharing the tools.
- The 5th round of stakeholder orientations is scheduled at all five MidSOUTH sites between February and March 2017. These are held quarterly, so the 6th round will likely be starting near the end of the upcoming reporting period as well.
- The program manager is currently holding another round of Refresher Trainings, also at all five MidSOUTH sites. These are not mandatory but were messaged as optional for anyone that wants to come, or a supervisor can require a staff to go if they wish, and they are highly recommended for anyone who has recently entered a new role (for example, promoted to supervisor and they are now responsible for ensuring proper use of CANS/FAST among their staff).
- The Annual Revision Workgroup resumed meetings in February 2017 and will continue to meet on a regular basis throughout this review period. A tentative goal would be to at least have the proposed hybrid tool finalized by the end of the review period. The next steps after that will be to identify and finalize the specific parts of that assessment for which investigators will become responsible and how to incorporate into the investigative process.
- The automated due dates are scheduled to go into CHRIS in March. This should help the field with policy compliance and staying on top of when they need to be doing subsequent assessments and case plans.
- The CANS reviewer will begin her next project during the reporting period with the specific focus to be determined soon. The next project will focus on giving feedback early in the life of a case to achieve better outcomes for families and promote fidelity to the model throughout the life of the case (vs reviewing cases that have been open for a long periods of time and providing recommendations on the backend). The program manager and reviewer will also likely attend staffings for these cases to ensure the assessments are being used to guide case decisions and services.

- The 'call for papers' for the Annual TCOM/CANS Conference are due in March 2017. It is anticipated that Arkansas will submit a proposal to present again at this year's conference.

Team Decision Making

- Train new Facilitators in Areas 6 and 8
- Partner with Area Directors in Areas 2, 3, 4, 5, 6 and 8 to bolster strengths and overcome barriers related to TDM
- Continue case consultation meetings with TDM staff led by TDM Sponsor and TDM Lead
- Continue Individual and Group Supervision
- Continue TDM Policy Refresher Trainings and Mock TDMs
- TDM Facilitators will continue community engagement and resource development

Arkansas's Creating Connections for Children Program

- Continue targeted recruitment for older youth, children of color, and children with behavioral needs
- Media Training for all CES
- Continue strengthening community recruitment teams in each area/community with highest needs
- Continue Community Outreach Meetings in communities with highest needs
- Revise community recruitment teams planning tools to assess the needs for recruitment
- Continue messaging the need to recruit relative and fictive kin families
- Implement Provisional 101 for external use
- Review the evaluation data and develop action plans for further recruitment and retention
- Develop and revise targeted recruitment tools in reference to rebranding for a more uniform toolkit
- Training for caseworkers and DCFS supervisors regarding Subsidized Guardianship (including concurrent planning), Customer Service, and utilization of DCFS volunteers to support resource families
- Continue weekly placement team meetings
- Continue peer-to-peer learning conference calls for the ARCCC team
- Address recruitment to approval of resource families and retention
- Continue meetings with UALR for GIS data and SACWIS management
- Continue Evaluation Calls with HZA
- Continue Technical Assistance from NRCDR
- Implement targeted recruitment team meetings to address new resource families and children in congregate care
- Training for all CES and Resource staff to identify strategies to recruit for older youth and children of color facilitated by Annie E. Casey Foundation
- Continue ARCCC workgroup meetings
- Interview and hire CES for vacancy in Area 7

EVALUATION STATUS

Background

Hornby Zeller Associates, Inc., (HZA), the project evaluator for Arkansas's waiver, has continued to conduct data collection activities for five of the Demonstration initiatives: Differential Response (DR), Child and Adolescent Needs and Strengths Assessment (CANS)/Family Advocacy and Support (FAST), Team Decision Making (TDM), Nurturing Families of Arkansas (NFA), and Targeted Recruitment (TR). Given the present status of Permanency Round Tables (PRT), evaluative efforts were not conducted for this initiative over the last six months.

Referring to the initiatives Arkansas has implemented, including PRT, the Waiver Demonstration Project is designed to accomplish three goals:

Goal	Associated Initiatives
Safely reduce the number of children entering foster care	▪ DR ▪ CANS/FAST ▪ NFA ▪ TDM
Increase placement stability for children in foster care	▪ CANS ▪ ARCCC
Expedite permanency for children in foster care	▪ CANS ▪ PRT

Four data collection activities were employed over the last six months to inform the evaluation: stakeholder interviews, case record reviews, family satisfaction surveys and CHRIS analysis. The stakeholder interviews, case record reviews, and family satisfaction surveys completed for this reporting period are designed to inform the process evaluation while analysis of data from CHRIS, Arkansas' case management system, is designed to measure the impact or outcomes of each initiative.

Methodology

Stakeholder Interviews: Interviews were conducted with program leaders as well as Area level staff, providing an opportunity to gain a holistic perspective of the initiatives. Questions typically focused on the ongoing implementation of the initiatives, training efforts which might be continuing, staffing, and strengths and challenges. Copies of the interview protocols can be found in Appendix A.

Case Reviews: Case review data are used to supplement information collected from CHRIS. The reviews are used to gather information from case notes which are not available in a coded format. For most initiatives, case review data are merged with CHRIS data so that information can be correlated across data sources. The structured case reading

instruments use fixed, objective questions that can be answered using information found in the records. Separate case review instruments (presented in previous reports about this evaluation) were created for each initiative and reviewers were trained specifically to collect case record evidence for each initiative.

Family Surveys: Three of the interventions, DR, TDM and NFA ask families to complete a survey following receipt of the intervention. A survey is also administered to resource families, following their approval, to learn about the recruitment and approval process for ARCCC. Surveys consist of a combination of multiple choice, yes/no, Likert scale and open-ended questions which are used to help assess the degree to which families perceive a change in their abilities to keep their children safe based on DCFS' approach.

CHRIS Analysis: CHRIS analysis involves using data from the Arkansas Division of Children and Families Services' case management system to supply the evaluation with objective data on families, case plans, services, strengths and risks, as well as safety and permanency outcomes of children and families. Propensity score matching (PSM) was used to construct a comparison (Comp) group that is similar to the treatment (Tx) group with respect to a number of matching variables. The matching variables include demographics as well as relevant prior experience with DCFS. All matched comparison groups were drawn from periods prior to the implementation of each initiative, typically the 12-month period prior to each initiative's implementation. As will be described, the comparison group for CANS uses a reverse PSM to create the matched groups because the treatment population is larger than the population for the comparison group. Factors, significant to the particular waiver initiative, are used to select the comparison sample for each initiative. Appendix A provides detailed information on the matching characteristics used for each initiative. Each treatment group represents six months of data starting with the date of implementation for that initiative.

The following portions of the evaluation section present findings from the process and outcome evaluation activities completed over the last six months, drawing comparisons to prior period findings as appropriate. Information for the cost study component is also provided.

Differential Response

Arkansas's implementation of Differential Response began in August 2013. The purpose of the initiative is to provide services quickly to families referred with low-risk child maltreatment allegations as a means to avoid removal and placement of their children into foster care, focusing on family engagement rather than investigation. Between August 2013 and January 2017, 13,213 families have been served involving a total of 20,387 children.

Process Evaluation

To gain the perspective of the agency, staff from HZA spoke to a total of 29 stakeholders, inclusive of area directors, DR supervisors, DR specialists, family service workers, hotline administrators, and hotline operators about the program. Interviews consisted of questions detailing training, community resources, and successes and challenges of the program. To gain the perspective of the families, surveys are mailed to households whose DR case was closed in the previous month, excluding cases whose closure reason is "Unable to Locate Family," "No Safety Factors – Family Refused," and "No Safety Factors – No Service Needed". Families are sent a letter that includes the survey and a pre-addressed, pre-stamped envelope to send the survey back to HZA. Currently, HZA has received 203 responses since March of 2014 of the 3,984 letters sent to families, yielding roughly a five percent response rate. The low response rate hinders detailed analysis of the surveys; HZA is working with Waiver staff to develop strategies to increase family participation.

Implementation

Interviewees with agency staff overwhelmingly disclosed that the non-threatening and voluntary nature of DR is casting a more positive light on the Department of Human Services. The non-accusatory tone of the program helps to build trust with families and consequently makes DHS more approachable. One area director stated that "getting out there and meeting with the family in a non-adversarial role makes them feel like we're there to support and help them as opposed to us pointing fingers." One DR specialist viewed themselves as an ambassador enabling families not to associate DHS with only negative experiences. Stakeholders also report DR is helping to relieve investigative staff from less serious cases, thus allowing those staff to focus on cases with more severe allegations.

The family satisfaction survey asked families a series of questions regarding the implementation and fidelity of the DR service, with results provided in Figure 1.[1] Based on the survey responses, workers are explaining the purpose of their call (91 percent) and talking to all family members of the home (80 percent). Three-quarters of the respondents indicated workers explain that they were not investigating the family for abuse or neglect and are asking family members what kind of help they needed. Close to 60 percent of the

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[1] A number of families did not answer all the questions contained within the survey. The percentages are reflective of those for which an answer was received to the question.

families agreed workers called before going to the family's house and followed up on the goals the family set up to ensure the family had the resources they need.

Figure 1. Percentage of Families Responding "Yes" to the Following Questions
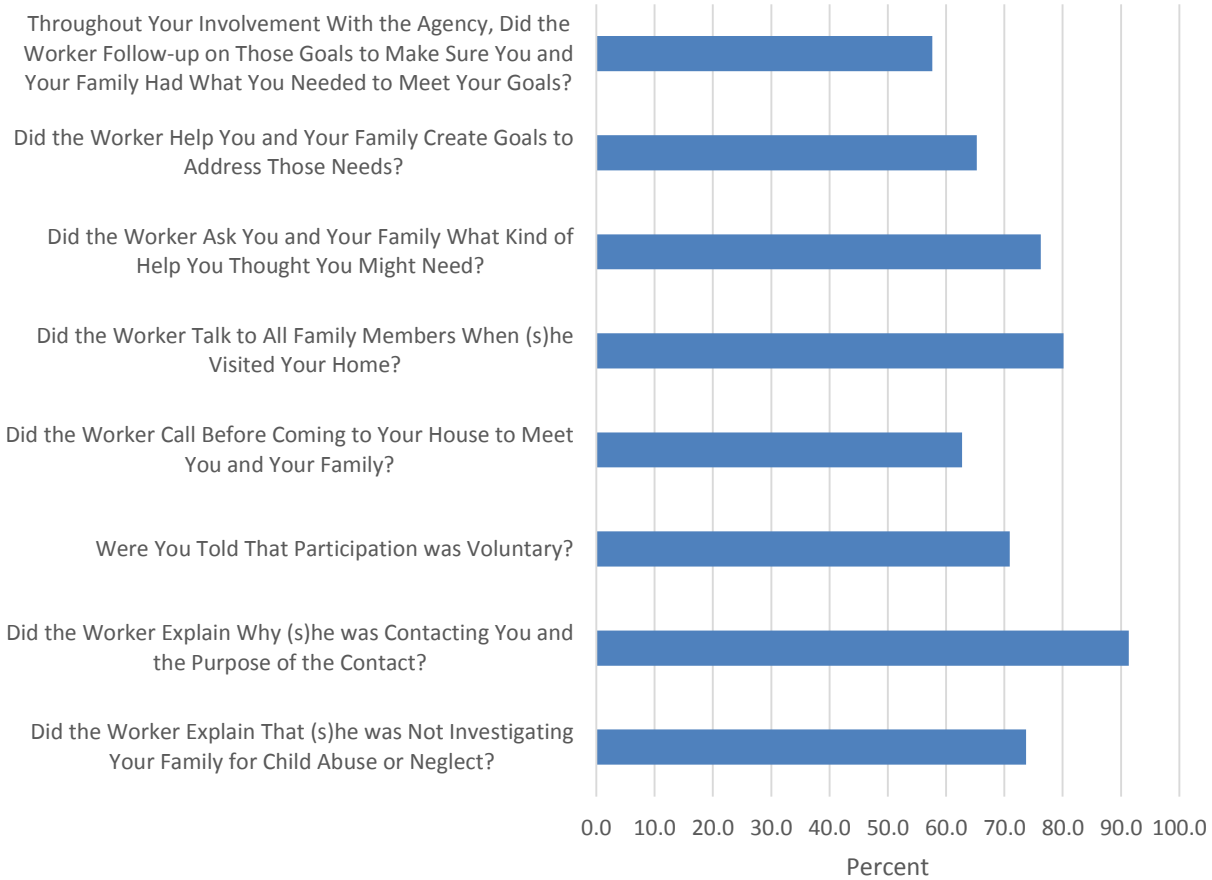
Services Referred and Received

Families were asked which resources they needed and if they received those services. Families most wanted help finding resources for food, clothing and/or housing (32 percent) and least wanted help with substance abuse treatment (6 percent). The services most received are counseling services (51 percent), substance abuse treatment (50 percent) and food, clothing, and/or housing (50 percent). Families least often received services connecting their families to the community (22 percent) and connecting with extended family (21 percent). In the stakeholder interviews, DR specialists often reported it was difficult to make families follow through on the services to which they were referred; it is unclear, however, whether the DR worker did not offer the services or if the family did not participate in these services.

A common theme across all stakeholders during interviews is the lack of community support in terms of program acceptance and resource assistance. It was apparent that in

some service areas, the community stakeholders are resistant to the program because they do not understand the mission. A few times HZA heard that educational sessions or outreach information to community members would be helpful. DR specialists cited the scarcity of community resources for them to lean on.

Family Engagement

The family survey asked the extent to which families agreed or disagreed with particular statements on a four-point scale from "Strongly Agree" to "Strongly Disagree" with results provided in Figure 2. Eighty-nine percent of families agreed that they were treated with respect and 85 percent agreed that the worker was supportive of the family's needs. Following closure of the DR case, 86 percent of families agreed their home life is more stable. The only statement the majority of families disagreed with is, "The worker visited with my family at least twice a week." Several families noted that workers typically visited their family just one time over the life of the case and that was all that was necessary by the family's perception. Sometimes, the only contact was over the phone.

While families are supposed to be visited on a bi-weekly basis, the challenge of meeting that requirement was reported by agency stakeholders at all levels. Area directors most often cited logistical issues (e.g., drive time and area coverage) and not having enough DR staff available to cover the counties in the service area. DR specialists reported having too many cases to devote sufficient time to a given case and that playing dual roles (i.e., working on both DR and Investigative cases) often meant that their DR cases suffered. Other common challenges reported by DR specialists are having enough time to make contact with the family within the allotted 72 hours and the difficulty in finding low-cost resources for families.

Figure 2. Percentage of Families Agreeing/Disagreeing with the Following Statements
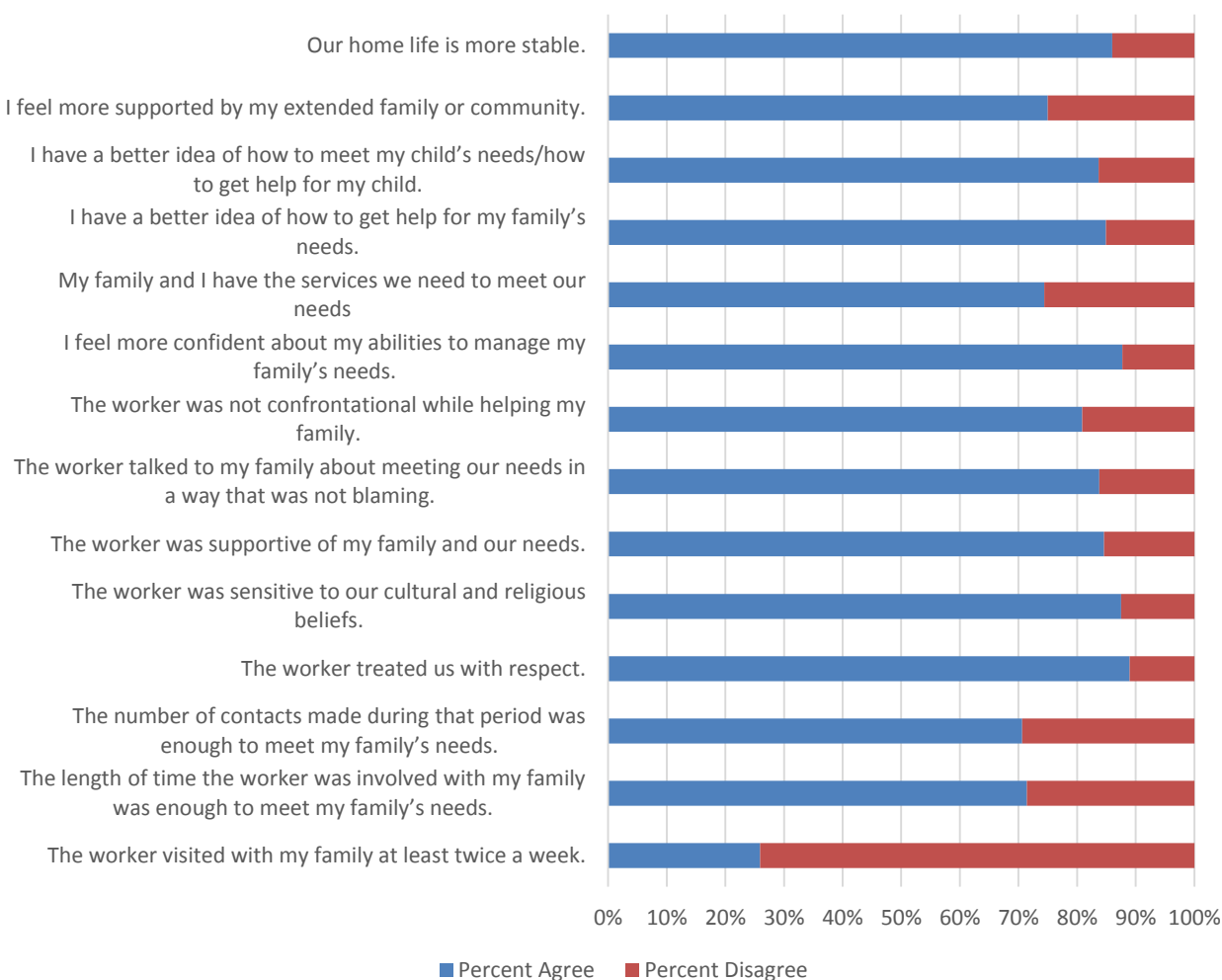
Outcome Analysis

Six month time frames are used to measure the impact of the initiative in keeping children safe. With DR first implemented under the Waiver on August, 1, 2013, the comparison pool of cases is comprised of cases for whom an investigation was closed from August 1, 2012 to July 31, 2013 with an allegation(s) satisfying the DR criteria. A propensity score matching (PSM) technique was used to select members from the comparison pool which resembles the characteristics of the treatment group. Propensity scores were found using allegation type(s), service area, county, number of male children in the case, number of female children in the case, the average age of the children in the case, the race of the family, and the ethnicity of the family. An added requirement in

Table 1. Number of Cases in Treatment and Comparison Groups by Cohort		
Cohort	Number of Tx Cases	Number of Comp Cases
1	1884	1538
2	1862	1719
3	1713	1587
4	1747	1651
5	1770	1659
6	2299	2157
7	1956	1551

selecting the groups is that the treatment group needed to have at least one child under the age of 18. Roughly 90 percent of the treatment cases met the criteria, therefore, the comparison group always has a lower number of cases than the treatment group. Propensity scores were matched using a nearest neighbor algorithm. Table 1 shows the statewide count cases in the treatment and comparison groups for each cohort. The number of DR cases closed in each of the cohort timeframes is shown in Table 2 for the treatment group and Table 3 for the comparison group. There are more DR cases in Area 1 for Cohort 6 than any of the previous cohorts or areas.

Table 2. Number of DR Cases by Area for the Treatment Group							
Area	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6	Cohort 7
1	298	325	244	323	213	575	312
2	183	181	219	179	192	196	190
3	229	246	197	193	223	203	234
4	118	104	94	90	123	121	116
5	217	197	233	168	198	249	229
6	188	187	141	167	172	217	236
7	140	131	112	118	108	171	132
8	222	240	229	246	280	291	257
9	198	169	176	185	181	214	198
10	91	82	67	78	80	62	52
Total	1884	1862	1712	1747	1770	2299	1956

Table 3. Number of DR Cases by Area for the Comparison Group							
Area	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6	Cohort 7
1	278	282	210	288	191	484	253
2	171	165	217	160	156	228	199
3	192	218	174	167	213	201	175
4	84	113	81	86	132	135	116
5	169	190	212	185	202	237	137
6	161	191	131	170	171	217	100
7	91	104	106	95	81	143	129
8	167	213	212	236	281	261	203
9	150	160	186	189	168	204	180
10	75	83	58	75	64	47	59
Total	1538	1719	1587	1651	1659	2157	1551

To investigate the type of allegation most commonly resulting in a DR case opening and also to see if any allegation types are changing with time, Figure 3 shows the percentage of DR cases opened with a given allegation for each six-month treatment cohort. In general, Inadequate Supervision and Environmental Neglect were among the most frequently alleged types of maltreatment reported across all timeframes. The percentage of cases with

alleged Educational Neglect has steadily increased since implementation of the DR program, with the highest percentage of DR cases with an allegation involving Educational Neglect found Cohort 6.

Figure 3. Percentage of Cases With Allegation
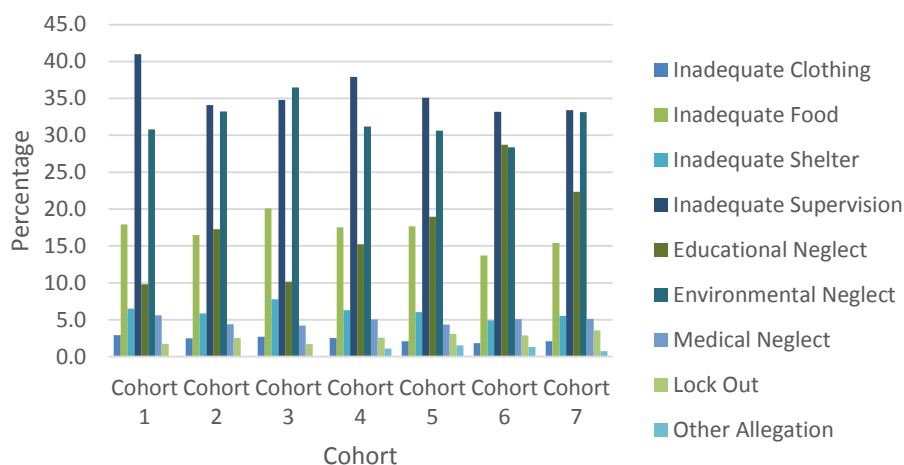
Case Length

DR is designed to give families the opportunity to assess their strengths and needs and voluntarily receive community supports to strengthen their family. It is hoped that workers would engage quickly with the families and provide more frequent visitation and support, offering intensive yet short-term support. Figure 4 shows the extent to which DR had an impact in reducing the time families were involved in the system in comparison to the historical comparison group. With the exception of Cohort 6, cases in the treatment group were opened on average 13 fewer days than those in the comparison group. Moreover, every treatment group except cohort 6 shows a statistically significant difference with respect to the comparison group and the time the cases were opened.

Figure 4. Average Number of Days DR Case is Open
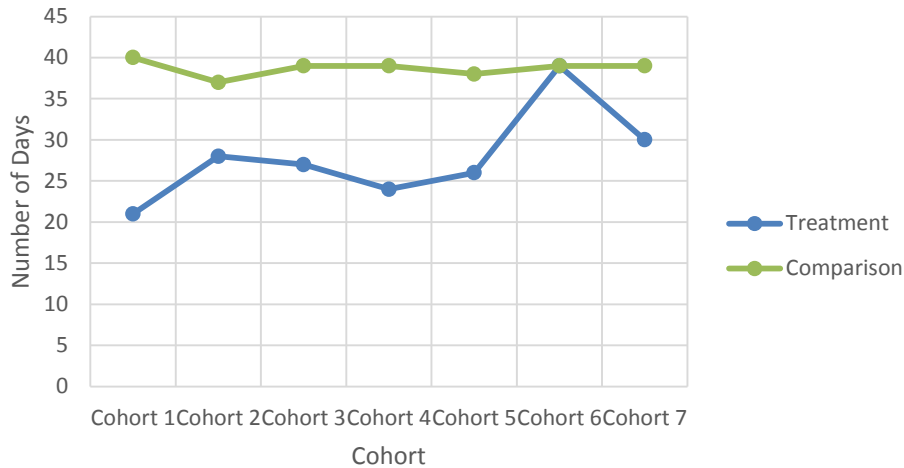
Subsequent Report

The underlying goal of DR is twofold: first, reduce the percentage of cases who suffer from subsequent maltreatment and second, reduce the number of children removed from their home. The former is addressed in Table 4 which shows the percentage of cases in the treatment and comparison groups with subsequent involvement with DCFS within three, six and twelve months of the DR case closure. Yellow highlighted cells are those with statistically significant differences between the treatment and comparison groups. DR has lowered the number of cases for whom an investigation is completed when subsequently involved across all cohort timeframes by at least ten percent, which was found to be a statistically significant result. Each cohort timeframe with the exception of the fifth cohort has a lower percentage of subsequent maltreatment cases with a true finding in the treatment group with respect to the comparison group and significantly lower percentages in cohorts 1 and 6. In the second cohort, there is a slightly higher percentage of subsequent maltreatment cases in the treatment group, however this result is not significant. Cohort 4 shows a significantly higher percentage of subsequent supportive services cases in the treatment group with respect to the comparison group in each timeframe while cohort 5 shows a significantly higher percentage of subsequent supportive services cases in the treatment group in the three-month outcome. This is suggestive that DR cases where a new case opens are typically less-severe in nature due to the voluntary nature of the supportive services cases.

Timeframe	Cohort 1 Percentages		Cohort 2 Percentages		Cohort 3 Percentages		Cohort 4 Percentages		Cohort 5 Percentages		Cohort 6 Percentages	
	Tx	Comp	Tx	Comp	Tx	Comp	Tx	Comp	Tx	Comp	Tx	Comp
Subsequent Maltreatment												
Within 3 Months	1.3[2]	2.9	2.3	2.4	2.9	2.1	1.8	2.7	2.4	2.5	2.1	3.0
Within 6 Months	2.7	4.2	3.6	4.1	4.6	3.9	3.7	4.2	3.9	4.2	3.3	4.7
Within 12 Months	4.5	6.0	5.8	6.6	7.2	6.9	5.7	6.4	6.4	6.0	-	-
Subsequent DR Case												
Within 3 Months	1.1	-	1.4	-	2.5	-	3.0	-	2.5	-	2.1	-
Within 6 Months	2.4	-	2.4	-	4.2	-	4.5	-	4.5	-	3.3	-
Within 12 Months	4.0	-	5.2	-	7.0	-	6.3	-	6.3	-	-	-
Subsequent CPS Case												
Within 3 Months	1.8	12.9	2.7	13.8	2.4	13.2	2.5	13.6	2.5	14.6	1.9	15.9
Within 6 Months	3.0	13.8	4.2	15.0	4.7	14.2	4.6	14.8	3.7	15.7	3.0	17.0
Within 12 Months	4.7	15.2	6.5	16.8	6.8	16.4	7.6	16.4	6.0	17.2	-	-
Subsequent SS Case												
Within 3 Months	0.7	0.8	0.9	0.6	1.2	0.7	1.0	0.3	1.3	0.6	0.3	0.3
Within 6 Months	0.8	0.8	1.0	0.9	1.2	0.9	1.1	0.4	1.4	0.8	0.3	0.4
Within 12 Months	1.0	0.9	1.1	1.0	1.3	0.9	1.3	0.5	1.6	1.0	-	-

Table 4. Percentage of Subsequent Cases Within 3, 6, and 12 Months of DR Closing Date

Removals

Figure 5 shows the extent to which children are remaining in their homes within three, six, and twelve months from the closing of the DR case. Outcomes are reported for measures where sufficient time has passed. The treatment group has statistically significant lower percentages of children being removed from their homes than the comparison group in every cohort across all timeframes, meaning DR appears to be having a positive impact in keeping families together.

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[2] Yellow boxes show significant differences between the Treatment and Comp groups at the p < 0.05 level.

Figure 5. Percentage of Cases with at Least One Child Removed
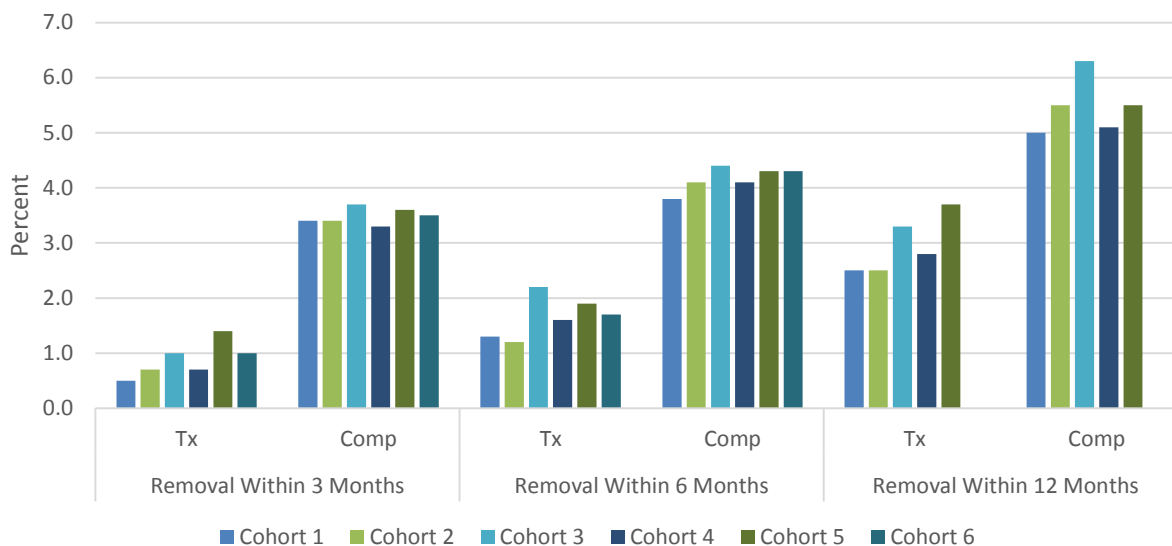
Children Discharged from Care

If a child is removed from the home, it is hoped that the services and community supports provided to the family as part of the DR case might allow for the child to be returned to the home sooner than what has transpired in the past. Table 5 shows both the percentage of children who entered foster care within one year after the DR case closed and the percentage which were reunified or placed in relative custody within three, six, and twelve months of removal. Of the children removed from the home, an average of 27 percent of the treatment group children are discharged from care within three months compared to six percent of those in the comparison group. By twelve months, over 60 percent of the children in the treatment group are returned to their families compared to 42 percent in the comparison group. When statistical significance of the findings are examined, there are significantly more children discharged from care in the treatment cohort than in the comparison cohort with the only exceptions in the twelve-month outcome for Cohort 1 and the six-month outcome in Cohort 4.

Table 5. Percentage of Children Entering and Discharged from Foster Care								
Cohort	Percent of Children Entering Care		Percentage of Children Removed from Home Who are Discharged From Care Within					
			3 Months		6 Months		12 Months	
	Tx	Comp	Tx	Comp	Tx	Comp	Tx	Comp
Cohort 1	2.3	3.2	25.7	5.4	35.7	18.9	54.3	43.2
Cohort 2	2.3	2.8	23.2	8.0	34.8	12.0	49.3	30.7
Cohort 3	2.9	3.9	25.9	6.2	37.0	13.4	56.8	34.0
Cohort 4	2.3	3.1	23.0	5.1	27.9	17.9	-	-
Cohort 5	3.0	3.0	-	-	-	-	-	-

Team Decision Making

Team Decision Making meetings provide an opportunity for families, workers, and other family supports such as relatives or community members to come together and brainstorm action plans to keep child(ren) safe. Meetings are held within 48 hours of a protection plan being put into place. TDM meetings were first implemented in three counties (Conway, Faulkner, and Saline) in September of 2014 and in four additional counties (Craighead, Lawrence, Pulaski, and Randolph) in January of 2015. Currently, TDMs are being implemented in six of Arkansas's ten Service Areas: Areas: 2, 3, 4, 5, 6, and 8. Since the start of the waiver, 871 families involving 1914 children have participated in a TDM meeting.

Process Evaluation

Interviews with key stakeholders, surveys administered to families following the TDM, and case record reviews are used to inform the process evaluation for this review period. Twenty-one stakeholders including area directors, county supervisors, family service worker supervisors, and family service workers were interviewed about the TDM initiative. Questions centered on ongoing implementation, training, supervision of caseworkers, and successes and challenges. After the completion of a TDM meeting, families are asked to complete a survey which addresses the family's perception of the meeting and its effectiveness. As of February 1, 2017, a total of 369 surveys have been returned for a response rate of 42 percent. Case records for 53 TDM meetings held between September 1, 2015 and February 29, 2016 were also used to inform the evaluation; the reviews were used to assess fidelity and engagement of families and other meeting participants. The reviews also helped to identify involvement of families in service planning and the overall quality of case documentation as it pertains to the meetings.

Training

As Team Decision Making continues to be implemented across the State, training is being provided to prepare Area staff to prepare and engage families in team meetings. Overall, staff are quite satisfied with the training received thus far. All but one of the staff members fulfilling a supervisory role (e.g., Area Directors, County Supervisors, and Family Service Worker Supervisors) reported that training for Family Service Workers (FSWs) was adequate in preparing them to implement the Team Decision Making meetings. Mock TDMs are used as part of the training, which staff have spoken highly of; one Area Director stated, "Mock TDMs have been great for everyone to see the roles of each team member and [they get] them to identify what the role of each participant is."

Follow-up trainings are designed to be a half-day discussing the differences between safety factor and risk factors. Four of the six FSWs reported that they had not received any follow-up training. A County Supervisor stated that his/her staff were supposed to receive follow-up training on TDMs, but the training was cancelled and has yet to be rescheduled. Three staff suggested that future training provide further depth on how to conduct TDMs.

Meeting Implementation

TDMs are supposed to occur within 48 hours of developing the protection plan. Since the meetings were implemented at the start of September 2014, 80 percent of the meetings have been held within two days of putting the protection plan into place. As evidenced in Figure 6, the rate at which this time requirement is met continues to increase, rising from a 77 percent success rate for the period September 1, 2014 to February 28, 2015 to 84 percent for the period September 1, 2015 to February 29, 2016. A few staff reported that scheduling the TDM meeting at a time that works for the family and staff can be a challenge with the meeting needed to be held within such a short window of time. Seven of the staff interviewed reported that TDMs can be very time consuming. One Area Director stated, "Some last an hour or two, but some last days. We had one that lasted six hours and we ended up removing the child anyway, so it felt like a waste of time. And that impacts your staff and their ability to get their other work done."

Figure 6. Timeframe of TDM After Initial Protection Plan
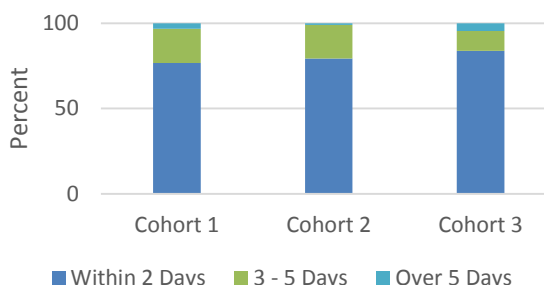
Participation

Data collected through the case record reviews identified which family, staff, and support members were invited to attend the meetings and those which did attend. Adults directly involved in the case (e.g., FSW, biological parent/caregiver, supervisor) attended 97 percent of the meetings they were invited to attend. Additional family supports, such as grandparents and other relatives, are often asked to participate. With minor exception, relatives attend the Team Decision Makings, with some relatives attending even when not formally invited to do so. Of the children invited to participate, roughly 40 percent attended the meeting; the rate of participation dropped between September 1, 2015 and February 29, 2016, with no more than 36 percent of the children invited to participate having attended.

The service needs of family members is one of the key items discussed during the Team Decision Meetings, with 78 percent of the TDMs resulting in at least one referral for service. The need to make modifications to the home (82 percent), referrals for counseling (65 percent) and referrals to address anger management (53 percent) were most commonly discussed. Referrals were made to address those service needs in at least three quarters of the TDMs held between the start of the program and February 29th 2016. Regardless of the type of service to which families were referred, 57 percent of the services were delivered across the three cohorts. Families were most likely to receive anger management services, followed by counseling and least likely to receive informal supports from their church, family and neighbors or those which were intended to meet their basic needs. A few staff reported that getting families to comply with the plan resulting from the TDM can be rather

difficult, with one staff member reporting that perhaps the plans are not as strong as they should be.

The case reviews were also used to examine the fidelity of the meetings. In at least two-thirds of the TDMS reviewed families were found to be engaged in discussing their family's needs and strengths, including safety factors in the home and steps needed to implement the protection plan. With limited time passing between the time of the protection plan and the TDM, it is not surprising that no more than a third of the TDMS were used to discuss the effectiveness of the plan thus far. When the quality of the documentation of the TDMs is taken into consideration, caseworkers have improved their efforts since the initiative was implemented. During the first six months of the initiative, a little over half of the cases had sufficient documentation to identify who was invited to attend, who participated and what was discussed; during the most recent review period 94 percent of the cases had adequate documentation of the TDMS.

Ongoing Review of Protection Plans

The case record reviews also provided an opportunity to examine the effectiveness of the action plans developed in concert with meeting participants. The reviews found that the effectiveness or progress in meeting the actions to be carried out were reviewed in only eight percent of the cases. Caseworkers need to continually review and discuss the case plan with the family, including the progress they have made. It is important that the discussions caseworkers have with the families, which are to occur at least monthly, be documented.

Family Perspective

The survey administered to families at the close of the meeting asked a series of Yes or No questions which serve to measure satisfaction with and fidelity to the model. The percentage of families who replied affirmatively is shown in Figure 7. Nearly all families, regardless of when they participated in TDM, agreed the worker explained the purpose of the meeting and the person who ran the meeting was not their caseworker, at least the person was not the first DCFS person they met with. While room for improvement was certainly evidenced in the surveys administered during the first cohort, although very few surveys were received during that time frame, over the last three six month periods families generally appear to be pleased with the meetings, understand their value and understand what they need to do.

Figure 7. Percentage the Following Occured
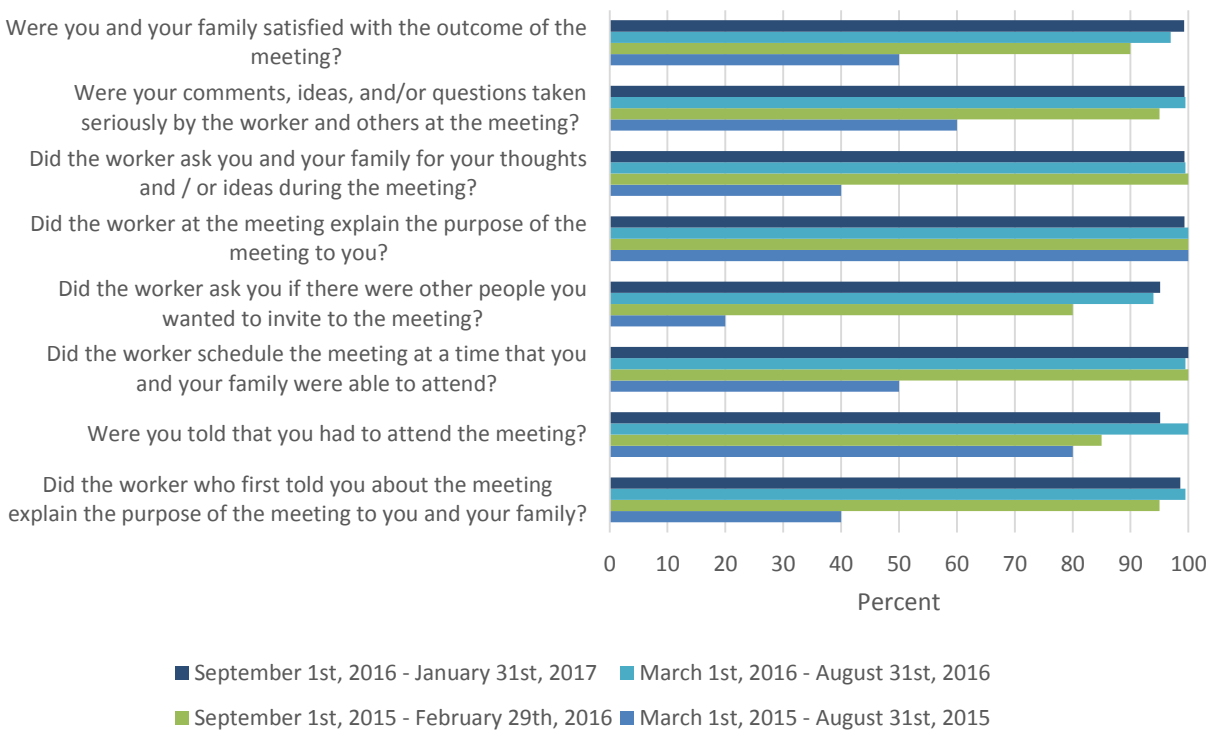
The survey also provided an opportunity for families to describe why they were or were not satisfied with TDM. The responses from families typically consisted of positive remarks describing how informative the meetings were. Workers were found to be positive, inspirational, and genuinely caring for the family's best interests. Parents commented, "I felt that the meeting was very informative. I also felt comfortable and like they were here to really help us." The family sentiments were echoed by the staff who were interviewed, with six stakeholders reporting the meetings gave families a voice and opportunity to be involved in the case planning process. Staff further reported that TDMs provided an opportunity to discover family strengths and resources which can be used to help prevent removals. A couple of staff reported that because the TDM occurs almost immediately after a concerning incident, it allows staff to "strike while the iron is hot" and it "seems to wake the family up to the problems they truly face and the work that needs to be done to overcome them."

Families who were unsatisfied with the model typically had their child removed from the home as a result of the meeting. Even in this event, one parent still commented, "I'm not satisfied but I'm ok because I know this has to happen. I don't like having to put one of my children out on the streets."

Outcome Analysis

A comparison group was selected from the pool of protective and supportive service cases that had an initial protection plan completed between September 1, 2012 and August 31, 2013, i.e., prior to implementation of the Waiver in any of the counties or Areas. The comparison pool contains a total of 525 cases across the four cohorts, with 934 children involved in those cases. Propensity scores were generated for each case in the treatment group, using the service area, number of male children in the case, number of female children in the case, average age of the children in the case, primary race and ethnicity of the family, allegations associated with the case, and prior agency involvement. In cohorts 3 and 4, with the comparison and treatment group populations being similar in size, just half of the treatment group members were matched. This reduction provides a sufficiently large enough comparison pool to measure outcomes in relation to those of the treatment group, while also being statistically significant to the treatment group.

Table 6. Team Decision Making Outcome Analysis Cohorts					
Group		Cohort 1 (9/1/2014 – 2/28/2015)	Cohort 2 (3/1/2014 – 8/31/2015)	Cohort 3 (9/1/2015 – 2/29/2016)	Cohort 4 (3/1/2015 – 8/31/2016)
Treatment	Cases	32	204	297	338
	Children	62	489	641	724
Comparison	Cases	32	204	149	169
	Children	56	420	308	336

Removals

TDM meetings are designed to place the child in the safest environment available and, whenever possible, keep the child safely in the home as services are provided to the family. Figure 8 shows the percentage of cases where at least one child was removed from the home within three, six, and twelve months of the meeting, or in reference to the comparison group, following development of the protection plan. While the differences in the rate at which children are removed between the treatment and comparison groups are minor, with no statistical significance evidenced in those differences for any of the cohorts, for both groups a rise in the percentage of child removals is evidenced between the first and fourth cohort. This pattern suggests the trends are artifacts of the population rather than program effectiveness.

Figure 8. Percentage of Cases with at Least One Child Removed
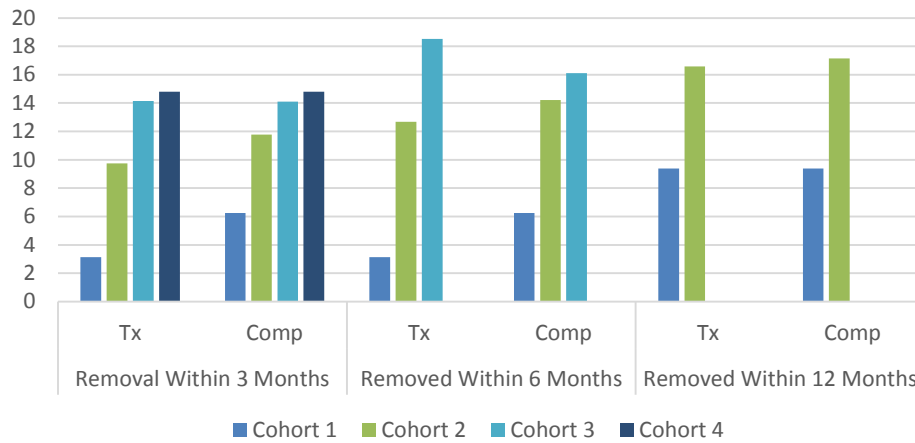
Discharges

In the event that a child was removed from care after the TDM took place, it is possible that the action plan laid out in the meeting will also serve to help bring the child home faster. In Figure 9, the percentages of children who were removed from their home within 12 months following the Team Decision Making meeting or development of the protection plan and were subsequently reunified with their families or placed into relative custody are displayed. Cohorts 1 and 2 were combined in this figure to provide more meaningful results since only three children were removed from the treatment group in Cohort 1. Outcomes are displayed where enough time has passed. The treatment group shows a slightly lower percentage of children discharged within three months of entering care than the comparison group and a higher percentage of children discharged within six months. Neither difference is statistically significant.

Figure 9. Children Discharged from Foster Care
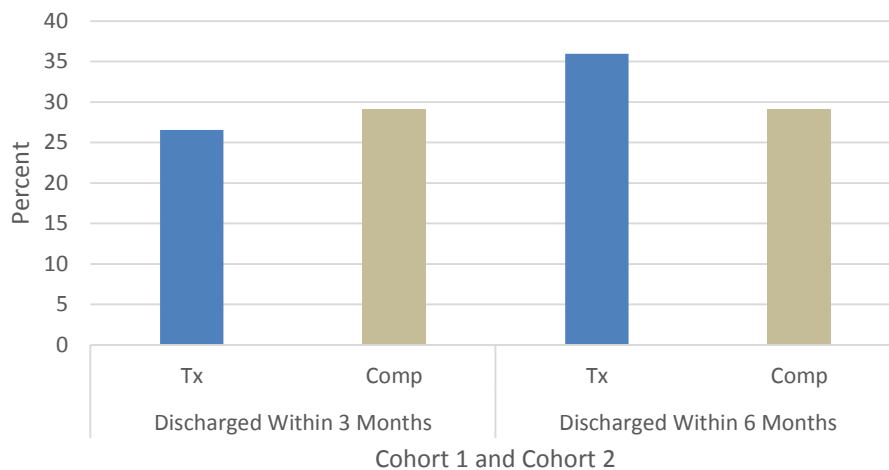
Nurturing Families of Arkansas

Implemented in March 2015, the Nurturing Families of Arkansas initiative is an evidence-based child abuse and neglect prevention and treatment program for families. A total of 250 families, comprised of 709 children, have participated in the program as of the end of January 2017. Over 173 families have graduated from the program.

Process Evaluation

Interviews with key stakeholders and surveys administered to families as they complete the program were used to inform the process evaluation for this review period. A total of 31 stakeholders were interviewed to gather information about NFA, including area directors, county supervisors, family service workers, and parent educators regarding preparation and ongoing implementation of the program, supervision of workers, and the capacity to meet demand for the program. As families graduate from NFA, they are asked to complete a survey which addresses the families' interactions with the NFA instructor, the strengths and weaknesses of the program, and their perception of the effectiveness of the program. As of the end of January, 108 surveys have been completed and returned to HZA for analysis.

Family Engagement

Following referral to NFA, program staff meet with the families to develop an individualized parenting plan which will meet their families' needs. Referring to the survey administered to families as they graduate from NFA, 78 percent of the families report a parenting plan was developed prior to the commencement of the NFA sessions as seen in Table 7. There was some variation across the four cohorts in the completion of the parenting plans, with results lower among families that graduated between March and August 2016.

Table 7. Completion of Parenting Plan Prior to Start of NFA Sessions			
Cohort	Graduating Respondents	Plan Developed	Percent
3/1/2015 – 8/31/2015	18	14	78%
9/1/2015 – 2/29/2016	30	25	83%
3/1/2016 – 8/31/2016	42	27	64%
9/1/2016 – 1/31/2017[3]	18	18	100%
Overall	108	84	78%

Eighty-one percent of the families attended all 16 sessions of the NFA program. The most common reason families cited for missing a session was illness followed by having to work late. Here too, variation was found across the four cohort periods with the lowest rate of participation (67 percent) evidenced in the third cohort period, i.e., between March and

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[3] Data for this incomplete cohort will be updated in the next semi-annual report.

August 2016. Almost three-quarters of the families indicated their children attended the sessions with them, with 44 percent of those families reporting their children attended all the classes with them.

Close to 60 percent of the families reported the NFA sessions were held in a public meeting place, such as a church, classroom and even at a train station. With the exception of the third cohort, the remainder of the responses were fairly evenly split between families who reported that the sessions were held solely in their homes or a combination of locations were used, with some of the sessions held in the home and others in a group setting.

The survey offered families the opportunity to rate, on a scale of 1 to 4 or Strongly Agree to Strongly Disagree, their engagement with their instructor and the impact of the NFA program on their families. Overwhelmingly, families reported good communication with their instructor, with families also indicating the instructor focused on their positive qualities as a parent. Instructors were found to have treated families with respect and modeled good parenting behaviors. The positive exchange with the instructors resulted in all families agreeing the relationship with their child had improved with what they learned in the parenting classes, they were more confident in their parenting and they were able to keep their children in their care or have them returned to their care, for those whose children were placed into substitute care.

Family Satisfaction

At the end of the survey, space was provided for families to comment on what they liked and disliked about the program. Parents consistently commented that the teachers were knowledgeable, respectful, and fun. One comment said, "The ladies who taught had such love [for] children and [were] very respectful to parents." Several parents noted they have learned more effective tools than spanking a child and how to deal with real life situations. Parents most commonly cited the time to complete the class each week as what they disliked most about the program.

Interviews with agency stakeholders noted that placing an emphasis on the families' strengths and engaging in individualized service planning were useful tools in engaging families. They also noted that continuing to support families, even when a session was missed and make-up sessions were needed, helped families to stay engaged and complete the program.

One obstacle noted by Mid-South stakeholders was that with limited educators to work with families, the turnover rate has been high. Compounding the issue is educators sometimes needing to travel long distances to meet with families, sometimes up to three hours, to hold parenting classes.

Outcome Analysis

Limiting the analysis of outcomes to the thee cohorts which have come to a close and at least six months has transpired since the families' completion of the program, i.e., the three

six month periods between March 1, 2013 and August 31, 2016, Table 8 shows that a total of 242 families graduated from NFA and 110 left the program prior to completion. The most common reason for not completing the program was non-compliance with the program, typically after missing multiple sessions. A comparison group of families who had a Protective or Supportive Services case open between March 1, 2013 and February 28, 2015 were selected to compare the effectiveness of NFA to those who participated in the program. Comparison cases, using propensity score matching, were selected based on the families' geographic location, i.e., area of responsibility, number of children in the household by gender and average age of the children, racial and ethnic make-up of family members and prior agency involvement. Propensity scores of the treatment group were compared to those of the comparison group, with families selected based on a nearest neighbor algorithm.

Table 8. Count of NFA Participants and Comparison Group Size			
Cohort	Graduated	Dropped Out	Comparison Group
3/1/2015 – 8/31/2015	89	48	137
9/1/2015 – 2/29/2016	79	15	94
3/1/2016 – 8/31/2016	74	47	121

Removals

One of the objectives or outcomes for the NFA program is to reduce the number of children removed from their homes following completion of the program. While few children were removed from their homes from either the treatment or comparison groups, children were more likely to be removed from their families from the comparison group as seen in Table 9. The twelve-month outcome for cohort 1 found a statistically significant difference between the treatment group (98 percent) and the comparison group (90 percent).

Table 9. Percentage of Cases with No Child Removed from the Home Following NFA Initiation						
Time to Removal	Cohort I		Cohort II		Cohort III	
	Treatment Group	Comparison Group	Treatment Group	Comparison Group	Treatment Group	Comparison Group
3 months	98%	97%	98%	97%	100%	93%
6 months	98%	94%	96%	93%	-	-
12 months	98%	90%	-	-	-	-

Repeat Maltreatment

Another way to examine the ability of the program to keep children safe is to avoid repeat involvement in the child welfare system following participation in the program. Here too, the treatment group demonstrates a greater degree of success with fewer NFA families having a subsequent true child protective services case compared to those of the comparison group following completion of a protection plan. There is no significant difference at the $p < 0.05$ level between the treatment and comparison cohorts in any outcome timeframe.

Table 10. Percentage of Cases with Repeat Maltreatment Following NFA Initiation						
Time to Removal	Cohort I		Cohort II		Cohort III	
	Treatment Group	Comparison Group	Treatment Group	Comparison Group	Treatment Group	Comparison Group
Subsequent Substantiated Child Protective Services Case						
3 months	3%	6%	4%	7%	0%	4%
6 months	6%	12%	7%	11%	-	-
12 months	9%	18%	-	-	-	-

Improved Parenting Skills

During the course of the 16-week NFA program, three Comprehensive Parenting Inventory (CPI) assessments are administered to the parent, one at baseline, one partial way through and a final one upon completion of the program. Using a ten point scale, with one representing a low score and ten a high score, these assessments are used to track the progress of parents in developing needed skills and their abilities to care for their children. Eight parenting skills are used to measure the nurturing and caring capacities of families.

1) "About Me" which assesses the quality of life the parent provides for themselves and their children;
2) "Inappropriate Expectations" which explores the expectations the parent has of their children based on the child's developmental needs;
3) "Lack of Empathy" which examines the response of the parent toward meeting their own needs and helping their child(ren) meet their needs;
4) "Physical Punishment" which assesses the disciplinary practices used in teaching and guiding the parent's child(ren);
5) "Role Reversal" which explores having appropriate roles for adult and child members of the family;
6) "Power and Independence" which examines how the parent encourages their child(ren) to develop their personal power and independence;
7) "My Knowledge of Nurturing Practices" which examines the parents knowledge of various nurturing family practices; and
8) "My Use of Nurturing Skills" which measures the frequency the parent uses nurturing skills and strategies in their own life as well as their child(ren)'s.

Table 11 displays the average scores of participants at the time of their initial, interim and final assessments, broken down by parenting skill and cohort. With the exception of "about me" in cohort 1, the final assessment score for each parenting skill is higher than the initial score. "Physical punishment" had the largest average increase across all three cohorts with an overall increase of 2.6 points across the three cohorts. "Utilization of nurturing skills" received the highest score at the time of the final assessment, with the average score being higher than an eight in cohort 2 and equal to 8 in cohort 3. The smallest change occurs in the "about me section."

Table 11. Scores of Graduated/Active Participants				
Parenting Skill	Cohort	Average Assessment Score		
		Initial	Interim	Final
About Me	1	6.2	6.1	6.2
	2	6.4	6.4	6.6
	3	6.3	6.4	6.6
Inappropriate Expectations	1	4.2	5.1	5.8
	2	4.6	5.1	6.5
	3	4.3	5.3	6.0
Lack of Empathy	1	3.8	5.8	5.6
	2	4.0	5.4	5.8
	3	4.5	6.0	6.5
Physical Punishment	1	4.2	5.7	6.5
	2	4.7	6.0	7.1
	3	4.1	6.1	7.3
Role Reversal	1	4.7	5.3	6.4
	2	5.0	5.5	7.0
	3	5.9	6.0	7.5
Power and Independence	1	4.8	6.3	6.8
	2	5.3	6.4	7.1
	3	5.3	6.9	7.4
My Knowledge of Nurturing Practices	1	5.2	6.7	7.3
	2	5.6	6.9	7.5
	3	5.5	6.6	7.4
My Utilization of Nurturing Skills	1	6.0	6.7	7.6
	2	5.9	7.4	8.2
	3	5.4	6.8	8.0

Typically, 32 percent of those who graduate from NFA take longer than four months to complete the program. Final assessment scores were compared for those who graduated from the program within the four-month timeframe vs. those who took longer than four months to graduate. On average, those who took longer to graduate scored on average 0.2 points higher on the final assessment than those who took just four months to complete the parenting program. The parenting skill with the largest average difference between the two groups is "lack of empathy" with those who took longer to graduate scoring 0.7 points higher on average across all three cohorts than those who took four months to graduate; however, no statistical significance is evidenced between the two groups.

Arkansas Creating Connections for Children

Arkansas Creating Connections for Children is a statewide initiative implemented to recruit and retain foster and adoptive resource families. "Targeted Recruitment" is the name by

which ARCCC is known under the Waiver, which serves Service Areas 3, 4, 5, 7, 9, and 10; "Diligent Recruitment" is the name by which ARCCC is known under the Diligent Recruitment grant, which serves Areas 1, 2, 6, and 8. Targeted Recruitment was first implemented in February 2015 while Diligent Recruitment began three months earlier. Since statewide implementation of ARCCC, 1,678 foster families have been recruited, 946 from the Diligent Recruitment service areas and 732 from the Targeted Recruitment areas.

Process Evaluation

Interviews with key stakeholders and surveys administered to foster home heads of household in the month following the home's approval inform the process evaluation for this review period. Twenty-five stakeholders including area directors, ARCCC resource supervisors and workers, community engagement specialists, and community partners were interviewed about the ARCCC initiative. Questions focused on worker training, community partnerships, foster/adoptive family recruitment, foster/adoptive parent training, foster/adoptive family retention, and successes and challenges encountered in implementing the initiative. In the month following foster home approval, families are asked to complete a survey which addresses the family's perception of the recruitment process and its effectiveness. As of February 1, 2017, a total of 205 completed surveys have been returned.

Recruitment

Nearly all interviewees mentioned an increased awareness of the need for foster homes in their communities. CES's are actively meeting with church and business members and are holding community events to harbor or introduce a foster parent culture. Where there is a high need for children to be placed, workers reported the GIS (acronym?) helps locate prospective foster parents.

Foster parents were asked in the survey administered to them following approval where they heard about the opportunity to become a foster parent. Overall, a higher percentage of foster parents report hearing about the opportunity through The C.A.L.L. (37 percent). Interestingly, between August 1, 2016 and January 31, 2017, a lower percentage of homes reported hearing about the opportunity to foster from The C.A.L.L. (25 percent), indicating CES's are making progress in fostering awareness through other sources. A smaller percentage of the families reported hearing about the opportunity from relatives and neighbors in later timeframes, decreasing from 28 percent between February 1, 2015 and July 31, 2015 to 20 percent between August 31, 2016 and January 31, 2017. DCFS/ARCCC remains a constant presence in the community over the entire timeframe with 20 percent of families hearing about the opportunity to foster. In interviews with staff, competition amongst the CES and community partners have stopped some churches from recruiting foster families due to the "aggressive recruiting" tactics.

Time to Approval

Arkansas created a centralized inquiry unit to help speed up the time it takes for families to be contacted about fostering children. Instead of the local counties reaching out to families,

central office staff are tasked with the responsibility of contacting families. Families were asked how much time elapsed between when they first inquired about becoming a resource family and when they were approved. Figure 10 shows the time each home reported to have elapsed. Regardless of the cohort in which the process was started, most families report it takes six months to complete the process and become approved as a resource home. Addressing the finding that there are some homes where it takes more than a year to complete the approval process, interviewees reported that homes might have a worker leave the agency during the approval process and the newly assigned worker is unaware of the reassignment.

Figure 10. Time to Approval
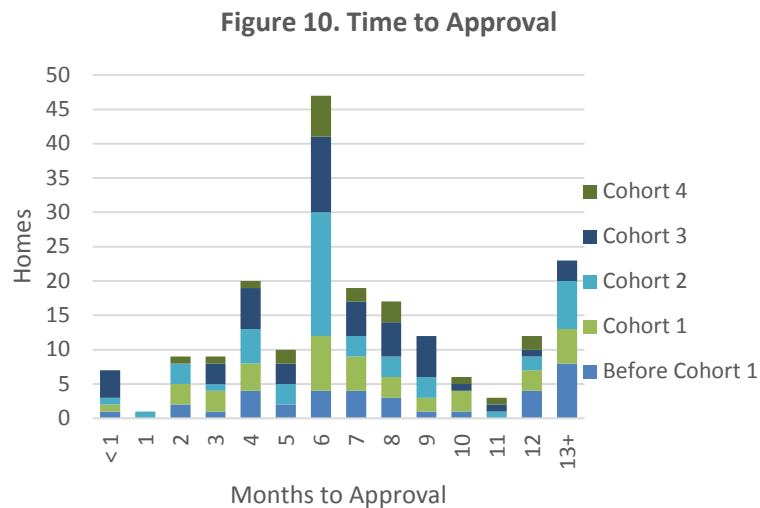
Foster Parent Training

The survey of resource families asked the parents who provided the required PRIDE training and how helpful they found the training to be in preparing them to take foster children into their homes. Among the four sources which provided training, i.e., ABC – Get Connected, Christians for Kids, DCFS, MidSOUTH and The C.A.L.L., The C.A.L.L. trained the majority of the approved families. Referring to the three sources who provided training to at least 30 families, The C.A.L.L. received the highest rating (86 percent) in terms of the training being helpful or very helpful in comparison to those trained by DCFS (56 percent) or MidSOUTH (63 percent).

When agency staff were asked about the training provided to prospective homes, several interviewees discussed the lack of trauma informed training for resource families. These staff went on to voice their concern that this lack of training is leading to children being removed from unprepared placements and homes closing. In the comment portion of the family surveys, many parents talked about the PRIDE training being good, but not enough. Typically, parents asked for more Rape Aggression Defense or Parent Child Interaction Therapy training. One parent commented that they were unsure where they were to attend yearly trainings.

Foster Home Preferences

Families were asked if they specified the characteristics of the children they were willing to take into their homes. Of the families who specified a preference, those preferences were met 91 percent (403 times out of 443 preferences) times. Most commonly the ethnicity (100 percent) and racial (96 percent) preferences of the families were met. On the other hand, the number of children in the home (87 percent) and sibling group size (88 percent) were the least likely preferences to be met. This is a high percentage of families who have had their preferences met and it helps ease a concern from stakeholders at all positions is

the program who reported concern about not being able to meet the needs of the target population due to saturation of children currently in foster care. One resource worker noted, "even if the home has a specific request, a child is placed without regard to the foster parent's preferences."

Satisfaction

Parents were given the opportunity to describe their experiences throughout the application and approval process, with results shown in Figure 11. Most encouraging is that 86 percent of the families agree they are planning to continue their role as a foster parent. Survey results also show parents are able to secure daily childcare when needed (91 percent) and children are receiving services to meet their basic health, mental health and educational needs (87 percent). Communication with the caseworker is reported as the biggest obstacle by parents; a similar concern was voiced by agency stakeholders although here the concern primarily involved communication between the resource worker and the foster home. Roughly 50 percent of the parents disagree that the caseworker clearly communicated the status of the child's case.

Figure 11. Resource Family Engagement
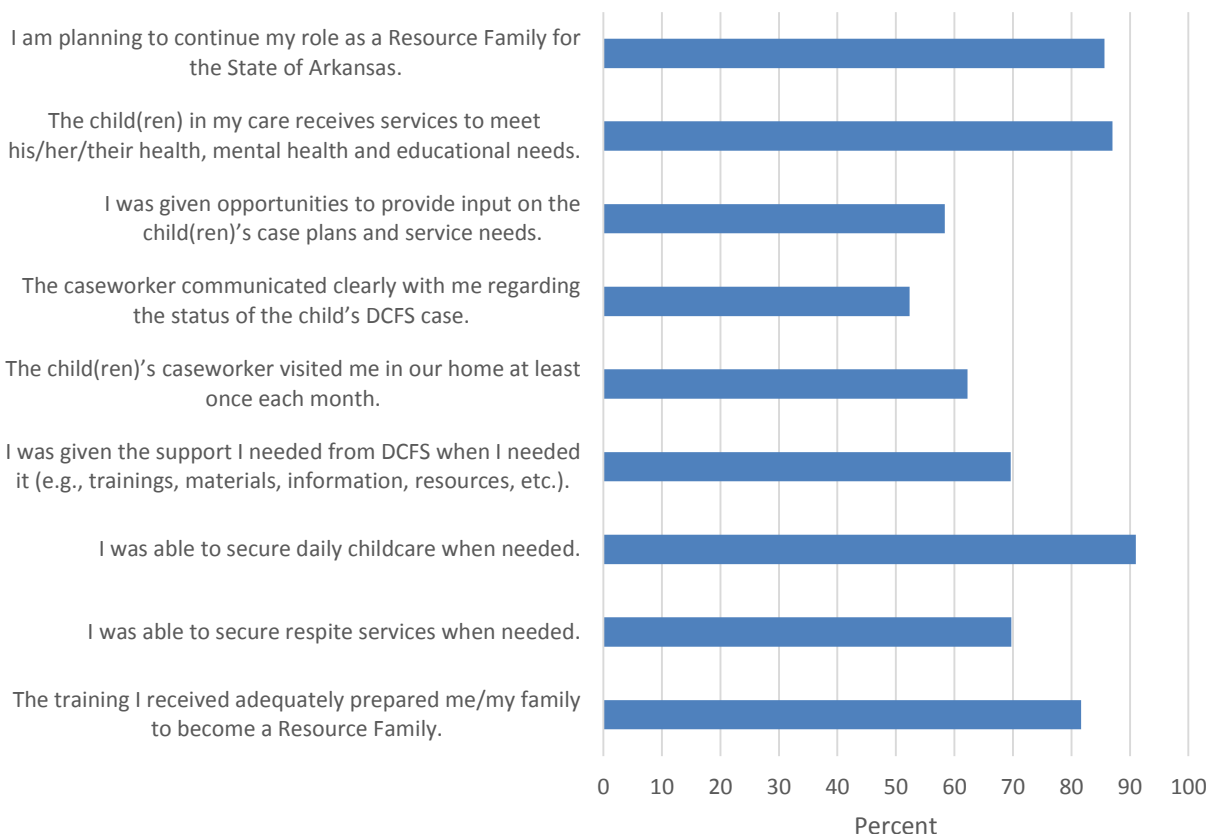
Foster parents were given an opportunity to provide additional information they thought would be helpful in informing the evaluation. Here too, communication was the primary

concern addressed. Parents noted how overworked the resource workers are, which leads to a lack of communication and resource families not receiving the supports they need. Other concerns which were noted included parents not consistently being made aware of when the child is going to be taken for a visit. Several parents also discussed a lack of community support systems available to them and the lack of time for "families needing time to be a family again." Families further commented the lack of supports and respite services lead to families burning out, thus dropping out of the foster care program.

Outcomes Analysis

Home Outcomes

Approved Homes

To examine the impact of the initiative on homes approved to care for Arkansas's foster children, the date of approval was used to construct the cohort periods. Table 12 shows the number of approved homes and number of beds available within each cohort, broken down by service area. While the number of homes approved has fluctuated for a number of the areas, overall there has been an increase in the number of approved homes since the start of the initiative, with an overall increase of 58 percent. The number of beds has also increased by 47 percent. The largest increase in approved homes is in Area 8 with 43 more homes approved in the most recent six-month cohort compared to the number approved in the first cohort.

Table 12. Approved Homes and Number of Beds By Cohort and Area								
Area	Cohort 1 (2/1/2015 – 7/31/2015)		Cohort 2 (8/1/2015 – 1/31/2016)		Cohort 3 (2/1/2016 – 7/31/2016)		Cohort 4 (8/1/2016 – 1/31/2017)	
	Approved Homes	Beds	Approved Homes	Beds	Approved Homes	Beds	Approved Homes	Beds
1	55	106	66	115	74	141	64	123
2	56	110	49	96	55	93	69	153
3	23	34	26	32	44	82	37	56
4	16	28	24	44	24	43	18	33
5	32	68	44	76	52	105	53	84
6	43	77	63	116	70	130	69	100
7	17	37	23	35	26	46	36	54
8	34	67	39	73	63	137	77	160
9	23	59	43	78	52	94	46	87

10	12	18	18	29	20	31	23	40
Total	311	604	395	694	480	902	492	890

Recognizing the historical shortage in homes available to place children in foster care, the capacity of the initiative to increase the number of available homes is a critical factor in assessing the impact of ARCCC. Ideally, there should be at least one available bed for each child in out-of-home placement. As seen in Figure 12, the statewide ratio of beds to children in care is consistently under one which means there are more children in care than beds available. On a positive note, the average bed-to-child ratio is higher in the most recent six-month period than at the start of the initiative. Area 6 showed the largest increase in bed-child ratio, including having more than one available bed per child, rising from 0.84 as of July 31, 2015, to 1.18 on January 31, 2017.

Figure 12. Bed-to-Child Ratio by Service Area
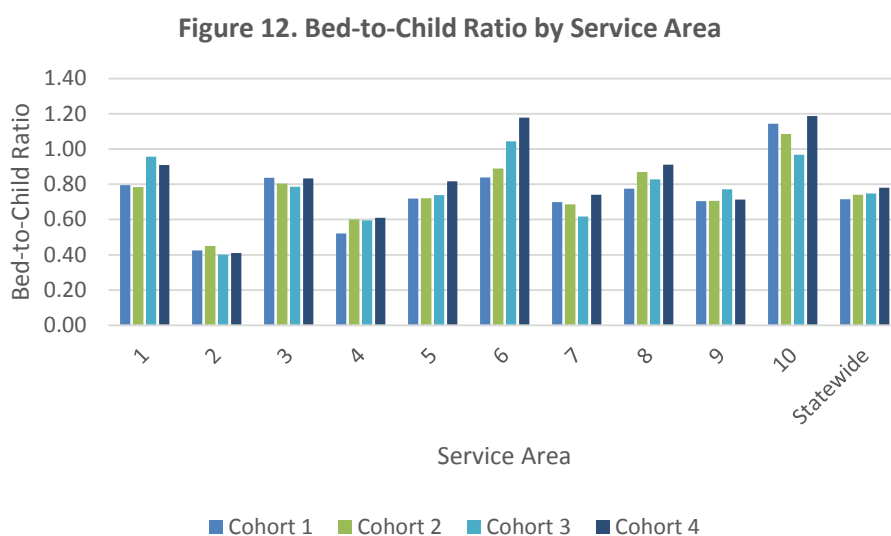
Even with the increase of children in foster care from 4,337 children on July 31, 2015 to 5,169 on January 31, 2017, the number of homes being recruited and retained show promise in addressing the increased size of the foster care population.

Home Preferences

One of the goals of ARCCC is to place children in homes that can meet their needs. Table 13 shows the willingness for homes to accept particular demographics. Homes are slightly more likely to take females over males. While nearly all homes are willing to take a child under the age of 11, only 40 percent of the homes are willing to take children 11 or over. This statistic is constant across all of the cohorts. Additionally, the percentage of homes with no racial or ethnic preference has remained consistent, around 70 percent, across all cohorts. ARCCC is targeting recruitment of foster homes to place children over the age of 11 and children of color, therefore homes accepting children with these demographics are expected to be increasing in later cohorts. However, both demographics actually decrease

across the cohort timeframe. Children placed into homes match all of the homes preferences 85 percent of the time.

Table 13. Percentage of Homes Willing to Accept Children in Foster Care				
Demographic	Cohort 1	Cohort 2	Cohort 3	Cohort 4
Gender				
Males	82.6	81.8	81.5	81.3
Females	85.2	86.1	86.7	85.2
Age				
0 to 10	94.2	95.4	94.8	94.5
11 to 17	41.5	39.0	39.0	40.2
Race/Ethnicity				
AI/AN	1.6	2.0	2.5	2.8
Asian	1.6	2.0	2.5	1.2
Black	6.1	9.9	10.0	9.1
NHOPI	1.3	3.0	2.1	1.6
White	18.3	20.5	20.4	23.0
Hispanic	0.0	0.8	0.8	1.4
No Racial Preference	73.6	69.1	69.6	67.1
Disabilities				
Emotionally Disabled	19.3	21.3	18.5	20.3
Behavioral Disorders	19.0	26.3	20.4	18.9
Any Disability	26.4	23.8	25.6	29.7
Siblings				
Siblings	96.8	98.7	94.2	95.5

Homes with Placement

Figures 13 and 14 show the percentage of homes with a child placed within one and six months following the homes' approval, respectively. Overall, just over 80 percent of the homes have children placed with them within one month of approval. Area 2 has been the most consistent in placing children into approved homes within one month (over 90 percent) while Area 10 averages placing children into two-thirds of its approved homes within that same time period. Areas having been fairly successful in placing children with approved homes within six months; although across cohorts Area 10 has witnessed a decline, going from a six-month placement rate of 100 percent in Cohort 1 to 85 percent in Cohort 3.

Figure 13. Percentage of Homes With A Child Placed Within One Month
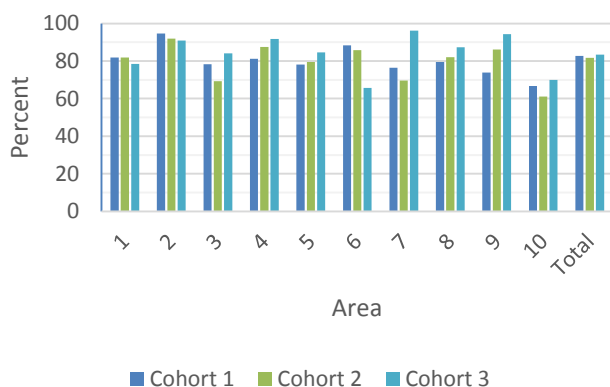
Figure 14. Percentage of Homes With A Child Placed Within Six Months
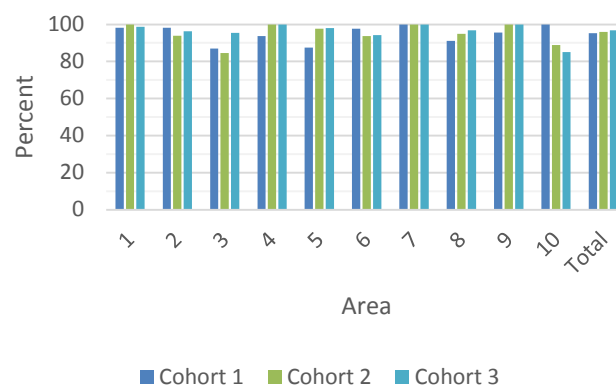
Child Outcomes

As with the other initiatives, a comparison group was selected to compare outcomes for children in care following implementation of ARCCC to those in care prior to the start. A propensity score was developed using the characteristics of the first child placed into the home after the home opened, applying the following variables: home service area, child removal area, age of the child at placement, child's length of time in care, race and ethnicity of the child, and the allegation of the case presented at the time the child became known to DCFS. The comparison group was created from among the children placed into a family foster home between August 1, 2013 and January 31, 2015, after the home was first approved. Propensity scores were found using the nearest-neighbor matching algorithm to select children into the comparison group. Table 14 shows the number of children in the treatment and comparison groups by cohort, allowing for at least six months to have passed since approval for a child to be placed in the treatment group home.

Table 14. Number of Children in Tx and Comp Group by Cohort		
Cohort	Tx	Comp
Cohort 1	285	285
Cohort 2	359	359
Cohort 3	423	423

Child Placements

One goal of ARCCC is to place children within their own community. To examine how often children remain close to their homes, Table 15 displays the percentage of children placed in the same area from which they were removed. There is one significant difference between the treatment and comparison groups in Area 9 between February 1, 2016 and July 31, 2016, i.e., the third cohort. Here, the treatment group has a significantly lower percentage of children placed into the home than the comparison group.

Table 15. Percent of Children Placed In The Same Area as Removed						
Removal Area	Cohort 1		Cohort 2		Cohort 3	
	Tx	Comp	Tx	Comp	Tx	Comp
1	96	98	93	96	95	95
2	71	70	67	58	71	61
3	88	76	73	67	76	86
4	92	95	88	81	75	83
5	92	78	89	94	88	77
6	92	88	89	85	77	80
7	91	86	72	89	85	81
8	84	93	77	90	82	93
9	60	81	69	75	63	88[4]
10	86	57	71	67	90	78
Total	84	83	80	81	80	83

Placement stability remains one of the major goals of the ARCCC program; therefore, children who are placed into an ARCCC home should experience fewer placement changes than the comparison group. Figure 15 shows the percentage of children statewide with zero or one placement change in three, six, and twelve months following placement into the approved home. Children in the treatment group in the two cohorts between February 1, 2015 and January 31, 2016 have either higher or equal percentages of children with minimal placement changes in relation to those in the comparison group across all three, six, and twelve month timeframes. While children in the treatment group placed in approved homes between February 1, 2016 and July 31, 2016 show a lower percentage of children with minimal placement changes within three and six months, when compared to the children in the comparison, there are no statistically significant differences.

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[4] Significant at the p < 0.05 level

Figure 15. Percentage of Children with One or No Placement Changes
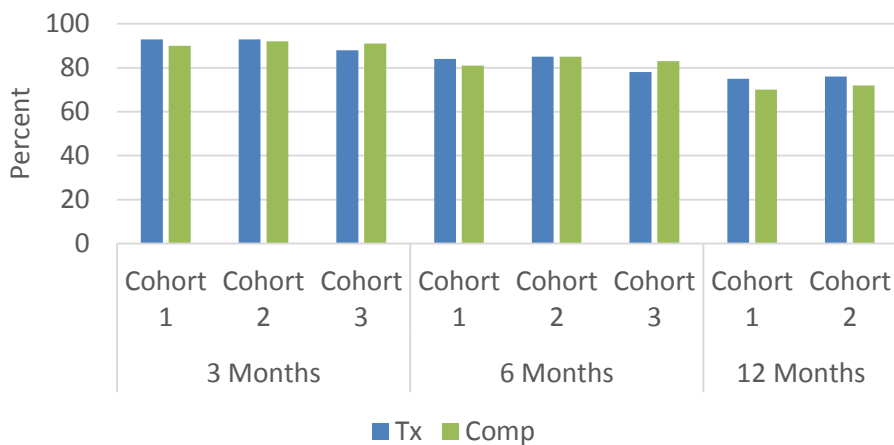
Congregate Care

One of the fundamental goals of the ARCCC program is to reduce the number of children in congregate care placement settings. Ideally, the increase in approved family foster homes should have a positive impact in reducing the size of the congregate care population. The number of children in a congregate care placement setting at the beginning of each cohort period is shown in Figure 16. The number of children in congregate care remains roughly constant between February

Figure 16. Children in Congregate Care at the Start of the Cohort Period

2015 and February 2016 which is likely correlated to the increase in the number of children being placed into foster care over the same timeframe. As the rate of children entering care slows and the ARCCC program has had time to recruit new families and provide more beds, a decrease in the number of congregate care placements is evidenced at the start of Cohort 4. The total number of children in a congregate care placement setting has decreased from 850 children in February 2015 to 717 children in August 2016.

CANS/FAST

The CANS/FAST initiative was first implemented in two counties (Miller and Pulaski) in November 2014; the initiative went statewide in February 2015. The CANS and FAST tools replaced the Family Strengths, Needs, and Risk Assessment (FSNRA) that was previously used to measure the strengths and needs of children and their families. Arkansas believes

that by improving the assessment of the strengths and needs of children and families over time, the CANS/FAST will identify the highest priority needs of clients so that fitting services can be provided to improve child and family functioning. Improved functioning will, in turn, safely reduce the number of children entering the foster care system, increase placement stability and expedite permanency for children in foster care.

Process Evaluation

To gain the perspective of the agency, from HZA spoke to a total of 40 stakeholders, inclusive of: area directors, county supervisors, and family service workers about the CANS/FAST assessments. Interviews consisted of questions detailing ongoing implementation, training, and successes and challenges of the program. CANS/FAST cases for review were selected from a random sample of initial CANS/FAST assessments given between February 1st, 2016 and July 31st, 2016. There are 21 CANS 0-4 cases, 23 CANS 5+ cases, and 22 FAST cases.

Agency Perspective

FSW's consistently reported they were receiving adequate to above average training and new workers feel prepared to implement the assessment. Both supervisors and FSW's reported CANS/FAST is more successful at prioritizing the needs of each child/family than the Family Strengths, Needs, and Risk Assessment (FSNRA), the previous assessment tool. In addition, the CANS/FAST tools allow for a more fluid case record and help identify the specific need of each child/family for the given time of year.
FSW's and supervisors reported that some cases take longer than 30 days to meet with the family/children enough times to identify the needs to the extent to which FSW's can adequately complete the assessment. One common theme in rural communities is the difficult to find supports based on the specific strengths/needs of the child/family.

A number of technical difficulties were reported. One Family Service Worker pointed out that using the term "caregiver" can be problematic because there are sometimes multiple caregivers of different types (e.g., the biological mother and a foster parent) and the questions could apply to either, so it is unclear which caregiver is being referred to in the assessment. Another Worker noted that the FAST assessment does not have an option to identify if the child has a drug or alcohol problem. A supervisor reported that the format for the certification exam is different from the assessment tool. Another supervisor noted that it is not possible to have two cases within a single family and that when another incident occurs, the history is lost in the process of creating the new case plan. Another technical issue is that when the CANS/FAST is printed, there are lots of blank pages with only a header and footer on them. Additionally, the scoring for the Strengths section is reversed from the Needs sections which creates confusion among several workers.

CANS/FAST Accuracy

To assess the accuracy of each assessment's domain, case reviews identify items which should have been scored as actionable items but were not, as well as items scored as

actionable which should not have been based on information in the case file. Table 16 shows the number of items in a domain which should have/should not have been marked as actionable and if there are comments missing for an item in a particular domain. Workers accurately identified items that should be actionable most often in Pre-School/Daycare, Regulatory Functioning, and Youth Developmental Needs domains in CANS 0 – 4 assessments, in Child Risk Factors, Developmental Needs, Runaway, and Substance Use Needs in CANS 5+ assessments, and in Caregiver Advocacy Status in the FAST assessment. The most common domain which needed actionable items is the Caregiver Strengths and Needs domain in all CANS 0 – 4, CANS 5+, and the FAST assessments.

Comments are determined as missing if a) an item is marked as actionable in the assessment and no comment is present, b) an item should be marked as actionable and no comment is present, or c) the item does not need to be marked as actionable, but there are events in the case notes that should be discussed in the comments section but are not present (e.g. the Caregiver is currently in a substance abuse program). The number of missing comments tend to follow those domains where more items should have been marked as actionable. All of the comments made in the reviewed assessments were reported to be helpful.

Table 16. Accuracy of the CANS/FAST Initial Assessment			
Domain	Should be Actionable	Should Not be Actionable	Missing Comments
CANS 0 – 4 (N = 21)			
Caregiver Strengths and Needs	50	9	115
Child Behavioral Health / Emotional Needs	2	4	13
Child Risk Factors	6	1	20
Life Domain Functioning	5	1	46
Preschool/Daycare	0	0	21
Regulatory Functioning	0	0	11
Strengths	2	7	44
Trauma	6	0	11
Youth Developmental Needs/Acculturation/Sexual Abuse	0	0	2
Youth Substance Use Needs	4	5	25
CANS 5+ (N = 23)			
Caregiver	33	4	208
Child Behavioral Health / Emotional Needs	7	0	16
Child Risk Factors	0	0	0
Developmental Needs / Acculturation / Sexual Abuse	0	0	5
Life Domain Functioning	6	1	34

Table 16. Accuracy of the CANS/FAST Initial Assessment			
Domain	Should be Actionable	Should Not be Actionable	Missing Comments
Runaway	0	0	0
School	1	4	8
Strengths	5	13	59
Substance Use Needs	0	0	9
Transition Age	5	0	9
Trauma	8	0	15
FAST (N = 22)			
Caregiver Advocacy Status	1	1	21
Caregiver Status	27	5	103
The Family Together	16	0	44
Youth	4	1	36

Service Needs

Cases are reviewed to determine if the services described in the case plan align with what should be done to meet the child/adolescent's specific need and whether or not progress has been made on these services, which are summarized in Table 17. Interestingly, the Strengths domain has both the highest and lowest number of services aligning with the case plan. In general, in the CANS 0 – 4 and 5+ assessments, progress is being made toward the services outlined in the case plan. The exception is for the Caregiver where the majority of responses report only some progress being made towards the services. For the FAST assessments reviewed, all domains have the majority of services aligning with the case plan but only some progress towards those services.

Table 17. Services in Case Plan Match Childs Needs and Progress on Services for Initial Assessment (Number)						
Domain	Services Align with Case Plan			Progress Towards Services		
	Yes	Somewhat	No	Yes	Some	No
CANS 0 – 4 (N = 21)						
Caregiver Strengths and Needs	2	17	0	5	16	0
Child Behavioral Health / Emotional Needs	0	2	0	19	1	1
Child Risk Factors	0	4	0	18	0	3
Life Domain Functioning	1	13	0	21	0	0
Pre-School / Daycare	0	1	0	18	0	3
Regulatory Functioning	1	2	0	21	0	0
Strengths	4	5	12	20	0	1
Trauma	0	8	0	21	0	0
Youth Developmental Needs / Acculturation / Sexual Abuse	0	2	0	21	0	0
Youth Substance Use	0	2	0	16	4	1

| Table 17. Services in Case Plan Match Childs Needs and Progress on Services for Initial Assessment (Number)						
Domain	Services Align with Case Plan			Progress Towards Services		
	Yes	Somewhat	No	Yes	Some	No
Needs						
CANS 5+ (N = 23)						
Caregiver	0	19	3	7	16	0
Child Behavioral Health / Emotional Needs	0	9	1	22	0	1
Child Risk Factors	0	4	0	22	0	1
Developmental Needs / Acculturation / Sexual Abuse	0	1	1	22	0	0
Domain Functioning: Life	0	15	2	22	0	1
Domain Functioning: School	1	8	0	22	0	1
Runaway	0	0	0	20	3	0
Strengths	6	5	12	18	5	0
Substance Use Needs	0	2	0	21	0	1
Transition Age	0	4	0	23	0	0
Trauma	0	15	1	21	1	1
FAST (N = 22)						
Caregiver Advocacy Status	3	0	2	0	5	0
Caregiver Status	8	1	5	1	10	3
The Family Together	9	0	5	2	9	3
Youth Status	7	0	2	0	7	2

Outcome Analysis

CANS

The Comparison group for CANS outcomes is at the child level and is drawn from a historical pool of children one year prior to CANS implementation who were in care for at least 90 days with an FSNRA completed. The comparison pool contains 2,099 children; however, the Treatment group contains over or near that number of children. To extract groups which are similar in nature, a "reverse" PSM technique is used where the members of the Treatment group are matched to the Comparison group. To alleviate the roughly proportionate size of the Comparison and Treatment groups, half of the Comparison group members were matched to the Treatment group, creating Treatment groups for each cohort with 1,050 children. The variables to determine Propensity scores are service area, gender, Age at the Initial Assessment, race, ethnicity, and allegation of

Table 18. Number of CANS Cases by Age and Cohort		
Cohort	Type of CANS	Total
Comp	0 – 4	1078
	5+	1021
Cohort 1	0 - 4	575
	5+	475
Cohort 2	0 - 4	559
	5+	491
Cohort 3	0 - 4	548
	5+	502
Cohort 4	0 - 4	531
	5+	519

the case associated with the child's removal. Propensity scores were matched using a nearest neighbor algorithm. Table 18 shows the number of children in each cohort by the type of initial CANS assessment given (0 - 4 or 5+).

The CANS assessment is designed to utilize the child's strengths and assess their needs in order to construct a case plan to reduce the number of children in care or place children in a lower level of care. To investigate the latter, Figure 17 and Figure 18 show the initial and (if applicable) subsequent placements for CANS 0 – 4 and CANS 5+ assessments. In Figure 17, as the timeline increases, fewer children are subsequently placed in a pre-adoptive setting and a higher percentage of children are placed in relative or family foster/therapeutic homes. The percentage whose subsequent placement is in congregate care lowered between August 1st, 2015 and July 31st, 2016, but increased from August 1st, 2016 to January 31st, 2017.

Figure 17. Percentage of Children 0-4 Placed By Foster Care Setting
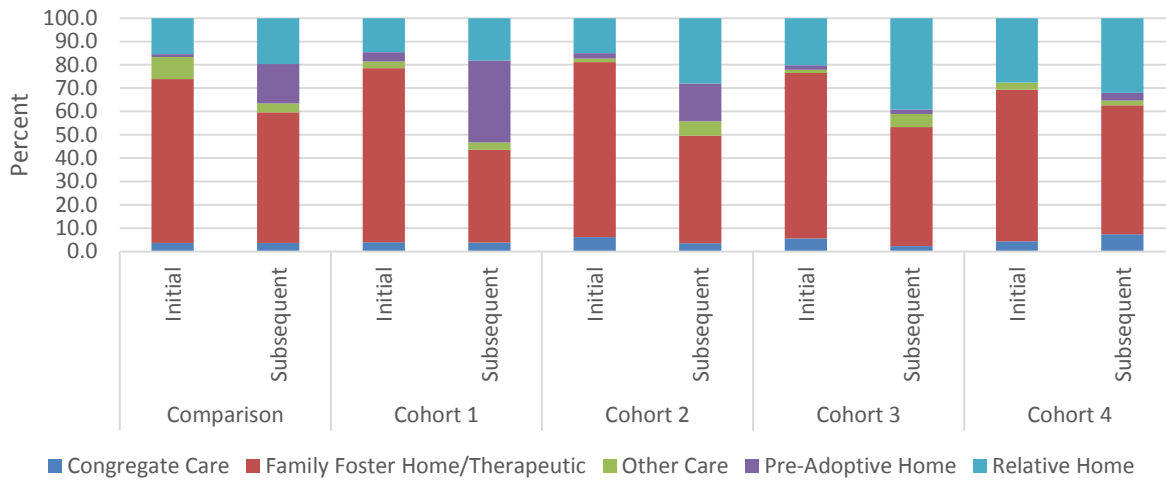
In Figure 18, a larger percentage of children with subsequent placements into pre-adoptive homes in the first year of CANS implementation than in the Comparison group or the second year of implementation. There is a higher percentage of children have subsequent placements in relative care in the second year of implementation than in the Comparison group or first year of implementation. Across all cohorts and the Comparison group, the percentage of children with subsequent placement in congregate care is roughly constant around 38 percent of the time.

Figure 18. Percentage of Children 5+ Placed By Foster Care Setting
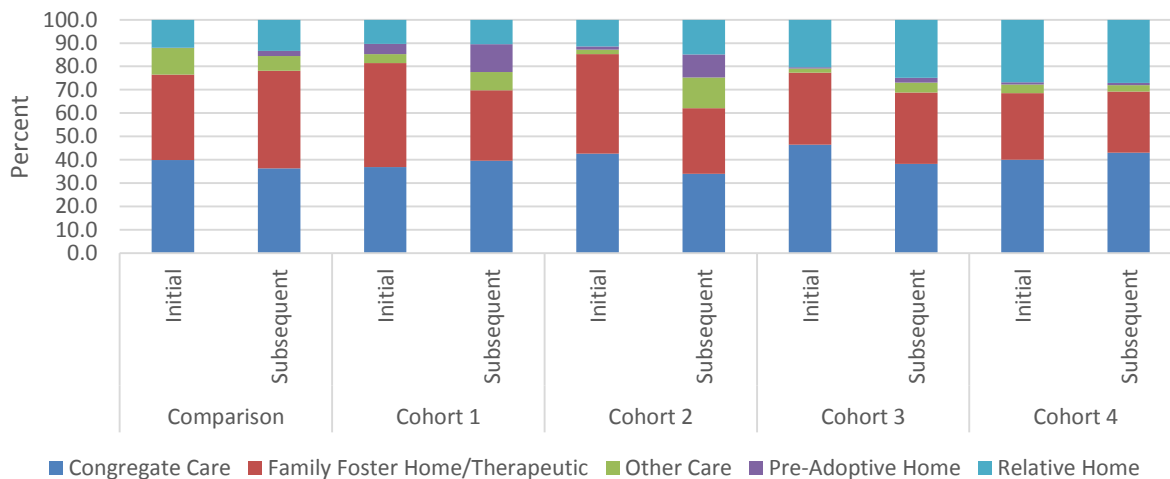
Permanency

One primary goal of the CANS assessment is to ensure that children in foster care achieve permanency in the shortest time possible. To measure this, Table 19 shows the percentage of children who are discharged within three, six, and twelve months of the initial CANS

broken out by cohort and age group. Outcomes are reported when sufficient time has passed. Both treatment cohorts have a statistically significant than the comparison group and have a higher percentage of children discharged from care within all outcome timeframes with the exception of cohort 1 CANS 5+ assessments.

Table 19. Percentage of Children Discharged After Initial CANS						
Timeframe	Comparison		Cohort 1		Cohort 2	
	0 - 4	5+	0 - 4	5+	0 - 4	5+
3 Months	3.1	3.1	13.2	13.1	11.8	15.9
6 Months	15.8	15.2	27.3	24.4	20.8	25.5
12 Months	41.2	37.1	54.6	40.4	-	-

Table 20 shows the permanency outcomes for those discharged from care within three, six, and twelve months of the initial CANS assessment. All treatment cohorts show a statistically significant higher percentage of children reunified for both age groups within three months. Cohorts 1 and 2 show higher percentages of reunification after six months for the Treatment group with respect to the Comparison group.

Table 20. Percentage of Children Discharged by Reason for Discharge						
Timeframe	Comparison		Cohort 1		Cohort 2	
	0 - 4	5+	0 - 4	5+	0 - 4	5+
Reunified Within						
3 Months	1.9	1.3	6.3	5.7	4.7	10.0
6 Months	8.4	8.7	12.2	12.4	10.0	14.5
12 Months	23.7	22.3	23.3	20.8	-	-
Aged Out Within						
3 Months	0.0	0.2	0.0	2.3	0.0	1.0
6 Months	0.0	1.3	0.0	3.4	0.0	1.4
12 Months	0.0	2.5	0.0	6.1	-	-
Other Permanency Within						
3 Months	1.5	2.0	7.1	8.2	7.7	5.9
6 Months	8.0	6.8	15.3	13.1	11.6	11.4
12 Months	18.5	15.6	31.7	21.7	-	-

To measure the stability of youth in care, Figure 19 shows the percentage of children with no more than one placement change within three, six, and twelve months of the initial CANS assessment. With the exception of the three-month outcome for CANS 0 – 4 in Cohort 2, the Treatment group is statically different from the comparison group and have a higher percentage of children with one or fewer placement changes.

Figure 19. Percentage of Children with No More Than One Placement Change
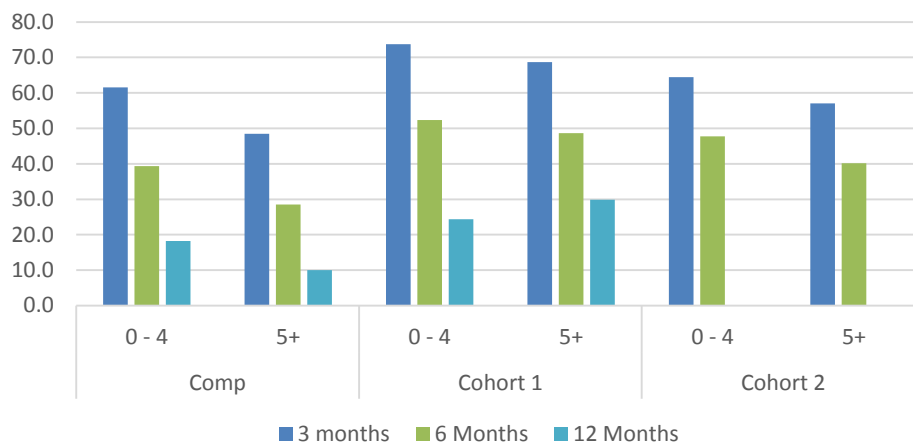
FAST

The FAST Comparison group is selected from a pool of cases opened between 2/1/2014 and 1/31/2015 with a protective or supportive service case type that was opened for at least 90 days with a FSNRA completed for the case. Propensity scores were generated using service area, number of male children, number of female children, average age of the children, the race of the family and the ethnicity of the family. The Comparison pool is roughly the same size as the Treatment groups. To ensure the best possible match, every-other Treatment member was matched to effectively double the Comparison pool size. Table 21 shows the number of cases for the Treatment and Comparison groups.

Table 21. Number of FAST Cases for Tx and Comp Groups		
Cohort	Number of Tx Cases	Number of Comp Cases
Cohort 1	2194	1093
Cohort 2	2167	1078
Cohort 3	2207	1100
Cohort 4	1793	893

Child Removals

Figure 20 shows the percent of cases where at least one child was removed within three, six and twelve months of the initial FAST assessment for the treatment group or the FSNRA assessment for the comparison group. Outcomes are reported when enough time has passed. There is no significance between the treatment and comparison group for any cohort at any removal timeframe. The treatment group in cohort 1 always has a lower percentage of children being removed than the comparison group. The treatment group in

cohort 2 has a slightly higher percentage of children removed in three months than the comparison group, but lower percentages in the six- and twelve-month outcomes. Cohort 3 has a higher percent of children removed in the treatment group with respect to the comparison group in both the three- and six-month outcomes.

Figure 20. Percentage of Cases with at Least One Child Removed Within X Months
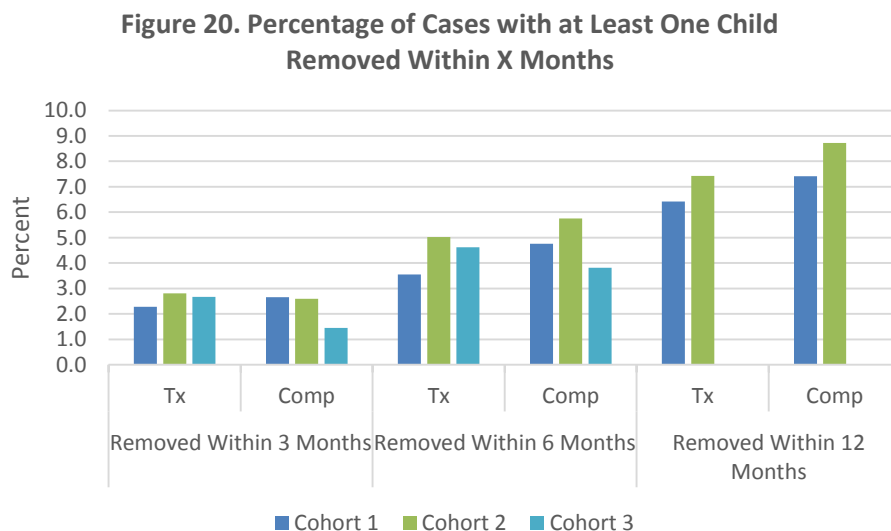
Children Discharged from Care

Figure 21 shows the percentage of children who were removed from their homes within 12 months of the initial FAST assessment that were discharged from care within three, six, and twelve months after entry. The treatment group in cohort 1 reports a lower percentage of children discharged from care within all three timeframes of entering care than the comparison group and a statistically significant lower percentage in 6 months. In the second cohort's treatment group a higher percentage of children discharged are seen in the first two timeframes with respect to the comparison group, but the results are not significant.

Figure 21. Percentage of Children Discharge From Care
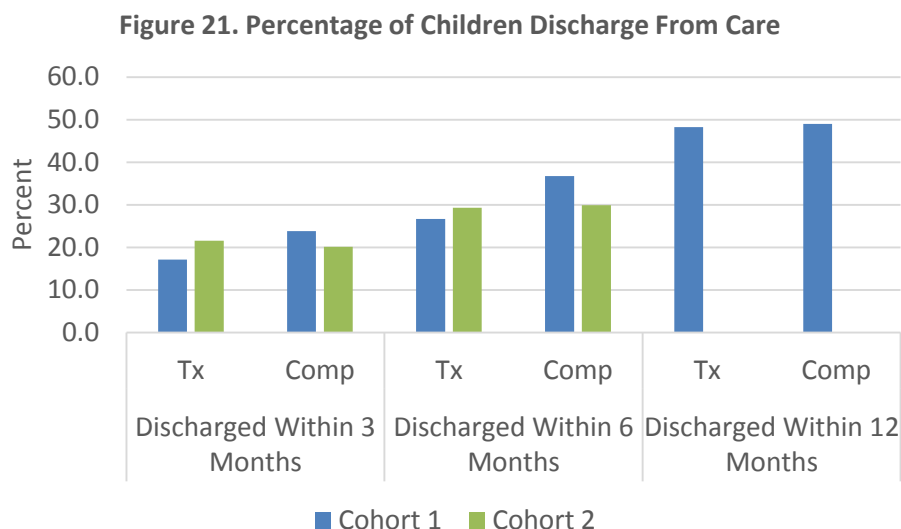
Cost Evaluation

Three data sources are available within DCFS to examine the costs associated with the Waiver programs: administrative cost data which apply results from quarterly Random Moment Time Surveys (RMTS), maintenance payments for children placed in out-of-home care and contracted provider costs for delivery of ancillary services to both children in foster care and those who remain in their homes, including their families. The cost evaluation was limited to two data sources for this review period, RMTS data (excluding the allocation of administrative expenditures) and maintenance payments.

Administrative Costs

Referring to the RMTS results for the fiscal quarter just prior to the start of any of the Waiver initiatives, staff spent a little over half of their time working with cases involving children removed from the home. When the results for the RMTS administered in each of the four quarters for state fiscal year 2016 are examined, the proportion of time staff were engaged in carrying out activities for children in foster care were similar to those prior to implementation of the Waiver.

Table 22. Comparison of RMTS Results Prior to Waiver Implementation to State Fiscal Year 2016					
Program	1st Q SFY 2014	1st Q SFY 2016	2nd Q SFY 2016	3rd Q SFY 2016	4th Q SFY 2016
Adoption Assistance	2.03%	2.63%	3.22%	2.56%	2.33%
Differential Response	2.06%	2.91%	3.28%	3.69%	3.38%
In-Home Service	18.86%	11.54%	11.91%	11.16%	11.02%
Protective Services	12.81%	17.08%	16.92%	18.75%	17.61%
Foster Care	51.28%	53.28%	51.09%	50.16%	51.33%
Training	2.78%	4.40%	3.68%	4.11%	4.26%
Non-Case Related	7.13%	6.00%	7.10%	7.21%	7.81%

Table 22. Comparison of RMTS Results Prior to Waiver Implementation to State Fiscal Year 2016					
Program	1st Q SFY 2014	1st Q SFY 2016	2nd Q SFY 2016	3rd Q SFY 2016	4th Q SFY 2016
Sub-Sample Reallocation	2.73%	2.17%	2.81%	2.35%	2.27%
Totals	100.00%	100.00%	100.00%	100.00%	100.00%

A shift in the proportion of time staff devote to in-home and protective services cases is evidenced however. Prior to the start of the Waiver, staff spent close to 20 percent of their time on in-home service cases and almost 13 percent on protective services cases. During the most recent state fiscal year, staff spent less than 12 percent of their time on in-home service cases and between 17 and 19 percent on protective services cases. The proportion of time staff spent on Differential Response cases has increased by at least one percentage point, rising from staff having spent two percent of their time on DR cases prior to implementation of the Waiver and between 2.9 percent and 3.7 percent in recent quarters.

Arkansas revised its RMTS to capture the proportion of time staff devote to two of the Waiver initiatives, specifically Team Decision Making and Permanency Round Tables. Table 23 below displays the proportion of time staff reported being engaged in these two Waiver initiatives, including by the type of case when engaged in Team Decision Making.

Table 23. Percentage of Time Staff Devote to Team Decision Making and Permanency Round Tables					
Program	1st Q SFY 2014	1st Q SFY 2016	2nd Q SFY 2016	3rd Q SFY 2016	4th Q SFY 2016
In-Home Service TDM	0.0%	0.1%	0.2%	0.2%	0.0%
Protective Services TDM	0.0%	0.2%	0.2%	0.1%	0.1%
Foster Care TDM	0.0%	0.1%	0.3%	0.1%	0.2%
Foster Care PRT	0.0%	0.1%	0.1%	0.1%	0.1%

APPENDIX

Comparison groups are determined using a propensity score matching algorithm designed to calculate propensity scores from input variables and finding the closest propensity score between a comparison pool member to a treatment group member. All Tables in this appendix describe the variables used to generate propensity scores and the p-value significance levels between treatment and matched comparison members. P-values are calculated using a chi-squared method for categorical variables (e.g. gender, race, service area) and a one-way ANOVA method for continuous variables (e.g. age, length in care). Significant values exist when $p < 0.05$. There are no significant differences between the treatment and comparison groups for each initiative across the cohort timeframes.

Table A-1. Significance Levels for Differential Response Comparison Groups							
Matching Criteria	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6	Cohort 7
Area	0.98	0.95	0.92	0.98	0.80	0.59	0.99
County	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of Male Children	0.73	0.89	0.47	0.83	0.91	0.90	0.50
Number of Female Children	0.90	0.58	0.97	0.94	0.95	0.93	0.89
Average Age of Children	0.60	0.92	0.75	0.83	0.60	0.05	0.66
Race	0.53	0.94	0.67	0.36	0.85	0.65	0.90
Ethnicity	0.66	0.68	0.59	0.43	0.94	0.95	0.20
Prior Agency Involvement	0.84	0.70	0.97	0.93	0.80	0.49	0.51
Inadequate Supervision	0.46	0.62	0.85	0.83	0.64	0.54	0.33
Environmental Neglect	0.31	0.75	0.32	0.94	0.23	0.18	0.57
Educational Neglect	0.77	0.41	0.34	0.46	0.57	0.12	0.36

Table A-1. Significance Levels for Differential Response Comparison Groups							
Matching Criteria	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6	Cohort 7
Inadequate Food	0.89	0.74	0.59	0.52	0.62	0.17	0.92
Inadequate Shelter	0.82	0.28	0.60	0.77	0.88	0.19	0.45
Medical Neglect	0.51	0.24	0.37	0.76	0.57	0.95	0.93
Inadequate Clothing	0.59	0.58	0.66	0.60	0.81	0.73	0.76
Lock Out	0.45	0.66	1.00	0.60	0.76	0.46	0.38

Table A-2. Significance Levels for Team Decision Making Comparison Groups				
Matching Criteria	Cohort 1	Cohort 2	Cohort 3	Cohort 4
Area	0.88	0.92	0.70	0.61
Number of Male Children	0.75	0.48	0.78	0.95
Number of Female Children	0.66	0.78	0.88	0.72
Average Age of Children	0.73	0.36	0.16	0.07
Race of Family	1.00	0.92	0.28	0.36
Ethnicity of Family	1.00	0.75	0.72	0.99
Abandonment	1.00	1.00	1.00	0.62
Relinquishment	1.00	1.00	1.00	1.00
Alcohol Abuse (Child)	1.00	1.00	1.00	1.00

Table A-2. Significance Levels for Team Decision Making Comparison Groups				
Matching Criteria	Cohort 1	Cohort 2	Cohort 3	Cohort 4
Alcohol Abuse (Parent)	1.00	0.57	0.72	1.00
Caretaker's Inability to Cope	0.31	1.00	0.62	0.48
Neglect	0.55	0.63	0.92	0.99
Child's Behavior Problem	1.00	0.32	0.48	1.00
Child's Disability	1.00	1.00	1.00	0.48
Death of Parent	1.00	1.00	0.48	1.00
Drug Abuse (Child)	1.00	1.00	0.48	1.00
Drug Abuse (Parent)	1.00	0.52	0.87	0.27
Inadequate Housing	1.00	0.56	0.79	0.72
Incarceration of Parent	1.00	0.41	0.52	0.81
Physical Abuse	0.55	0.73	0.52	0.83
Sexual Abuse	1.00	0.32	0.22	1.00
Prior Agency Involvement	0.25	0.69	0.61	0.59

Table A-3. Significance Levels for Nurturing the Families of Arkansas Comparison Groups			
Matching Criteria	Cohort 1	Cohort 2	Cohort 3
Area	0.88	0.33	0.95
Number of Male Children	0.93	0.55	0.91
Number of Female Children	0.93	0.33	0.49
Average Age of Children	0.41	0.31	0.22
Race of Family	0.31	0.21	0.70
Ethnicity of Family	0.59	0.75	0.97
Prior Agency Involvement	0.70	0.47	0.67

Table A-4. Significance Levels for Arkansas Creating Connections for Children Comparison Groups			
Matching Criteria	Cohort 1	Cohort 2	Cohort 3
Placement Home Area	0.96	0.96	0.93
Child Removal Area	0.94	1.00	1.00
Gender of Child	0.93	0.60	0.49
Age at Placement	0.66	0.85	0.86
Length in Care Prior to Placement	0.69	0.32	0.82
Race of Child	0.72	0.72	0.73
Ethnicity of Child	1.00	0.87	0.77
Abandonment	0.76	0.48	0.61
Relinquishment	1.00	1.00	1.00
Alcohol Abuse	1.00	1.00	0.69
Caretaker Coping	1.00	0.57	0.82
Neglect	0.67	0.88	0.84
Behavioral	0.76	0.70	0.78
Disability	1.00	1.00	1.00
Death of Parent	0.56	0.56	0.08
Drug Abuse	0.40	0.65	0.95
Inadequate Housing	0.66	0.73	0.84
Incarceration	0.40	0.65	0.80
Physical Abuse	0.63	0.39	1.00
Sexual Abuse	0.85	1.00	1.00

Table A-5. Significance Levels for CANS Assessment Comparison Groups				
Matching Criteria	Cohort 1	Cohort 2	Cohort 3	Cohort 4
Area	0.91	1.00	1.00	0.99
Gender	0.19	0.32	0.95	0.77
Average Age of Children	0.59	0.76	0.46	0.98
Race of Family	0.96	0.98	0.46	0.59
Ethnicity of Family	0.53	0.60	0.21	0.76
Abandonment	0.60	0.59	0.82	0.82
Relinquishment	0.53	1.00	1.00	0.53
Alcohol Abuse (Child)	0.39	0.11	0.79	0.79
Alcohol Abuse (Parent)	0.89	0.60	0.70	0.80
Caretaker's Inability to Cope	0.22	0.22	0.47	0.82
Neglect	0.54	0.75	0.34	0.66
Child's Behavior Problem	0.50	1.00	0.87	0.75
Child's Disability	0.66	1.00	0.66	0.66
Death of Parent	0.41	0.58	0.35	0.10
Drug Abuse (Child)	0.48	0.37	1.00	0.48
Drug Abuse (Parent)	0.97	0.59	0.41	0.89
Inadequate Housing	0.47	0.75	0.69	0.69
Incarceration of Parent	0.72	0.50	0.98	0.64

Table A-5. Significance Levels for CANS Assessment Comparison Groups				
Matching Criteria	Cohort 1	Cohort 2	Cohort 3	Cohort 4
Physical Abuse	0.94	0.70	0.64	0.65
Sexual Abuse	0.76	0.85	0.44	0.38

Table A-6. Significance Levels for FAST Assessment Comparison Groups				
Matching Criteria	Cohort 1	Cohort 2	Cohort 3	Cohort 4
Area	0.58	0.95	0.59	0.90
Number of Males	0.16	0.93	0.81	0.52
Number of Females	0.12	0.55	0.96	0.50
Average Age of Children	0.92	0.98	0.97	0.17
Race of Family	0.72	0.35	0.58	0.83
Ethnicity of Family	0.22	0.28	0.87	0.28