

Project Summary for OY1

A. Intervention Type

FASD Diagnosis and Intervention

Juvenile Court

State

Local Community

B. FASD Project Contact Information

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C. Project Summary Statement

The Arkansas Department of Human Services, Division of Children and Family Services works with the Pulaski County Juvenile Court to provide services to dependent children. The goal of the FASD initiative is to improve the functioning of dependent children ages 0-7 who are diagnosed with an FASD. This goal fits with the mission of DHS and the court to keep children safe and help families. DCFS will respectfully engage families and youth and use community-based services and supports to assist parents in successfully caring for their children. We will focus on the safety, permanency and well-being for all children and youth. In Year 1, children ages 0-7 were screened and we determined how the screening, diagnosis and intervention services fit within the Pediatric and Adolescent Comprehensive Exam (PACE) process. In Year 2, the target population age remains the same; however, the majority of children screened will be between the ages of 2-7. Early intervention is the focus of this initiative. When children are diagnosed with an FASD early in life the risk of adverse life events and secondary disabilities can be reduced.

D. Needs Assessment

No formal assessment has been conducted since our Needs Assessment was done in 2008. At that time Pulaski County did not have FASD screening or diagnostic evaluation in the current system. FASD diagnosis and intervention were great needs in our area. In 2007, DCFS reported that 18% of Arkansas foster care cases have “caregiver substance abuse” as a primary factor, making “substance abuse” the second leading cause of out-of-home placement behind “neglect,” which is often associated with substance abuse. In our needs assessment, we consulted with the following groups: The University of Arkansas Medical Science (UAMS) Pediatric and Adolescent Comprehensive Exam (PACE) personnel; DCFS staff; Pulaski County Juvenile Court staff; FASD Task force; DCFS Children’s Reporting Information System (CHRIS); and the Division of Child Care and Early Child Care

Education (DCCECE). Six information sessions were conducted in order to gather information for a needs assessment. All parties agree that the need for screening and diagnosis is great and that by incorporating it into our current system we can expect to improve the overall well-being of children in foster care through timely and appropriate diagnosis and intervention. Areas improved will be related to the well-being of the child, placement stability and the creation of a more comprehensive service delivery system to meet the needs of this population.

During our first year of implementation we recognized other population and systems needs:

- We have a large number of children who come into foster care between the ages of 0-3 with confirmed drug and or alcohol prenatal exposure, but the children are not symptomatic at their young age. Many of these children come into foster care at birth. Pulaski County screens and refers for diagnosis within 30 days of the children entering into the foster care system.
- The PACE (Project for Adolescent and Child Evaluation) comprehensive exam must be completed for all children within 30 to 60 days of entering care. If a child screens positive for an FASD, a battery of test for an FASD diagnostic evaluation is completed. The FASD screening and referral process had to be integrated into the PACE system.

E. Strategy

1. Objectives

The outcome objectives are:

- A. Children placed in foster care diagnosed with an FASD through the project will not be moved from their initial foster care placement more than one time within a 12 month period;
- B. Children placed in foster care diagnosed with an FASD through the project who are school age, will not be expelled from school during the project period;
- C. Children placed in foster care diagnosed with an FASD through the project will not be expelled or asked to leave their child care or pre-school center.

2. Target Audience

In Year 1 our target population was dependent children ages 0-5. Year 2 we have modified our population to better identify children with an FASD.

- **Group 1: Children ages 2-7.**
- **Group 2:** Children ages 0-2, with confirmed prenatal alcohol exposure who are siblings of children who are ages 2-7 (Group 1)
- **Group 3: Children** ages 2-7 who are in the states custody and missed the project start date and were not screened by the project, but are now symptomatic of FASD, and have confirmed prenatal alcohol exposure.

3. Service Delivery System

Our service delivery system includes the Pulaski County Juvenile Court, the Arkansas Department of Human Services Division of Children and Family Services, and the University of Arkansas Medical Sciences (UAMS) PACE FASD diagnostic team. In Year 1 we added the Division of Child Care and Early Childhood Education, Arkansas Early Intervention program (Part C), State Department of Education Special Education preschool section that provide monitoring services for children placed in positive monitor. In Year 2 we plan to work to develop to include the Arkansas Department of Education part B coordinator who will work with our school aged children.

4. Combination of Methods

If a child is appropriately screened and diagnosed and receives recommended intervention services, the parent and other caregivers will be better able to meet the child's individualized needs and make it less likely that these children will re-enter the court system or the child welfare system. Our methodology is to screen and diagnose children as early as possible in order to make referrals to the appropriate intervention services. For children who are placed into a positive monitor category, not only will we monitor them closely, but we will also refer them to our local part C coordinator where they will receive further testing if needed along with their own part C case coordinator. One of our main goals is to insure that parents, foster parents, caregivers, and teachers have knowledge and skills needed to meet the needs of the child who is diagnosed with an FASD.

F. Implementation Plan

In September of 2009, we began screening children in the new target population. We have also begun referrals to the part C coordinator for the children who were placed in positive monitor status during year 1 of the project. In Year 2 we increased the potential for screening school age children. We will strengthen our relationship with the part B coordinator and the Arkansas Department of Education who provide services to children in the pre-school to school age range. We will continue to provide Pulaski County Juvenile Court with a written report on all children screened by the project, including diagnostic recommendations for services, so that they can monitor services and order any recommended services that are not in place for the child. We will conduct family team meetings that will include foster parents, parents, caregivers, teachers, and all other parties working with the child, to develop intervention plans for the child and make referrals to all services deemed necessary. Once interventions are in place we will monitor the progress of referred services.

G. Evaluation

The Evaluation Report Deliverable for 2009 was waived per Northrop Grumman. The Evaluation team has worked hard in year 1 of the project to ensure that the project data from the statewide automated child welfare information system, CHRIS would be reported in the database. We have completed our first successful test run using the

database. The evaluation plan addresses how the project will determine the extent to which outcome and process objectives are achieved. The primary source of data in the evaluation of the FASD Project is the existing electronic DCFS Children's Reporting Information System (CHRIS). Standard reports are generated as needed, and ad hoc reports can be created and generated with limited preparation time. Data are routinely extracted from CHRIS into Excel database files. CHRIS is also the link between the P.A.C.E. medical team and DCFS official records. After P.A.C.E. exams, medical results are entered by P.A.C.E. staff into CHRIS. DCFS caseworkers maintain the information in CHRIS related to disability diagnosis, service delivery, and treatment status. The FASD case worker enters past medical history for children into CHRIS. The Division of Children and Families Services has contracts in place that ensure that confidentiality and privacy are maintained. The annual reports produced by the evaluation team will help assess our outcome and process objectives and give us feedback on areas to improve.

H. Concluding Comments

The FASD Initiative is primary to DCFS' goal of providing services to protect children, to help parents in their child-rearing, to strengthen family functioning, and to promote the healthy development and social functioning of children. The Pulaski County Juvenile Court's shared commitment to improving the functioning of our target population provides a strong foundation for this collaborative project. By providing appropriate screening, diagnosis, and interventions early in the lives of children, it strengthens and builds the likelihood of having positive outcomes throughout a child's life. The goal of early intervention is a priority amount our key stakeholders and is one we feel we can met through the project initiative. We look forward to learning more throughout year 2 of the project.