

IMPLEMENTATION PLAN: AUGUST 1, 2009-JULY 31, 2010 (Option Year 2)
Subcontractor's Organization: Arkansas Department of Human Services, Division of Children and Family Services
Pulaski County Juvenile Court FASD Project
Date: July 31, 2009

Intervention Type

- FASD Prevention**
- PCAP**
 - Screening and Brief Intervention**
 - Project CHOICES**
- FASD Diagnosis and Intervention**
- Juvenile Court**
 - State**
 - Local**

TABLE OF CONTENTS

<u>Section</u>	<u>Page Number</u>
1. Option Year 1 (August 1, 2008 – July 31, 2009) results and implications	3
A. Results of first-year target population process objectives	3
B. Results of first-year service and systems-level process objectives	4-12
C. Results of outcome objectives	12-13
D. Identified needs	14
i. Population of interest	14-15
ii. Service delivery system	16-17
E. Summary and implications of relevant information and insights	17-18
2. Option Year 2 (August 1, 2009 – July 31, 2010) implementation plan	18
A. Target population numbers	18
B. Service and systems-level process objectives	19
i. Population	19-21
ii. Task force, service delivery system, and initiative	22-24
C. Outcome objectives	24
3. Implementation schedule: August 1, 2009-July 31, 2010	25
A. Timeline for activities related to target population	25-26
B. Timeline for activities related to task force, service delivery system, and initiative	27-28
4. Factors necessary for successful implementation in OY2	29
A. Administrative procedures	29
B. Methods to obtain and sustain staff and key partners' cooperation	29-30
C. Other site-specific factors	30
D. Potential challenges and solutions	31
Appendix A	32-33

1. Option Year 1 (August 1, 2008 – July 31, 2009) results and implications.

A. Results to date of first-year target population process objectives: Starting 10/26/2008 and ending 5/30/2009.

For diagnosis and intervention subcontractors only:

	# of children/youth to be screened	%/# of children/youth with positive screen for FASD ¹	%/# receiving diagnostic evaluation ²	%/# diagnosed with an FASD	%/# of children with FASD provided interventions	Implications for OY2
Projected, <u>7</u> months	119	52 (44%)	52 (100%)	23 (54%)	22 (96%)	Projected numbers based on the number of children coming into foster care, but did not consider how the child welfare process for evaluation intersected with the FASD screening and referral process.
Actual, <u>7</u> months	113	67 (59%)	67 (100%)	2 (3%)	2 (100%)	Number screened is on target. ³
Difference (%/#)	6	-15 (-15%)	-24 (0%)	21 (51%)	22 (96%)	

¹ Children who are in the positive monitor category are included in the number of children with a positive screen for FASD

² All children who screen positive receive an diagnostic evaluation

³ There are low numbers of children diagnosed with an FASD and provided interventions. Thus, Task Force discussions resulted in a change in the age range of the target population to be responsive to the need for early intervention services and the fidelity to the diagnostic criteria.

B. Results to date of first-year service (not included under Section 1A above) and systems-level process objectives:
Starting 10/26/2008 and ending 5/30/2009.

Process objective, option year 1	Results to date (include “how much”)	Implications for OY2
<p>1. Who: Pulaski County Juvenile Court/DCFS/PACE⁴ team</p> <p>What: Develop and implement a system of communication/reporting to assure timely and appropriate screening and diagnosis, referral and interventions for children diagnosed with an FASD</p> <p>How much: Developed and implemented communication/reporting system. The Courts will send a referral to the FASD Project Director as soon as a child age 0-5 is placed in foster care at the probable cause hearing; DCFS supervisors will assign the foster child age 0-5 to the FASD team in the CHRIS system; the FASD Project Director will check the CHRIS system daily for new assignments; DCFS health unit workers will notify the FASD Case Manager (via e-mail) when they have scheduled the PACE exam for a child entering care age 0-5; the PACE team will notify the FASD Project Director when a PACE exam is scheduled for a foster care child age 0-5.</p> <p>When: Completed by September 2008</p>	<ul style="list-style-type: none"> ▪ Communication system is working. ▪ Comparisons of foster care child age 0 – 5 with PACE exams completed or schedule with the FASD data base indicate that each agency (DCFS via the courts and UAMS PACE) have identified the same children. ▪ The average number of days between entry into the foster care and FASD screen is 37 days. 	<ul style="list-style-type: none"> ▪ The communication plan is working and stakeholders have agreed to continue the plan in OY2.

⁴ Glossary of terms: PACE= Project for Adolescent and Child Evaluation; UAMS=University of Arkansas for Medical Sciences; DCFS=Division of Children and Family Services; CHRIS=Childrens Reporting and Information System; NG=Northrop Grumman; DHS=Department of Human Services

<p>2. Who: Pulaski County Juvenile Court/Project Director What: Build and maintain support for the FASD project through quarterly meetings with the FASD Project Director and other key staff How much: 90% attendance at quarterly meetings When: July 2008 through May 2012</p>	<ul style="list-style-type: none"> ▪ Rapport needed for the startup of the project was developed. Established communication plan in process objective 1 and it is working. The goal of 90% attendance of representatives from the key agencies (Pulaski County Juvenile Court, PACE, Evaluation team, and Project staff) at quarterly meetings was met. The FASD project coordinator and evaluator met with the court in Aug, Feb, Dec, and May. The FASD project coordinator meets with the evaluation time monthly by phone or email. The FASD project coordinator meets with PACE representatives monthly. 	<ul style="list-style-type: none"> ▪ Will revise and update this objective in OY2.
<p>3. Who: FASD project staff and DCFS Planning Manager What: Develop written policies and procedures for FASD screening of children entering foster care in Pulaski County who are 0-5 years of age and adjudicated dependent/neglect How much: Completed policies and procedures. The policies and procedures for the FASD project are being incorporated into the current policy and procedures that all DCFS staff currently follows for case management of children entering into foster care in Pulaski County. The procedures are monitored through the CHRIS reporting system by the DCFS supervisors and the FASD Project Director. If policies need to be amended to</p>	<ul style="list-style-type: none"> ▪ Process objective completed for year 1. 	<ul style="list-style-type: none"> ▪ Will revise policy and procedures for OY2.

<p>assure better practice they will be through the FASD Project Director and the DCFS policy review committee. When: October 2008</p>		
<p>4. Who: UAMS FASD staff and UAMS intake nurse for PACE clinic What: Attend FASD screening training. How much: 2 individuals When: July 22-23, 2008</p>	<ul style="list-style-type: none"> ▪ Completed --- Two individuals were trained July 22-23, 2008 on FASD screening. One is on the staff in the PACE clinic (Kelly Taylor) and the other is the FASD consultant at UAMS Partners for Inclusive Communities (David Deere). Mr. Deere trained the new FASD project director and case manager on October 2008. 	<ul style="list-style-type: none"> ▪ FASD screening training for new staff as needed.
<p>5. Who: FASD Project Case Manager and UAMS PACE clinic staff What: Screen children entering foster care in Pulaski County 0-5 years of age adjudicated dependent/neglect for FASD. How much: 95% or 793 children entering foster care September 2008-May 2012 (95% allows for 5% of the children to return home before screening can take place) When: October, 2008 to July 2009 and each subcontract year thereafter through May 31, 2012</p>	<ul style="list-style-type: none"> ▪ The goal of 95% of children screened for FASD was met for the period Dec, 2008 – May 2009. ▪ Our goal of about 17 children per month was reached (we screened about 16 per month). 	<ul style="list-style-type: none"> ▪ We are meeting our goals on the number of children screened and will continue in OY2.
<p>6. Who: Pulaski County Juvenile Court What: Document the number of children ages 0-5 years of age adjudicated dependent/neglect who are screened for FASD and the number of children who are diagnosed with FASD How much: 95% or 793 children entering foster care September 2008-May 2012</p>	<ul style="list-style-type: none"> ▪ 113 children were screened for FASD, with 2 children diagnosed for FASD. 	<ul style="list-style-type: none"> ▪ This objective duplicates documentation required by NG. Will use NG database in OY2.

<p>(95% allows for 5% of the children to return home before screening can take place) Rational for numbers are explained in the strategic report. When: October, 2008 to July, 2009 and each subcontract year thereafter through May 31, 2012</p>		
<p>7. Who: PACE team What: Provide a diagnostic evaluation for children who screen positive for FASD How much: 95% of the 334, or 317. Rational for numbers are explained in the strategic report. When: Within 60 days of entering care, October 2008 through May 2012</p>	<ul style="list-style-type: none"> ▪ 100% of diagnostic evaluations were completed within 60 days of entering care. ▪ Diagnostic evaluations are being obtained in acceptable time. 	<ul style="list-style-type: none"> ▪ Will continue work with diagnostic team to met project goals in OY2.
<p>8. Who: Biological family of children diagnosed with FASD What: Attend PACE appointment of biological families. How much: 80% or 267 biological families of children who screen positive for FASD from October 2008 through May 2102. When: At the time of PACE appointment</p>	<ul style="list-style-type: none"> ▪ The goal of 80% was met two of seven months. ▪ Typically, almost none of the biological parents attended the PACE exam. On average, between Nov and May, 52% of PACE exams were attended by biological parents. 	<ul style="list-style-type: none"> ▪ We will continue and access how to obtain a high participation rate by biological parents in OY2. ▪ We will work with DCFS practice model to work towards goal of reunification for FASD children with their biological parents whenever possible.
<p>9. Who: UAMS PACE clinic staff What: Complete FASD diagnostic evaluations with children referred for a diagnostic evaluation How much: 95% or 317 of 334 children referred for a diagnostic evaluation When: Within 60 days of entering care, October 2008-May 2012.</p>	<ul style="list-style-type: none"> ▪ Once screened positive for FASD, children are able to receive a diagnostic evaluation. ▪ 100% (67) children received a diagnostic evaluation or are scheduled for an evaluation. 	<ul style="list-style-type: none"> ▪ We will continue with diagnostic evaluations for all children who screen positive for FASD.

<p>10. Who: FASD Case Manager and FASD Project Director What: Provide intervention plans for children diagnosed with an FASD How much: 95% or 142 of 149 children diagnosed with an FASD When: Within two weeks of PACE recommendations for intervention services, October 2008-May 2012</p>	<ul style="list-style-type: none"> ▪ Completed. ▪ Based on the diagnostic exam report, DCFS/FASD staff complete the intervention plan which is updated every 6 months. ▪ This has occurred for the 2 FASD cases. 	<ul style="list-style-type: none"> ▪ Continue intervention planning.
<p>11. Who: DCFS, Project staff, and Community Providers What: Provide and/or refer to intervention services specified in intervention plan How much: 95% or 142 of 149 children diagnosed with an FASD (It is estimated that 5% of the children could return home or to family placement prior to provision of their intervention plans.) When: Provision of and/or referrals to all specified services scheduled within 2 weeks of the development of intervention plan, October 2008-May 2012</p>	<ul style="list-style-type: none"> ▪ 100% completed. ▪ Based on information in CHRIS and from the PACE team, referrals have been made for services for the 2 children diagnosed through the project. 	<ul style="list-style-type: none"> ▪ Referrals for Children diagnosed with an FASD will continue to be monitored by the FASD case manager, DCFS staff, and the community providers providing services.
<p>12. Who: FASD Project Director What: Case Manager is assigned to assist family in obtaining the recommended services in the intervention plan How much: 100% of the 142 families of children age 0-5 diagnosed with FASD for whom an intervention plan is developed When: Within one week of the development of the intervention plan, October 2008-May 2012</p>	<ul style="list-style-type: none"> ▪ 100% completed. 	<ul style="list-style-type: none"> ▪ Case manager will continue to be assigned.

<p>13. Who: Pulaski County Juvenile Court What: Review FASD findings on children 0-5 adjudicated dependant/neglect at the review hearing to follow up on referrals made for services How much: 100% or 142 When: During the adjudication hearing for children 0-5 adjudicated dependant/neglect, who are diagnosed with FASD</p>	<ul style="list-style-type: none"> ▪ Completed 100% of time. ▪ All children ages 0 to 5 have a report form filled out by the FASD case worker. The form is delivered to the adjudication hearing. The form includes the results of screening and diagnosis and will include the referral for services for FASD children. 	<ul style="list-style-type: none"> ▪ Highly successful according to feedback from judges will continue in OY2.
<p>14. Who: FASD Case Manager and Project Director What: Monitor intervention services specified in the intervention plan How much: 100% of services specified in intervention plans are reviewed When: Monthly from October 2008 through May 2012</p>	<ul style="list-style-type: none"> ▪ Completed 100% of cases. 	<ul style="list-style-type: none"> ▪ Monitoring will continue in OY2.
<p>15. Who: FASD Case Manager What: A follow-up family team meeting is conducted to review progress of intervention plan⁵ How much: One follow-up family team meeting for 100% of 142 families with a child diagnosed with an FASD for whom an intervention plan is developed When: Within 90 days after intervention plan is developed, October 2008-May 2012</p>	<ul style="list-style-type: none"> ▪ 100% completed on 2 cases. ▪ On two current cases staffings are scheduled. 	<ul style="list-style-type: none"> ▪ Continue and will assess how it is working when we have more cases.
<p>16. Who: UAMS FASD team What: Provide knowledge and skills on effective interventions to foster parents,</p>	<ul style="list-style-type: none"> ▪ Staffing dates are scheduled for the 2 cases we currently have. 	<ul style="list-style-type: none"> ▪ Too few FASD children to determine if this is working. ▪ We will continue this objective and

⁵ Documented in Chris and on paper; this objective is achieved “through a family meeting” often called a “staffing” with all parties involved with the case and/or the child. This staffing, per policy occurs within the first 30 days a child comes into care, again in 90 days from the case opening, then subsequent staffing at a minimum of every three months; however, special staffing can occur whenever a change to the case plan needs to be made.

<p>biological parents and service providers caring for or working with foster care children 0-5 in Pulaski County diagnosed with FASD</p> <p>How much: One session per child diagnosed with FASD, or as needed based on a case by case assessment</p> <p>When: Within 1 month of diagnosis</p>		<p>hope to have more data by the end of OY2.</p>
<p>17. Who: FASD Project Director</p> <p>What: Recruit specialized foster homes to meet the needs of target audience diagnosed with an FASD who are in foster care</p> <p>How much: 3 foster homes the first year and 5 per year thereafter</p> <p>When: By July 31, 2009 and each fiscal year thereafter through May 31, 2012</p>	<ul style="list-style-type: none"> ▪ Did not complete too few children diagnosed. ▪ FASD Project Director has been attending resource worker meetings to provide information about the project. The resource workers recruit and open up the foster care homes. ▪ When a child received an FASD diagnoses, we will work with the foster family to see if they are willing to receive extra training and information on FASD and become a specialized foster home. 	<ul style="list-style-type: none"> ▪ Modify objective to work with DHS to recruit foster homes instead of direct recruitment of foster care homes.
<p>18. Who: Project Director and Task Force members</p> <p>What: Maintain FASD task force through regularly scheduled meetings to guide implementation, sustainability, and expansion of the FASD project.</p> <p>How much: Monthly meetings for the first year of the project and bi-monthly thereafter</p> <p>When: Meeting will be held on the first Thursday of each month</p>	<ul style="list-style-type: none"> ▪ Monthly meetings were scheduled for the first year of the project and bi-monthly thereafter. During the period July 2008 until June 2009, 9 of 12 (75%) of months had meetings. ▪ At each meeting attendance records showed that most meetings had representatives from the three key stakeholders (DHS had 100% attendance, PACE had 89% attendance and the Courts had 67% attendance). ▪ 89% of meetings included other interested stakeholders. 	<ul style="list-style-type: none"> ▪ All major stakeholders are actively involved in monthly meetings. ▪ The FASD Task Force will continue to meet in OY2. ▪ Task force is highly engaged in providing guidance to the project. ▪ See appendix 1 for task force description.

	<ul style="list-style-type: none"> 100% of meetings included Partners staff (evaluation and/or FASD experts). 	
<p>19. Who: Evaluation team and Project Director What: Collect required data How much: 100% of required data When: As required by Northrop Grumman from September 2008 (or when database is provided) through May 2012</p>	<ul style="list-style-type: none"> No report has been requested as of July 2009. Data are currently being collected in local excel data base but will be converted to NG data base as soon as final details determined. 	<ul style="list-style-type: none"> Will continue to submit data as required by NG.
<p>20. Who: Evaluation team and Project Director What: Modify current CHRIS system as needed to collect data to analyze trends and determine services needs for children diagnosed with FASD How much: Completed system modification When: September 2008 or when data requirements are provided by Northrop Grumman</p>	<ul style="list-style-type: none"> Exact modifications are still being determined. 	<ul style="list-style-type: none"> Continue process for modification of CHRIS.
<p>21. Who: Project Director and Evaluation Team What: Develop outcome reports for children 0-5 in foster care diagnosed with FASD for whom interventions are provided How much: 100% of 142 children for whom interventions are provided When: Twice annually beginning July 2009 or by dates specified by Northrop Grumman through May 2012</p>	<ul style="list-style-type: none"> Dates delayed per NG. 	<ul style="list-style-type: none"> Will continue to submit as required by NG.

<p>22. Who: Project Director and Evaluation Team What: Develop and implement a tracking system for foster care children 0-5 screened positive for FASD but are not diagnosed with FASD (positive monitor category). How much: One tracking system. When: Developed and implemented by October 2008</p>	<ul style="list-style-type: none"> ▪ 100% completed. ▪ A tracking system is implemented. ▪ 12 children are currently being tracked. 	<ul style="list-style-type: none"> ▪ Continue to work with Arkansas Early Intervention Program (PART C) in monitoring children placed in the positive monitor category.
<p>23. Who: Project Director in collaboration with Task Force What: Develop a one-year implementation plan for option years 2, 3 and 4 How much: Completed and approved plans When: Annually by dates specified by Northrop Grumman</p>	<ul style="list-style-type: none"> ▪ Completed per NG sub-contract requirements. 	<ul style="list-style-type: none"> ▪ Develop and submit per contract requirements.

C. Results to date of first-year outcome objectives: Starting 10/26/2008 and ending 5/30/2009.

Outcome objectives, Option Year 1	Results to date (include "how much")	Implications for OY2
<p>Who: Dependent/neglect foster care children ages 0-5 diagnosed with an FASD What: Not being moved from their initial foster care placement more than one time within a 12-month period How much: 80% or 119 When: 12 months after the start of intervention services, initiated at the Pulaski County Juvenile Court adjudication hearing (July 2008-May 2012)</p>	<ul style="list-style-type: none"> ▪ Of two children, 1 had a move and the other did not move (1 + 0/2 = .5). 	<ul style="list-style-type: none"> ▪ We will continue this outcome objective in year 2 and should have more data then.

<p>Who: Dependent/neglect foster care children ages 0-5 diagnosed with an FASD</p> <p>What: Not being expelled from school during the school year</p> <p>How much: 15% or 22 of FASD children are expected to be of school age during the project period.</p> <p>When: May 31, 2009 and each year thereafter through May 31, 2012</p>	<ul style="list-style-type: none"> ▪ Children are not of school age. No data collected at this time. 	<ul style="list-style-type: none"> ▪ We are increasing the population age to 7 so we expect to have more data on this in year 2.
<p>Who: Dependent/neglect foster care children ages 0-5 diagnosed with an FASD</p> <p>What: Will not be expelled or asked to leave the child care program.⁶</p> <p>How much: 90% or 107 FASD children are expected to be enrolled into a preschool program during the project period.</p> <p>When: 12 months after the start of intervention services (July 2008-May 2012)</p>	<ul style="list-style-type: none"> ▪ Of two children diagnosed with FASD, both had 1 childcare placement but neither were quality care centers. 	<ul style="list-style-type: none"> ▪ We will continue to measure this outcome objective in year 2.

⁶ From our work with early childcare programs, we know that many moves from a program are often based on pressure and not overt; however, regardless of the reason that the program or parent provides, the move is most often because of child behavior issues. We will count any disruption in child care that is not clearly for other reasons (e.g., child aged out of program, foster family moved residence or request move because of their needs).

D. Needs identified during first project year in our population of interest and/or our service delivery system that should be addressed in the second project year:

i. Population needs identified during first project year	How need was identified	How need will be addressed during OY2
<p>We had a large number of children between the ages of 0-3 with confirmed drug/alcohol history, but the children were not symptomatic of FASD. We need to identify more children who are symptomatic and potentially may have an FASD diagnosis.</p>	<p>During Screening/Diagnosis.</p>	<ul style="list-style-type: none"> ▪ We will focus on three groups of children in OY2: ▪ Group 1 will be children between the ages of 2 and 7 who come into foster care in Pulaski County. ▪ Group 2 will include siblings of group1 who screen positive for FASD and are between the ages of 0-2 with confirmed prenatal alcohol exposure. ▪ Group 3 will consist of children between the ages of 2-7 in the states custody, who are symptomatic of FASD and have confirmed prenatal alcohol exposure.
<p>How to fit the Positive Monitor category into our system. Our PACE/FASD diagnostic team examines all children who come into foster care within 30 to 60 days of their placement in the system. There is not a system in place for re-evaluation of these children by this diagnostic team.</p>	<p>During the screening and diagnosis procedures we found a large number of children come into foster care at birth due to “Garrett’s” law – an Arkansas law that states children born with illegal substances in their system will be referred to Arkansas Department of Human Services (DHS) for investigation and possible placement in the state’s custody. We have learned at our site that children ages birth to 2 often are placed into a positive monitor category and are very difficult to diagnose with FASD.</p>	<ul style="list-style-type: none"> ▪ We will only screen and refer for the diagnostic exam children ages 0 -2 who have a sibling between the ages of 2 – 7 who has screened positive for FASD and whom we have confirmed maternal drug or alcohol exposure. ▪ If the diagnostic team places the child in a positive monitor category the FASD case manager will refer the children to the Arkansas Early Intervention Program (part C). ▪ Through our Arkansas Early Intervention program (part C) program we have method for additional testing on our Children diagnosed with an FASD and

		<p>they are assigned a service coordinator with the Arkansas Early Intervention Program. They will monitor those children who are placed in the positive monitor category and notify the FASD case manager when children become symptomatic. The FASD case manager will contact the Part C service coordinator every three months. This is an extra support system whose main goal is to provide early intervention services to children. By connecting with this program we have found another avenue for sustaining the project.</p>
<p>The families of the children placed into foster care have tremendous needs themselves. Many suffer from addictions, mental illness, have criminal charges, can be incarcerated, live in poverty, have come from the foster care systems themselves, are often unemployed, and have low education levels. All of this makes working with the FASD case manager a low priority in their lives.</p>	<p>During the first year of the project we have worked with families dealing with all of the needs mentioned. We have learned from our experiences with the families.</p>	<ul style="list-style-type: none"> ▪ We will continue to provide referrals for appropriate services and support for the families and assist them in receiving any special services they may need. ▪ We will educate families on the needs a child diagnosed with an FASD has. It is certain though that we must help to address all the family needs if we are to address the FASD diagnosis. ▪ We need continued support from the Judges helps to focus the family on the importance of the project and their participation.
<p>There is a need for a family support group in our community for family members/friends/caregivers of those diagnosed with FASD.</p>	<p>During our presentation at the Children in the Courts conference, I was approached by two mothers with children diagnosed with FASD – they both asked if we had or new of a support group for families.</p>	<ul style="list-style-type: none"> ▪ Work with members of the Task Force on the development of a family support group. ▪ Our task force members would like to work on the formation of a family support group in our community.

ii. Service delivery system needs identified during first project year	How need was identified	How need will be addressed during OY2
<p>It is very helpful to the FASD diagnostic team to have the birth records of the child they are assessing if at all possible. Since the diagnostic exam is taking place within the 30-60 days time frame ordered by the court, it is difficult to have the records in time for the FASD diagnostic exam.</p>	<p>During the FASD diagnostic exams request for birth record information was made by the physician in charge of the exam.</p>	<ul style="list-style-type: none"> ▪ The FASD case manager will identify the birth hospital and complete required paperwork to obtain birth records. She will then visit the hospital records office and obtain the birth records prior to the FASD diagnostic exam. ▪ Whenever possible the PACE/FASD diagnostic team will attempt to obtain records from the hospital they are affiliated with. ▪ In future project years we plan to integrate this task into the role of the DCFS health unit worker which will help to sustain the project.
<p>There is a high level of coordination required to schedule the family team meetings/staffings for the children who are diagnosed with FASD.</p>	<p>We have had to re-schedule the family team meetings several times due to schedule conflicts with the key people invited. We always invite the attorneys, DCFS case manager, foster parents, biological parents, FASD knowledge and skill building team, counselors, teachers or any other professionals working with the child and family. It has proven to be a challenge to get everyone around the table.</p>	<ul style="list-style-type: none"> ▪ We will continue to work hard on having as many people involved with the family at the meeting as possible. ▪ In future years of the project, coordinating and scheduling these meetings could be assigned to a secondary FASD case manager.
<p>We are increasing our project age range to 7, and we will need to develop plans for services for school aged children who receive an FASD diagnosis.</p>	<p>The Arkansas Early Intervention program (part C) coordinator, who has joined our task force recently, brought to our attention the need to be prepared as we increase our age range to include school aged children.</p>	<ul style="list-style-type: none"> ▪ We will develop a relationship with the Arkansas Department of Education (Part B coordinator) and plug into their system of services for school aged children.

<p>There is a significant delay for re-evaluation of children who are placed in positive monitor category and then become symptomatic.</p>	<p>We learned while trying to assist a child in obtaining a re-evaluation, that there is often a 3 to 6 month waiting period for children to be seen.</p>	<ul style="list-style-type: none"> ▪ We will continue to work with the Arkansas Early Intervention program (part C) coordinator in monitoring and providing services.
<p>There is a backload of cases in the Juvenile court. The FASD case manager needs to find a way to utilize the time spent waiting to be called for a hearing.</p>	<p>During year 1 of the project we spent many hours waiting in the lobby for cases to be called. Unable to work on anything due to the public nature of the waiting area and the very private nature of our business.</p>	<ul style="list-style-type: none"> ▪ We will continue to work with court administrative staff to address this issue.

E. Summary and implications of relevant information and insights

Information/insights	Source	Implications for OY2
<p>Providing FASD diagnosis for young children is challenging based on the diagnostic criteria being used, however the diagnostic team feels they have decided on the best diagnostic method in order to sustain the project and move it statewide at the end of the initiative.</p>	<p>PACE/FASD diagnostic center staff, technical assistance liaison.</p>	<ul style="list-style-type: none"> ▪ We are focusing on three groups this year ▪ Group 1: We are increasing the age range in from 0-5 to 2-7. ▪ Group 2: We will include the younger siblings of group 1 who screen positive, fall in the age range of 0-2, and we have confirmed prenatal alcohol exposure. ▪ Group 3: We will take referrals on children ages 2-7 who are in the states custody, are symptomatic of FASD, and have confirmed prenatal alcohol exposure. ▪ We will continue the dialog in efforts to learn more about early diagnosis.
<p>The task force is highly engaged in the work of the project and sees this as an opportunity to make changes in the system that will affect services to children diagnosed with an FASD.</p>	<p>FASD Task Force.</p>	<ul style="list-style-type: none"> ▪ Our group has reached a compromise and agreed to include children ages 2-7 instead of 3-7, which meets concerns raised by the task force regarding early intervention for children diagnosed with an FASD.

		<ul style="list-style-type: none"> In addition we are screening the siblings of the children in group 1 age 0-2, whose older sibling age 2-7 screened positive for FASD and for whom we have confirmed prenatal alcohol exposure.
<p>Positive monitor will be a category of children we continue to work with. We just need to work towards improving our system of re-evaluation once the children become symptomatic.</p>	FASD Task Force & FASD project staff.	<ul style="list-style-type: none"> By focusing only on children ages 0-2 who have a sibling who screened positive and for whom we have confirmed prenatal alcohol exposure, we may find an even larger number of children fall into the positive monitor category.

2. OY2 (August 1, 2009 – July 31, 2010) Implementation Plan:

A. Target population numbers.

For diagnosis and intervention subcontractors only:

Time period: August 1, 2009- July 31, 2010	# of children to be screened	%/# with positive screen for FASD	%/# of those with positive screen for FASD receiving diagnostic evaluations	%/# diagnosed with an FASD	%/# provided interventions	Comment
Original projection for OY2	220	40%/88	95%/84	47%/40	95%/38	Numbers were based on children ages 0-5.
Revised projection (if needed) ⁷	150	50%/75	100%/75	15%/11	95%/10	Numbers revised due to change in age range to children ages 2-7.
Difference (%/#)	70	-10% /13	-5% /9	32% 29	0%/28	

⁷ We expect our numbers to be screened to be lower due to a decrease in children to be screened between the ages of 0-3. However by increasing the age range we may have more children diagnosed. Studies suggest that 10% to 20% of the children in foster care will have FASD. Numbers will be reviewed at the Task Force Meeting.

B. Service and system-level process objectives for OY2:

i. Population:

Who	What	How much	When
1. Pulaski County Juvenile Court/DCFS/FASD Project Director/PACD FASD Diagnostic team	Continued implementation of intra agency communication system to ensure timely and appropriate screening and diagnosis, and referral interventions for children diagnosed with an FASD. ⁸	100% of target population.	August 2009 through July 2010.
2. FASD Project Staff	Screen children entering foster care in Pulaski County ages 2 to 7 for FASD. We will also screen the siblings ages 0-2 of the children who screen positive, and for whom we have confirmed prenatal drug and alcohol exposure, for FASD and possible placement into a positive monitor category. In addition, we will also take referrals on children who are in foster care between the ages of 2-7, are symptomatic of FASD,	95% of the children entering foster care between August 2009 and July 2010 (95% allows for 5% of the children who may return home prior to screening).	August 2009 through July 2010.

⁸ Communication/reporting system. The Courts will send a referral to the FASD Project Director as soon as a child age 2-7 is placed in foster care at the probable cause hearing; DCFS supervisors will assign the foster child age 2-7 to the FASD team in the CHRIS system; the FASD Project Director will check the CHRIS system daily for new assignments; DCFS health unit workers will notify the FASD Case Manager (via e-mail) when they have scheduled the PACE exam for a child entering care age 2-7 and their siblings ages 0-2; the PACE team will notify the FASD Project Director when a PACE exam is scheduled for a foster care child age 2-7 and their siblings ages 0-2.

	and have confirmed prenatal alcohol exposure.		
3. PACE /FASD diagnostic team	Provide a diagnostic evaluation for children who screen positive for FASD.	100% of the child who screened positive for FASD.	Within 60 days of entering care, August 2009 through July 2010.
4. Biological parents of children who screened positive for FASD	Have biological parents of children who have screened positive for FASD attend the PACE /FASD diagnostic exam.	75% of the biological parents will attend the PACE diagnostic exam. (25% allows for parents who are incarcerated or cannot be located and will not attend).	At the time of the scheduled PACE/ FASD diagnostic exam from August 2009 through July 2010.
5. FASD Case Manager	Provide Pulaski County Juvenile Court a written court report with screening and diagnostic results on all children screen through the Pulaski County FASD Project. ⁹	100% of the children screened by the project.	Report will be submitted to the court prior to the adjudication hearing. August 2009- through July 2010.
6. Pulaski County Juvenile Court Judges	Review findings on children diagnosed with FASD through the project that remain in foster care to follow up on court ordered services.	100% of the children diagnosed through the project that remain in foster care.	Review findings and services at all review hearings.
7. FASD Case Manager, FASD Project Director, DCFS case manager	Provide intervention plans for children diagnosed with FASD.	95% of children diagnosed with FASD (it is estimated that 5% might return home or be adopted prior to provision of their intervention plan).	Within two weeks of PACE/FACD diagnostic team recommendations for intervention services.
8. DCFS Case Manager, FASD project staff, and community providers	Provide or make referrals to invention services specified in the intervention plan.	95% of children diagnosed with FASD (it is estimated that 5% might return home or be adopted prior to provision of their intervention plan).	Within two week of the development of the intervention plan.

⁹ Court report designed per court input

9. FASD Project Director	Assign case manager to assist family in obtaining the recommended services in the intervention plan.	100% of the families for whom an intervention plan is developed.	Within one week of development of the intervention plan.
10. FASD Case Manager and FASD Project Director	Monitor the provision of intervention services specified in the intervention plan.	100% of the services specified in the intervention plans will be reviewed.	Monitoring will occur monthly.
11. FASD Case Manager and FASD Project Director	Conduct a follow-up family team meeting ¹⁰ to review progress of the intervention plan for children diagnosed with FASD through the project and that remain in foster care.	100% of the families for whom an intervention plan is developed.	Within 90 days after the intervention plan is developed (as required by DCFS policy).
12. FASD Case Manager, DCFS Case Manager, and Foster Parents	Enroll children diagnosed with an FASD, who need child care services, in child care programs who are participating in the Arkansas Quality Accreditation Program, which recognizes facilities as providing higher quality child care for children with special needs.	75% of the children who are diagnosed through the project and required child care services (25% allows for the shortage of the Child Care centers participating in the program).	From August, 2009 to July 2010.
13, FASD Project Director and FASD Case Manager	Develop rapport and referral process for children diagnosed with an FASD who qualify for Arkansas Department of Education (Part B) services.	100% of the children who are diagnosed through the project, and are ages 3-5, who remain in the state care will be referred to Arkansas Department of Education (Part B).	From August, 2009 to July 2010.

¹⁰ Family team meetings and original case plan staffings include all parties involved in the case, biological parents, foster parents, relatives, care providers, any community service provider working with the child, and the DCFS primary and FASD case managers.

ii. **Task force, service delivery system, and initiative**

Who	What	How much	When
1. Project Director and FASD Task Force members	Maintain FASD task force through regularly scheduled meetings to guide implementation, sustainability, and expansion of the FASD project.	Monthly meetings.	Meeting will be held on the first Thursday of each month, unless scheduling conflicts arise.
2. Project Director and FASD knowledge and skill building team	Provide knowledge and skills on FASD to the FASD task force through presentation to the group.	Two presentations.	To be conducted in the fall of 2009 and spring of 2010.
3. UAMS Medical Center (Dr. Mark Mengel)	Provide training on FASD diagnosis to medical personnel involved in the PACE/FASD diagnostic clinic as well as other medical personnel in the community.	One presentation.	November, 2009.
4. UAMS Medical Center (Dr. Mark Mengel)	Provide general training on FASD to professional staff involved in the PACE/FASD diagnostic clinic as well as other professional in the community.	One presentation.	October, 2009.
5. FASD Project Director and Evaluation team	Work to modify current CHRIS system as needed to capture data and analyze trends in service needs for children diagnosed with FASD.	Completed system modification.	Ongoing process to be completed by May, 2012.
6. FASD Project Director and DCFS Planning Manager	Modify year 1 policies and procedures to reflect change in age range and continue	Completed policy and procedure manual updates for year 2.	September, 2009.

	work on incorporating changes into procedures current followed by DCFS staff.		
7. UAMS Partners team, FASD Project Director	Provide knowledge and skills on effective interventions for foster parents, biological parents and service providers caring for or working with foster care children diagnosed with FASD through the project.	One session per child diagnosed with FASD, or as needed based on a case by case assessment.	Within 60 days of diagnosis.
8. FASD Project Director	Work with DHS resource and recruitment workers to recruit specialized foster care homes to meet the needs of children diagnosed through the project.	One home for every 2 children diagnosed through the project.	Beginning August, 2009 through July, 2010.
9. FASD Project Director	Begin process of integrating FASD screening into roles of some of the DCFS workers through training.	Two training sessions on FASD and screening for FASD.	Twice in OY2.
10. FASD Project Director and FASD Case Manager	Collect data required by Northrop Grumman.	100% of data required	Monthly reporting and transmission of data.
11. FASD Project Director, Task Force members	Develop a one-year implementation plan for option year 2.	Completed implementation plan.	Annually, dates specified by NG.
12. FASD Project Director	Submit monthly invoices to Northrop Grumman along with 6-month projected budgets	All required invoices and 6-month projected budgets.	Monthly and every 6 months
13. FASD Project Director	Submit monthly reports to Northrop Grumman	All required monthly reports.	Monthly, August 1, 2009 – July 31, 2010

14. FASD Project Director	Attend BFSS as required by the subcontract	Once	Date to be determined by Northrop Grumman.
15. FASD Project Director, Evaluation Team	Develop outcome reports for children diagnosed with FASD through the project for which interventions are provided.	100% of the children for whom interventions are provided.	Twice annually or by dates specified by NG.

C. Outcome objectives for OY2:

Who	What	How much	When
1. Foster care children in Pulaski County who are diagnosed with FASD through the project.	Not to be moved from their foster care placement more than one time within a 12-month period.	80% of the children diagnosed with FASD through the project.	Within the 12 month period following the start of intervention services.
2. Foster care children in Pulaski County diagnosed with FASD through the project and are enrolled in school.	Not being expelled or suspended from school during the school year.	80% of the children diagnosed with an FASD who are enrolled in school.	During the school year following their FASD diagnosis.
3. Foster care children in Pulaski County diagnosed with FASD through the project and are enrolled in a child care facility.	Will not be expelled or asked to leave the child care center they are enrolled in.	90% of the children diagnosed with an FASD who are in enrolled in a child care program.	August, 2009 through July, 2010.

3. Implementation schedule for OY2:

A. Timeline for activities related to target population:

Activities	Staff responsible	Completion date (mo./yr.)	Monitoring methods
FASD Project Director receives notification of children ages 2-7 in Pulaski County entering into the foster care system	Pulaski County Juvenile Court, DCFS Pulaski County Supervisor.	Beginning August, 2009 ongoing.	CHRIS system& faxed referral from the court.
Assign case to FASD Case Manager	FASD Project Director.	Beginning August, 2009 ongoing.	CHRIS system.
FASD Project Director Received PACE/FASD appointment schedule	FASD Project Director.	Appointment date.	CHRIS and e-mail.
Attend probable cause hearings for children ages 2-7 in Pulaski County entering into foster care	FASD Case Manger.	Court scheduled hearing date.	CHRIS and court notifications from OCC.
Meet with biological mother to obtain drug and alcohol history	FASD Case Manager.	Within 2 weeks of probable cause hearing.	CHRIS contacts.
Schedule visit at foster home or child care center to take photo of child for FASD screening	FASD Case Manager.	Within 2 weeks of probable cause hearing.	CHRIS contacts.
Provide all screening information on children who screen positive through the project to the PACE / FASD team	FASD Case Manager.	48 hours prior to scheduled PACE/FASD exam.	CHRIS and UAMS PACE/FASD report form.
Attend PACE/FASD diagnostic exam	FASD Case Manager, biological family and foster family.	Completed with 60 days of the child entering foster care.	CHRIS.

Provide Pulaski County Juvenile Court a written report on all children screened by the project. Including diagnostic recommendations for services child will need if he/she receives a positive FASD diagnosis	FASD Case Manager.	Report provided 48 hours prior to the adjudication hearing if PACE FASD diagnostic exam has taken place. In some cases adjudication hearing occurs prior to PACE FASD diagnostic exam. In these cases report will be provided prior to the review hearing.	CHRIS.
Provide DCFS Case Manager with results of the FASD Diagnostic Exam	FASD Case Manager.	Within 1 week of receiving FASD diagnosis.	CHRIS.
Conduct family team meeting/staffing to develop the intervention plan	DCFS Case Manager and FASD Case Manager.	Within 2 weeks of receiving FASD diagnosis.	CHRIS.
Make referrals for services for children diagnosed through the project based on PACE/FASD diagnostic report	DCFS Case Manager and FASD Case Manager.	Within 1 week of family team meeting.	CHRIS.
Attend Adjudication hearings held on children who are diagnosed through the project	FASD Case Manager.	At time of scheduled adjudication hearing.	CHRIS & OCC attorneys.
Monitor and document progress of referred services for children diagnosed with FASD through the project	FASD Case Manager.	Monthly.	CHRIS and NG database.

B. Timeline for activities that will sustain and enhance the task force, service delivery system and our initiative:

Activities	Staff responsible	Completion date (mo./yr.)	Monitoring methods
Update FASD policy and procedures manual	FASD Project Director.	September, 2009 and at any other time when policies are changed.	Completed document.
Continue work on incorporating documentation of services to children diagnosed with FASD in the CHRIS system	FASD Project Director.	Ongoing throughout the project years.	Completed document and modification to current CHRIS system.
Establish procedures for referrals to the Arkansas Department of Education (Part B) coordinator due to the increase in age range in year 2 of the project	FASD Project Director.	December, 2009.	Written referral procedures in place.
Maintain regular monthly task force meetings	FASD Project Director and FASD Task Force members.	Ongoing throughout project year.	Minutes of meetings.
Work with task force members to establish a family support group for families with children diagnosed with FASD through the project	FASD Project Director and FASD Task Force members.	July, 2010.	Minutes of support group meetings and scheduled meeting dates.
Provide FASD knowledge and skills to family members, foster parents, case managers, and other professional staff working with children diagnosed with FASD through the project	UAMS Partners.	Ongoing throughout project year.	Calendar and CHRIS.

Work with the foster care recruitment staff at DCFS to recruit specialized foster homes for children diagnosed with FASD through the project	FASD Project Director.	Ongoing throughout the project year.	Annual progress report.
Continue efforts to develop, support, and sustain FASD project after the end of the subcontract	FASD Project Director, FASD Task Force, PACE/FASD Diagnostic team, and Pulaski County Juvenile Court.	Ongoing throughout the project year.	Document elements of sustained plan – outline.

4. Factors that are necessary to ensure successful implementation in OY2

A. Administrative procedures that will be implemented to ensure that activities are performed:

- Continued documentation and review of screening and diagnosis results
- Data entry into new database provided by Northrop Grumman
- Review and monitoring of intervention plans developed for children diagnosed through the project
- Coordination/monitoring of children placed in positive monitor status and referred to the Arkansas Early Intervention program (part C) coordinator
- Developing referral and monitoring of school aged children diagnosed with FASD and referred to the Arkansas Department of Education (Part B) coordinator
- Continued updates to the Pulaski County Juvenile Court on project progress, diagnostic results, referrals made for services, and recommendations for additional services the court could order
- High level coordination of scheduling family team meetings to include UAMS partners team along with family members, foster parents, case workers, educators, and all other professionals working with the family
- Request technical assistance with training from Northrop Grumman

B. Methods to obtain and sustain staff and key partners' cooperation:

- The FASD Project Director attends the DCFS County area supervisors meetings quarterly to update the supervisors on the project
- The FASD Case Manager has been invited to attend the weekly supervisors meetings to obtain information on children entering the foster care system each week. This helps us maintain rapport
- The FASD Project Director participates in the AR Early Childhood Comprehensive Systems Partnership Council and has presented the FASD project at one of the monthly meetings. This group is a key partner to the project in that they work with all the child care providers across the state and encourage participating in the Arkansas Quality Accreditation Program, which recognizes accredited facilities as providing higher quality child care for children with special needs.
- The FASD Project Director reports to the Director of DCFS monthly on the FASD project
- The FASD Project Director is working with the Building FASD State Systems group and hopes the group will identify a state FASD coordinator soon

- The FASD Project Director is now participating in the Closing the Addition Treatment gap project. This is networking opportunity as the group presents to the AR State Legislature issues concerning drug and alcohol abuse
- The FASD Project Director has presented the FASD project at the annual Children in the Court conference
- The FASD Project Director has been invited to present the FASD project to the North Little Rock School District Special Education teachers in August, 2009
- The FASD Project Director has been invited to present the FASD project at the annual Child Abuse Prevention Conference in September, 2009
- The FASD Project Staff, DCFS staff, and Pulaski County Juvenile Court staff, will attend the training session for professionals conducted by Dr. Mark Mengel of UAMS in October, 2009
- The FASD Project Staff have bi-weekly staff meetings

C. Other site-specific factors

- We have worked well with our Arkansas Early Intervention program (part C)) coordinator to develop methods for monitoring and providing services to children 0-3 placed in a positive monitor category. For year 2 we will work with the Arkansas Department of Education (Part B) coordinator to develop these same methods for our school aged children who are diagnosed with FASD
- We have developed some long-range goals for incorporating screening into the DCFS system utilizing the health unit DCFS staff. We realized this is something that will take time, but we hope to accomplish prior to the end of the project and will begin working on plans in years 2, 3, and 4

D. Potential challenges and solutions:

Potential challenges	Solutions
<p>Large number of children to screen for one case manager. Obtaining photos, running FASD diagnostic software, obtaining birth records, interviewing mothers, attending all probable cause hearings, assisting with transportation of biological parent to the PACE FASD diagnostic exam, and holding case plan meetings takes more than 40 hours per week. This leaves little time for data entry, referral and monitoring of intervention services.</p>	<ul style="list-style-type: none"> ▪ Request to have an additional FASD case manager ▪ Work towards training current DCFS health unit staff in some of the screening procedures.
<p>Due to the change of screening children 0-2 only if they have a sibling age 2-7 screen positive and we have confirmed drug and alcohol history on the mother, these children are more likely to fall into a positive monitor category. We may have difficulty monitoring so many children while continuing with the workload mentioned above</p>	<ul style="list-style-type: none"> ▪ Continued work with Arkansas Early Intervention program (part C) coordinator ▪ Monitor numbers closely
<p>The availability of intervention services in Arkansas for children diagnosed with FASD remains unknown at this time</p>	<ul style="list-style-type: none"> ▪ Continue to work to develop partnerships with local agencies who work with children with special needs ▪ Provide FASD training for FASD Task Force members
<p>The number of specialized foster homes needed for placement of children diagnosed with FASD is limited at this time</p>	<ul style="list-style-type: none"> ▪ We need to work with foster families now to get them ready to open up their homes once we have children diagnosed ▪ Speak to foster parent meeting groups about FASD and our FASD project

Appendix A:

Task Force Member	Organization/Agency	Position	Roles/Duties
Judge Joyce Warren Proxy: Gwen Green	Pulaski County Juvenile Court	Juvenile Court Judge – 10 th Division	Judiciary
Judge Melinda Gilbert Proxy: LaQuina Reed	Pulaski County Juvenile Court	Juvenile Court Judge – 11 th Division	Judiciary
Judge Wiley A. Branton Jr. Proxy: Heather Miles	Pulaski County Juvenile Court	Juvenile Court Judge – 8 th Division	Judiciary
Cynthia Crone	UAMS Partners for Inclusive Communities	Director of Family Treatment Consultation	Training, consultation, and provide knowledge and skill building
David Deere	UAMS Partners for Inclusive Communities	Director UAMS Partners for Inclusive Communities	Training, consultation, and provide knowledge and skill building
Leanne Whiteside-Mansell	UAMS Partners for Inclusive Communities	Partners For Inclusive Communities	Project Evaluator
Latunja Sockwell	UAMS Partners for Inclusive Communities	Partners For Inclusive Communities	Evaluation team
Tyra Reid	UAMS PACE –Project for Adolescent and Child Evaluation	Medical Director	Diagnostic team director
Kelly Taylor	UAMS PACE –Project for Adolescent and Child Evaluation	RN	Diagnostic team member
Joe Hill	Division of Alcohol and Drug Abuse Prevention	Director	Intervention Services
Martha Hiatt	Division of Child Care and Early Childhood Education	Health Policy Administrator	Decision maker Interventions Services
Kathy Stegall	Division of Child Care and Early Childhood Education	Program Administrator	Decision maker Interventions Services
Merry Alice Hesselbein	Administrative Office of the Courts	Attorney Ad Litem	Judiciary

Task Force Member	Organization/Agency	Position	Roles/Duties
Beki Nance	Division of Children and Family Services (DCFS)	DCFS Pulaski County area manager	Decision maker Child welfare
Elaine Jackson	Division of Children and Family Services (DCFS)	DCFS Program Manager, Health Unit and Resource and Placement	Decision maker Child Welfare
Mona Davis	Division of Children and Family Services (DCFS)	DCFS Planning Unit Manager	Decision maker Child Welfare
Rosa Hignight	Arkansas Department of Health	Women's Health Section Perinatal Nurse Coordinator	Health and Intervention Services
Patti Ferguson	DCFS Foster Parent	Foster Parent	Intervention services
Sandra Reifeiss	State Department of Education-Special Education	Preschool (section 619) Coordinator for Arkansas	Intervention services
Tracy Turner	Division of Developmental Disabilities	Arkansas Early Intervention Program (part C) Coordinator	Intervention services
Cherisse Cashaw	Division of Children and Family Services (DCFS)	FASD Case Manager	Screening, Diagnosis, and Intervention referrals
Carol Rangel	Division of Children and Family Services (DCFS)	FASD Project Director	Facilitator of Task Force