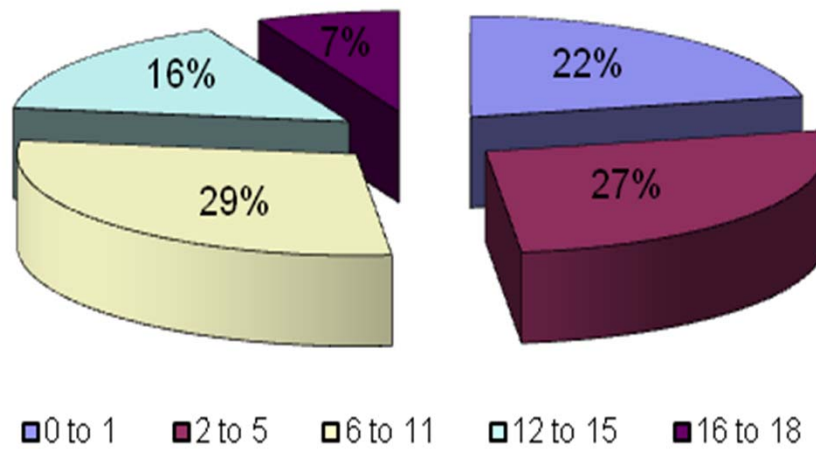


# ARKANSAS DIVISION OF CHILDREN AND FAMILY SERVICES

Improving the Lives of  
Infants and Toddlers  
In the Arkansas  
Child Welfare System

# AGES OF CHILDREN WHO ENTERED CARE

Chart 21b: Ages of Children who Entered Care



# REASONS CHILDREN ENTERED CARE 2<sup>ND</sup> QTR 2012

Placement Reason	0 to 1	2 to 5	6 to 11	12 to 15	16 to 18	18+	Total
Neglect	82	97	136	71	31	0	417
Substance Abuse	99	101	111	43	21	0	375
Parent Incarceration	47	70	77	42	15	0	251
Physical Abuse	31	41	42	31	16	0	161
Child's Behavior	0	0	3	23	9	0	35
Abandonment	4	2	4	13	9	0	32
Inadequate Housing	17	31	28	15	7	0	98
Caretaker Illness	9	22	22	13	6	0	72
Sexual Abuse	4	13	34	18	12	0	81
Truancy	0	0	7	9	3	0	19
Child's Disability	0	0	0	1	0	0	1
Parent Death	1	1	2	2	1	0	7
Sex Offender	0	0	3	7	1	0	11
Relinquishment	1	0	0	0	0	0	1
Other	0	0	0	1	0	0	1
Teen Parent in Care	3	2	0	0	0	0	5
<b>Total*</b>	<b>298</b>	<b>380</b>	<b>469</b>	<b>289</b>	<b>131</b>	<b>0</b>	<b>1,567</b>

# INITIATIVES TO ENHANCE WELL-BEING OF INFANTS AND TODDLERS

## ◉ Zero to Three Project

### ■ The Arkansas Pilot Court Team Project

#### ○ Initiative between

- Division of Child Care/ Early Childhood Education (DCC/ ECE)
- Division of Children and Family Services
- Zero to Three Project

## **Purpose**

- \*To reduce the occurrence of abuse and neglect
- \*Increase awareness of the impact of abuse and neglect
- \*Improve outcomes for vulnerable young children

# CRITERIA FOR AR PILOT COURT TEAM PROJECT

- ⦿ Children between 0 – 3
- ⦿ Parents who are incarcerated for less than a year
- ⦿ Minor mothers
- ⦿ Drug and alcohol exposed population
- ⦿ Children with special needs
- ⦿ Homeless population

# PROGRAM RESULTS

- Serviced 17 children in twelve families
  - 3 children have found permanence through adoption
  - 6 children have been successfully reunified with their families
  - 1 child has found permanence in permanent custody of a relative
  - 7 current active cases
  - 2 potential cases to be accepted

# FETAL ALCOHOL SPECTRUM DISORDER

- ◉ Funded by SAMHSA - contract between DCFS and Northrop Grumman for a period of 4 years 10 months –beginning February, 2008 ending in May, 2012.
- ◉ Provide early and timely screening, diagnosis and interventions for children ages 2-7 who are in the states custody – (Foster Care).
- ◉ Provide and communicate comprehensive, coordinated and timely case planning, case management, and follow-up to insure appropriate care for children with FASD and their families in order to decrease secondary disabilities.
- ◉ The Pulaski County FASD project is located within the Division of Children and Family Services in the foster care unit.
  - Pilot project looking only at Pulaski County children in foster care between the ages of 2 to 7.
  - The project staff screen all children who came into foster care in the target age range in Pulaski County.
  - If they screened positive, meaning there was some reason for concern, we worked with the UAMS PACE team who perform a comprehensive evaluation on all children in foster care and had them to take a closer look at the children who screen positive for an FASD.

## DIFFICULTIES IN INFANCY AND EARLY CHILDHOOD

- ⦿ **Poor habituation**
- ⦿ **Irritability in infancy**
- ⦿ **Poor visual focus**
- ⦿ **Sleep difficulties**
- ⦿ **Mild developmental delays**
- ⦿ **Distractibility and hyperactivity**
- ⦿ **Difficulty adapting to change**
- ⦿ **Difficulty following directions**



## PROTECTIVE FACTORS *ENVIRONMENTAL*

- ⦿ Living in stable and nurturing home
- ⦿ Being diagnosed before age 6
- ⦿ Not being a victim of violence
- ⦿ Not having frequent changes of household
- ⦿ Having received developmental disabilities services

### The goal

- To identify children as early as possible to begin the necessary interventions
- Help stabilize the home environment as much as possible
- Ultimately assist permanency planning with their biological family whenever possible or with an adoptive family when reunification is not possible.

### •The hope

- By identifying FASD early in life we can prevent the secondary disabilities that often occur when children are not diagnosed and appropriate interventions do not happen.

**Secondary disabilities associated with FASD include:** Mental Health Problems, Disrupted School Experience, Trouble with the Law, Confinement –either inpatient treatment for mental health problems, or incarceration in the jail or prison system, Inappropriate Sexual Behavior, Alcohol/ Drug Problems, Dependent Living, and Problems with Employment.

As a result of the CAPTA (child abuse prevention treatment act) amendment in the 2010 legislative session

- Arkansas has the following new law affective July 2011 –Arkansas Law ACA 12-18-310

- Mandates that all health care providers involved in the delivery or care of infants shall

- 1) contact the Department of Human Services regarding an infant born or affected with a Fetal Alcohol Spectrum Disorder;

- 2) share all pertinent information including health information, with the department regarding an infant born and affected with a fetal alcohol spectrum disorder.

- The department shall accept referrals, calls, and other communications from health care providers involved in the delivery or care of infants born and affected with a fetal alcohol spectrum disorder.

- The department shall develop a plan of safe care for infants affected with a fetal alcohol spectrum disorder.

# RESULTS OF FASD PROGRAM

## SUMMARY Report: Arkansas

	<b>Totals</b>
<b>Screening and Referral for Diagnosis</b>	
1. Total clients screened for an FASD	337
2. Clients with a positive FASD screen	106
3. Clients placed in positive monitor (+ monitor)	9
4. Clients moved from positive monitor to positive FASD screen	13
5. Total number of clients with a positive FASD screen	119
<b>Diagnostic Evaluation</b>	
6. Number of clients referred for diagnosis	118
7. Number of clients with completed diagnostic evaluations	118
8. Number of diagnostic evaluations with written reports completed	118
9. Number of clients diagnosed with an FASD	17
10. Number of clients diagnosed with an FASD and other diagnoses	10
11. Number of clients receiving a diagnosis other than an FASD	50
12. Number of clients not receiving any diagnosis	50
<b>Interventions</b>	
13. Number of clients received interventions	16
14. Number reporting as lost to follow up after positive monitor and before positive screen	6
15. Number reporting as lost to follow-up after positive screen and before diagnosis	2
16. Number reporting as lost to follow-up after diagnosis and before intervention	1
17. Number of clients diagnosed and received some intervention services but no longer accessible for services	10

# Project PLAY

*Positive Learning for Arkansas' Youngest*

- ◉ Within DHS, the Division of Child Care and Early Childhood Education partnered with the Division of Children and Family Services to facilitate collaboration between early childcare programs and specially trained mental health professionals.
- ◉ The goals of Project Play are to:
  - Promote positive social and emotional development of children through changes in the early learning environment; and
  - Decrease problematic social and emotional behaviors of young children in early child care settings by building the skills of child care providers and family members.

# KEY GOALS FOR PROJECT PLAY

- Ensure that foster children have access to high quality, stable child care.
  - Outreach to Better Beginnings approved child care centers in targeted areas to identify high quality centers that are currently serving foster children or may be appropriate for future placements for foster children.
  - Work to increase quality in centers at the lower levels of Better Beginnings that are currently serving foster children.
  - Use Project PLAY staff to educate biological parents, foster parents, DCFS workers, and other on the importance of a high quality child care environment that remains consistent for the child regardless of changes at home or custodial changes.
  
- Ensure that child care professionals have the support they need to maintain foster children in quality care settings.
  - Educate the childcare professionals about what to expect when working with children who may have experience trauma, and the importance of their role as a stable figure in the life of the child.
  - Provide support for the caregivers regarding ways to manage difficult behavior and support healthy social and emotional development.
  - Promote communication and consistency between home and school.
  - Provide one-on-one education to biological and foster parents about the importance of continuity of child care when the child is transitioning between homes, or if a change in child care cannot be avoided, assist with the transition.

# PROJECT PLAY

## CHILD CARE & CHILD WELFARE PARTNERSHIP TOOLKIT

- ◉ This toolkit is designed to enhance the important partnership between child care providers and family service workers in the child welfare system, with the goal of ensuring that foster children get the best care possible.
  
- ◉ Included in the toolkit:
  - A brief article about the impacts of trauma on young children and what caregivers can do to help.
  - An Information Exchange guide designed to ‘jump-start’ the sharing of information between the child care provider and the family service worker. You may choose to use this communication guide as is, or incorporate pieces of it into your normal paperwork. The important thing is to share information for the good of the child.
  - A Child Progress Update form that teachers may want to complete and give to the family service worker to let them know how the child is doing in the preschool classroom. This information may be useful for the family service worker in the ongoing development of the child’s case plan and in reporting to the court.
  - Information about how to obtain Immunization records when needed.
  - “Saying Goodbye” – Suggestions for creating a smooth transition when it is time for the child to leave the center.
  - A Developmental Milestones handout with information on typical behavior for children of different ages and suggestions for teachers/ caregivers/ parents to promote healthy development in young children.

# NATURAL WONDERS

- ◉ The Natural Wonders Partnership Council, composed of over 20 organizations that serve children, was originally convened by Arkansas Children's Hospital to identify the health needs of the state's children and to construct a strategic plan for improving their health and quality of life.  
The Council has worked on injury prevention, passed seat belt laws, supported the development of the trauma system and worked to provide a statewide telemedicine program for high risk pregnancies.
- ◉ The link to the full report can be found at <http://www.archildrens.org/News/Publications-Newsletters/Natural-Wonders.aspx>.



# NATURAL WONDERS

## ⦿ Home Visiting Services

- Dept. of Health received \$6.2 M Maternal, Infant and Early Childhood Grant
- Infant Mortality
  - Support for infant death review and investigation
- Injury Prevention
  - Safety Baby Showers

# STRENGTHENING FAMILIES & TIPS

- ◉ Strengthening Families promotes priority placement for infants and toddlers in quality Early Head Start/ Quality Child Care programs.
  - It builds upon five protective factors;
    - Parental resilience
    - Social connections
    - Knowledge of parenting and child development
    - Concrete support in times of need
    - Social and emotional competence of children
  
- ◉ TIPS
  - Is a parenting education toolkit for professionals working with families of young children
  - Translates, recent research into brief, family-friendly messages
  - Trains professionals to engage parents, respond to parents' concerns, and tailor parenting information to individual families
  - Is available to all parents without attending parenting classes
  - Is based on the Brief Parenting Intervention Model

# OTHER EARLY CHILDHOOD AND CHILD WELFARE INITIATIVES

- ◉ Trauma Informed Care Training
- ◉ Values Training –Judges and staff
- ◉ Diversion Program for Inpatient Placements
- ◉ Structured Decision Making
- ◉ SAFE Home Studies
- ◉ Subsidized Guardianship
- ◉ Differential Response
- ◉ C.A.L.L. (Children of AR Loved for a Lifetime)– Faith based foster home recruitment effort
- ◉ Psychotropic Medication Work
- ◉ Ages and Stages Questionnaire (ASQ)