

# APPENDIX C

## SUPPLEMENTAL REPORTS

1. Special Report – *“Review of Eligibility and Enrollment Framework (EEF) Project Procurement—Arkansas Department of Human Services - For the Period May 2011 through January 2016”* -Released on October 14, 2016 by Arkansas Legislative Audit
2. *“Analysis of the Rise in Arkansas’ Foster Care Population”*-Arkansas Department of Human Services – Division of Children and Family Services -Produced June 2016 by Hornby Zeller Associates, Inc.
3. Special Report – *“Moving Beyond Crisis” Phase one: Plan to Stabilize the Arkansas Child Welfare System* –Released November 2016 by the Arkansas Department of Human Services

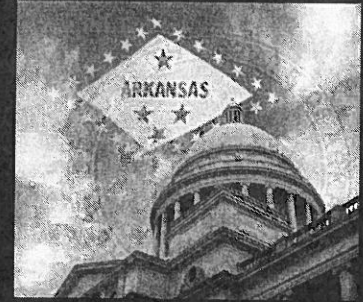


# Special Report

Arkansas Legislative Audit

## Review of Eligibility and Enrollment Framework (EEF) Project Procurement

Arkansas Department of Human Services  
For the Period May 2011 through January 2016



### INTRODUCTION

This report is presented in response to a request by the Joint Performance Review Committee of the General Assembly, approved by the Executive Committee of the Legislative Joint Auditing Committee, for Arkansas Legislative Audit (ALA) to review procurements made by the Department of Human Services (DHS) in relation to the Eligibility and Enrollment Framework (EEF) Project. Procurements for the EEF Project were achieved either through a cooperative purchasing agreement or other state contracting method. Cooperative purchasing agreements allow a governmental entity to use an existing agreement established by another governmental entity, either within the State or outside the State, to contract with a vendor. Other contracting methods include sole source agreements, requests for proposals (RFPs), or invitations for bids.

### OBJECTIVES

The objectives of this report were to review the following regarding the EEF Project:

1. Approval process and documentation supporting billable time.
2. Additions to and deletions of remote resources from the EEF Project.
3. Skills, knowledge, and experience of the personnel employed under the cooperative purchasing agreement or other contracts.
4. Payment of invoices for adherence to applicable laws and regulations.
5. Contractual delivery dates and whether they were met.

### SCOPE AND METHODOLOGY

The review was conducted primarily for the period May 2011 through January 2016. The information provided in this report was obtained from DHS, the Department of Finance and Administration (DFA), and the Department of Information Systems (DIS). ALA staff interviewed relevant DHS personnel and reviewed relevant documents, such as contracts, statements of work (SOWs), and data in the Arkansas Administrative Statewide Information System (AASIS).

The methodology used in preparing this report was developed uniquely to address the stated objectives; therefore, this report is more limited in scope than an audit or attestation engagement performed in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States.

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## SUMMARY OF PRIOR SPECIAL REPORT

This section summarizes a special report issued by ALA on June 24, 2015, entitled "Review of Selected Software Procurements and Cooperative Purchasing Agreements" at DHS regarding three projects, including the EEF Project.

The EEF Project is the first part of a plan to move all DHS programs into an Agency-wide commercial-off-the-shelf (COTS) software framework. DHS will use this framework to automate the business processes of its various divisions and offices. This framework will also serve as the system of record for Medicaid eligibility and enrollment and must exchange data with MMIS to process Medicaid claims. DHS currently interfaces with the Medicaid Management Information System (MMIS) using two existing mainframe systems: (a) the Arkansas Client Eligibility System (ACES) and (b) Arkansas's Networked System for Welfare Eligibility and Reporting (ANSWER), the DHS centralized system. The new framework will replace both of these systems and interface with the legacy MMIS.

The EEF Project consists of three phases:

**Phase 1:** *Health Care Reform* was scheduled to be moved into the maintenance and operations stage by January 2016, a five-month delay from the initial estimate of July 2015.

**Phase 2:** *Supplemental Nutrition Assistance Program (SNAP)* has been developed on a parallel track by RedMane Technologies. The pilot implementation was scheduled for April 2015 through June 2015, with a statewide roll-out starting in April 2016, an eight-month delay from the initial estimate of July 2015.

**Phase 3:** *Traditional Medicaid* contains more than 10 separate programs, with implementation currently delayed. DHS's intent was to develop an RFP for release during the early part of calendar year 2016.

On behalf of DHS, the Office of State Procurement (OSP) issued an RFP for the EEF Project on July 5, 2012. Proposals with cost estimates were submitted by Northrop Grumman and Noridian Administrative Services, LLC (Noridian), for \$52.8 million and \$65.4 million, respectively. DHS selected the proposal submitted by Noridian and began negotiations on November 8, 2012, although the purpose and objectives of negotiations were not documented, as required by State Procurement Rule R8:19-11-230(b). The decision to cease negotiations on February 13, 2013, after approximately three months, was made by DHS personnel involved with the Project, including Joni Jones, Director of the DHS Division of County Operations; Dick Wyatt, DHS Chief Information Officer (CIO); Janie Huddleston, DHS Deputy Director; and John Selig, DHS Director, in consultation with Jane Benton, OSP Director.<sup>1</sup> Negotiations were stopped due to the failure of DHS and Noridian to agree on milestone dates and penalties.

DHS personnel chose to utilize an existing statewide cooperative purchasing agreement with Computer Aid, Inc. (CAI), for information technology (IT) staff augmentation, which requires paying CAI a 6.9% mark-up of all invoices. Under the cooperative purchasing agreement with CAI, DHS developed numerous SOWs for various contractors, three of which were identified in the Noridian proposal discussed above: (a) Cúram Software, (b) EngagePoint, and (c) eSystems, Inc.

**Cooperative purchasing agreements** allow a governmental entity to use an existing purchasing agreement established by another governmental entity, either within the State or outside the State, to contract with a vendor.

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<sup>1</sup>None of these individuals are currently employed with DHS or OSP.

DHS also established a Project Management Office to oversee or track 95% of DHS's IT projects. The office is organizationally under the Division of Medical Services (DMS) but is overseen by an IT steering committee composed of DHS employees. DHS assigned a Project Management Office Director in April 2015, and as of May 31, 2015, all other Project Management Office staff were contract labor provided by Cognosante.

## UPDATED INFORMATION FROM PRIOR SPECIAL REPORT

**Exhibit I** provides the most current total expenditures by the State of Arkansas to CAI from fiscal year 2007 through June 30, 2016.

As noted in the prior ALA special report, DHS began negotiations with Noridian to finalize the contract for the EEF Project and was represented in negotiations by a contracted individual working for CAI. Using CAI to represent the State in negotiations appears to be a conflict of interest as defined in Federal Code since CAI subsequently received contracts for development of the software system. The applicable portion of 45 CFR § 92.36(b)(3) states the following:

Grantees and subgrantees will maintain a written code of standards of conduct governing the performance of their employees engaged in the award and administration of contracts. No employee, officer or agent of the grantee or subgrantee shall participate in selection, or in the award or administration of a contract supported by Federal funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when:

- (i) The employee, officer or agent,
- (ii) Any member of his immediate family,
- (iii) His or her partner, or
- (iv) **An organization which employs, or is about to employ, any of the above, has a financial or other interest in the firm selected for award.** [emphasis added]

**ALA staff recommend** that DFA review DHS' contract and relationship with CAI to determine if additional conflicts of interest exist and establish safeguards in using cooperative purchasing agreements.

Basic functionality of Phase 1 of the EEF Project, Health Care Reform, was moved to maintenance and operations within the January 2016 revised timeframe. On December 1, 2015, the Governor directed DHS to pause development of additional features of the EEF system. Although development of new features has been halted, certain system development has continued so that the State is in compliance with federal mandates. On average for a three-month period, \$3.0 million is expended on these compliance efforts and expenses associated with maintenance and operations; prior to the Governor's directive, DHS expended an average of \$4.3 million *per month*. The cost of design, development, and implementation for the EEF Project totaled \$152.9 million as of June 30, 2016, as presented in **Exhibit II on page 4**.

Fiscal Year	Total Expenditures
2007	\$ 1,336,142
2008	2,774,163
2009	4,757,170
2010	7,914,574
2011	10,207,560
2012	15,135,845
2013	15,026,291
2014	45,382,474
2015	55,252,220
2016	38,673,301
Total	<u>\$ 196,459,740</u>

*Source: Arkansas Administrative Statewide Information System (AASIS; unaudited by Arkansas Legislative Audit)*

**Review of Eligibility and Enrollment Framework (EEF) Project Procurement**

**Exhibit II**

State of Arkansas  
Expenditures Related to Design, Development, and Implementation of Eligibility and Enrollment Framework (EEF) Project  
As of June 30, 2016

Vendor Name	Project Purpose	Total Expenditures by Project Purpose	Vendor Total
<b>Professional Services</b>			
Computer Aid, Inc. (CAI)	Project management	\$ 4,959,332	\$ 6,238,019
	Contingency planning	231,053	
	Office change management	419,384	
	Development	628,250	
Consumer Health Technologies, Inc. (dba EngagePoint) Cognosante	System integrator	27,502,959	27,502,959
	Project management	3,417,030	
	Independent verification & validation	209,688	
eSystems, Inc.	Cúram development	29,189,691	37,983,132
	Cúram development & operations	8,793,441	
Department of Information Systems	Systems hosting/security	4,210,689	8,369,005
	Application hosting	4,158,316	
International Business Machines Corporation (IBM)	Cúram product oversight	4,942,548	5,149,080
	Technical training	206,532	
Ilantus Technologies Northrop Grumman	Single sign-on implementation	365,884	365,884
	ANSWER transition/reporting	11,800,299	
RedMane Technology	Supplemental Nutrition Assistance Program (SNAP)	7,094,739	11,800,299
	Medicaid	8,425,733	
Xerox	Document imaging	379,405	379,405
	HP Enterprise Services	Private Option - Design, development, & implementation	
HP Enterprise Services	Private Option - Hosting services	1,519,974	2,240,623
	ProTech Solutions	Development	
First Data Consulting Solutions	Independent verification & validation	3,076,773	1,191,858
	Security audits	64,093	
<b>Total Professional Services</b>			<b>3,140,866</b>
<b>Total Professional Services</b>			<b>123,508,320</b>
<b>Other Expenses</b>			
Software licensing			25,373,922
Arkansas employee payroll & benefits			2,408,049
Facility rental, equipment, & supplies			1,632,663
<b>Total Other Expenses</b>			<b>29,414,634</b>
<b>Total Project Cost</b>			<b>\$ 152,922,954</b>

Source: Department of Human Services (unaudited by Arkansas Legislative Audit)

Completion of the Phases 2 and 3 of the EEF Project (i.e., SNAP and Traditional Medicaid) will be included in a System Integrator RFP. As of report date, DHS, DIS, and the Gartner Group are developing the various requirements of the RFP. After completion, DHS will seek approval from the Centers for Medicare and Medicaid Services (CMS); plans are to release the RFP for bid in late summer 2016.

In July 2015, DHS amended an existing contract with Cognosante to provide project management of the EEF Project. In addition, DHS assigned personnel to begin staffing the Project Management Office.

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## RESULTS OF REVIEW

ALA staff review of DHS procurements related to the EEF Project revealed that DHS assumed all risk associated with EEF Project design and development by using time and materials contracts (i.e., staff augmentation contracts). Additionally, DHS personnel lacked skills, knowledge, and experience related to management of projects of the size and scope of the EEF Project, and DHS failed to maintain EEF Project documentation, including methodology for approving vendors' submissions of billable time.

Results are discussed below by objective.

### **Objective 1: Review the Approval Process and Documentation Supporting Billable Time**

Prior to October 1, 2015, Arkansas agencies were required to adhere to the following process when utilizing the State's cooperative purchasing agreement with CAI for IT needs, regardless of whether services were provided on-site or off-site:

- To submit a request for services, an authorized employee of an agency logged into the People Check system or contacted a CAI service representative.
- State agencies either allowed CAI to select who would perform the work or directed CAI to use a particular vendor.
- When the work to be performed was lengthy, an agency provided a statement of work (SOW) to DIS.
- DIS reviewed the SOW to ensure that it contains only work to be performed, and any contractual terms (e.g., payment requirements, references to master or service agreements, or other language covered in the CAI contract) were removed.
- After the review by DIS was complete, CAI, subcontractors, and the agency executed the agreed-upon SOW. Although an agency could inquire into DIS' ability to perform the work, agencies were not required to do so before contracting with CAI.
- As work was performed, the subcontractor recorded hours worked in the People Click system. Authorized agency personnel reviewed and approved the hours reported. DIS received a monthly report from CAI of approved time and utilized this information to break out charges by agency and to bill the agencies accordingly.

Beginning October 1, 2015, DIS implemented additional requirements to which agencies must adhere when employing subcontractors under the CAI contract:

1. SOWs must contain performance standards and evaluation criteria.

2. If expenditures for project costs will exceed:
  - \$10,000, a purchase requisition must be created. Agencies pay DIS directly for amounts owed to CAI.
  - \$100,000, a solicitation review memorandum must be created and approved by DFA – Intergovernmental Services and DIS.
  - \$1 million, a solicitation review memo must be approved by DFA – Intergovernmental Services, DIS, and the Office of the Governor.
3. A SOW determined to be for technical and general services of \$100,000 or more must be submitted for Arkansas Legislative Council (ALC) review, before review by DIS.
4. A SOW determined to be for professional consulting services of \$50,000 or more must be submitted to ALC for review before execution.

All contracting for the development of the EEF Project utilized the guidelines in place prior to October 1, 2015, with the exception of one SOW with eSystems, Inc., initiated in December 2015 for application maintenance and operations.

In the automated environment used for vendor billing, time records were reviewed by DHS staff or Project Management Office contractors to determine if time charged by vendors appeared appropriate. Based on the use of a time and materials contract (i.e., a staff augmentation contract), completion of an end product would not have been the determining factor for authorizing payment for services. In the sample of personnel time payments tested by ALA staff, 84% of time sheets were approved by Dick Wyatt, former CIO at DHS. The remaining 16% of timesheets were approved by a contractor in the Project Management Office. No documentation was available regarding the methodology used to determine if time charged by vendors was appropriate.

#### **Objective 2: Review Additions to and Deletions of Remote Resources from the Project**

ALA staff requested information from DHS and DIS regarding the manner in which program coding and changes were monitored by the agencies. Monitoring program coding or changes to coding allows an agency to review and approve modifications to a system and withhold payment for coding that fails user acceptance testing. The only vendor identified by DHS as operating at a remote location was RedMane Technologies. As of report date, DHS was unable to provide a comprehensive file of program coding or changes made by vendors at remote locations.

In accordance with Federal Code, DHS received and provided programming code to other states during the development of the EEF system. According to DHS personnel, the State of Arkansas received programming code from North Carolina and Maryland and provided code to South Carolina. DHS has stated that no expense was incurred for programming code received from other states; however, if the code received must be modified, DHS would incur expenses associated with the modifications. As discussed in the section on page 7 related to Objective 4, the cost of modification could not be determined.

#### **Objective 3: Review Skills, Knowledge, and Experience of Personnel Employed Under the Cooperative Purchasing Agreement or Other Contracts**

To augment staff requirements for the design, development, and implementation of the EEF Project, DHS developed SOWs with various vendors through two methods: (a) a cooperative purchasing agreement with CAI or (b) directly with vendors currently under other statewide

contracts. Approximately 90% of all professional services were obtained under the CAI contract.

To determine if the State was provided with knowledgeable contractors, ALA staff selected 40 contractors and reviewed their résumés and experience. The contractors selected and the amount paid to each are shown in **Exhibit III on page 8**. Based on the résumés reviewed, ALA staff noted that 10 contractors had not previously worked with the Cúram software. Although not a requirement of the various SOWs, previous experience with the Cúram software would have provided a basis to evaluate the contractors' skills and abilities.

**Objective 4: Review Payment of Invoices for Adherence to Applicable Laws and Regulations**

As discussed previously, CAI electronically submits billable time to DIS and adds a 6.9% charge. In turn, DIS bills state agencies for the total CAI invoice. Due to the electronic billing and contract methodology, billing is simply a matter of time worked that has been approved, as discussed on page 6 regarding Objective 1.

**Objective 5: Review Contractual Delivery Dates and Whether They Were Met**

A review of SOWs noted various deliverables with associated dates. ALA staff selected SOWs representing approximately 30% of the SOWs, identified various deliverables, and requested documentation from DHS to determine if these items were received by DHS in accordance with the SOWs' delivery timeline.

In response to the request for documentation, DHS personnel stated that work performed was on a time and materials basis, and deliverables identified in the various SOWs were not actually deliverables but indicators of projects on which the vendor was expected to work. No payments were tied to delivery of the project, and daily work was not limited to the projects or timeline.

Because DHS did not consider the deliverables as projects to be completed within the associated dates and was unable to provide detailed project documentation, ALA staff could not determine whether items were delivered. It should be noted that DHS did provide release notes and deployment listings as documentation; however, these items lacked substantive information regarding programmer, approver, or results testing.

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**CONCLUSION**

By utilizing time and materials contracts, DHS assumed all risk associated with the design and development of the EEF Project. Based on interviews with DHS personnel and the lack of sufficient documentation noted in this report, DHS personnel lacked the project management knowledge needed for producing systems of the size and scope of the EEF Project. In July 2015, DHS amended an existing contract with Cognosante to provide project management of the EEF Project. In addition, DHS has assigned personnel to begin staffing a Project Management Office.

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**MANAGEMENT RESPONSE**

Management Response is available in its entirety in **Appendix A**.

**Review of Eligibility and Enrollment Framework (EEF) Project Procurement**

**Exhibit III**

**Eligibility and Enrollment Framework (EEF) Project  
Selection of Contractors and Amounts Paid to Computer Aid, Inc. (CAI)  
As of February 28, 2016**

Contractor Name	Vendor	Date of Work (Month/Year)	Amount
Bindal, Mukul	eSystems, Inc.	2/13 - 12/15	\$ 819,130
Chewula, Kumar	eSystems, Inc.	5/13 - 12/15	1,248,128
Choudhary, Prasoon K	eSystems, Inc.	5/13 - 12/15	1,299,581
Darya, Saeed	eSystems, Inc.	9/15 - 12/15	135,609
Deng, Zeyu	RedMane Technology LLC	7/14 - 8/14	27,786
Eichorn, Paul	First Data Government Solutions, LP	3/14 - 1/15	271,099
Faris, Lori	Consumer Health Technologies, Inc. (dba EngagePoint)	4/13 - 1/15	943,302
Harris, Felisha	Computer Aid, Inc. (CAI)	9/12 - 12/12	50,960
Kahn, Sanford	Northrop Grumman Systems Corporation	3/14 - 2/16	799,710
Kardam, Akhil	eSystems, Inc.	7/13 - 12/15	737,447
Karmakar, Dibyendu	Consumer Health Technologies, Inc. (dba EngagePoint)	9/13 - 1/15	529,539
	eSystems, Inc.	2/15 - 12/15	267,476
Lemelin, Abby	Consumer Health Technologies, Inc. (dba EngagePoint)	4/13 - 4/14	309,862
Lewis, Kenny	Computer Aid, Inc. (CAI)	10/12 - 11/13	338,580
Liu, Bin	eSystems, Inc.	6/13 - 9/15	877,591
	Consumer Health Technologies, Inc. (dba EngagePoint)	4/13 - 11/14	654,159
Mahapatra, Rakesh	eSystems, Inc.	12/14 - 1/16	296,551
	ProTech Solutions, Inc.	11/14 - 12/14	13,596
Mak, Max	Computer Aid, Inc. (CAI)	6/12 - 8/12	42,180
Makam, Vijay	eSystems, Inc.	2/14 - 12/15	834,036
McClain, Daniel	Consumer Health Technologies, Inc. (dba EngagePoint)	7/13 - 8/14	630,173
	ProTech Solutions, Inc.	12/14 - 12/15	297,586
Mohammad, Samee	Consumer Health Technologies, Inc. (dba EngagePoint)	4/13 - 1/15	909,962
Mohrman, Harry	Northrop Grumman Systems Corporation	10/13 - 2/16	755,656
Nanda, Shiva	Consumer Health Technologies, Inc. (dba EngagePoint)	8/13 - 1/15	377,234
	eSystems, Inc.	4/15 - 9/15	83,690
Nel, Lizette	RedMane Technology LLC	3/14 - 11/15	801,110
Nickels, Clay	Computer Aid, Inc. (CAI)	9/11 - 12/14	940,131
Nofiele, Regie	eSystems, Inc.	6/13 - 12/15	800,386
Pardeshi, Yogesh	eSystems, Inc.	7/13 - 1/14	250,932
Rahman, Anzia	Consumer Health Technologies, Inc. (dba EngagePoint)	1/14 - 3/14	71,033
Raju, Jabin	Consumer Health Technologies, Inc. (dba EngagePoint)	10/13 - 12/13	48,231
Ramineni, Sarath C	eSystems, Inc.	7/13 - 12/15	963,345
Reddy Doddipalli, Bharath	eSystems, Inc.	6/15 - 12/15	128,436
Santos, Azer	Consumer Health Technologies, Inc. (dba EngagePoint)	8/14 - 12/14	139,838
	Consumer Health Technologies, Inc. (dba EngagePoint)	7/13 - 11/14	529,269
Sattineni, Rajender	eSystems, Inc.	2/15 - 12/15	331,430
	ProTech Solutions, Inc.	11/14 - 1/15	52,792
Sawhney, Vivek	eSystems, Inc.	8/13 - 12/15	840,484
Schrubb, Todd	Computer Aid, Inc. (CAI)	8/11 - 9/13	719,727
Shah, Sameer	RedMane Technology LLC	1/14 - 10/15	947,971
Starlard, Willard	First Data Government Solutions, LP	7/13 - 12/15	745,551
Subbiah, Sudhakar	Consumer Health Technologies, Inc. (dba EngagePoint)	7/13 - 9/14	570,885
	eSystems, Inc.	5/15 - 12/15	195,862
Tripurneni, Yogi	Consumer Health Technologies, Inc. (dba EngagePoint)	11/13 - 1/15	453,180
	RedMane Technology LLC	3/15 - 12/15	276,981
Vallepu, Venkateswara	eSystems, Inc.	12/14 - 12/15	401,286
Vankadara, Guru Vamshi K	eSystems, Inc.	6/13 - 12/15	944,449
Zeni, Ovais	RedMane Technology LLC	8/14 - 12/15	304,611
<b>Total Paid</b>			<b>\$ 25,008,543</b>

Source: Department of Information Systems (unaudited by Arkansas Legislative Audit)

## Appendix A

### Arkansas Department of Human Services Management Response

On July 26, 2016, Arkansas Legislative Audit (ALA) provided the Department of Human Services (DHS) a draft special report regarding procurement for the Eligibility and Enrollment Framework (EEF) project. DHS appreciates ALA allowing this opportunity to respond.

DHS has been working to address many of the lessons learned over the last few years on the EEF project. As many studies and reports have noted, an effort with the magnitude and complexity of the EEF project was not a good fit for time-and-materials engagements. The agency is currently engaged with Gartner, Inc. to help gather requirements, develop a fixed price fixed deliverable RFP, and procure systems integration (SI) services to deliver the outcome of the State visioning committee's recommendations. The RFP is anticipated to complete state and federal reviews and be posted in the 4<sup>th</sup> quarter of 2016 with an anticipation to award in early 2017.

DHS has also eliminated all but two time and material resources it contracted through the Computer Aid, Inc. (CAI) cooperative contract held by the Department of Information Systems (DIS) on the EEF project. As noted in this report, the eSystems, Inc. contract initiated in 2015 converted project delivery resources to a fixed price fixed deliverable contract with performance standards and evaluation criteria. The only two resources remaining on the EEF project under the CAI agreement are one person to manage the reporting server software and one resource responsible for release management and coordination. These resources are currently engaged under CAI using the new DIS requirements specified in the report. Additionally, all current EEF project resources have been through the required executive and legislative review processes.

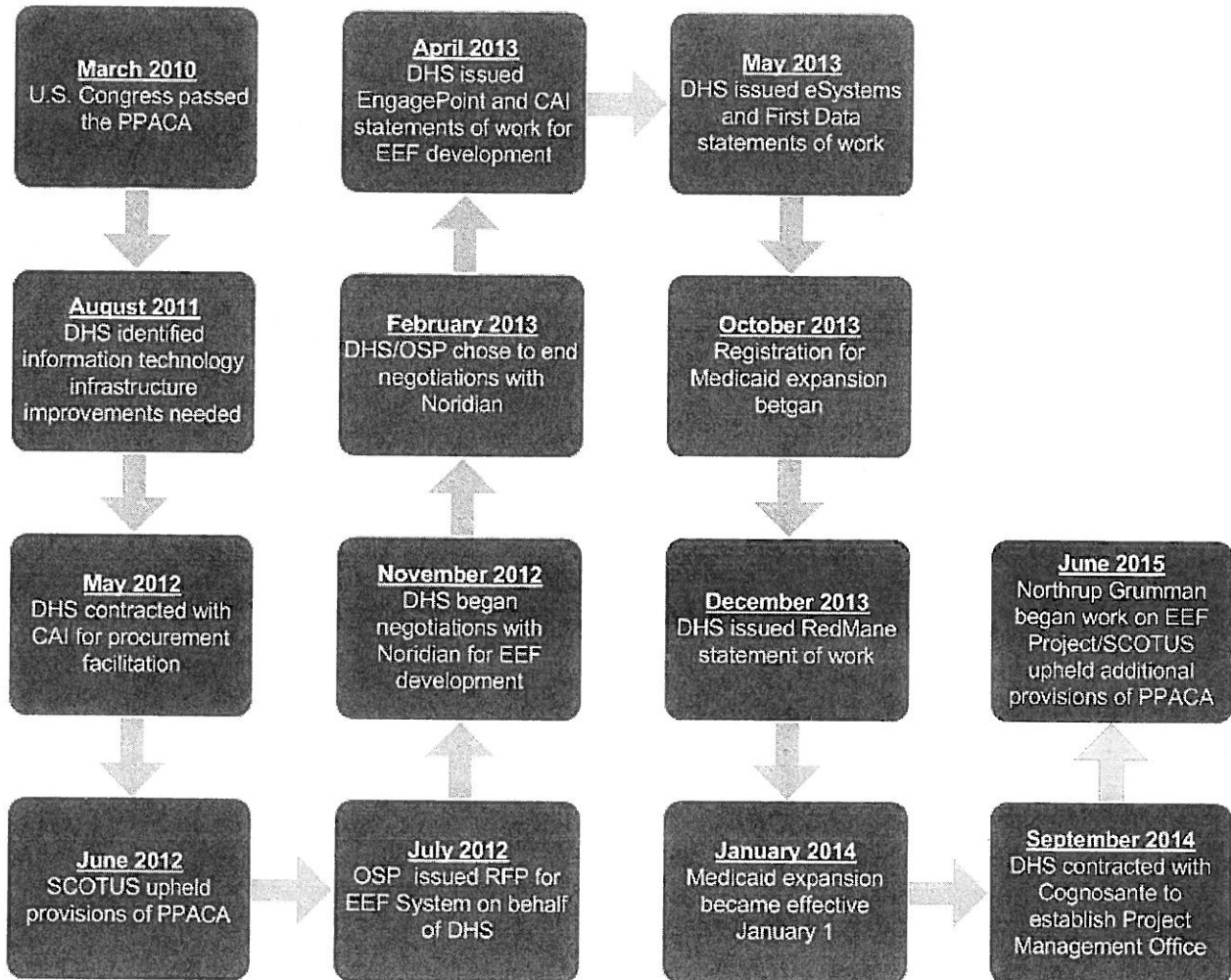
RedMane Technologies was focused on implementing the Supplement Nutritional Assistance Program (SNAP) and was not involved in the Health Care Reform portion of the EEF project. RedMane was preparing to enter user acceptance testing which was halted in December 2015 in accordance with the Governor's directive to pause new features until a bid could be performed and a systems integrator was in place. So, none of the RedMane coding changes were submitted for production system changes.

Finally, DHS would like to note the organizational improvement being made under Director Gillespie's leadership. The agency has centralized shared services for its key business operations, including centralized information technology, finance and procurement functions. Centralized finance functions will allow for greater oversight on expenditures and faster responses when decisions are made to slow spending or withhold payments for non-performance on projects. Most importantly, the DHS Office of Procurement and a Chief Procurement Officer has been put into place to ensure greater consistency in procurements across the department and ensure best practice and procurement methods are utilized. Additionally, the agency is acting to augment and retain the IT staffing needed to close the manpower, knowledge and skills gaps noted in the report.

In conclusion, DHS has worked to mitigate risk by moving away from time and materials contracts for the EEF project to fixed price fixed deliverables contracts and is working on comprehensive bid to complete the state's vision. DHS has implemented organizational changes to its key business operations to make certain best practices are being consistently utilized at DHS. DHS is continuing to evaluate its programmatic operations to further ensure similar best practices and consistency across the entire organization.

## Appendix B

Flowchart of Events Related to the Patient Protection and Affordable Care Act



CAI = Computer Aid, Inc.  
 EEF = Eligibility and Enrollment Framework  
 DHS = Department of Human Services  
 OSP = Office of State Procurement  
 PPACA = Patient Protection and Affordable Care Act  
 SCOTUS = Supreme Court of the United States

**Note:** Between April and October 2013, the Centers for Medicare and Medicaid Services (CMS) issued 17 amendments for mandatory implementation by the State.

## Appendix C

### Department of Information Systems Billing Information for Computer Aid, Inc. (CAI) For Fiscal Years 2011 through 2016

Agency	Fiscal Year						Grand Total
	2011	2012	2013	2014	2015	2016	
Administrative Office of the Courts	\$ 66,539	\$ 412,279	\$ 940,736	\$ 688,295	\$ 614,076	\$ 424,599	\$ 3,146,524
Arkansas Board of Examiners in Counseling					15,969	37,712	53,681
Arkansas Board of Registration for Foresters		9,968			270		10,237
Arkansas Crime Information Center	160,732	191,499	8,958		135,551	638,051	1,134,791
Arkansas Economic Development Commission	42,736	23,597	14,932	28,794			110,059
Arkansas Forestry Commission			2,806	43,357	18,299		64,462
Arkansas Game and Fish Commission	45,492						45,492
Arkansas Geographic Information Office	161,188	204,918	239,516	265,840	322,843	277,904	1,472,209
Arkansas Manufactured Home Commission						26,992	26,992
Arkansas Motor Vehicle Commission				3,992	12,301	2,374	18,667
Arkansas Public Defender Commission	11,848	8,740	11,330	11,491	13,110	70,785	127,304
Arkansas Rehabilitation Services				264,868	543,031	430,974	1,238,873
Arkansas Science and Technology Authority		374,131	18,403				392,534
City of Fayetteville					51,713		51,713
Department of Career Education						30,537	30,537
Department of Education	248,504	1,140,694	1,744,594	1,423,519	1,692,392	1,158,120	7,407,821
Department of Environmental Quality	86,768	48,323	38,479	15,063	49,410	25,360	263,402
Department of Finance and Administration (DFA)		18,236	6,515	496	6,701	27,080	59,028
Department of Higher Education		155,365	299,745	207,653	255,234	237,296	1,155,293
Department of Human Services	765,869	562,783	3,254,935	34,510,782	44,844,562	17,880,458	101,819,388
Department of Information Systems	882,119	766,160	484,865	916,075	1,196,380	1,858,675	6,104,275
Department of Workforce Services	2,220,540	1,844,686	2,761,819	3,543,598	3,282,096	2,068,445	15,721,183
DFA- Office of Child Support	18,927						18,927
DFA - Revenue Services Division	5,838,180	8,759,516	4,462,534	4,443,668	4,559,594	4,777,146	32,840,638
Educational Television Division			1,619				1,619
Health Department	173,701	329,602	312,226	342,754	290,808	66,470	1,515,561
Northwest Arkansas Community College			168,162	299,536	294,390	241,993	1,004,080
Office of the Governor	14,133	17,909	6,315	4,298	38,647		81,301
Office of Health Information Technology			230,270	122,291	86,901	224,073	663,534
Professional Bail Bondsman Licensing Board	21,485	18,006	18,006	18,810	27,331	14,364	118,002
Pulaski Technical College					101,383	22,271	123,653
Secretary of State				18,241			18,241
State Board of Dental Examiners	3,189	6,879	1,484	130,834	135,554	6,425	284,365
State Board of Embalmers and Funeral Directors	21,446				216	108	21,770
State Highway and Transportation Department	197,817	59,917	44,085	557,758	605,896	525,183	1,990,655
State Insurance Department				155,041	532,057	97,382	784,480
State Military Department		318,557	709,589	537,474	504,809	332,763	2,403,192
Treasurer of State					432	10,948	11,379
University of Arkansas Community College at Batesville					35,008		35,008
University of Arkansas - Cossatot Community College					11,459		11,459
University of Arkansas at Fayetteville			123,710	458,910	792,369	417,370	1,792,358
University of Arkansas for Medical Sciences					31,317	300,127	331,444
<b>Grand Total</b>	<b>10,981,212</b>	<b>15,271,764</b>	<b>15,905,630</b>	<b>49,013,437</b>	<b>61,102,106</b>	<b>32,231,984</b>	<b>184,506,132</b>
<b>Less:</b>							
1% retained by Department of Information Systems	109,812	152,718	159,056	490,134	611,021	322,320	1,845,061
Timing differences	663,840	(16,799)	720,283	3,140,828	5,238,865	(6,763,637)	2,983,380
	<u>773,652</u>	<u>135,919</u>	<u>879,339</u>	<u>3,630,963</u>	<u>5,849,886</u>	<u>(6,441,317)</u>	<u>4,828,441</u>
<b>Total</b>	<b>\$ 10,207,560</b>	<b>\$ 15,135,845</b>	<b>\$ 15,026,291</b>	<b>\$ 45,382,474</b>	<b>\$ 55,252,220</b>	<b>\$ 38,673,301</b>	<b>\$ 179,677,691</b>

Source: Department of Information Systems (unaudited by Arkansas Legislative Audit)



# Analysis of the Rise in Arkansas' Foster Care Population



Produced for  
**Arkansas Department of Human Services**  
**Division of Children and Family Services**

By  
**Hornby Zeller Associates, Inc.**

**June 2016**



## CONTENTS

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Executive Summary .....	i
Purpose.....	1
DCFS Decision-making.....	5
Court Decision-making .....	16
Recommendations .....	24
Appendix A .....	28
Appendix B .....	32



## Executive Summary

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Concerned about a sharp increase in its foster child population, the Arkansas Division of Children and Family Services (DCFS) requested its Quality Assurance Unit to explore the root causes of the increase. At the time the study was requested, the number of foster children statewide had increased by 25 percent during the 15-month period from January 1, 2015 to March 31, 2016. The foster child population has climbed even higher since then, for an unprecedented growth of nearly 30 percent as of May 31, 2016.

Many hypotheses were generated to explain the reasons for the increase. These included reasons internal to DCFS practices and control and those external to the agency, either because they are controlled by another system of government or by external forces such as the media. They formed the basis of our exploration, both through the reading of cases, interviews with staff, interviews with judges and analysis of CHRIS data which provided a broader systemic look at case flow and trends.

The number of children in foster care is the result of many factors, starting with referrals made to the agency for investigation. We lay out the stages because the results are cumulative and it would be shortsighted to focus on one alone. In fact, every indicator except the rate of investigations found true has gone up since January 1, 2015.

The number of referrals accepted for an intervention (i.e., investigation or differential response) between 2014 and 2015 (the data cover 15 months culminating in December 2014 for the comparison period and 15 months culminating in March 2016 for the study period) were up by 6.2 percent in 2015. The number of reports accepted for an investigation was up by 5.8 percent. The percent of investigations substantiated (true reports) did not change between the two periods, staying at 25 percent. However, the number of true reports with immediate removals was up nine percent.

The proportion of families which started as an in-home case and turned into a foster care case and the amount of time it took for the conversion also had an impact. Even with the rise of children in foster care, there was a 12 percent increase in the number of in-home cases handled by DCFS. Moreover, the length of time it took for the removal to occur decreased by 24 percent.

Exits from foster care also played a role. Exits were down eight percent between the two periods, contributing to the overall net gain. In short, of all the elements of case dynamics the only one that did not have a negative impact on the number of children in foster care was the rate of substantiation, which held constant during the two periods.

Explaining why these trends appear as they do requires examining the decision-making that leads to removals of children from their homes. Because entries into care, whether immediately from investigations or later from in-home cases or court orders, account for at least two-thirds of the population increase and may contribute to the decrease in discharges as well, this study focused on answering a single question.

**What factors contribute to the increased number of entries into the foster care system?**

To answer this overarching question, the review considers a variety of more specific issues which might contribute to the overall trend. These include:

- the way decisions are made about whether and when to remove children from their homes and the extent to which decision-making changed during the period under review;
- what roles are played by DCFS caseworkers and supervisors, on the one hand, and by the courts, on the other, in making those decisions;
- the extent to which the population in care, whether decision-making has changed or not, is appropriate to be in foster care;
- the extent to which structural factors within DCFS have contributed to any change in decision-making; and
- the extent to which external or environmental factors (e.g., changes in the law, occurrence of external events, such as high profile public cases or publicized child fatalities) have impacted decision-making.

### DCFS Decision-making

When examining decision-making, the focus is on the appropriateness of the decisions. If all of the removals are necessary, the only thing DCFS can do is increase the resources it needs to handle the additional workload. If a substantial number of the decisions are inappropriate, a different set of solutions is required.

The study found that 22 percent of the removals were potentially not necessary, compared to only 17 percent of those occurring in the comparison period. That translates into at least 300 *additional* removals which are questionable. In most of these cases, there were family supports clearly available which could have prevented the removal or the allegations were simply not sufficiently serious to warrant removal; and in rare instances, the investigative work was incomplete or there was nothing in the record to indicate any safety concern.

Some of the factors affecting the decisions DCFS made were internal to the agency. The principal among these were specialized investigative units which appeared not to be implementing the agency's practice model but rather seeing themselves as law enforcement officials rather than social workers; a second is a marked loss of experienced field staff.

Other factors were external, including pressure from the courts to make more removals, legal restrictions prohibiting DCFS from diverting children from foster care by arranging for relatives to care for children, and high-profile cases that tend to make caseworkers and supervisors risk-averse. In addition, staff reported a strong contrast between the ways the judges made decisions and the way DCFS made decisions. This was perhaps best illustrated in relation to substance abuse, where many judges were reported to order a child removed from his or her parents when any illegal drug use on the parents' part was detected, while DCFS workers tried to assess the entire situation to determine both what impact the drug use had on the parents' care for their children and what protective measures were available through extended family and other supports. Caseworkers have often tried to anticipate the court's decision, acting against their own judgment, and removing more children as a result.

During the period under review, DCFS also experienced a series of high-profile cases, which in addition to an increase in child maltreatment deaths (including those which the agency had no knowledge of the family prior to the child's death), reinforced an already negative view of the agency. All of these things had an impact on the caseworkers' decision-making and that impact was consistently in the direction of making more removal decisions.

### Court Decision-making

Aside from their influence on caseworkers' decisions, courts contributed to the increase in the foster care population in two ways. The first resulted from new legislation which required DCFS to petition the court for dependency any time it sought to avoid removing a child by implementing a protection plan. This essentially gave the court the power to order the removal of a child on its own initiative against the recommendation of the agency, although the agency would not have been likely even to bring the case to court in the absence of the new law. The legislation changed the role of the court from one of ensuring that DCFS did not overstep its bounds in removing children to one in which the court became an independent actor. The court's role in protection plans also had an effect on caseworker decision-making, with every Service Area but one showing decreases, some dramatic, in the number of protection plans developed. The only alternatives to a protection plan, however, are removal and leaving the child in an unsafe environment.

The second direct impact of the court was not new but it was powerful, nevertheless. This was the authority the court has to order youth before it on FINS or delinquency petitions into foster care. These are children generally without safety issues who are appearing before the court not for child welfare reasons but rather due to their own behavior. This population comprises about five percent of the entries into foster care and that number appears to have grown slightly faster than the overall growth in the foster care population. Aside from the contribution these cases made to the growth in the population, DCFS is often not equipped to deal with the issues these youth bring with them.

### Recommendations

The increase in foster care is due largely to two factors: DCFS removing more children immediately upon investigation and the courts ordering removals against the recommendations of the agency. The former appears to be largely a result of specialized investigators viewing themselves more as law enforcement officers than as social workers and of DCFS workers of all types trying to conform to what they view as the preferences of their local courts.

Based on that conclusion, the following recommendations are designed to address the issues.

**Recommendation 1: DCFS should promote a shared vision between investigators and caseworkers of DCFS' role in families' lives based on its practice model.**

DCFS' practice model emphasizes family support: "Our practice model unites our casework process with an approach that values and supports families at every step of a family's encounter with our system." Collaboration and communication between full-time investigators and full-time caseworkers occurs minimally. This is especially true in parts of the state where the agency has implemented specialized investigation units, which operate in a silo separate from units who conduct traditional casework. The investigations units have their own supervisors, who often

report directly to their Area Director and not to the supervisor of the county or counties in which they operate. Interaction between the two units is often non-existent.

Certain investigators view their role as closer to that of law enforcement than a social worker. Not only do some investigators maintain an adversarial approach when interacting with families cited in an investigation, which by itself unnecessarily escalates certain situations to the point where removal becomes more likely, but several investigators also frequently request local law enforcement officials to accompany them to the families' homes. Law enforcement's presence is requested even in situations where the investigator has yet to initiate contact with the family or in instances when the investigator's safety is not in question. This heavy-handed approach, more often than not, discourages families from cooperating with DCFS' investigation, makes it challenging to build good will with the family, and increases the likelihood of removal.

Instead of seeing themselves as an extension of law enforcement, investigations staff should realize that they are, first and foremost, social workers. When assessing a family's situation, investigators should begin to build a relationship with the family and identify ways to keep children safe that would allow the family to stay together, rather than viewing "probable cause" as an automatic, inflexible standard. The existence of "probable cause" means that the agency *can* remove a child, not that it *should* remove the child. In other words, investigators must exhibit the courage to exercise restraint. After all, removals are justified only when reasonable efforts to prevent the removal have been made. All of these must be reinforced with adequate, ongoing training.

The training should also incorporate elements of casework and implications of removals on children, families, colleagues, and the system as a whole. One Area Director devised a creative solution to ensure her investigators understood the implications of their removals; she implemented a practice in her Area where investigators were responsible for securing the child's first placement in foster care. While this is a good first step, it barely educates investigators in all that is involved when a child enters the foster care system.

Caseworkers frequently question investigators' decisions to take holds on children, reporting that investigators sometimes remove children who are not facing imminent danger and could be monitored in the home via a protection plan. Several caseworkers believe that investigators are not overly concerned with the implications of removing children from the home since the responsibility for the children at that point shifts to a caseworker. At the same time, investigators questioned whether caseworkers can effectively monitor maltreated children who remain in the family's home.

Both investigators and caseworkers would benefit if there was a process, whether formal or informal, that fostered communication and collaboration between the two units. One suggestion is for the investigator to meet with the caseworker immediately after the removal and/or case opening to discuss the family's presenting issues. It may very well be that a removed child can return home prior to or at the time of the probable cause hearing, with the Division continuing to monitor the home through an in-home case. Another option is to hold regular meetings in which staff can openly discuss their perspectives and better understand the other unit's point of view. With whatever is decided, it needs to be made clear to investigators and caseworkers that responsibility for these children and their families is a shared mission and they are on the same team.

**Recommendation 2: DCFS should implement a dual-approval process for all investigation-related removals.**

Investigators report that they generally consult their supervisor prior to removing a child. If the investigator's supervisor agrees with the investigator's recommendation to remove a child, then a hold is taken. Once the responsibility of the removed child is shifted to the caseworker shortly after removal, the caseworker often does not agree that the child should have been removed in the first place. Furthermore, given the high percentage of questionable investigation-related removals that were found in this report, a more collaborative policy may be more beneficial.

One way to accomplish that is to implement an additional approval layer, where both the investigations supervisor and either a foster care unit supervisor or the county supervisor must approve the removal before a hold is taken. These supervisors may be able to view the situation through a different lens, and offer valuable input or suggestions that might prevent an unnecessary removal. For instance, they may suggest that the investigator implement a protection plan or connect the family to a resource in order to ensure the child's safety at home. If the two supervisors cannot agree, the Area Director will serve as the party with the final decision right.

While some might view this as adding yet another layer of bureaucratic red tape in a job that often requires immediate action, it may be worthwhile to have an additional layer of quality control prior to removing a child. In addition, this approach also forces the two units to work together on an ongoing basis, a desired outcome discussed above.

**Recommendation 3: DCFS should encourage the governor's legislative agenda to propose a repeal or modification of the need to bring protection plans before judges for approval.**

One of the most glaring issues uncovered during this study was the extent to which protection plans are being phased out of DCFS practice. Protection plans were designed to be monitored internally by DCFS staff, but Act 1017 now requires the agency to submit all protection plans to juvenile court for approval. The court's skepticism and negative reaction towards protection plans, however, has caused many workers to stop developing them. This means that instead of making a concerted effort to maintain children in their home when a safety factor was identified, workers are now opting to remove them. DCFS staff at all levels indicated that this law has directly led to more children coming into foster care.

**Recommendation 4: DCFS should refrain from conforming its practices to fit the court's expectations.**

Investigators, by and large, acknowledge that their decision-making and practices have been molded and, at least to some extent, compromised by the expectations of the court. This means that they sometimes make decisions that they themselves disagree with, such as removing a child in response to a positive drug screening by the parent, because the court may hold a strict, low-tolerance view on parental substance abuse.

Workers fear the ramifications of disagreeing with the court. With so many newly hired, and thus inexperienced, staff now employed by the agency, it is up to their supervisors to promote agency policy and encourage best practice. For this to be possible, however, DCFS central

office must fully support its staff who stand by their decisions that are consistent with its practice model, even if those decisions risk incurring the court's disapproval.

**Recommendation 5:** DHS should work collaboratively with the court and the legislature to consider alternative options for older youth who have been adjudicated delinquent.

Children involved in a delinquency case may currently be ordered into foster care at the court's discretion. However, like most child welfare agencies across the country, DCFS is ill-equipped to handle these children, many of whom have extensive criminal and behavioral histories. These children reportedly consume the greatest amount of time and resources, taking away from children and families who are in proper need of those services.

With this in mind, DHS, principally through the Division of Youth Services, should work with the court system and the legislature to identify a more appropriate way to identify appropriate, long-term placements for these children moving forward.

**Recommendation 6:** DCFS should encourage the governor's legislative agenda to change the law to allow parents to designate an appropriate caregiver, with DCFS' approval of the home, without the child entering foster care.

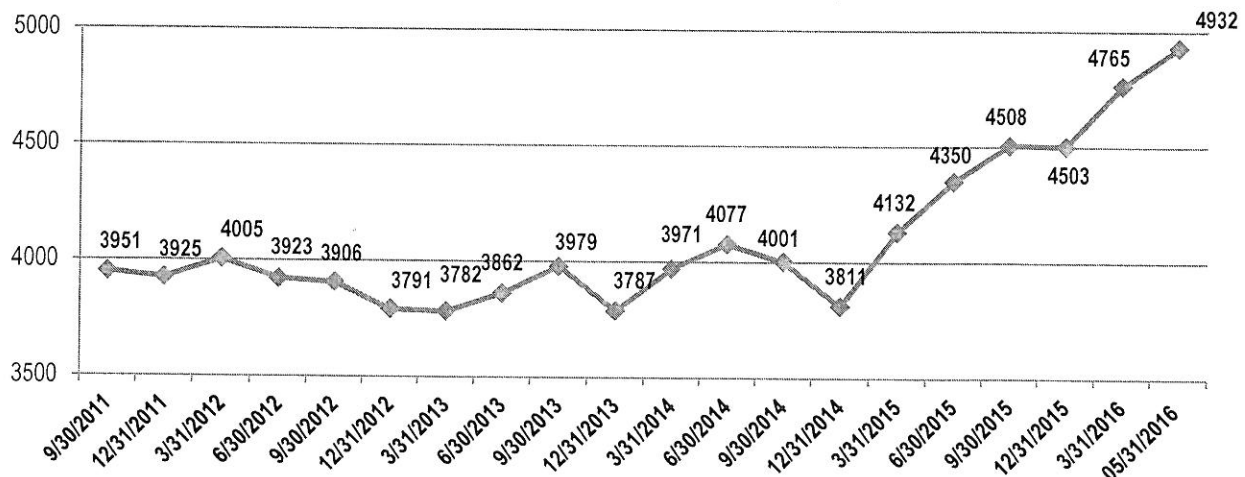
As was discussed in the Paul Vincent report, Arkansas' restrictions on placing children with relatives exacerbates its problem with finding appropriate placements for children. The obvious solution is to allow informal networks of family and friends to play the roles they have always played in supporting parents and their children in times of crisis. Not every situation needs a government response.

**Recommendation 7:** DCFS should work with the Court Improvement Program to promote candid dialog about how to handle substance abuse cases which do not put children at serious risk of harm.

DCFS has had limited if any involvement in the State's Court Improvement Program. In other states those projects have led to sufficient cooperation between the courts and the public child welfare agencies that both sides have learned from the other and been able to come closer to common understandings. In at least one state the cooperation has been sufficiently close that they two parties undertake joint quality assurance reviews. Discussing substance abuse issues would be a good way to start similar cooperative efforts in Arkansas, hopefully leading to wider ranging discussions and mutual learning.

Concerned about a sharp increase in its foster child population, the Arkansas Division of Children and Family Services (DCFS) requested its Quality Assurance Unit to explore the root causes of the increase. At the time the study was requested, the number of foster children statewide had increased by 25 percent during the 15-month period from January 1, 2015 to March 31, 2016. The foster child population has climbed even higher since then, for an unprecedented growth of nearly 30 percent as of May 31, 2016.

**Chart 1: Number of Foster Children, by Quarter**



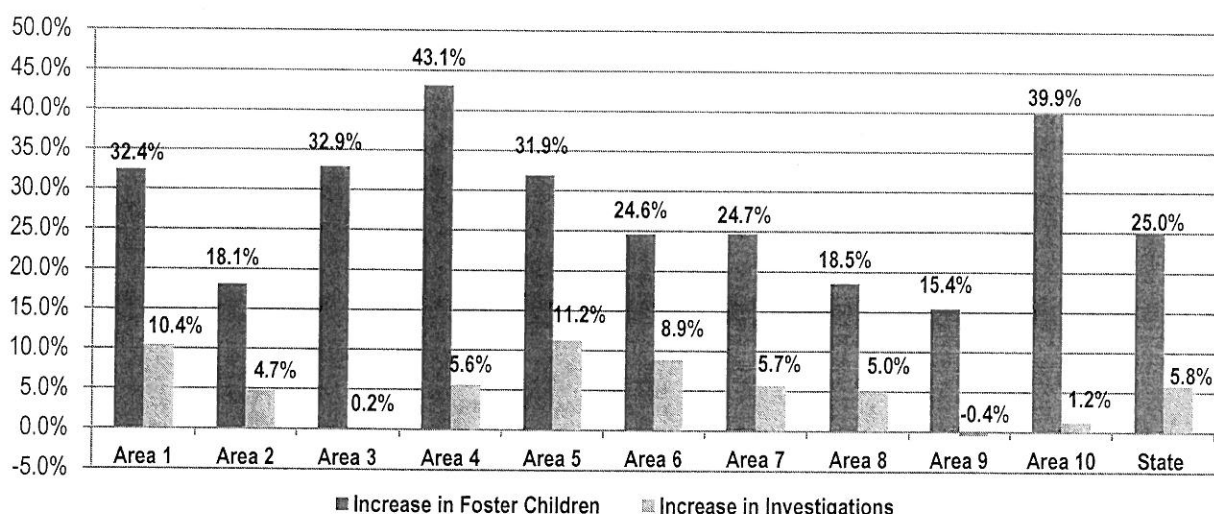
### Focus of the Study

A preliminary exploration of the data available through the Division's computerized child welfare system (CHRIS) revealed the following.

- The rise in the state's foster child population had a clear starting point. It began in January 2015. As shown in Chart 1 above,<sup>1</sup> there has been a persistent increase in the state's foster child population since this time, a trend not observed prior to that point.
- As shown in Chart 2, the increase is not isolated to certain pockets of the state; all Areas have experienced increases in their foster child populations, ranging from 15.4 percent to 43.1 percent.
- During the 15 months under review, the number of child maltreatment investigations increased but at a much lower rate than the increase in the number of foster children.
- The number of entries into foster care increased by 18 percent during the 15-month period ending March 31, 2016, while the number of exits from foster care decreased by seven percent.

<sup>1</sup> The data presented in Chart 1 represent the data available in the Division's CHRIS system as of June 15, 2016. This may differ slightly from the data reported in previous reports, depending on when the data were extracted from the CHRIS system.

**Chart 2: Increase/Decrease in Foster Child Population and Incoming Investigations Between January 1, 2015 and March 31, 2016**



While the data show that the rise in the foster care population results both from more entries and from fewer exits, the reduction in discharges is noteworthy because fewer discharges may themselves be a byproduct of the high number of entries. Staff reported precisely this dynamic. Burdened with an additional 1,100 children in foster care in such a short period of time, with finding placements, the associated court dates, and mandatory visits consuming much of their time and resources, they have difficulty providing adequate casework to the remaining children and families on their workloads, causing, as one worker mentioned, “the entire system to slow down.”

Because entries account for at least two-thirds of the population increase and may contribute to the decrease in discharges, as well, this study therefore focused on answering a single question.

**What factors contribute to the increased number of entries into the foster care system?**

To answer this overarching question, the review considers a variety of more specific issues which might contribute to the overall trend. These include:

- the way decisions are made about whether and when to remove children from their homes and the extent to which decision-making changed during the period under review;
- what roles are played by DCFS caseworkers and supervisors, on the one hand, and by the courts, on the other, in making those decisions;
- the extent to which the population in care, whether decision-making has changed or not, is appropriate to be in foster care;
- the extent to which structural factors within DCFS have contributed to any change in decision-making; and

- the extent to which external or environmental factors (e.g., changes in the law, occurrence of external events, such as high profile public cases or publicized child fatalities) have impacted decision-making.

To ensure that all DCFS Service Areas were represented in this evaluation, reviewers selected one county from each Area where the rapid increase in entries has been most alarming.<sup>2</sup> The list of counties and the justification for their selection are found in Appendix A. In addition, the analyses of these issues focus both on the 15-month period under review here and the previous 15 months as a point of comparison.

### Data Collection Activities

Data for this review came from three sources. First, 400 randomly selected foster care entries were reviewed (200 which occurred during the review period and 200 during the comparison period). Reviewers utilized the electronic record in CHRIS to study each removal, including the circumstances and decision-making that led to the removal and the validity of the decision given those circumstances.

Second, interviews were conducted with 38 DCFS staff<sup>3</sup> and five juvenile court judges<sup>4</sup> throughout the state. Preference was given to seasoned staff (*i.e.*, those with longer employment histories with the agency) in order to provide greater insight regarding any differences that might exist in their respective counties between the two periods under review.

Third, data from CHRIS were utilized to perform quantitative analysis of various issues and factors that might lead to the increasing number of foster care entries. The project's data collection instruments can be found in Appendix B.

Two points are important about the analyses undertaken with the information collected. First, this review does not aim to examine *only* the factors that caused the increase in the foster child population. Instead, it examines all issues and factors that contribute to children entering foster care. Second, when the focus is on the increase in the population, an effort is made to quantify the size of the impact whenever that is possible. For some factors, such as the impact of high-profile cases, that is clearly not possible in any exact sense, but for others quantification can provide insight into what caused the increase and what might be done about it.

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<sup>2</sup> Multiple factors were considered in selecting the review counties aside from the percent increase in foster child population. In fact, on many occasions, the county with the highest percent increase was not selected if the county had a very small starting foster child population and the increase, while high in percent, was insignificant in terms of the total number of children. In selecting the counties, those with both relatively high percent of increase and total number of children were selected, especially if the county's investigations and the length of stay in foster care had remained fairly static in recent years.

<sup>3</sup> For each Area/county, reviewers conducted or attempted to conduct face-to-face interviews with the Area Director, one supervisor, and at least two caseworkers. Overall, interviews were completed with nine Area Directors, 13 supervisors, and 16 family service workers.

<sup>4</sup> Reviewers attempted to conduct interviews with three additional juvenile judges, but these judges did not accommodate reviewers' repeated attempts to schedule an interview.



## DCFS Decision-making

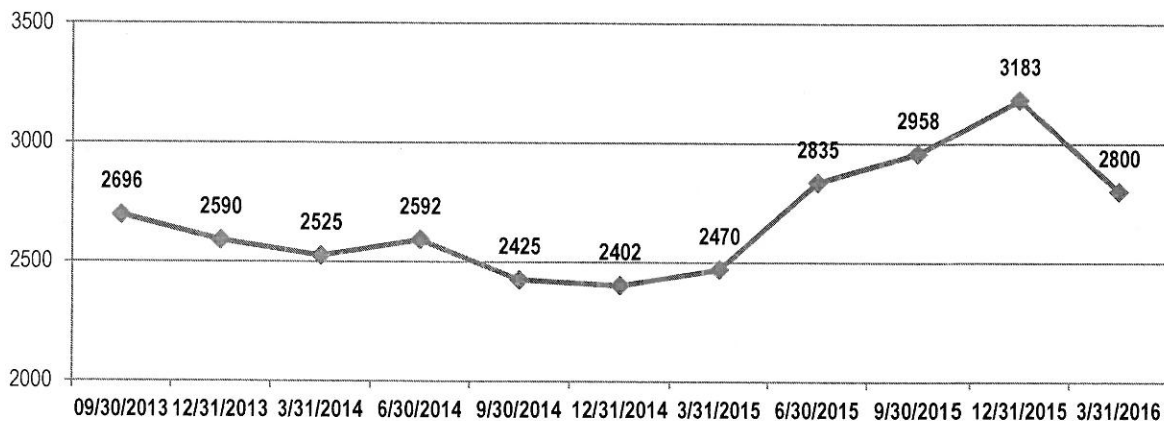
DCFS caseworkers and supervisors clearly play an important role in deciding whether children are removed from their homes. Moreover, the investigations of child maltreatment that investigators carry out represent the most common method by which children enter Arkansas's foster care system, with nearly two-thirds of the children entering care doing so in response to a report accepted for investigation.<sup>5</sup>

As noted above the number of investigations initiated during the review period increased by less than six percent from the comparison period. The substantiation rate (*i.e.*, the rate at which investigations were found true) remained identical between the two periods at 25 percent, meaning that less than six percent more children were deemed to have been maltreated.

Given the much larger increase in the foster care population, one would expect that children were more likely to be removed from their homes after a substantiation than was previously the case, and that is, in fact, true. DCFS was more likely to remove children in immediate response to a true report during the review period. Specifically, 24 percent of the true findings led immediately to a removal, compared to 22 percent during the comparison period. While this is only a two percentage point difference, it represents an increase of nine percent of all the investigations over the baseline period. When that figure is added to the increase in true findings, the difference is even larger because the population on which it is based is larger. In total, there were 536 more immediate removals from investigations during the 15 months under review than there had been during the previous 15 months.

In-home protective services (PS) cases are the second leading source from which children enter foster care. These are cases in which a true maltreatment report or court order necessitates DCFS' involvement with a family but there is not an immediate threat to any child's safety in the home.<sup>6</sup> The number of in-home cases open at any given time during the review period was up 12 percent. Over 22 percent of the 400 reviewed removals occurred after DCFS had first opened an in-home PS case on the family, a rate that was roughly similar between the two periods.

**Chart 3: Number of In-Home Protective Services Cases**



<sup>5</sup> Of the 400 removals reviewed for this study, 267 (67 percent) occurred in response to a child maltreatment investigation.

<sup>6</sup> In certain instances, In-home cases are opened when children return home from foster care but DCFS elects or the court orders DCFS to monitor the home to ensure children's safety.

As shown in Chart 3, the number of in-home cases saw a considerable increase during the review period. Specifically, the number of in-home cases increased from an average of 2,539 cases during the comparison period to an average of 2,849 during the review period (an increase of 12 percent). When considering newly opened in-home cases, 451 more cases were opened between January 2015 and March 2016 than in the previous 15 months, and ultimately that provided another source for the increase in foster care placements.

Considering that nearly nine percent of all newly open in-home cases lead to removal of children within 12 months, a rate which is similar in both periods, any increase in in-home cases can considerably impact the number of foster children, as well. The average length of time children spent in-home cases before removal (for the reviewed removals) decreased from 250 days in the comparison period to 189 days for the review period.

### **Inappropriate Decision-making**

Given larger numbers of children entering care both immediately upon investigation and after receiving in-home services, the question is the extent to which the decisions made to remove children were appropriate. The criteria used in this study to make that determination were 1) that there had to be an imminent safety threat to the child and 2) that, given the entirety of the circumstances of the family, removal was the only reasonable option available to ensure the child's safety.

Using these criteria, nearly 22 percent of the removals that occurred as a result of an investigation during the review period may not have been necessary to ensure the safety of the child, compared to 17 percent during the comparison period, an increase in potentially inappropriate removals of 29 percent. Overall, there were at least 300 *additional* questionable removals during the review period than there had been in the previous 15-month period.

Table 1 shows the reasons these removals, regardless of the period in which they occurred, were deemed questionable.

<b>Reason</b>	<b>(%)</b>
<b>Allegations Not Severe Enough to Warrant Child's Removal</b>	45%
<b>Adequate Family Support System Available to Prevent Removal</b>	40%
<b>Other</b>	15%

### ***Removals Questionable Due to Lack of Severity of the Allegations***

Reviewers deemed a number of removals as avoidable because the allegations levied against the family did not seem severe enough to necessitate removal. This occurred in several instances with respect to Garrett's Law investigations. DCFS took holds on newborns after the mother tested positive for illegal substances even when the parents were forthcoming and cooperative with the investigation and there were no other safety concerns regarding the family or the family's home.

In several other instances, children who were the victims of physical abuse were removed from their families even though the abuse appeared to be an isolated incident and the family had no prior history with the agency. For example, investigators took a hold on a misbehaving teenager who suffered some physical bruising after receiving discipline from his parents. There was no indication of a pattern of abuse. In other words, this was a case not of ongoing, systematic physical abuse by the parents but a brief lapse in parents' judgment while attempting to correct their teenager's undesirable conduct. One particular worker shared her thoughts on this topic: "There is no reason to bring these children into foster care... There is a difference between ongoing physical abuse and [a one-time] discipline that has barely crossed the line... It is ridiculous [for] a grown child to come into foster care because of [a one-time] discipline." In her view, DCFS could better assist these families by providing in-home services.

### ***Removals Questionable Due to Adequate Family Support***

Several removals occurred even when families had adequate support available in order to prevent the removal. For example, local law enforcement contacted DCFS after arresting a mother for threatening her nine year old child with a knife. DCFS removed the child even though the father, who also lived in the home but was not present at the time of the incident, expressed appropriate concern, cooperated with the investigator, and advised DCFS that he would alter his work schedule so that he could be home to supervise the child.

Another example includes a child whose mother had just been arrested. At the time of the investigation, the child was staying with his grandmother, who had expressed a willingness to care for and protect the child. Although the investigator had documented that the grandmother maintained a "very clean and appropriate home" and "had a strong bond" with the child, DCFS brought the child into foster care and placed him in an emergency shelter.

In both of these cases, there were family members able and willing to protect the child. In one case, that family member was even the child's own father who lived with the child and cooperated fully with the agency.

### ***Removals Questionable Due to Other Reasons***

Even though more rare than the two categories discussed above, a number of removals were deemed questionable because of poor investigative work (11 percent) or lack of any substantial risk or safety concerns (four percent).

## **Factors Contributing to DCFS Decision-making**

Whether appropriate or inappropriate, the decisions DCFS caseworkers and supervisors make do not occur in a vacuum. A variety of factors play a role, including some that are internal to the agency and some that come from outside. The ones most commonly raised by those interviewed are discussed in the next several pages.

### ***Internal Factors***

While it is not possible to quantify the extent to which they have contributed to the increase in the foster care population, there appear to be two major factors internal to the agency which

have an impact on the way decisions are made. The first has to do with specialization of the investigative function, the second with the experience of staff.

### *Specialized Investigations Units*

Many counties have implemented specialized investigations units responsible primarily for conducting child maltreatment investigations. Frequently an investigations unit housed in one county is responsible for handling investigations for several other counties within the same Area. This structure has, in effect, segregated the tasks of investigations and casework and created a clear divide between the units that handle each task. Further reinforcing the divide, investigation units often have a separate chain of command and are not accountable to the county's typical supervision hierarchy. Investigation supervisors often report directly to their respective Area's Director, not to the supervisors of the counties in which they operate. This structure has led to a lack of communication between investigators and caseworkers and to investigators viewing themselves less as social workers than as arms of law enforcement.

While investigators, like other caseworkers, carry the title of Family Service Worker, one Area Director, for example, indicated that one of her investigation supervisors viewed her role more as a law enforcement official or a "special agent" than a person responsible for working with and helping families. This, she said, caused her to escalate certain situations to the point where removal becomes the only option. The same Area Director indicated, "The way we present ourselves to families affects the outcome."

According to numerous staff, several investigators maintain an adversarial, law enforcement-like manner, often requesting local law enforcement officials to accompany them to the families' homes. While the presence of law enforcement in certain situations is necessary to ensure the safety of the staff, some investigators request their presence in nearly all instances, even prior to attempting to meet with the family. Multiple supervisors noted that this tactic "comes across as threatening" to the families, with one pointing out, "Whenever law enforcement gets involved the likelihood is that the children will come into care."

Along with the rather different perspectives exhibited by investigators and other caseworkers, investigators and caseworkers tend not to communicate or collaborate. Instead, they operate in silos, each handling what they perceive to be as their primary task. According to staff, the two units do not even hold periodic meetings to foster more understanding and information-sharing between them. In essence, the specialization has promoted substantial misunderstanding between the two units.

Caseworkers<sup>7</sup> from multiple counties attributed much of the increasing influx of children into foster care to investigators' low-threshold for removing children from their homes, even in instances when the children are not facing imminent danger. The majority of caseworkers recalled multiple instances in which they did not believe that the challenges facing the family warranted the child's removal. A caseworker summed up the consensus when she said, "We get all these kids assigned to us and we wonder why they were removed to begin with."

Caseworkers believe investigators' tendencies to remove children stem from the fact that "it is easier for investigators to remove the child" than to perform the steps required to maintain

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<sup>7</sup> Family Service Workers who are assigned to foster care or in-home protective services unit are referred to as "caseworkers" in this report, while Family Service Workers assigned to Investigations Units are referred to as "investigators."

children safely in their homes (e.g., providing services, completing protection plans). Caseworkers also believe that investigators are not familiar with the implications of removing children from their home because “they never have to worry about what happens with the child once they take the hold,” referring to the fact that the responsibility for the child at that point shifts to a caseworker. One Area Director reinforced this view when she indicated that several of her investigators were new and still unfamiliar with the resources to which they can connect families.

Investigators, on the other hand, attribute their decisions to remove children, at least in part, to a lack of confidence in the caseworkers’ abilities to keep children safe in the home. The general consensus among investigations staff is that they are sometimes reluctant to leave children at home because they do not have confidence that caseworkers can effectively monitor the families. One investigator said, “If I believed that caseworkers could realistically monitor them, I’d be more likely to leave children at home.”

*Exodus of Experienced Field Staff*

Several sources interviewed raised the issue of staff retention and experience. The agency has historically had great difficulty in attracting and subsequently retaining quality employees, and the problem has worsened in recent years. The training and retention of capable, competent staff is the life blood of any organization, and DCFS is no exception.

Large numbers of experienced family service workers and supervisors have reportedly departed the agency in recent years. Several staff lamented the recent loss of colleagues who opted to voluntarily leave the agency. A supervisor from one of the state’s more populous counties stated, “Turnover has always been a problem, but it seems to have gotten worse over the past year.” Consequently, the Division has hired a lot of newer staff.

Table 2 Median Experience of DCFS Supervisors and FSWs (in Years)							
Amount of Experience by Field Staff (in Years)							
Field Staff Type	7/1/2013	1/1/2014	7/1/2014	1/1/2015	7/1/2015	1/1/2016	4/1/2016
<b>FSWs and Supervisors</b>	4.31	4.09	3.70	3.13	2.75	2.73	2.65
<b>Supervisors</b>	8.71	9.09	9.12	10.09	10.52	10.34	10.72
<b>FSWs</b>	2.74	2.15	1.79	1.70	1.67	1.64	1.56

Table 2 shows a more nuanced picture than that provided by the interviews. While the median experience level (in years) for supervisors and caseworkers (including investigators) combined has declined from more than four years to just over two and one-half years between July of 2013 and April of 2016, all of that decrease is attributable to losses in caseworker (including investigator) experience. While half of the caseworkers in July of 2013 had at least 33 months of experience, by April of 2016 only half had as much as 18 months. In the same time period, the median tenure of supervisors had actually increased.

What this means is that supervisors are, in the best case scenario, spending more time training and guiding new workers, and that the staff who have the most frequent and direct contact with families are increasingly less experienced. It is perhaps significant that the largest drop in caseworker experience occurred about six months prior to the beginning of the increase in the foster care population. Perhaps more worrying is the fact that the trend does not appear to be ending.

Workers and supervisors alike noted that staff frequently seek other employment opportunities. A few caseworkers, some of who reported that they enjoy their jobs, volunteered that they often look for positions elsewhere that offer more pay and less stress. One worker remarked, "There's never enough time to do everything that [we] are required to do." One supervisor observed, "Workers get tired of being yelled at by families and [the court]" and "being told that they are not doing enough."

Several supervisors also lamented the quality and work ethic of new workers, which they attributed to the agency's inability to attract qualified applicants. One supervisor said, "I can't push [my staff] too hard because some of them would quit today [if I did]." Supervisors pointed out that many of the staff who begin their employment immediately after graduating college are quickly overwhelmed and leave the agency. One worker recalled that her new worker training "did not prepare her" for the realities of working for the agency.

Practice clearly suffers when turnover occurs. Supervisors and Area Directors almost uniformly agreed that it takes at least one year, at a minimum, for newly hired staff to become capable child welfare workers. Only after extensive on-the-job training do workers learn how to read and assess situations appropriately, including when to provide services, how to more efficiently and effectively monitor children and families, when to contact local law enforcement for assistance, and when to take a child into custody. Such experience also teaches staff how to prepare adequately for court, including how to communicate with other stakeholders (e.g., agency attorneys, court appointed special advocates, attorneys *ad litem*, and parent attorneys) and present and/or defend their views. With only half of the staff being more than six months past the time it takes to become simply competent, decision-making necessarily suffers.

### **External Factors**

#### *Court Influence on DCFS Decision-making*

The primary external factor affecting the way DCFS makes decisions is the court. Ultimately, the court's power in child welfare cases often deters DCFS staff from making independently held recommendations in favor of what they think the court will approve. Workers adjust their practices to conform to the expectation of the court. Should they not conform to the court's expectations, DCFS workers in some parts of the State report, for example, that if DCFS does not remove a child in response to parents' substance abuse and years later the same child enters foster care due to other reasons, some judges, who may become aware of the family's history, will automatically enter a finding of "No Reasonable Efforts" because of DCFS' decision not to remove the child years ago.

Moreover, court orders appear to be based on each judge's unique interpretation of the law or personal convictions. While one judge may view the existence of certain factors as sufficient cause for removal, a judge from a neighboring jurisdiction may view the same factors as irrelevant. Given that DCFS staff tend to follow their respective court system's preferences, this inconsistency among the various court jurisdictions results in a great deal of inconsistency in

child welfare practices across the State. One Area Director reported, "I might approve a removal for one county and then ten minutes later not approve a removal for the same [conditions] in another county because of who the judge is."

Workers in some parts of the state also reported that their juvenile court has inadvertently punished families through their rulings, and some have suggested that some of these rulings were done "to send a message to DCFS." These may occur when the court orders children into foster care or denies their placement with a relative.

In one such case, DCFS exercised a hold on a child who was born when the mother tested positive for various drugs and exhibited unstable living conditions. DCFS, after taking a hold, placed the child and his siblings with their aunt, a provisional placement, and filed an emergency probable cause motion with the court. Upset that DCFS had already placed the children with a relative, a judge vacated the probable cause motion. In other words, the judge, known for her dislike of relative placements, dismissed the entire probable cause motion, refusing to allow the children to remain in foster care and paving the way for the mother to reclaim her children. In her order, the judge admonished DCFS to not place a child with relatives prior to the court's approval.

DCFS filed an appeal and continued to work with the family in order to ensure the safety of the children. By the time the appeals court overturned the judge's decision, the parents had exhibited remarkable improvements; they had completed parenting classes, obtained stable housing, tested negative during drug screenings, and had proactively sought substance abuse treatment. Due to the family's progress, DCFS did not file a new motion with the court since the family was doing remarkably well. However, the judge in question, with no explanation and without knowing the family's current circumstances, ordered the children into foster care. When DCFS arrived at the family's home to remove the children, the family, including the children, were visibly upset and in obvious distress.<sup>8</sup>

From workers' perspectives, these types of decisions send a message to DCFS never to challenge the court's judgment, and they serve their intended purpose of intimidating DCFS staff into doing what they perceive the court to prefer instead of making decisions rooted in their training. More importantly, it unnecessarily punishes the families who are caught at the crossroads between the two entities.

As will be discussed in more detail below, it also appears that judges are more likely, for a variety of reasons, to order a child into foster care than is DCFS. That means that the direction of the courts' treatment of caseworkers and the agency in general tends to promote more removals. When that pressure is added to the lack of confidence that inexperienced workers may have, the courts often do not need to make the decisions themselves because the caseworkers anticipate the courts' wishes and make decisions they might otherwise not.

### *Legal Restrictions*

Record reviews also revealed a number of instances in which the parents' arrest, even those not remotely related to child maltreatment, resulted in the removal of the child. In one such instance, a mother, not accompanied by her child, was arrested for stealing diapers from a store. When the father subsequently went to the store to retrieve the mother's vehicle after the

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<sup>8</sup> It is worth noting that after the removal of their children, the progress the parents had made began to fall apart and the children remain in foster care to date.

arrest, the car was in the process of being towed. The father became enraged and went into the store to “yell and make threatening statements to the employees” while knocking “items off of a shelf.” He was subsequently arrested and the child was removed into foster care.

The fact that, in the example above, parents were not provided the opportunity to designate a caregiver in order to prevent the child from foster care points to a broader issue and a long-standing issue often discussed in Arkansas’ child welfare system.

Many workers and judges cite a law which, as they interpret it, disallows parents who are arrested for child maltreatment-related offenses to designate a caregiver. While it is not a *new* contributor to the increase of children in foster care the following statute is a persistent contributor. The law does not allow parents to suggest another caregiver as an alternative to foster care placement if that person is not approved or licensed. Consequently any child needing placement, even temporarily, must come into care.

**12-18-1008. Removal from home – Procedure**

*(a) If an investigation under this chapter determines that the child cannot safely remain at home, the Department of Human Services shall take steps to remove the child under custody as outlined in this chapter or pursuant to the Arkansas Juvenile Code of 1989, § 9-27-301 et seq.*

*(b) After the Department of Human Services has removed the child, the child shall be placed in a licensed or approved foster home, shelter, facility, or an exempt child welfare agency as defined at § 9-28-402(12).*

*(c) No one, including the family, the Department of Human Services, the Department of Arkansas State Police, or local law enforcement shall allow a child to be placed in a nonapproved or nonlicensed foster home, shelter, or facility.*

Even taking this interpretation at face value, the parents in the example above should have been provided the opportunity to designate a caregiver, since the reason for their arrest did not relate to child maltreatment. But often DCFS—sometimes pressured by law enforcement who adds a charge of “child endangerment” to the arrest—take the children into custody. If the arrest is in fact child maltreatment related, even remotely, the parents are not afforded the opportunity to designate a caregiver either, based on interpretation of this law. This law is also cited in instances when there is no arrest; it is interpreted to mean that parents cannot designate a caregiver if DCFS believes that their children cannot remain in their care and the children should, therefore, enter foster care first.

DCFS staff and, in fact, a number of judges indicated that they would welcome a change or clarification in the law to allow parents to designate a caregiver, regardless of whether or not the reason for the arrest or DCFS’ involvement with the family is child maltreatment related. One judge said of such possibility, “I would love that...but as you know, DCFS has a bad reputation and many people don’t trust [DCFS] to make such judgments.”

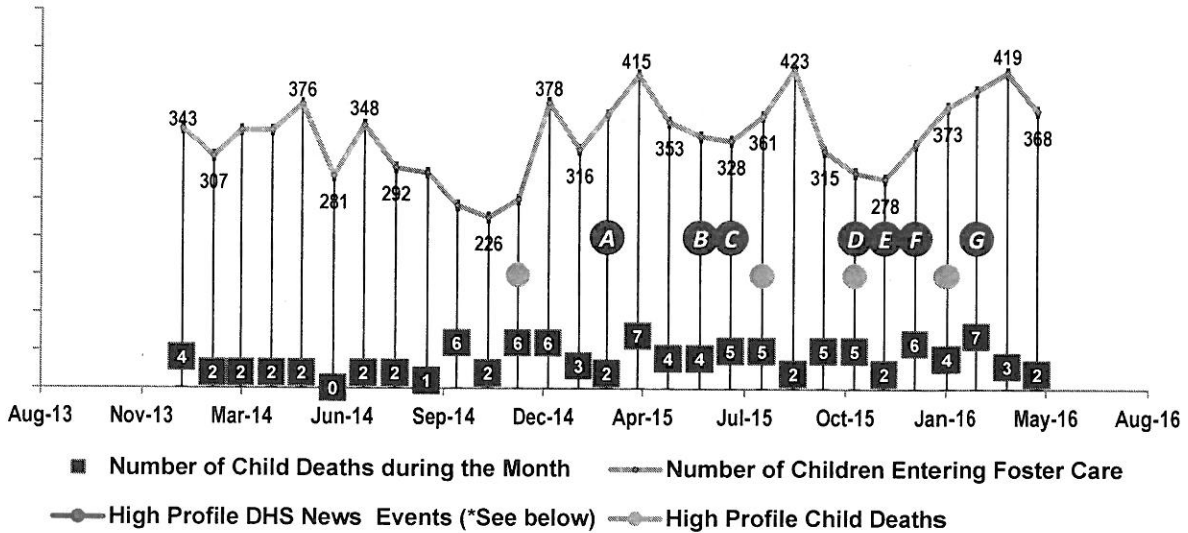
*Other External Factors*

In addition to the courts, there are other external pressures which impact on DCFS decision-making. These include high-profile public cases, unfavorable media scrutiny and news articles, and sensationalized child deaths.

The majority of staff indicated that the negative attention from the media influences their decision-making, and, as a result, in certain situations they may lower their standard as to what constitutes a necessary removal. One supervisor acknowledged that she instructs her staff to “never leave a kid in a vulnerable situation if you’re afraid you’d be on the front page” should the child experience further maltreatment.

Chart 4 below correlates high profile news events, child deaths and foster care entries. Each major news event listed in the chart is followed by an upswing in entries into care. The same is true for three of the four high-profile child deaths shown. Table 3 then isolates the child maltreatment deaths, including those where the child had no previous DCFS involvement and shows the number of months in each calendar year which had a high, medium or low number of child maltreatment deaths. There were nine months in 2015 with a medium (at least three) or a high (at least 5) number of deaths compared to only three months in 2014.

**Chart 4: External Event and Entries into Foster Care**



*\*High-Profile DHS/DCFS News Events*

A= Representative re-homing of adopted children news event	E= KATV News Story: "Hundreds of Kids have Died in Arkansas since 2009"
B= Paul Vincent DCFS Review report issued	F= KARK News Story: "Gun Fired at DHS Worker"
C= Judge Hot Car Child Death news story	G= KATV News Story: "Pediatricians Concerned about DHS"
D= KATV News Story: "Child Deaths on Rise"	

<b>Table 3</b>			
<b>Number of Months with High, Medium and Low Child Death Counts</b>			
<b>Timeframe</b>	<b>Low (0-2)</b>	<b>Medium (3-4)</b>	<b>High (5-7)</b>
<b>January-December 2014</b>	9	1	2
<b>January-December 2015</b>	3	3	6

While Chart 4 and Table 3 make it clear that neither high-profile cases nor child deaths initiated the rise in foster care entries, the increase in both factors are likely to have contributed to its continuation, especially if the supervisor warning her workers about being on the front page is typical of others across the State.



## Court Decision-making

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Aside from DCFS, the only entity with independent decision-making authority over removals of children from their homes is the court. Historically, courts were included in those decisions as a check on the public child welfare agency, ensuring that the agency did not remove children who did not need to be removed. Courts could not act unless a case was brought before them and the decision to bring a case to court was in the hands of the child welfare agency. As was discussed above in relation to external factors affecting DCFS decisions, the courts could and did exercise informal authority in the opposite direction by influencing how DCFS made its decisions, but in Arkansas the authority to remove children even against the wishes of the department has been made formal. That authority is revealed in two ways: through the new requirement that DCFS bring all cases with protection plans to the court and through the courts' authority to order children in FINS and delinquency cases into foster care.

### Protection Plans and the Courts

New legislation has impacted removals by enabling the courts to have influence on DCFS protection plans. In instances in which investigators identify a safety issue in the family's home, the protection plan serves as an alternative to removal; it is a mechanism that gives the family an opportunity to stay intact even when the agency likely has probable cause to take a hold. Protection plans, which have been a part of investigation practice since 2008, are written agreements developed by the Division and the family; they mandate the family to perform or refrain from certain actions in order to mitigate the identified safety factors.

Protection plans were internally monitored by DCFS staff until July 1, 2015. However, the 90<sup>th</sup> General Assembly of the Arkansas Legislature passed Act 1017 during the 2015 Regular Session, which, among other things, amended child welfare procedure with respect to protection plans. Under the provisions of Act 1017:

*"If the department assesses the health and safety of a child and determines that the child cannot safely remain in the care, custody, or control of the legal parent, guardian, or custodian without the implementation of a protection plan, the department shall file a petition for dependency-neglect."<sup>9</sup>*

Based on Act 1017, DCFS must submit all protection plans, in conjunction with an affidavit, to juvenile court for approval after July 1, 2015. The court would then decide whether or not the protection plan is an adequate substitute for removing the child.

According to DCFS staff at all levels, this law has directly led to more children coming into foster care. Foremost, staff believe that the court generally views protection plans in a negative light. Workers described the court's view of plans with words such as, "ineffective" and "a joke." Multiple supervisors and Area Directors reported that protection plans often fail to survive the court's scrutiny, with one supervisor commenting, "If you consider using [a protection plan], you might as well take the kid into care." An Area Director summed up the consensus by saying, "Judges hate protection plans... If we submit one to the court the judge will order that kid into foster care immediately."

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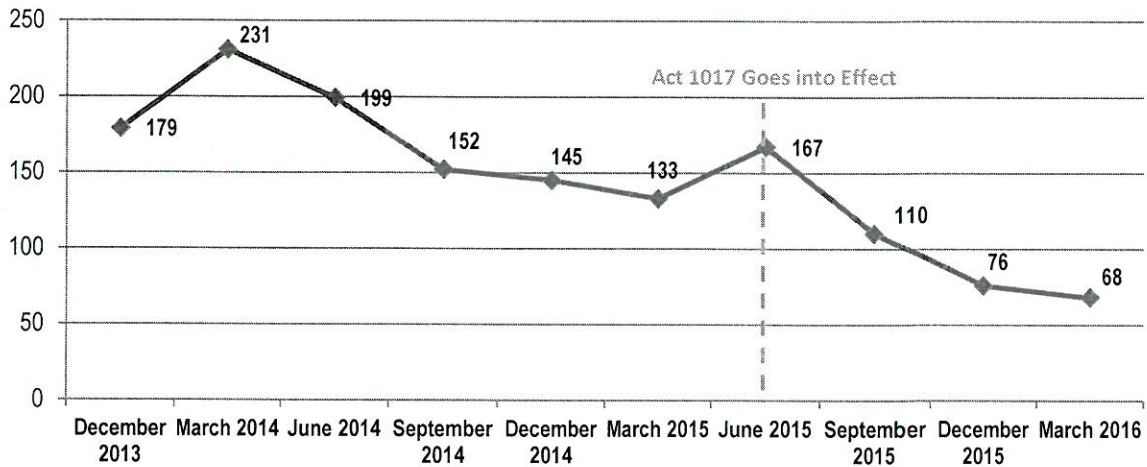
<sup>9</sup> Arkansas Code § 12-18-1001(d).

The court's decision to remove children upon reviewing a protection plan also damages the agency's relationship and credibility with the family, according to staff, because the family is initially led to believe that they will have the opportunity to stay together.

The court's negative reaction to DCFS' protection plans has caused many workers to no longer develop them altogether and instead remove the children, reinforcing the tendency of workers to anticipate the judge's wishes. As one Area Director mentioned, "The workers say, 'Why should I do a protection plan, which is going to result in...the child coming into foster care anyway? I can just remove the child from home and not worry about [it].'"

A review of administrative data in CHRIS confirms the sharp reduction in the use of protection plans since the law went in effect on July 1, 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. In May 2016, just 65 protection plans were developed. Chart 5 below shows how the utilization of protection plans has declined since July 2015.

**Chart 5: Average Protection Plans Completed Per Month, September 2013 - March 2016**



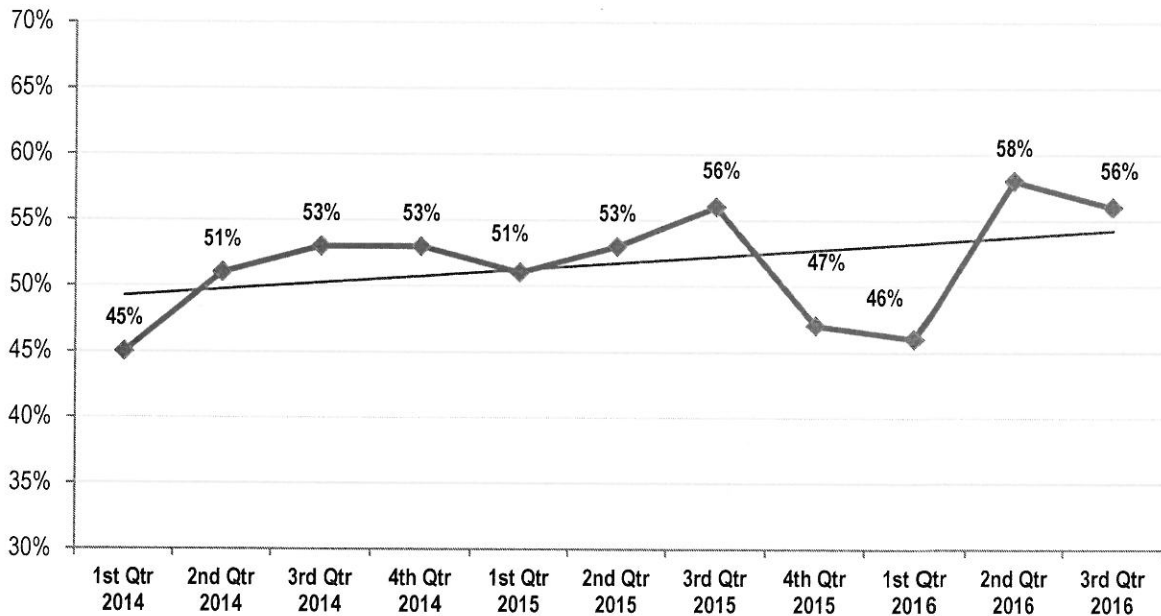
The legislation has essentially caused protection plans to be phased out of practice in many parts of the State. Since July 2015, the number of protection plans completed by DCFS has declined in all but one of the ten DCFS Service Areas, and in four of the Areas the decrease has exceeded 50 percent (see Table 4) highlighted by a 74 percent decline in Area 1. The two Areas with the highest current foster child populations, Areas 2 and 6, completed the fewest protection plans in the state since July 2015.

**Table 4:  
Change in the Utilization of Protection Plans, by Area<sup>10</sup>**

Area	Number Completed Before Act 1017's Implementation	Number Completed After Act 1017's Implementation	Percentage (%) Change
1	143	37	-74.1
2	142	50	-64.8
3	223	105	-52.9
4	105	53	-49.5
5	175	117	-33.1
6	84	30	-64.3
7	41	50	22.0
8	146	139	-4.8
9	140	83	-40.7
10	130	90	-30.8

While one supervisor indicated that the requirement that protection plans be filed with the court did not alter practice in her office, data showed that her office completed nearly two-thirds fewer protection plans than it had completed previously.

**Chart 6: Percentage of Removals with Substance Abuse**



<sup>10</sup> The timeframes used for these data are October 1, 2014 until June 30, 2015 for the first period and July 1, 2015 until March 31, 2016 for the second period.

One very concrete way in which the increased role of the courts in relation to protection plans is impacting the number of children entering foster care has to do with drugs. Drug-related removals are on an upward trend, as shown in Chart 6. Although they dipped during part of the study period, they reached an all-time high for both the study and comparison periods during the second quarter of 2016 where 58 percent of removals had substance abuse as a factor.

Judges in certain jurisdictions hold a strict, low-tolerance view on parental drug use and strongly prefer that children be removed from such parents. DCFS, on the other hand, discourages its staff from “automatic decision-making” (*i.e.*, identifying triggers for an “automatic removal”), and instead encourages them to perform a thorough, systemic evaluation of the family’s circumstances, strengths, and support systems before making a determination as to whether or not a removal should occur. Interviews with DCFS staff confirmed that they do not believe that a positive drug screening by itself is sufficient cause for removal of the child from his or her home; they consider that positive drug test within the broader context of the family’s circumstances and assess the extent to which the parents’ substance abuse places the children at risk.

This approach conflicts with the view held by certain courts, which believe any drug use by the parents is grounds for an immediate removal. This was evident when one particular juvenile judge, in her probable cause order, declared, “Parents can use drugs or raise children. They cannot do both.” Investigators reported that despite their strongly-held beliefs that drugs alone should not necessitate a child’s removal from his or her home, they often do exactly just that, knowing that failure to do so will result in being overturned by the court.

The mid-2015 review of DCFS conducted by The Child Welfare Policy & Practice Group (*i.e.*, “The Paul Vincent Report”) correctly predicted the consequences of the law relating to protection plans. Mr. Vincent’s report speculated that this legislation requiring court approval of protection plans likely passed due to “doubts on the part of some stakeholders that DCFS could assure child safety without court oversight.” He predicted that the law would “undoubtedly increase [staff’s] workloads” and that it was “likely to increase the number of children placed in foster care.” Both of these predictions have come true.

Mr. Vincent’s report iterates, and it is worth reiterating here given the declining utilization of protection plans throughout the state, that protection plans can serve as effective tools when utilized appropriately. The new legislation does not itself eliminate protection plans, but it did give the courts the right to order children into care who would otherwise not have come to the attention of the court, because the agency did not believe it was necessary to remove the child. Moreover, the apparent antagonism of many courts to the plans has resulted both in removals by the court against the recommendation of the agency and in removals by the agency in anticipation of an adverse ruling from the courts.

## **Family in Need of Services (FINS) and Delinquency Cases**

### *FINS*

Children can also enter foster care via court orders from Family In Need of Services (FINS) and delinquency cases. The Juvenile Division of the State of Arkansas Circuit Courts, commonly referred to as juvenile court, handles FINS and delinquency cases in addition to dependency-neglect cases. The judges who preside over FINS and delinquency cases may or may not be the same as those who preside over DCFS’ dependency-neglect cases. FINS cases involve families with a child who evidences behaviors such as truancy, running away, or habitual

disobedience. A FINS petition is usually filed by a concerned family member, school official, or law enforcement official who wants the court's assistance in correcting the child's behavior. Delinquency cases involve children ages ten and older who have committed crimes.

Families identified in FINS cases may be court ordered to receive and participate in services intended to correct the problematic behavior. Even though these cases are not initiated because of child maltreatment and do not involve DCFS, the courts often order DCFS to open an in-home protective services or supportive services case to monitor the home and deliver services, and they may also order children into foster care.

Data from the sample of 400 removals reviewed suggest that between four and five percent of the entries into care originate from FINS and delinquency courts, a rate which remained the same between the two time periods. The fact that the proportion remained constant and that the number of entries was increasing means that the number of FINS related entries were probably increasing at about the same rate.

Going beyond the case reading sample and tracking the exact number of entries that occurred via FINS and delinquency court is, however, challenging, given the limitations in CHRIS.<sup>11</sup> Workers tend to select a removal condition of "Truancy" and/or "Child's Behavior Problem" as the impetus for these types of removals. Adding Court Ordered Foster Care in FINS Case to the two reasons above, an estimated 261 children entered foster care due to a FINS or delinquency court order between January 2015 and March 2016, an increase of 54 percent over the preceding 15-month period (170). This also means that roughly five percent of all entries into care originated from FINS or delinquency court during the period under review, which was in line with the findings of the reviews of the sample removals. Thus, FINS entries may have been increasing even faster than child welfare entries.

There appear to be several reasons courts send youth in FINS cases into the foster care system. Many FINS courts within the state reportedly employ the practice of drug testing the parents (and older children) during routine FINS hearings, even if the issues for which the family is before the court has nothing to do with substance abuse. In multiple recent instances, children were immediately court ordered into foster care during a FINS hearing when their primary caregiver tested positive for illegal substances, when the primary issue was excessive absences from school (*i.e.*, truancy). In one case three siblings between the ages of nine and 12 were ordered into care after their mother tested positive for methamphetamines during a FINS hearing. In none of these cases did the court provide an opportunity for DCFS to assess and monitor the family through an in-home protective services case first, prior to ordering the removal.

Even though no such case was seen in the sample, numerous staff have reported instances when the children were ordered into foster care after the parent tested positive solely for marijuana. Truancy is another common reason that leads the FINS courts to order the removal of the children. One juvenile division judge interviewed viewed truancy as a legitimate reason for removing children. According to staff, it is also not uncommon for FINS courts to utilize foster care as a punitive mechanism for non-compliant caregivers, even if there are no safety concerns facing the children.

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<sup>11</sup> Data from CHRIS with respect to the reason for a child's removal is limited in a quantifiable manner. First, while caseworkers can select a removal condition of "Court Ordered Foster Care in FINS Case," this selection is rarely used and almost certainly understates the number of children removed for that reason. Second, there is no removal reason staff can select to account for children who were ordered into care from a delinquency case. Workers often list removals caused in these cases under various categories.

An egregious example of FINS cases was found in a town in which the high school was recently closed. The school district's solution was to bus the children to a school nearly 30 minutes away (located in another county). A number of older children were subsequently "kicked off the bus" because of their behavior and their parents were unable to transport them to school 30 minutes away on a daily basis. These children's absences initiated a FINS petition in which the court ordered a number of these children into foster care in order for them to be able to attend school. In a number of other cases, the FINS court ordered DCFS to open in-home protective service cases and transport the children to school every single day. This required one DCFS worker to spend two hours on the road every day, transporting children to and back from school.

DCFS staff vehemently disagree with these types of orders and do not believe that these children belong in foster care. One veteran caseworker stated, "Everyone [in our office] disagrees with these FINS removals... These children are not in immediate danger." Another worker mentioned, "Most of these kids are older and refuse to go to school...there is nothing we can do to make them go to school even when we take them into foster care."

### *Delinquency*

Children involved in delinquency cases may also be ordered into foster care at the court's discretion. Most of these removals involve older teenagers who have previously committed crimes. In one such case, the delinquency court ordered a 17 year old child into foster care after his caregiver refused to pick him up from a juvenile detention center. This child's behavioral problems were well documented, and shortly after entering care he ran away while DCFS was transporting him to a new placement. In another case, a 15 year old boy was simultaneously ordered into foster care and a juvenile detention center after his legal caregiver no longer wanted to care for him. This child bounced back and forth between detention and acute facilities, displaying erratic behavior such as "bursting out a window and threatening to cut [a] peer with glass," before eventually entering a DYS facility.

In both of these examples, DCFS faced great difficulty in identifying a stable placement for the children. Because many foster care placements will not accept children who exhibit these behaviors, several staff indicated that finding housing for these children becomes a full-time job in itself. Even when a placement is found, these children quickly disrupt the placements by exhibiting violent behaviors towards provider staff and peers or often run away. As a result of their poor behavior, they also damage DCFS' relationship with providers who may refuse to accept older children from DCFS in the future.

Workers believe that these teenagers, many of whom have extensive criminal and behavioral histories, do not belong in or benefit from the foster care system because the system is not designed to serve them. One worker explained, "Some of these kids appear in court in shackles because even the officers fear what they may do, and when the judge orders them into foster care, they take the shackles off and hand them to me. What am I supposed to do with them? I will have to stay up all night trying to find a placement for them, but there are no placements that will accept them. Even when we find them a placement, they disrupt it, by threatening or beating up the staff or committing other crimes and we are back to square one." One Area Director concluded, "The court doesn't know what else to do with [juvenile delinquents] so they just order them into care."

### ***In-Home Case Period Prior to Removal***

The average length of time children spent in-home cases before removal (for the reviewed removals) decreased from 250 days in the comparison period to 189 days for the review period. This suggests that workers were more likely to engage families and provide them with more opportunities in the past than is the case currently.

What's more, nearly half of the in-home cases had a protection plan during the comparison period, whereas only 19 percent of the in-home cases associated with removals in the review period had a protection plan. This also suggests that DCFS refrains from completing protection plans, as suggested earlier, even when it opens an in-home case. Lack of a protection plan, a formal document requesting parents to do comply with certain safety demand, may be the reason why children enter foster care quicker from in-home cases.

The reasons why in-home cases led to removals for the reviewed sample are outlined in Table 5. The most common reason that led to children entering foster care from in-home cases was a new maltreatment report, followed by discovery of additional safety factors by DCFS and court-ordered removals.

<b>Reason</b>	<b>(%)</b>
<b>A New Maltreatment Report Received During the In-Home Case</b>	30%
<b>Discovery of additional safety factors during home visits</b>	17%
<b>Order of the Court</b>	16%
<b>Parents' violation of the protection plan</b>	14%
<b>Parents' non-compliance with services</b>	11%
<b>Other<sup>12</sup></b>	12%

Reviewers also determined whether the removals that occurred from in-home cases were absolutely necessary to ensure children's safety. The criteria used to make that determination were the same as those used for investigations resulting in removals: 1) that there had to be an imminent safety threat to the child and 2) that, given the entirety of the circumstances of the family, removal was the only reasonable option available to ensure the child's safety.

Twenty-two percent of the removals that occurred from in-home cases were deemed questionable, including 43 percent of those that were ordered by the courts and 23 percent of those which resulted from a new report of maltreatment.

These removals were considered questionable because the circumstances of the family did not seem severe enough to warrant the removal in half of the questionable removals while there was adequate family support in the other half.

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<sup>12</sup> The most common "Other" reason that contributed to removals from in-home cases included loss of adequate caretakers (e.g., caretaker's death or the caretaker's unwillingness to care for the child), which accounted for 82 percent of the "Other" category.



## Recommendations

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The increase in foster care is due largely to two factors: DCFS removing more children immediately upon investigation and the courts ordering removals against the recommendations of the agency. The former appears to be largely a result of specialized investigators viewing themselves more as law enforcement officers than as social workers and of DCFS workers of all types trying to conform to what they view as the preferences of their local courts.

Based on that conclusion, the following recommendations are designed to address the issues.

**Recommendation 1: DCFS should promote a shared vision between investigators and caseworkers of DCFS' role in families' lives based on its practice model.**

DCFS' practice model emphasizes family support: "Our practice model unites our casework process with an approach that values and supports families at every step of a family's encounter with our system." Collaboration and communication between full-time investigators and full-time caseworkers occurs minimally. This is especially true in parts of the state where the agency has implemented specialized investigation units, which operate in a silo separate from units who conduct traditional casework. The investigations units have their own supervisors, who often report directly to their Area Director and not to the supervisor of the county or counties in which they operate. Interaction between the two units is often non-existent.

Certain investigators view their role as closer to that of law enforcement than a social worker. Not only do some investigators maintain an adversarial approach when interacting with families cited in an investigation, which by itself unnecessarily escalates certain situations to the point where removal becomes more likely, but several investigators also frequently request local law enforcement officials to accompany them to the families' homes. Law enforcement's presence is requested even in situations where the investigator has yet to initiate contact with the family or in instances when the investigator's safety is not in question. This heavy-handed approach, more often than not, discourages families from cooperating with DCFS' investigation, makes it challenging to build good will with the family, and increases the likelihood of removal.

Instead of seeing themselves as an extension of law enforcement, investigations staff should realize that they are, first and foremost, social workers. When assessing a family's situation, investigators should begin to build a relationship with the family and identify ways to keep children safe that would allow the family to stay together, rather than viewing "probable cause" as an automatic, inflexible standard. The existence of "probable cause" means that the agency *can* remove a child, not that it *should* remove the child. In other words, investigators must exhibit the courage to exercise restraint. After all, removals are justified only when reasonable efforts to prevent the removal have been made. All of these must be reinforced with adequate, ongoing training.

The training should also incorporate elements of casework and implications of removals on children, families, colleagues, and the system as a whole. One Area Director devised a creative solution to ensure her investigators understood the implications of their removals; she implemented a practice in her Area where investigators were responsible for securing the child's first placement in foster care. While this is a good first step, it barely educates investigators in all that is involved when a child enters the foster care system.

Caseworkers frequently question investigators' decisions to take holds on children, reporting that investigators sometimes remove children who are not facing imminent danger and could be monitored in the home via a protection plan. Several caseworkers believe that investigators are not overly concerned with the implications of removing children from the home since the responsibility for the children at that point shifts to a caseworker. At the same time, investigators questioned whether caseworkers can effectively monitor maltreated children who remain in the family's home.

Both investigators and caseworkers would benefit if there was a process, whether formal or informal, that fostered communication and collaboration between the two units. One suggestion is for the investigator to meet with the caseworker immediately after the removal and/or case opening to discuss the family's presenting issues. It may very well be that a removed child can return home prior to or at the time of the probable cause hearing, with the Division continuing to monitor the home through an in-home case. Another option is to hold regular meetings in which staff can openly discuss their perspectives and better understand the other unit's point of view. With whatever is decided, it needs to be made clear to investigators and caseworkers that responsibility for these children and their families is a shared mission and they are on the same team.

**Recommendation 2: DCFS should implement a dual-approval process for all investigation-related removals.**

Investigators report that they generally consult their supervisor prior to removing a child. If the investigator's supervisor agrees with the investigator's recommendation to remove a child, then a hold is taken. Once the responsibility of the removed child is shifted to the caseworker shortly after removal, the caseworker often does not agree that the child should have been removed in the first place. Furthermore, given the high percentage of questionable investigation-related removals that were found in this report, a more collaborative policy may be more beneficial.

One way to accomplish that is to implement an additional approval layer, where both the investigations supervisor and either a foster care unit supervisor or the county supervisor must approve the removal before a hold is taken. These supervisors may be able to view the situation through a different lens, and offer valuable input or suggestions that might prevent an unnecessary removal. For instance, they may suggest that the investigator implement a protection plan or connect the family to a resource in order to ensure the child's safety at home. If the two supervisors cannot agree, the Area Director will serve as the party with the final decision right.

While some might view this as adding yet another layer of bureaucratic red tape in a job that often requires immediate action, it may be worthwhile to have an additional layer of quality control prior to removing a child. In addition, this approach also forces the two units to work together on an ongoing basis, a desired outcome discussed above.

**Recommendation 3: DCFS should encourage the governor's legislative agenda to propose a repeal or modification of the need to bring protection plans before judges for approval.**

One of the most glaring issues uncovered during this study was the extent to which protection plans are being phased out of DCFS practice. Protection plans were designed to be monitored internally by DCFS staff, but Act 1017 now requires the agency to submit all protection plans to juvenile court for approval. The court's skepticism and negative reaction towards protection

plans, however, has caused many workers to stop developing them. This means that instead of making a concerted effort to maintain children in their home when a safety factor was identified, workers are now opting to remove them. DCFS staff at all levels indicated that this law has directly led to more children coming into foster care.

**Recommendation 4: DCFS should refrain from conforming its practices to fit the court's expectations.**

Investigators, by and large, acknowledge that their decision-making and practices have been molded and, at least to some extent, compromised by the expectations of the court. This means that they sometimes make decisions that they themselves disagree with, such as removing a child in response to a positive drug screening by the parent, because the court may hold a strict, low-tolerance view on parental substance abuse.

Workers fear the ramifications of disagreeing with the court. With so many newly hired, and thus inexperienced, staff now employed by the agency, it is up to their supervisors to promote agency policy and encourage best practice. For this to be possible, however, DCFS central office must fully support its staff who stand by their decisions that are consistent with its practice model, even if those decisions risk incurring the court's disapproval.

**Recommendation 5: DHS should work collaboratively with the court and the legislature to consider alternative options for older youth who have been adjudicated delinquent.**

Children involved in a delinquency case may currently be ordered into foster care at the court's discretion. However, like most child welfare agencies across the country, DCFS is ill-equipped to handle these children, many of whom have extensive criminal and behavioral histories. These children reportedly consume the greatest amount of time and resources, taking away from children and families who are in proper need of those services.

With this in mind, DHS, principally through the Division of Youth Services, should work with the court system and the legislature to identify a more appropriate way to identify appropriate, long-term placements for these children moving forward.

**Recommendation 6: DCFS should encourage the governor's legislative agenda to change the law to allow parents to designate an appropriate caregiver, with DCFS' approval of the home, without the child entering foster care.**

As was discussed in the Paul Vincent report, Arkansas' restrictions on placing children with relatives exacerbates its problem with finding appropriate placements for children. The obvious solution is to allow informal networks of family and friends to play the roles they have always played in supporting parents and their children in times of crisis. Not every situation needs a government response.

**Recommendation 7: DCFS should work with the Court Improvement Program to promote candid dialog about how to handle substance abuse cases which do not put children at serious risk of harm.**

DCFS has had limited if any involvement in the State's Court Improvement Program. In other states those projects have led to sufficient cooperation between the courts and the public child

welfare agencies that both sides have learned from the other and been able to come closer to common understandings. In at least one state the cooperation has been sufficiently close that they two parties undertake joint quality assurance reviews. Discussing substance abuse issues would be a good way to start similar cooperative efforts in Arkansas, hopefully leading to wider ranging discussions and mutual learning.

### Counties Selected for Review<sup>13</sup>

**Carroll County (Area 1).** Carroll County's foster child population nearly doubled (from 33 to 64) over the past 15 months, while its investigations increased by just three percent. Sixty-nine children entered care from Carroll County during this timeframe, compared to just 29 entries during the preceding 15-month period (10/1/2013-12/31/2014). The slight increase in exits out of foster care during this period was not nearly enough to offset the surge in entries.

**Sample Size:**

9 Entries Between 01/01/2015 – 03/31/2016

9 Entries Between 10/01/2013 – 12/31/2015

**Sebastian County (Area 2).** The number of foster children in Sebastian County increased by 21 percent (506 to 608) over the past 15 months, whereas its assigned investigations increased by six percent. Compared to the preceding 15-month period, the number of entries into care increased by 13 percent while the number of exits decreased by 10 percent.

**Sample Size:**

48 Entries Between 01/01/2015 – 03/31/2016

48 Entries Between 10/01/2013 – 12/31/2015

**Hot Spring County (Area 3).** Hot Spring County's foster child population more than doubled (from 34 to 76) over the past 15 months while the number of investigations received remained the same. The number of entries increased by 45 percent from the comparison period. Slightly fewer children were discharged as well.

**Sample Size:**

11 Entries Between 01/01/2015 – 03/31/2016

11 Entries Between 10/01/2013 – 12/31/2015

**Miller County (Area 4).** The number of foster children in Miller County increased by 54 percent (from 80 to 123) over the past 15 months, nearly twice the rate at which its investigations increased (28 percent). Miller County removed 134 children from their homes during this timeframe, compared to 82 children who were removed during the preceding 15-month period. Miller County also discharged fewer children.

**Sample Size:**

15 Entries Between 01/01/2015 – 03/31/2016

15 Entries Between 10/01/2013 – 12/31/2015

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<sup>13</sup> The data presented for in this Appendix represent the data available in the Division's CHRIS system as of April 2016.

**Faulkner County (Area 5).** Faulkner County's foster child population surged by 87 percent (69 to 129) over the past 15 months, which contrasts with a modest increase in the number of investigations received (11 percent). The number of entries in Faulkner County increased from 124 to 215 (73 percent), while the number of discharges, while it also increased, did not come close to offsetting the increase in entries.

**Sample Size:**

24 Entries Between 01/01/2015 – 03/31/2016

24 Entries Between 10/01/2013 – 12/31/2015

**Pulaski County (Area 6).** The number of foster children in Pulaski County increased from 504 to 631 (25 percent) over the past 15 months, while the number of investigations increased by nine percent. When compared to the preceding 15-month period, the number of entries climbed sharply (from 376 to 504 entries) while the number of exits increased just slightly (from 364 to 377 exits).

**Sample Size:**

55 Entries Between 01/01/2015 – 03/31/2016

55 Entries Between 10/01/2013 – 12/31/2015

**Grant County (Area 7).** Though the number of investigations received in Grant County *declined* over the past 15 months, the number of children in care doubled (from 13 to 27). During this period more children entered than exited care, which was the opposite of what had occurred during the preceding 15-month period (when more children exited than entered care).

**Sample Size:**

5 Entries Between 01/01/2015 – 03/31/2016

5 Entries Between 10/01/2013 – 12/31/2015

**Mississippi County (Area 8).** Mississippi County's foster child population increased by 45 percent (44 to 64) over the past 15 months, compared to a slight increase in investigations (two percent). The county-wide increase can be traced to the county's Blytheville office (where the number of foster children increased from 27 to 47) rather than its Osceola office (where the foster child count remained the same). For this reason, the focus will be on the Blytheville office for the review of Mississippi County.

**Sample Size:**

10 Entries Between 01/01/2015 – 03/31/2016

10 Entries Between 10/01/2013 – 12/31/2015

**Poinsett County (Area 9).** The number of children in care in Poinsett County increased by 69 percent (from 65 to 110 children) over the past 15 months, even though its investigations increased by just nine percent. Overall, 134 children entered care during this period (compared to 81 entries during the preceding 15-month period). Meanwhile, the number of discharges increased only slightly.

**Sample Size:**

15 Entries Between 01/01/2015 – 03/31/2016

15 Entries Between 10/01/2013 – 12/31/2015

**St. Francis County (Area 10).** The number of foster children in St. Francis County more than tripled over the past 15 months, from 18 to 55 children, which occurred despite the number of investigations *declining* by eight percent. Compared to the 15-month period preceding this timeframe, more children came into care while fewer exited.

**Sample Size:**

8 Entries Between 01/01/2015 – 03/31/2016

8 Entries Between 10/01/2013 – 12/31/2015

**Total Sample Size:**

200 Entries Between 01/01/2015 – 03/31/2016

200 Entries Between 10/01/2013 – 12/31/2015



### Data Collection Instruments

This appendix contains the following the data instruments.

- 1) Case Record Review Instrument
- 2) FSW / Supervisor Interview

## Case Record Review Instrument

Reviewer:  
Review Date:

### CHILD CHARACTERISTICS

1. Child's CHRIS ID:	2. Case ID:	3. Child Name:
4. Case Open Date:	5. Child Removal Date:	6. DOB:
7. Gender:	8. Race 8a. Ethnicity	9. County of Removal:

10. Number of prior entries into foster care by the child:
11. Number of Accepted Investigations on the family, as a whole, up to the child's removal date:
12. Number of Investigations (from question 11) Found True:
13. Number of reports assigned to Differential Response on the family, as a whole, up to the date of removal:

### REASON FOR THE REMOVAL UNDER REVIEW

#### Investigations that led to immediate removal

14. Was the removal of the child a result of a child maltreatment investigation?

1. Yes      5. No

*Answer YES, only if (1) the family had no case involvement with DCFS at the time of the report, AND (2) the child was removed clearly as the result of a child maltreatment investigation—either during or at conclusion of the investigation—without an opening of the in-home case first.*

#### **If the answer to Question 14 is NO, move to Question 27**

15. What party made the decision to remove the child from home in immediate response to the maltreatment investigation?  
*The answer to this question is nearly always DCFS, but in rare instances the removal can occur as a result of other stakeholders (e.g., law enforcement or court).*

1. DCFS      2. Court      3. Law Enforcement      4. Other: \_\_\_\_\_

16. If your answer to question 15 is anything other than "DCFS" or "Law Enforcement," how did the party (e.g., court) become aware of the investigation?

Text Box

17. What was the Referral ID?
18. What was the Referral Date?

19. What was the priority level of the report?

1. One    2. Two

20. Which agency conducted the investigation?

1. DCFS    2. CACD

21. Was the report found true?

1. Yes    5. No

22. What were the allegations that were found TRUE in the report?

Picklist – Allegation List

23. Was the disposition appropriate given the facts documented in the investigation?

1. Yes    5. No    If NO, please explain in detail: \_\_\_\_\_

24. What safety factors were identified in the HSA during this investigation?

*Please note that a child can have multiple completed HSAs, but each is tied to a specific investigation or a case. Please answer this question with respect to the investigation that caused the child's removal. In some instances the HSA might be tied to the case that opened up at the time of the child's removal.*

Checkbox – All 14 DCFS safety factors as well as a "None" Option

25. Were the identified safety factors consistent with information documented in the investigation?

1. Yes    5. No    If NO, please explain in detail: \_\_\_\_\_    9. N/A – No Safety Factor(s) Documented

26. Was the severity of the issues documented during the investigation such that removal was the only option (i.e., the safety of the children could not have been controlled through a protection plan)?

1. Yes    5. No    If NO, please explain in detail: \_\_\_\_\_

*In-home cases that led to removal*

27. Was the family involved with DCFS through an in-home protective services case at the time of the child's removal?

1. Yes    5. No

**If NO, move to Question 58**

28. Which best describes the in-home case during which the removal under review occurred?

Picklist or radio button (Choose one):

1. In-home case with no prior removals since its opening – in-home case opened as a result of child maltreatment investigation.
2. In-home case with no prior removals since its opening – in-home case opened as a result of a FINS court petition or other court involvement, with no maltreatment investigation.
3. The case had become in-home after all children had returned home from a previous foster care episode.
4. Other \_\_\_\_\_

29. Date of the in-home case opening:

*If the in-home case resulted from the child returning home from a previous foster care episode, list the date that the child returned home as the opening date of the in-home case.*

30. How long was the child involved in an in-home case prior to the removal under review?

**If the in-home case was opened as a result of an investigation (Pick 1 from Question 28), answer Questions 31-40. If not, skip to Question 41.**

31. Referral ID:

32. Referral Date:

33. Was the report found true?

1. Yes    5. No

34. Was the disposition appropriate given the facts documented in the investigation?

1. Yes    5. No    If NO, please explain in detail: \_\_\_\_\_

35. What were the issue (allegations) documented in the investigation?

Picklist of Allegations / Issues

36. What safety factors were identified?

Picklist of Safety Factors as well as a "None" option

37. Was the identified safety factors consistent with information documented in the investigation?

1. Yes    5. No    If NO, please explain in detail: \_\_\_\_\_ 9. N/A – No Safety Factor(s) Documented

38. If safety factors were identified, did DCFS create a protection plan?

1. Yes    5. No    9. N/A – No Safety Factor(s) Documented

39. Was the protection plan appropriate given the circumstances?

1. Yes      5. No      If NO, please explain in detail: \_\_\_\_\_ 9. N/A – No protection Plan Documented

40. Do you agree with the decision to open an in-home case after examining the information documented in the investigation?

1. Yes      5. No      If NO, please explain in detail: \_\_\_\_\_

41. Did DCFS identify the needs of the family (as they relate to the target child) during the in-home phase?

1. Yes      5. No      3. The family did not have any relevant needs to identify

42. If needs were identified or present, did DCFS provide appropriate services to remedy the needs during the in-home phase?

1. Yes      5. No: \_\_\_\_\_ If not, why were services not provided (answer to the extent possible from the case record)? 3. \_\_\_\_\_ DCFS did not identify the needs of the family OR the family did not have any relevant needs for services

43. If services were provided, what was the family's progress with respect to those services?

1. Family Participated – Significant Progress
2. Family Participated – Moderate Progress
3. Family Participated – Limited Progress
4. Family Participated – No Progress
5. The family did not participate consistently enough to show progress (non-compliant)
6. The family did not participate consistently enough, but still showed signs of improvement anyway

44. Did DCFS make adequate, successful (no attempted visits) to the family during the in-home phase?

1. Yes      5. No

45. Was there a protection plan in place during the in-home case?

1. Yes      5. No

46. If there was a protection plan in place, did DCFS follow-up and monitor the family's compliance with the plan effectively?

*This may include making adequate visits to the home, providing services to assist the family with following the plan, and other efforts undertaken by the agency depending on details of the plan.*

1. Yes      5. No      9. N/A, no protection plan was developed

47. Why was the child removed from home during the in-home case?

Check all that apply.

1. Discovery of additional safety factors during home visits (explain in text box below)
2. Parents' non-compliance with services
3. Parents' violation of the protection plan
4. Order of the court
5. A new maltreatment report received during the in-home phase
6. Other

Text box: If you selected 1, 2, 3, or 6, you must thoroughly explain the circumstances in detail.

48. If in question 47 you selected 1, 2, 3 and/or 6 (non-compliance with services, discovery of additional safety factors, violation of the protection plan, other), was the issue such that removal was the only option (e.g., no other interventions, protection plans, or remedies could have been implemented to prevent removal)?

1. Yes      5. No      If NO, please explain in detail: \_\_\_\_\_ 9. N/A

49. If your answer to question 47 was court order, how did the court become aware of the in-home case?

1. Court's mandatory review of the protection plan
2. 20-Day petition by DCFS to the court to compel the family to comply with case plan
3. In-home case was a continuation of a previous foster care case in which the court remained involved
4. External stakeholders informed the court of the family
5. Other \_\_\_\_\_
9. N/A

**If you selected new maltreatment investigation for Question 47, complete Questions 50-57. If not, skip to Question 58.**

50. Referral ID:

51. Referral Date:

52. Was the report found true?

2. Yes      5. No

53. Was the disposition appropriate given the facts documented in the investigation?

1. Yes      5. No      If NO, please explain in detail: \_\_\_\_\_

54. What were the issue (allegations) documented in the investigation?

Picklist of Allegations / Issues

55. What safety factors were identified?

Picklist of Safety Factors as well as a "None" option

56. Was the identified safety factors consistent with information documented in the investigation?

1. Yes      5. No      If NO, please explain in detail: \_\_\_\_\_ 9. N/A – No Safety Factor(s) Documented

57. Did these safety factors differ from those that DCFS had already identified for the family?

1. Yes      5. No      If YES, please explain in detail what new issues were included in the new report:  
\_\_\_\_\_

*Removals that Occurred as a Result of Differential Response*

58. Was the child removed during the family's involvement with Differential Response?

1. Yes      5. No

**If NO, skip to Question 83.**

59. Date Differential Response involvement was initiated?

Please answer the following questions with respect to the report that initiated DCFS' DR involvement with the family.

60. Referral ID:

61. Referral Date:

62. What were the issue (allegations) documented in the investigation?

Picklist of Allegations / Issues

63. What safety factors were identified?

Picklist of Safety Factors as well as a "None" option

64. Was the identified safety factors consistent with information documented in the investigation?

1. Yes      5. No      If NO, please explain in detail: \_\_\_\_\_ 9. N/A – No Safety Factor(s) Documented

65. If safety factors were identified, did DCFS create a protection plan?

2. Yes      5. No      9. N/A – No Safety Factor(s) Documented

66. Was the protection plan appropriate given the circumstances?

1. Yes      5. No      If NO, please explain in detail: \_\_\_\_\_ 9. N/A – No protection Plan Documented

67. Did DCFS identify the needs of the family (as they relate to the target child) during the DR phase?

1. Yes      5. No      3. The family did not have any relevant needs to identify

68. If needs were identified or present, did DCFS provide appropriate services to remedy the needs during the DR phase?

1. Yes      5. No: \_\_\_\_ If not, why were services not provided (answer to the extent possible from the case record)? 9. DCFS did not identify the needs of the family OR the family did not have any relevant needs for services

69. If services were provided, what was the family's progress with respect to those services?

1. Family Participated – Significant Progress
2. Family Participated – Moderate Progress
3. Family Participated – Limited Progress
4. Family Participated – No Progress
5. The family did not participate consistently enough to show progress (non-compliant)
6. The family did not participate consistently enough, but still showed signs of improvement anyway

70. Was there a protection plan in place during the DR phase?

1. Yes 5. No

71. If there was a protection plan in place, did DCFS follow-up and monitor the family's compliance with the plan effectively?

*This may include making adequate visits to the home, providing services to assist the family with following the plan, and other efforts undertaken by the agency depending on details of the plan.*

1. Yes 5. No 9. N/A, no protection plan was developed

72. Why was the child removed from home during the DR phase?

Check all that apply.

1. Discovery of additional safety factors during home visits (explain in text box below)
2. Parents' non-compliance with services
3. Parents' violation of the protection plan
4. Order of the court
5. A new maltreatment report received during the DR phase
6. Other

Text box: If you selected 1, 2, 3, or 6, you must thoroughly explain the circumstances in detail.

73. If in question 72 you selected 1, 2, 3 and/or 6 (non-compliance with services, discovery of additional safety factors, violation of the protection plan, other), was the issue such that removal was the only option (e.g., no other interventions, protection plans, or remedies could have been implemented to prevent removal)?

1. Yes 5. No If NO, please explain in detail: \_\_\_\_\_ 9. N/A

74. If your answer to question 72 was court order, how did the court become aware of the DR case?

6. Court's mandatory review of the protection plan
7. External stakeholders informed the court of the family
8. Other \_\_\_\_\_
9. N/A

**if you selected new maltreatment investigation for Question 72, complete Questions 75-82. If not, skip to Question 83.**

75. Referral ID:

76. Referral Date:

77. Was the report found true?

3. Yes 5. No

78. Was the disposition appropriate given the facts documented in the investigation?

1. Yes      5. No      If NO, please explain in detail: \_\_\_\_\_

79. What were the issue (allegations) documented in the investigation?

Picklist of Allegations / Issues

80. What safety factors were identified?

Picklist of Safety Factors as well as a "None" option

81. Was the identified safety factors consistent with information documented in the investigation?

1. Yes      5. No      If NO, please explain in detail: \_\_\_\_\_ 9. N/A – No Safety Factor(s) Documented

82. Did these safety factors differ from those that DCFS had already identified for the family?

1. Yes      5. No      If YES, please explain in detail what new issues were included in the new report:  
\_\_\_\_\_

Removals that Occurred as a Result of Other factors (i.e., no maltreatment investigation, no family involvement in in-home case):

83. In rare instances children enter foster care without a child maltreatment report or involvement with DCFS in an active in-home case. An example would be a divorce court judge who has questions about both parents' ability to care for the child and orders the children into foster care (without the presence of maltreatment or an existing in-home case). While these types of removals are rare, they do happen. If the removal in this case does not fit into any of the categories above, please explain in detail (how and why the child was removed) and who was responsible for the decision.

Text Box

**CLOSING QUESTION**

84. Please use this text box to provide a brief summary of the events that led to the child's removal, any other relevant issues not covered above, your own impressions of the practices that led to the child's removal, and whether or not you believe that the removal was the only option. Please provide as much detail and justification as necessary.

Text Box

Interview Participant:	Interview Date:
Participant Position: FSW <input type="checkbox"/> Supervisor <input type="checkbox"/>	Reviewer:
County Office Location:	

**GENERAL INFORMATION AND ISSUES:**

1. How long have you worked for DCFS in this county (cite the worker's current county)?  
How long have you worked as an FSW (or FSW Supervisor)?
2. We noticed that there has been a surge in children entering foster care from this county since January 2015. We will get into more specific issues in a few minutes, but can you briefly tell me what you believe are the causes of this increase?

*Please do not be satisfied with answers such as, "there are a lot of drugs in our county" or "there is a lot of neglect in our county." Interviewers should focus on issues that have caused the **increase** in the foster child population **compared to the past**. "Drugs" and "Neglect" are not new phenomenon. Please attempt to redirect the interviewee to establish a comparison between now and a couple of years ago. For example, is the drug situation different now in their county than it was 15 months ago? If so, how? If not, then what other issues do they think have caused the increase?*

**SPECIFIC ISSUES:**

3. Can you think of any change(s) in law, policy, and/or practice that have occurred since January 2015 that have possibly led, either directly or indirectly, to more children entering care than was the case previously?
  - Law:
  - Policy:
  - Practice:
4. Has the court ordered children into foster care against DCFS recommendations with greater frequency since January 2015 than before?
  - a. If yes, why do you think that is?
  - b. Which court and judge(s) oversees child welfare cases for this county?
  - c. At what stage does the court usually make such orders (e.g., during the investigation, during the in-home case)?
  - d. How does the court become aware of the family in these instances?
  - e. Has the court ordered children into foster care after review of DCFS' protection plans? If so, how often has that happened?
  - f. How often do you disagree with the court's decision to remove a child? Can you provide any specific examples?
5. Do you believe that external or non-case-specific events (e.g., sensationalized child death, highly publicized cases, unfavorable media attention, increased scrutiny from supervisors or agency higher-ups, new judge) impact your or your staff members' decision-making, even slightly, causing more reluctance to leave children in the home

when a safety issue is present? Can you identify any such events since January 2015 that have had an impact on your decision-making?

6. Are there any differences in the circumstances of the families whose children have entered care recently (last 12-15 months) vs. families whose children entered previous to that? If so, please explain.
7. Are you familiar with the Structured Decision Making (SDM) model? Do you adhere to this model? Do you believe that your colleagues follow this model? Do any non-DCFS parties *not* adhere to this model? How has SDM affected the decision to remove?
8. In cases for which a safety factor is identified, how do you determine whether the child can remain safely in the home (with a protection plan in place and DCFS monitoring the home) or is better off entering foster care?
9. Whom do you consult when determining whether or not to take a 72-hour hold on a child? Are any external stakeholders consulted? Does the court generally agree with the agency's 72-hour holds?
10. Are protection plans routinely submitted to the court for approval? Within how many days? How does the court view protection plans? Has this process (submitting protection plans for court approval) affected the number of removals? If yes, please elaborate.
11. In your view, are all or nearly all removals in your county warranted (i.e., they are the only option to ensure the child's safety)? If not, please describe the justifications given (and who articulates those justifications) for removing some children who arguably did not need to enter care.
12. What needs to be done to reduce the number of children entering care here?
13. To what extent has the increase in foster child population impacted your workload and ability to fulfill your casework duties?
14. Also, to what extent has the increase impacted your ability to help move foster children towards permanency (i.e., discharge them from foster care)? Are other factors influencing discharge decisions in a way that did not exist 15 months ago?

Is there anything else you would like to tell us regarding the increased number of children coming into care from this county?



## Division of Children and Family Services



P.O. Box 1437, Slot S560 · Little Rock, AR 72203-1437  
501-682-8772 · Fax: 501-682-6968 · TDD: 501-682-1442

Oct. 11, 2016

Dear Helaine Hornby and Dennis Zeller,

I have received and reviewed the report entitled "Analysis of the Rise in Arkansas' Foster Care Population" produced by Hornby Zeller Associates, Inc. (HZA). We agree with many of HZA's findings, particularly those related to staff retention. The exodus of experienced field staff is placing an immediate strain on the system in terms of short-staffed offices and resources spent on hiring and training. Also, we understand having less experienced family services workers affects the courts' confidence in DCFS field staffs' recommendations and decisions. We are working to identify ways to improve retention and reduce caseloads.

While this insight was helpful, I have concerns with the conclusions drawn and recommendations made. The methodology used, though statistically valid, allowed for more than 50 percent of the cases being sampled to come from Sebastian and Pulaski counties, which have long had among the highest number of children in care and other complex issues. While these two counties contribute to a significant percentage of the children in foster care, they do not provide a comprehensive analysis of the issues affecting the statewide increase of children in foster care.

HZA took a limited view of potential causes or contributors. It focused on subjective factors related to the Division of Children and Family Services (DCFS) and court decision-making when other more data-driven elements could have been considered. While these are important elements, there are a number of other factors that could have been analyzed. Specifically, a closer look at exits and discharges from foster care is warranted based on the fact that, while we currently have the highest number of children in care that Arkansas has ever seen, more children entered care in 2007, 2009, 2010, and 2011 than in 2016. However, children are not exiting at the same rate as they were in the years referenced above.

In addition, the report begins with the assumption that the rise in foster care began in January 2015. While the most recent increase started in 2015, the overall increase in the number of children in foster care was impacted by systemic factors that started before 2015. One factor to note is the reduction in DCFS staff in 2011, 2012, and 2013. This report does not adequately address past staffing levels and the impact of our reduced workforce on the number of children in care.

The two broad issues related to decision making led to an oversimplification of the problems within the system as well as the potential solutions. As you know, DCFS, in collaboration with other DHS divisions has worked to address additional issues that have caused our current crisis. This report will be used as once piece of our overall assessment. Thank you for the completion of this report and the work you have done for the Arkansas child welfare system.

Thank you,

A handwritten signature in black ink that reads "Mischa Martin".

Mischa Martin  
Director, Division of Children and Family Services





**SPECIAL  
REPORT**  
November 2016

# MOVING BEYOND CRISIS

Phase one: Plan to stabilize the Arkansas child welfare system



# Table of Contents

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

# Moving Beyond Crisis

Phase one: Plan to stabilize the Arkansas child welfare system

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

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

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

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

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

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

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

Many of the components outlined in this

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

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

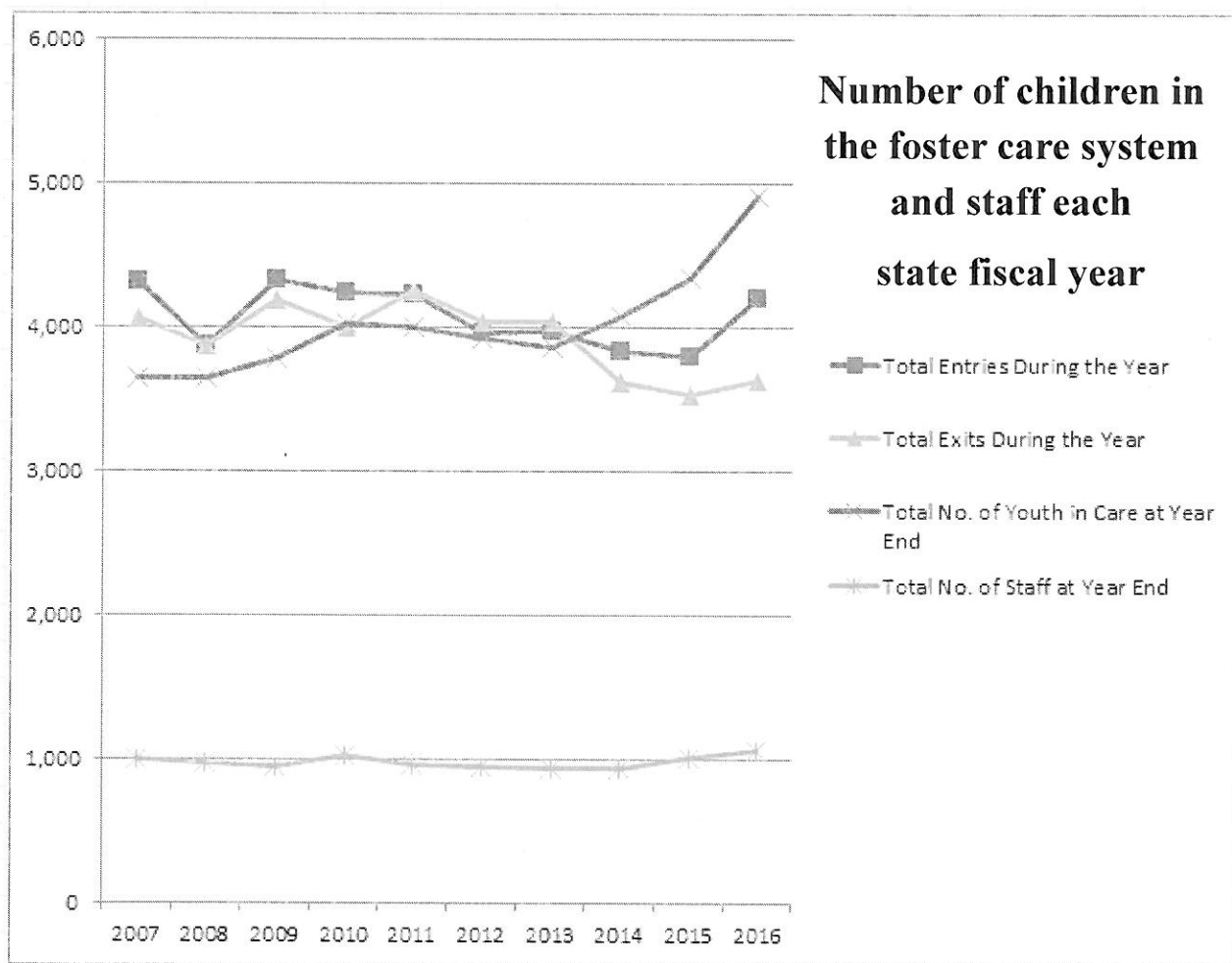
issues. An influx of additional and qualified staff, which requires significant additional state general revenue, also is needed to ultimately reach our goal of providing more prevention services so that families do not become a part of the foster care system. Last year, Governor Asa Hutchinson provided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

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

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

## STRENGTHENING FAMILIES SO CHILDREN CAN REMAIN SAFELY AT HOME

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



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

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

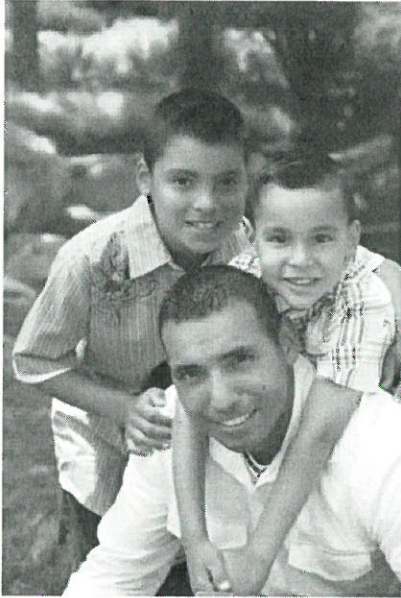
### **Medicaid-funded home visiting**

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

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



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



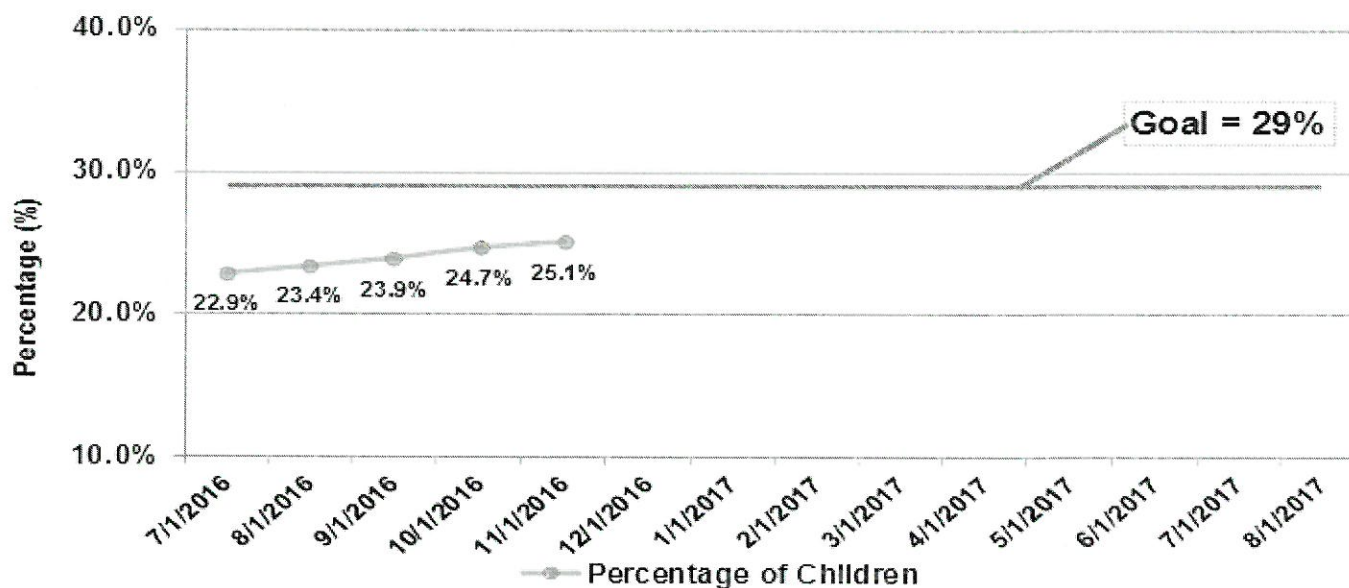
19 and also has identified potential partners that could oversee the program.

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

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



## Percentage of Children Placed with Relatives, Statewide



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

### IMPROVING THE FOSTER CARE SYSTEM

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

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

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

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

#### Increasing relative placements

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

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

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

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

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

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

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

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

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

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



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

with appropriate boundaries, love, patience and extraordinary understanding.

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

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

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

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

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

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

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

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

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

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

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



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

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

because central office staff was required to process all checks.

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

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

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

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

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

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

### **Streamlining the DHS foster care application process**

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

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

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

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

manner.

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

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

### Recruiting more families for older youth and siblings

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

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

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



and adoptive families.

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

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

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

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

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

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

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

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

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

## Supporting foster families

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

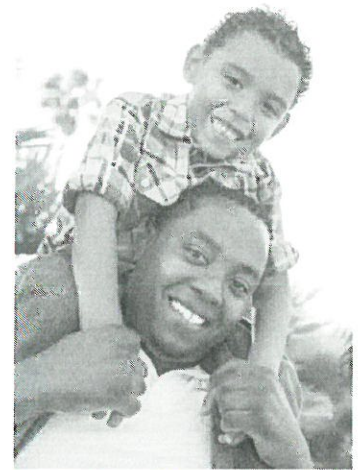
- DCFS structure lacked focus on foster parent support and communication.
- Inadequate support for and communication with foster families, caused in part because of the level of turnover that exists in the caseworker ranks and the fact that so many children are placed with foster families outside their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

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

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

DCFS staff's attention.

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



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

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

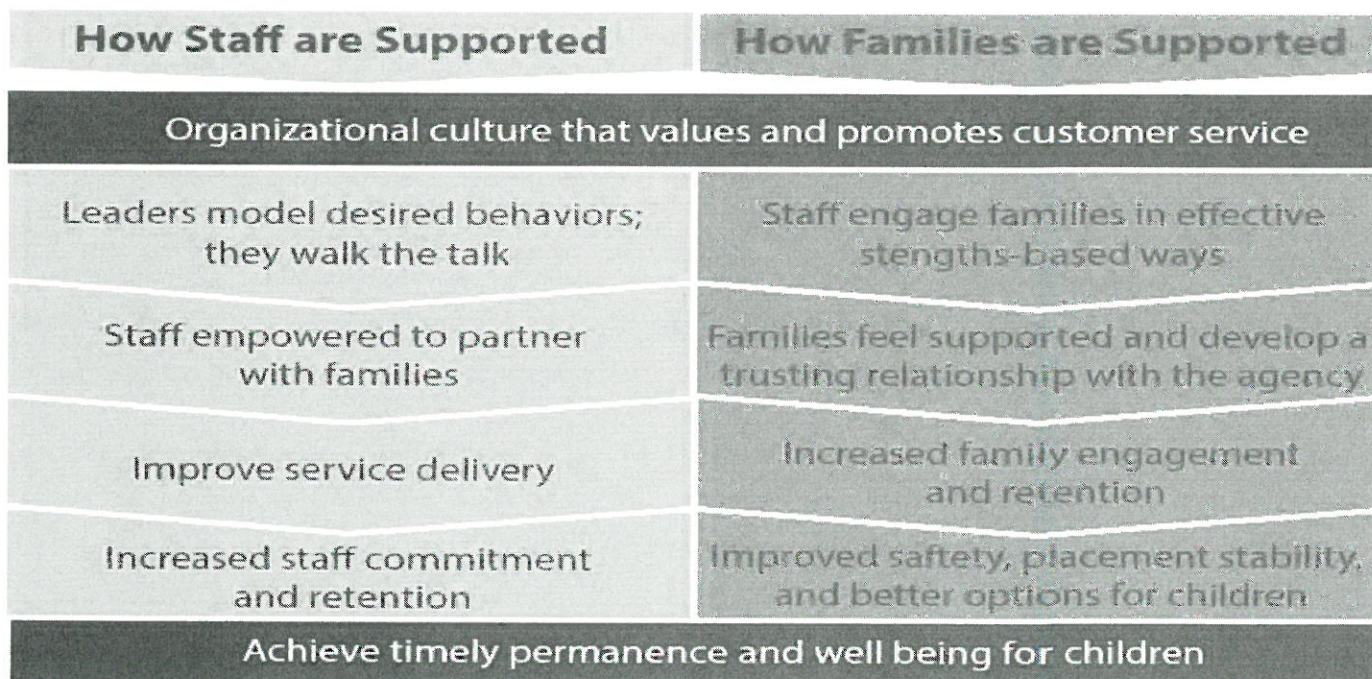
### Customer service as foster parent recruitment and retention tool

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

their caseworkers.

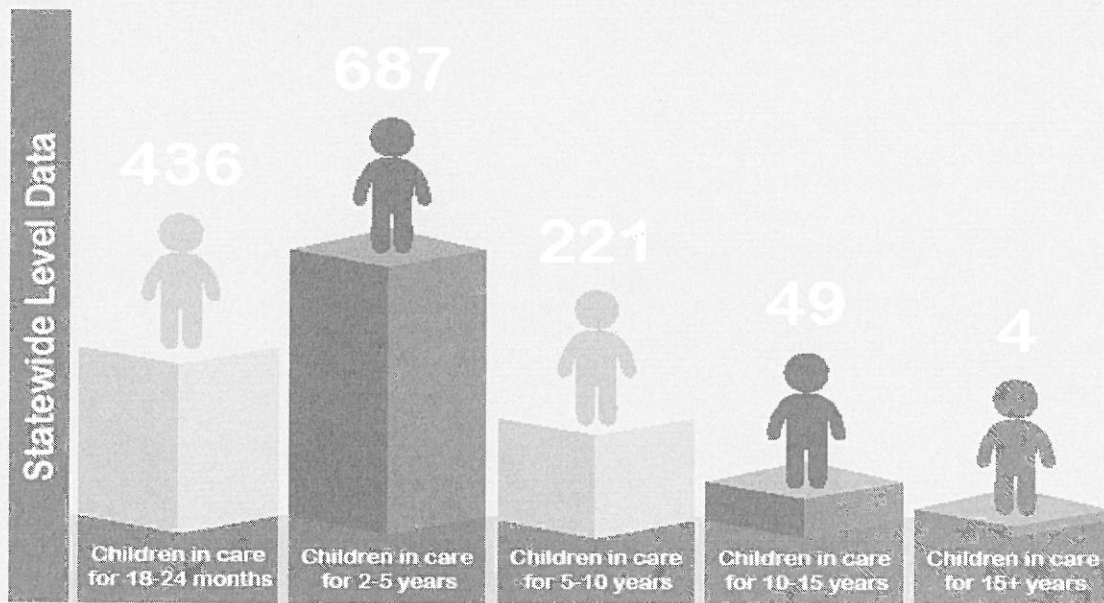
According to AdoptUSKids, customer service in child welfare is defined as the “customers’” perceptions of the way they are treated, the responsiveness of the services provided, and the extent to which they are engaged in teamwork to meet the needs of children and youth.” Customers can be the children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

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





Reviewing county level data of children who have been in care for 18 months or longer as of May 31, 2016



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

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

To better support FSWs, DHS plans to

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

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

until new hires can be made.

### Assessing the current foster care population

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

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

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

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

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

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

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

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

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

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

DCFS is maximizing use of available homes.

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

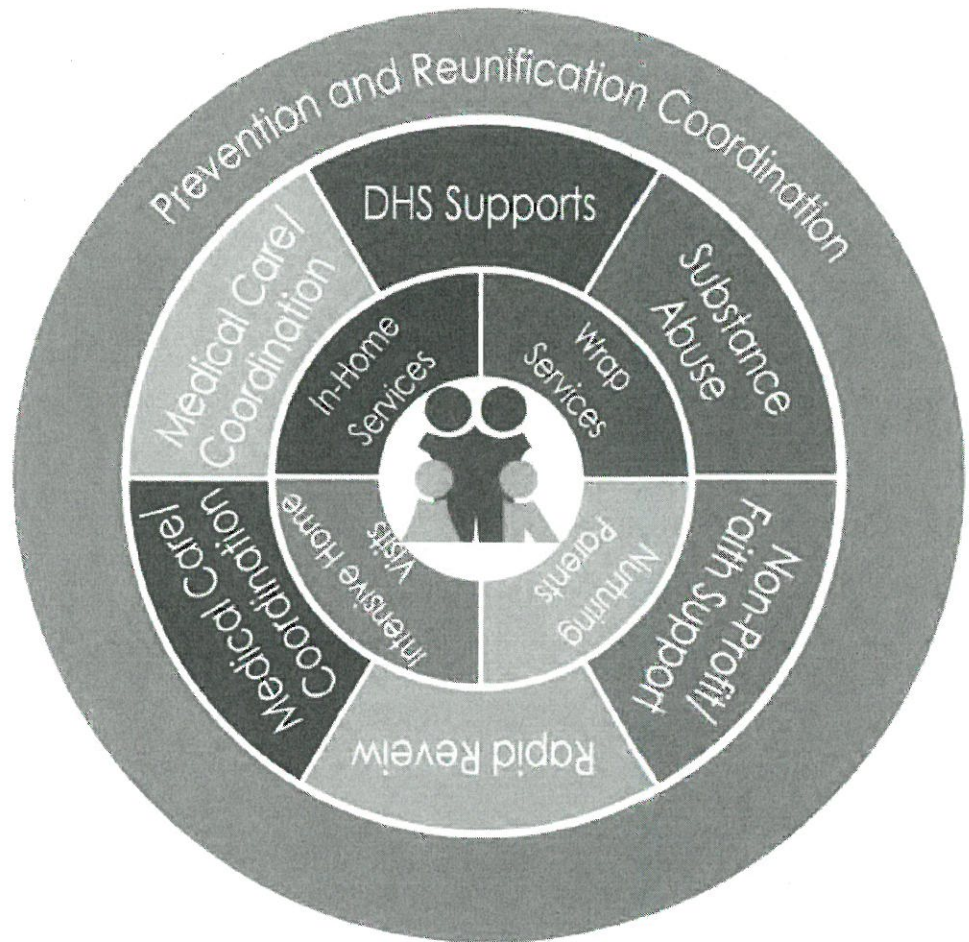
Children in foster care with serious mental health issues have few options as it relates to their treatment, in part because the state lacks a broad array of services that allow for a gradual transition from a psychiatric residential treatment facility. A review of foster children in long-term residential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

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

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

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

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



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

camp, parenting support, crisis support.

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

To create this short-term initiative, DHS has:

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

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

## CONCLUSION

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

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

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

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