

**Final Report and Recommendations
of the
Arkansas Legislative Task Force on
Abused and Neglected Children**

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Prepared by the
**Arkansas Legislative Task Force on
Abused and Neglected Children**
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OVERVIEW

Victimization of children in the United States remains at an appallingly high rate, despite a modest decline over the past decade. To avoid further trauma, intervention decisions, such as removal from the home and therapy, must be based on state-of-the-art knowledge and empirically validated practices. Laws and intervention protocols should be informed by well-established practices, commonly referred to as *best practices*, to ensure the physical, emotional, and spiritual wellbeing of all children.

The current law and procedures cover aspects from the investigation of reported abuse, the legal representation of the children, and prosecuting the abusers. Because service-delivery in Arkansas involves many different agencies with divergent expertise and skills, the aim of this taskforce and report is to develop a seamless coordination and synchronization of comprehensive services that eliminates fragmentation and duplication across the State. According to Act 2000 of the Regular Session, 2005, the taskforce was created to focus on several aspects of intervention using a child-centered approach, including reporting, investigation, multidisciplinary cooperation, legal advocacy, foster care and adoption, training and workforce, criminal justice and safety, accountability, established *best practices*, efficient use of public money, obtaining federal funds, changes in law to protect children, and written recommendations for the General Assembly. The report provides information and recommendations for improving the scope, quality, and continuity of services to achieve optimal outcomes for children who are maltreated, which includes physical and sexual abuse as well as neglect.

Best practices are determined by the definitions, types, magnitude, antecedents, consequences, theory, and research associated with child maltreatment. These aspects of best practices are extensively discussed in the Research Report entitled *Best Practices in Child Maltreatment*, which is a narrative review of the professional literature. For example, well-executed forensic interviews are requisite to obtaining accurate information from children and adults for investigation, prosecution, and service-delivery in maltreatment cases. Well-executed forensic interviewing requires extensive training in dealing with issues related to child development, linguistics, memory, and suggestibility. Emphasis is placed on the importance of valid and thorough assessments of children and caregivers to comprehensive intervention planning, which requires the systematic coordination of services from different professionals and agencies. Several treatment protocols identified as best practices by a panel of nationally-recognized experts are discussed, including citations for protocol details and research support.

Emphasis is also placed on training, certification, and other standards for all persons and agencies that have contact with maltreated children. A child-centered approach based on *best practices* should resonate throughout these professional requirements. Professional and agency standards and practices should require training in reporting, forensic interviewing, and service-delivery specific to child abuse and neglect. Pre-service and in-service training should be provided in all agencies where maltreated children are present. Universities also should offer courses in disciplines and professional schools that are directly related to child maltreatment.

Another best practice highlighted in the literature involves home visits, where a professional is able to identify and address the many problems that typically characterize families of maltreated

children. In many cases, addressing problems will entail referrals to specialized professionals and agencies. The service-delivery system for maltreated children is fraught with fragmented and uncoordinated services provided by diverse agencies and professionals that have little if any communication. Home visitation has been developed as a mechanism to identify the myriad of problems and to initiate and coordinate services across professionals and agencies. The professional who makes the home visit, or a designate, should serve as a case manager to ensure that a coordinated delivery of services from all professionals involved in each case.

The Children's Advocacy Center (CAC) model is another best practice implemented in Arkansas. CAC is a family-focused program in which representatives from many disciplines -- law enforcement, child protection, prosecution, mental health, medical and victim advocacy - work together, conducting joint forensic interviews and making team decisions about the investigation, treatment, management and prosecution of child abuse cases. CACs are community-based programs designed to meet the unique needs of a community; however, they share a core philosophy that child abuse is a multifaceted community problem that requires an interdisciplinary intervention from professionals with diverse knowledge and skills.

Systemic changes also are discussed based on findings in the literature and in other states. These include but are not limited to smaller caseloads, more staff education and training, providing local Child Protection Teams more autonomy, investigating case-processing for biases, developing transitional-living facilities for youth, requiring parents to pay for out-of-home care, mandating a Guardian ad Litem, use of funding experts, and offering foster parent training.

In sum, the report provides critical information on major aspects of child maltreatment; more comprehensive details are found in the attached Exhibits. This report is a resource for any individual or agency that is interested in examining and improving the service-delivery system for maltreated children. Recommendations for improvement from this taskforce are presented in the next section based on findings of this taskforce, a comprehensive review of the professional literature on child development and practices, and numerous interviews and conversations with several different constituencies in Arkansas.

Members of the Arkansas Legislative Task Force on Abused and Neglected Children

Legislative Members

Chair: Senator Percy Malone

Chair: Senator Sue Madison

Representative Sharon Dobbins

Non-Legislative Members

Donna Malone, Child Advocate

Kathy Alexander, Child Advocate

Joyce Shepherd, Child Advocate

Vincent Henderson, Code Revisor, Bureau of Legislative Research

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Lori Kumpuris, Assistant Prosecutor Coordinator, Office of Prosecutor Coordinator

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Chuck Lange, Executive Director, Arkansas Sheriffs' Association

Rusty Cranford, Executive Director, Arkansas Private Providers Behavioral Health Association

Sherri Jo McLemore, Director, Children's Trust Fund/State CAN Prevention Board

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Dr. John Althoff, DHHS Interim Director, Division of Behavioral Health Services

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Greg Rivet, Interim Director, DHHS Division of Youth Services

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PART 1
RECOMMENDATIONS AND FINDINGS OF
THE ARKANSAS LEGISLATIVE
TASK FORCE ON ABUSED AND NEGLECTED CHILDREN

RECOMMENDATIONS

Coordination
Develop a coordinated model for child abuse and neglect prevention, investigation, legal processes, and family services.
Prevention
Provide easy access to education and heightened awareness of abuse and neglect in our state. Develop opportunities for professionals to provide in-service training for helping professionals, educators, churches, and other organizations that heavily influence children and families.
Provide education and support groups to teachers, students, other school personnel, social service professionals, church and other organization staff, and parents/caregivers in families where maltreatment is present or for high-risk households. School and other agency staff should be encouraged to teach appropriate parental skills so that children are raised in a healthy environment.
The Health Behavior/Health Education Department of the Fay W. Boozman College of Public Health shall collaborate with community health agencies, school nurses, counselors, and educators to introduce age-appropriate and research-supported child abuse prevention curriculum to the children of Arkansas.
Educate through brochures, pamphlets, and advertisements on how to identify signs of abuse and resources on what to do.
Make appropriate checklists and screenings available for concerned parents, teachers, caregivers, et cetera.
Provide funding for the visiting home nurses program.
Investigation
Mandatory Reporters
Mandate uniform reporting protocols for all agencies that deal with child abuse and neglect.
Establish online and web-based child abuse reporting. Include on the website training modules for mandatory reporters and the public.
Require notice by the Arkansas State Police to a mandatory reporter who makes a call if his or her call is not accepted or is screened out after supervisory review.
Hotline
Require the hotline to have a specialized, trained, and qualified workforce to process calls in a timely manner.
Provide additional funding for the Department of Arkansas State Police to enhance the software that is used for child abuse reporting for the child abuse hotline.
Children's' Reporting and Information System (CHRIS)
Continue to enhance the capability of CHRIS to follow to completion each report that is made to the child abuse hotline.
Internet Crimes Against Children
Define child pornography and the related abuse of a child in the law in a way that prosecution is possible by researching definitions at the federal and state level.
Incorporate the Adam Walsh Child Protection and Safety Act into Arkansas Code and expand the definition of pornographic images to include "any depiction of a child's sexual organs."

Child Maltreatment Investigations
Require that the Arkansas State Police (ASP) shall conduct child maltreatment investigations pursuant to the Division of Children and Family Services (DCFS) and the Crimes Against Children Division (CACD) of the Arkansas State Police agreement, and all Priority I child maltreatment investigations as outlined in the DCFS/CACD agreement to assess the safety of the child within 24 hours.
The DCFS, ASP/CACD, ASP/Criminal Investigation Division (CID), local law enforcement, or any other entity conducting child maltreatment investigations shall establish accountability measures to ensure compliance with the law and to protect children. DCFS and ASP/CACD shall report to the Task Force annually.
The “initiation” of investigation should be clearly defined so that the health and safety of children involved in a reporting of abuse is assessed as a priority and not placed as a secondary duty behind the investigative process.
The Children’s Advocacy Centers (CACs) will have trained forensic interviewers on staff for use by investigators who have not had forensic interview training. If Children’s Advocacy Center staff interviews a child, the investigator should be present for the interview to ensure that necessary information is gathered.
Any person who conducts an investigative interview with a child will successfully complete a 5-day course in child forensic interviewing and participate in ongoing peer review and training regarding interview skills.
The Arkansas Division of Children and Family Services, ASP/CACD, and law enforcement should utilize the Children’s Advocacy Centers except for good cause, which may include distance of an agency from an advocacy center.
Create a uniform continuing education program for all professionals who deal with abused and neglected children.
Legal Process
Representation and Advocacy for Children
Adopt the "Children's Bill of Rights".
Continue to provide funding and support so that all children in dependency-neglect cases are represented by an Attorney Ad Litem. Continue to provide support to the Court Appointed Special Advocate (CASA) program. Persons in either of these positions should continue to be well-trained, carefully screened, and supported in their work with children.
Legal System
Create and fund a child abuse and neglect prosecutor in each judicial district.
Live Electronic Expert Testimony
Encourage courts to allow videoconference testimony by expert witnesses in order to expand access to expert testimony at all levels of judicial proceedings. Courts should pursue funding sources to make this technology available across the state.
Services
Services - Priority I Cases
Children's Advocacy Centers
CACs will provide a setting for a child-friendly, culturally competent, coordinated response to allegations of child sexual abuse in order to maximize the system’s response to the allegation and minimize trauma to the child. Professionals who utilize a CAC as part of child abuse investigation will strive to adhere to best practices guidelines as established in the published literature.

Services - Priority I Cases (Continued)
Children's Advocacy Centers (Continued)
The Children's Advocacy Centers will facilitate access to specialized medical and mental health services to victims of child sexual abuse by: 1) Providing access to healthcare providers who adhere to photo documentation and peer review with a level 3 examiner; and 2) Providing access to mental health services with providers who have experience in child sexual abuse and participate in continuing education in the field.
The Arkansas Commission on Child Abuse, Rape, and Domestic Violence shall disburse funds, to the extent appropriated and available, from the Children's Advocacy Center Fund for education, peer review and consultation to medical and mental health providers who provide services and support for services to the children serviced by the CACs.
CACs will participate in local Multidisciplinary Teams (MDTs) meetings to facilitate communication on Priority I sexual abuse investigations that have been serviced at a CAC.
Multi-Disciplinary Teams
Develop state and county protocols for multi-disciplinary teams.
<p>"Multidisciplinary Teams" shall include local teams, which operate under uniform protocols that govern roles, responsibilities, and procedures developed by the Arkansas Commission on Child Abuse, Rape, and Domestic Violence.</p> <p>(1) The Arkansas Commission on Child Abuse, Rape, and Domestic Violence shall:</p> <ul style="list-style-type: none"> (a) Prepare and issue a model state protocol for investigations and provision of safety and services for child abuse cases. The protocol will describe coordinated investigations and services among the state and local law enforcement agencies, the Department of Health and Human Services, medical and mental health service entities, and children's advocacy centers. (b) Review and approve protocols prepared by local Multidisciplinary Teams. <p>(2) Each Multidisciplinary Team shall:</p> <ul style="list-style-type: none"> (a) Develop a local protocol consistent with the model state protocol issued by the Arkansas Commission on Child Abuse, Rape, and Domestic Violence. (b) The local Multidisciplinary Team shall submit the protocol to the Commission for review and approval. (c) Cooperate with local CACs and include a representative from the CAC at MDT meetings to facilitate exchange of information on Priority I sexual abuse cases.
Services – All Cases
Caseworkers
Improve the job situation of Department of Health and Human Services (DHHS) caseworkers to reduce turnover. DHHS caseworkers should be: 1) paid competitively; 2) have a manageable caseload; and 3) have flexible hours.
Recommend that the state assure that DHHS has the ability to follow caseload standards developed by the Council on Accreditation (COA), which are caseloads of 15 active investigative cases per month for each worker or 15 cases per worker (no more than 18 children in foster care). Supervisors should be responsible for no more than five to seven workers, depending on the workers' level of experience. Assure that DHHS has the ability to follow qualifications for Family Service Workers required by COA, which is a master's degree in social work or a comparable human service field from an accredited institution and two years of direct practice experience; or a bachelor's degree in social work or a related human service field, and supervision by a person with a master's degree in social work or a comparable human service field who has two years of experience in the delivery of child protective services.

Placement
Expand emergency placement options for victims of child abuse or children who are removed from the home.
Foster Care
Prohibit smoking in foster homes.
Mental Health
Encourage early childhood mental health examinations for all victims of child abuse and expand availability of mental health examinations in medically underserved areas.
Training
Encourage professional licensing boards and entities responsible for oversight for all healthcare providers, child care providers, psychologists, social workers, educators, attorneys, law enforcement, first responders, and other professionals who regularly work with children to adopt a recurring training requirement in child abuse and neglect.
Increase education and training for mental health professionals to help understand how to appropriately assess, diagnose, and treat, young children who experience trauma and abuse.
Issues Recommended for Further Exploration
Research to investigate biases in handling child maltreatment cases. The literature indicates national biases according to ethnic groups.
Specify that the goal is to prevent further damage to the child (a subcategory of "best interest of the child").
Creation of a fund for "lab centers" in higher education institutions.
Require the placing agent to show that the available medical, educational, psychological information, and social history on the birth parents and child has been provided to the adoptive parents.
Require information-sharing computer systems between agencies that permit sharing of data by service providers and researchers.
Provide additional funding to improve the recruitment of foster parents. Start innovative programs such as paying current foster parents for the successful referral of another person who becomes a foster parent.
Recommend <i>experts</i> in funding to assist agencies and departments with grant writing and funding sources. Experts can play a vital role in grant-writing and locating the best funding possibilities; they are especially valuable in inter-agency funding.
Explore the feasibility of a Research and Training Institute for the prevention of child maltreatment to conduct and compile research on child abuse prevention and intervention, disseminate information, develop and provide training, and identify and promote best practices models. The institute would provide information and training services to all professionals who work with abused or neglected children.
Develop programs to continually update and educate helping professionals, educators, law enforcement officers, and others on the latest information and trends in sexual abuse, neglect, and domestic violence.
Increase funding to provide access to mental health services for children that have experienced abuse.
Explore Medicaid waiver to cover mental health examinations for victims of child abuse or neglect.

FINDINGS

COORDINATED CHILD AND FAMILY-FOCUSED SYSTEM

The Arkansas Legislative Task Force on Abused and Neglected Children (Task Force) identified the need for a more unified system, where each part of the child abuse and neglect system works harmoniously to better serve children and families in need. Coordination between the courts and other agencies in abuse and neglect cases should be designed to better protect the interests of the child. The goal of all involved in prevention, protection and provision of services for abused and neglected children should be to assist these children in becoming independent, productive adults, while doing no harm through their involvement in the system. The Task Force has made a significant beginning in the process of identifying needs and resources for accomplishing these goals. It will be necessary to continue the role of the Task Force through the next biennium to further this progress.

Testifying before the Task Force, Mr. Victor Vieth, Director, Child Abuse Programs, National Center for the Prosecution of Child Abuse, introduced the Battle Plan for Ending Child Abuse:

- 1) Abused children must be reported into the system, every university/college must teach mandated reporting skills, and all mandated reporters must receive annual refresher training;
- 2) Competent investigations of every substantiated case of child abuse; child protection workers and law enforcement officers must know how to conduct forensic interviews - "Finding Words" program;
- 3) On-the-job training must end. Colleges and universities must have practice "lab centers" that teach identification and investigation, along with family intervention to prevent and remedy child maltreatment;
- 4) Law students, medical students, veterinary students, seminary students, and other professional persons also need training to identify child abuse;
- 5) Police officers, social workers, prosecutors and child protection professionals must become community leaders in child abuse prevention;
- 6) Prevention efforts must build from the ground up and meet local needs; and
- 7) The support of the faith community needs to be enlisted in the prevention of child abuse.

Mr. Vieth's suggestions included the following:

- 1) Coordinate efforts by developing protocols;
- 2) Educate the community about child abuse issues and prevention;
- 3) Involve the clergy in child abuse prevention and mandated reporter training;
- 4) Train local doctors and stress mandated reporting;
- 5) Assist teachers and child care providers in recognizing and reporting child abuse;
- 6) Learn how to write grants and seek community donations; and
- 7) Provide support to the childcare team members.

For additional information on the Arkansas child welfare system and Victor Vieth's views on child abuse, see Exhibits DD and EE.

PREVENTION

The Task Force has identified a need to improve and expand child abuse and neglect prevention strategies. Prevention strategies should be initiated and expanded in early childhood programs, schools, the criminal justice system, the medical and mental health service communities and any other community or government systems that serve children and families.

Dr. Karen Farst, UAMS, Department of Pediatrics, Center for Children at Risk, gave a presentation to the Task Force on the cost of the cycle of child abuse and neglect. The total cost to the United States in 2001 was \$94.1 billion, and the cost for Arkansas' proportion of the population was \$856 million. Agencies must decide whether to spend reactively to the problem after it happens or proactively on risk factors/causes in an attempt to keep the long term effects and costs on the system minimized. Attendees at the taskforce meeting were asked to send a summary of existing prevention programs in the State of Arkansas so efforts could be made to evaluate for redundancies and gaps in existing services. For additional information on the cycle of child abuse/neglect, see Exhibit T.

Dr. Debora Daro, Ph.D., Research Fellow, Associate Professor, Chapin Hall Center for Children, University of Chicago, listed some of the consequences of child maltreatment including: 1) child fatalities, 2) permanent developmental delays, 3) poor self-concept and psychological functioning, 4) aggressive and violent behaviors, 5) poor social interactions, 6) peer relationships, and 7) poor school performance. She noted that different prevention programs have been established such as: 1) public awareness campaigns, 2) child assault prevention, family resource centers, 3) group-based parenting education programs, and 4) home visitation services. Dr. Daro mentioned other successful prevention programs such as the Early Head Start Program, Healthy Families of America, the Home Instruction for Parents of Preschool Youngsters (HIPPPY) Program, and the Nurse Family Partnership.

Ms. Sherri Jo McLemore, Director, Children's Trust Fund, Child Abuse and Neglect Prevention Board discussed the background and current activities of the Child Abuse and Neglect Prevention Board and the Children's Trust Fund. The money collected by the fund, currently about 1.7 million dollars, was dispersed to prevention programs across the state via a competitive, annual grant process. Ms. McLemore described several initiatives that they were involved with including the Strengthening Families Initiative and the Statewide Training Assistance and Resources (STAR) team. Ms. McLemore said that the Trust Fund had partnered with other agencies, like the Department of Education, to develop programs to assist children and families in need. For additional information on the Child Abuse & Neglect Prevention Board, see Exhibit A.

The Task Force finds that the Child Abuse and Neglect Prevention Board should seek legal authority to form local councils in counties that lack one. The task force recommends the approval of the "1% to Prevent" appropriation in the amount of \$100,000 each fiscal year of the biennium, with no new general revenue funding. For additional information on child abuse and neglect prevention, see Exhibits B, C and D.

Prevention Through Education

A need was identified to provide easy access to education and heightened awareness of abuse and neglect in our state. Also needed are opportunities for professionals to provide in-service training for helping professionals, educators, churches, and other organizations that heavily influence children and families. The Task Force finds that the Health Behavior/Health Education Department of the Fay W. Boozman College of Public Health should collaborate with community health agencies, school nurses, counselors, and educators to introduce age-appropriate, research-supported child abuse prevention curriculum to the children of Arkansas. There is a need to educate the public through brochures, pamphlets, and advertisements on how to identify signs of abuse and locate resources for assistance. Appropriate checklists and screenings should be made available for concerned parents, teachers, caregivers, and others.

Home Nursing Programs

The Prenatal and Early Childhood Nurse Home Visitation Program is reportedly a well-tested model that improves the health and social functioning of low-income first-time mothers and their infants. Nurse home visitors develop a supportive relationship with the mother and family that emphasizes education, mutual goal setting, and the development of the parents' own problem-solving skills and sense of self-efficacy. Beginning in pregnancy, the nurses help women to improve their health behaviors related to substance abuse (smoking, drugs, alcohol) and nutrition, significant risk factors for pre-term delivery, low birth weight, and infant neuro-developmental impairment. After delivery, the emphasis is on enhancing qualities of care-giving for infants and toddlers, thereby preventing child maltreatment, childhood injuries, developmental delay, and behavioral problems. Among the mothers, the program also focuses on preventing unintended subsequent pregnancies, school dropout, and failure to find work resulting in ongoing welfare dependence -- factors that conspire to enmesh families in poverty and that increase the likelihood that women will have poor subsequent pregnancies and increase the likelihood for sub-optimal care of children. In order to achieve maximum outcomes in the preceding domains of functioning, nurses work to improve environmental contexts by enhancing informal support and by linking families with needed health and human services.

INVESTIGATION

Mandatory Reporters

Uniform reporting protocols for all agencies that deal with child abuse and neglect are needed. The Task Force has identified a need to establish online and web-based child abuse reporting. This reporting would include website training modules for mandatory reporters and the public. Additional funding for the Arkansas State Police would be needed to enhance the software that is used for the child abuse hotline. In addition, notice would be required from the Arkansas State Police to any mandatory reporter making a call, if their call is not accepted or is screened out after supervisory review. The Task Force recommends that a protocol for monitoring calls and review of screened-out calls be developed and implemented for quality assurance.

Hotline

The Task Force evaluated the needs of the Crimes Against Children Division (CACD). Organizationally, the Child Abuse Hotline and the Investigation section are separate units within the CACD. Hotline operators receive the information from a child abuse reporter and document the information in CHRIS. Before the call is ended it is determined whether or not the allegation is legally valid and the caller is advised as to whether or not the report is accepted for investigation. At that point, if accepted, the report is electronically transmitted to the appropriate supervisor and assigned to an investigator. The investigation of Priority I calls must be investigated within 24 hours. In those instances, the operator also calls or pages to notify the supervisor immediately. If the report is not accepted, it is reviewed by a Hotline Supervisor. When an accepted report is assigned to a CACD investigator, that investigator contacts the appropriate law enforcement agency to notify them of the report that a crime may have been committed in their jurisdiction. The local law enforcement agency may choose to conduct the investigation with or without ASP assistance or they may decline to conduct the investigation in which case the ASP should conduct the investigation independently.

A need for increased training for hotline operators is indicated. Currently operators receive three weeks of classroom training and a week or two of listening-in on hotline calls. Most of the operators are Grade 17s who are not required to have a degree. There are currently 26 operators and 4 supervisor positions at the hotline. There are 63 investigator positions and 8 area supervisors in the investigation section. The Task Force also finds that more supervisors should be hired, the pay grade for hotline operators should be elevated, and staff should be rotated to prevent employee burn-out. Funding is needed to enhance the software that is used for child abuse reporting for the child abuse hotline.

Police Chief Al Harris and Sergeant Chris Harper, Arkadelphia Police Department, discussed some of the problems that their Department has encountered while handling child abuse and neglect cases concerning coordination with the ASP CACD and DHHS. The officers expressed the desire for the child abuse and neglect hotline response to be improved and for a study to be made of the 72 hour hold required in Priority II cases by the Child Maltreatment Act.

CHRIS

"In recognition of the critical need for an effective statewide-automated capability to support programs in a comprehensive fashion, funding was provided to states for the development and operation of a comprehensive system. The DCFS implemented the CHRIS to replace the Division's outdated automation support for our family service workers. In developing this automation, the essential provisions of this system were to:

- 1) improve the well being of children and families;
- 2) to develop a system to ease the administrative duties of caseworkers and increase staff time with clients;
- 3) make improvements in case practice; and,
- 4) provide accurate and current information to assist in decision-making and program modification.

The CHRIS system provides Arkansas' Division of Children and Family Services with a single, integrated system to help staff and management in providing more effective and efficient operations within the functions of the child welfare system. CHRIS will support the full scope of services provided by the Division. The system serves as:

- 1) a centralized source to store the local office client information;
- 2) a worker-based tickler system to remind workers of time-sensitive tasks;
- 3) an integrated information system;
- 4) an accessible tool for workers (desktop or remote - 24 hours); and,
- 5) compiler of information and data for state and federal reports."

(<http://www.arkansas.gov/dhhs/chilnfam/Survey%20-%20CHRIS.PDF>.)

The Task Force finds that there is a need to continue to enhance the capability to CHRIS to follow each report that is made to the child abuse hotline to completion.

Web-based Reporting

"In response to the need for more consistent practice in child welfare intake, some states are implementing centralized statewide child abuse and neglect intake systems. To more effectively handle the increased volume of calls received, the central intake center requires a technology-supported system to assist state and local staff in protecting abused and neglected children."

Web-based reporting is currently being used in Texas as described in an article contained at the following web address (http://www.nrccwdt.org/ta/ttt/ttt_statewide_intake.html.)

"The State of Texas covers a substantial and diverse geographic region. With over 250 local child welfare offices statewide, Texas sought to better utilize their workforce and workspace in order to have a more efficient and effective intake system. When Texas began the process to create a statewide intake system, the main focus was to implement a system that would be consistent across a large and varied geographic area. In response to these needs, the State of Texas has created a system intended to be user-friendly, effective, and consistent. The intake operation requires a blend of child welfare practice and technology application.

In Texas, all reports of child abuse and neglect, as well as abuse and neglect of the elderly or disabled or within licensed child care settings, are received at a central call center located in Austin. Those reporting abuse or neglect call an 800 number and speak to a worker trained in intake regarding all areas of abuse, neglect and exploitation. Reports may also be made electronically through the state's web site.

Texas Statewide Intake encompasses several components. The main elements are call routing, call center workforce management, digital voice recording, and internet reports of abuse and neglect."

Internet Crimes Against Children

Mr. Hoyt Harness, Special Agent, State Police, stated that the Internet Crimes Against Children Task Force (ICAC) is a federal program supported through the Office of Juvenile Justice and Delinquency Prevention. It is one of 47 regional task forces in the country today. Arkansas joined the program with its program becoming operational in June 2004.

The mission of the Arkansas ICAC is "To provide a comprehensive, multi-agency response to identify, investigate, apprehend and successfully prosecute offenders who use the Internet, online communication systems, or other computer technologies to sexually exploit children and to provide pro-active tools, resources and information to educate parents, teachers and children about internet safety and victimization prevention."

There are five core components of the ICAC:

- 1) Investigations;
- 2) Forensic Support - without altering evidence;
- 3) Prosecution - empowering the prosecutors to drive solid convictions;
- 4) Capacity Building - adding law enforcement agencies and other partnerships; and
- 5) Public Education - to combat the desensitizing of society toward pornography.

There is a need to define child pornography and the related abuse of a child in the law in a way that prosecution is possible. The Federal definition of pornography is "the lewd, lascivious display of the genitals of either sexed child."

The Internet gives offenders access to children, appealing to the natural sexual curiosity of young teens, allowing offenders to target, groom and exploit them. The Internet is also used to form groups validating one another - to normalize, legitimize and legalize sexual activity between adults and children. They use the Internet to educate one another with tips on how to carry out sexual activity with minors.

The Task Force finds that public awareness and training is needed concerning internet crimes against children. Initial training efforts have been conducted for 697 Arkansas law enforcement officers, 17 prosecutors, and 28 other professionals. Public awareness efforts have included 811 for over 61,000 children, parents, teachers and care givers. The efforts to provide information have also been made at 42 public events attended by about 16,000 people and at over 1,000 media events.

Internet service providers (ISPs) and Internet bulletin board services are mandatory reporters for internet crimes against children. In ambiguous cases, ISPs should not be held liable if their suspicions turn out to be incorrect.

The Task Force finds that there is a need to resolve the lack of distinction made with sentencing when comparing child sex images that are possessed versus those distributed versus those that were manufactured. Another need is to review Arkansas Code § 5-27-306, which makes traveling to meet with a child for sexual activity, as defined by that section, a Class A Felony.

The Adam Walsh Child Protection and Safety Act, which became effective in July 2006, needs to be incorporated into the Arkansas Code. For additional information on Internet crimes against children, see Exhibit JJ.

Child Maltreatment Investigations

Child maltreatment investigations proceed on two tracks. One track is the criminal investigation conducted primarily by the local law enforcement agency or by the CID/ASP if the local agency declines. The other track is a civil investigation, conducted by both the CACD/ASP and DCFS/DHHS. Reports of child maltreatment are divided in an agency protocol into two priorities. Priority I reports are those most often referred to as severe maltreatment; Reports of child maltreatment are dividend in an agency protocol into two priorities. Priority I reports are those most often referred to as severe maltreatment; priority II reports entail less severe forms of child maltreatment. The Task Force finds that the ASP must conduct child maltreatment investigations pursuant to the CFS/CACD agreement. All Priority I child maltreatment investigations as outlined in the CFS/CACD agreement must assess the safety of the child within 24 hours. Local law enforcement often rely on the State Police to assist with child maltreatment investigations. Both local and state law enforcement officials must have a good working relationship with DHHS.

The Task Force agreed that, in addition to quicker responses by local law enforcement, social service agencies, and hotline personnel, the need for a review of accountability measures is significant. The DCFS, ASP/CACD, law enforcement, or any other entity conducting child maltreatment investigations shall establish accountability measures to ensure compliance with the law and to protect children. DCFS and ASP/CACD shall report to the Task Force annually.

The Task Force determined that there is a need for educating response personnel, including hotline operators, local social service agencies, and local law enforcement, on the differentiation between the levels of child abuse and neglect (Priority I and Priority II cases) and the need for immediate response in Priority I cases. The Task Force may consider further review of the law that addresses notification in child abuse and neglect cases. The DCFS, CID, and law enforcement should utilize the Children's Advocacy Centers except for good cause, which may include distance of an agency from an advocacy center. Agencies that do home studies need a system that allows quick access to child placement information to prevent children from remaining in foster care for up to 10 days or longer.

The Task Force finds that any person who conducts an investigative interview with a child should successfully complete a 5-day course in child forensic interviewing and participate in ongoing peer review and training regarding interview skills. The Children's Advocacy Centers should have trained forensic interviewers on staff for use by investigators who have not had forensic interview training. If Children's Advocacy Center staff interview a child, the investigator should be present for the interview to ensure necessary information is gathered. For additional information on child maltreatment investigations, see Exhibits E and F.

Emotional Abuse

The Task Force considered the comments of Mr. Vieth's discussion of psychological maltreatment. In addition to being an independent and equally harmful form of abuse, psychological abuse is imbedded in all other forms of abuse. Mr. Vieth stated that the reason emotional abuse charges are rarely filed is because of the difficulties in proving emotional abuse. The legal definition for psychological abuse is: "repeated pattern or extreme incidence of caregiver behavior that conveys the message that a child is worthless, flawed, unloved, unwanted, endangered or only valuable in meeting someone else's needs." In Arkansas, psychological abuse is defined as "injury to a juvenile's intellectual, emotional, or psychological development as evidenced by observable and substantial impairment of the juvenile's ability to function." The Task Force finds that the requirements for this form of abuse need to be legally changed to eliminate "proof of damage" in the wording.

Sexual Abuse

The Task Force finds that intervention for young victims of sexual abuse could decrease their risk for serious problems later in life. It is very difficult to substantiate sexual abuse because physical findings are rare, and communication with verbally underdeveloped youth is often challenging for the child and the adult case worker(s).

The Task Force considered comments by Mr. Vieth highlighting an emerging issue in child abuse: Child Prostitution. The profile of a child prostitute: The average age was 14, they were Caucasian, lower to middle class backgrounds and had run away from abusive living environments. A significant number of these child prostitutes were reported to child welfare as maltreated when they were 3, 4 or 5 years old. Mr. Vieth said if we can take care of these children when they are being physically and sexually abused in their own homes, we may stop child prostitution in this country. He went on to say that 1.1 million kids annually run away or are thrown out of their own homes. He concluded that those kids who do not return home within 30 days are likely to be consumed by the sex industry.

Mr. Vieth discussed how the legislature may help: `

- 1) Regulate strip clubs closely for prostitution and child employees;
- 2) Prohibit lap dancing;
- 3) Require forensic interviews for children and youth; and
- 4) Investigate on-line solicitations more skillfully and at local levels.

For additional information on sexual abuse investigations, see Exhibit G. For additional information on all investigations, see Exhibit H and I.

LEGAL PROCESS

Dependency-Neglect Proceedings

The Task Force reviewed a video, "The Clock is Ticking" presented by Connie Hickman Tanner, Director, Juvenile Courts, Administrative Office of the Courts. The video addressed the court process for families involved in dependency-neglect cases.

Ms. Tanner stated the exceptions for termination of parental rights in child abuse/neglect cases, under federal and state law, include what is in the best interest of the child, whether relative care is available, whether there is a compelling reason not to terminate, and whether DHHS had not provided services. For additional information on dependency/neglect proceedings, see Exhibits J, K and L.

Representation and Advocacy for Children

The Task Force feels strongly that there is a need for a Children's Bill of Rights that will protect the interests of children in court proceedings. The Children's Bill of Rights will be included with a package of draft legislation. The Task Force finds that the special needs and fears of children make it extremely difficult for child abuse victims to testify in court. In his presentation, Mr. Vieth identified these fears: children have little/no conception of court; they are often confused by questions; they fear being laughed or yelled at; they are afraid of facing the offender; they are often frustrated with legal terminology. Mr. Vieth's suggested methods of preparing children for court testimony included:

- 1) Empowering the child by familiarizing the child with the courtroom; and
- 2) Modify courtrooms and testimony procedures without violating the Constitution in ways that make them more child-friendly.

"Ad litem" is a term used in law to refer to a party appointed by a court to act in a lawsuit on behalf of another party—for instance, a child or an incapacitated adult—who is deemed incapable of representing themselves. An individual who acts in this capacity is called a guardian ad litem. A child's ad litem is required to conduct an independent investigation and to be involved in the various stages of the legal process. The taskforce questioned the procedure when a judge and ad litem disagreed on what was in the best interest of a child. The Task Force has identified a need to provide additional funding for attorneys ad litem and CASA advocates to maintain and expand continuing contact with children in dependency/neglect cases.

The Arkansas CASA is a volunteer organization with members that speak for the best interest of a child in court and serve as advocates for children to help them find a safe, permanent home where they can thrive. For additional information on the legal system, see Exhibits M and N.

Representation of the Division of Children & Family Services

Lisa McGee, Deputy Counsel, explained that the Division of Children & Family Services' is represented by attorneys in the Department of Health and Human Services' Office of Chief Counsel, County Legal Operations Unit.

County Legal Operations (CLO) consists of forty-four (44) attorneys and thirty-four legal secretaries (34) located in eighteen (18) offices across the state. CLO attorneys have an average caseload at any one time of approximately ninety-nine (99) cases. The recommended caseload for state agency attorneys, according to the American Bar Association, is 40 to 60 cases per child welfare attorney. In addition to handling child welfare cases, the CLO attorney also handles administrative hearings where an offender's name is put in the adult or child maltreatment registry and adult maltreatment custody cases.

The caseload for the CLO unit has almost doubled in ten years.

<u>Year</u>	<u>Total Caseload of CLO Unit</u>
1997	2532
1998	2712
1999	2696
2000	3004
2001	3085
2002	3304
2003	3419
2004	3622
2005	3707
2006	3916
2007	4200

During the month of December 2006, the CLO unit handled 1,248 child welfare hearings which included 150 permanency planning hearings, 29 termination of parental rights hearings, 136 emergency hearings and 10 non-reunification services hearings. CLO also handled 42 adult custody hearings, 25 adoption hearings, and 29 administrative hearings. Two hundred eighteen cases were opened during the month and one hundred eighty-seven cases were closed for a net gain of thirty-one cases in December 2006. At the end of December 2006, the CLO attorneys had 3,204 open child welfare cases, 278 open adult custody cases, 619 open administrative hearing files and 99 open circuit court files for a total caseload of 4,200 open cases in the CLO unit.

To ensure quality legal representation, CLO attorneys are evaluated at least annually with surveys from clients, judges and fellow attorneys. CLO attorneys are observed by supervisors or peers with feedback provided on courtroom performance. Three exhibits (Exhibits FF, GG and HH) are provided in Part 6 with caseload information and the organizational structure of the CLO unit.

Prosecution Panel Discussion

The Task Force recognized the needs identified in a panel discussion about crimes against children lead by Mr. Grier Weeks, Director, National Organization to Protect Children. Mr. David Montague, Prosecuting Attorney, Fort Worth, Texas, lead a discussion about hearsay exception when prosecuting crimes against children. Mr. Montague stated that there were three hearsay exceptions used in Texas: 1) the outcry exception, which is the details of what the child tells an adult when he/she first says something which can be admissible in the trial of a case; 2) the medical hearsay exception, which is the statements made to a doctor, nurse, and in some situations, the treating mental health professional; and 3) the excited utterance exception, which is the statement made by the child in a state of excitement about the events that occurred. Mr. Montague stated the outcry exception was probably the most critical.

Ms. Connie Hickman Tanner, task force member, discussed these three hearsay exceptions as they related to Arkansas. She stated that the excited utterance and medical diagnosis exceptions were used most in Arkansas and that the outcry exception was a very broad hearsay exception in Arkansas.

The Task Force members further discussed Arkansas' Child Maltreatment Act, specifically regarding the procedures for the investigating agency to immediately notify local law enforcement of all reports of severe maltreatment. Standards and qualifications for investigators, reasonable case loads, training, and accountability are critical. The Task Force identified a need to design an accountability model for Arkansas that would be an instrument to measure performance.

The Task Force suggested possible ways to improve the successful prosecution of child abuse cases across the state, such as looking for ways to fund a Crimes Against Children prosecutor for each judicial district. In some jurisdictions, the addition of a Crimes Against Children prosecutor may benefit the prosecutor's office and may enhance the protection of children.

Live Electronic Expert Testimony by Medical and Mental Health Professionals

Due to the lack of experts in the state in the medical and mental health aspects of child abuse, the burden of traveling extended distances across the state to provide expert testimony is burdensome and creates a financial hardship on the programs that employ these individuals, and diminishes their ability to maintain their clinical care of patients while traveling to court. Technology to allow telephone and video-conferencing testimony is available and has been adopted in some parts of the state. The judicial districts should be educated as to the utility of this technology as it will allow better access to the courts across the state to the experts relied upon to provide testimony in these cases. Testimony by experts in juvenile, civil, and criminal cases of child abuse should be allowed by telephone and/or video-conferencing where available. For additional information on the legal process for abuse and neglect cases, see Exhibit M. The access to this technology to the judicial districts across the state should be expanded.

SERVICES

Service Model

The Task Force has worked to develop an oversight structure relating to Children's Advocacy Centers. Efforts also have been made to identify the responsibilities of the Child Abuse, Rape and Domestic Violence Commission and the Subcommittee on Children's Advocacy Centers. See Exhibit II for an outline of the model.

Priority I Cases

Child Advocacy Centers

The Task Force finds that there is a need to expand the CAC system within the state. For a listing of the Arkansas Children's Advocacy Centers and the status of their national accreditation refer to the National Children's Alliance website, which is found at <http://www.nca-online.org/>.

The CAC model is a child-focused, facility-based program in which representatives from many disciplines -- law enforcement, child protection, prosecution, mental health, medical and victim advocacy - work together, conducting joint forensic interviews and making team decisions about the investigation, prosecution, treatment, and processing of child maltreatment cases. CACs are community-based programs designed to meet the unique needs of a community. At the same time, they share a core philosophy and intervention perspective that child maltreatment is a multifaceted community problem that requires diverse disciplines and professionals to serve the needs of all children and their families. CACs are developed on the tenet that a combination of knowledge and skills from different disciplines will result in a more complete understanding of issues and the most effective, child and family-focused system response.

The primary goal of CACs is to ensure that children are not further victimized by the intervention systems designed to protect them. Program objectives include

- Developing a comprehensive multidisciplinary, developmentally and culturally appropriate response to child abuse which is designed to meet the needs of children and their families in a specific community;
- Establishing a neutral, child friendly facility where interviews and/or services for abused children can be provided;
- Preventing trauma to the child caused by multiple, duplicative contacts with different professionals;
- Providing needed mental health treatment and other services to children and families;
- Maintaining open communication, information sharing and case coordination among community professionals and agencies involved in child protection efforts so that case decision-making and policy development are enhanced;
- Coordinating and tracking investigative, prosecutorial, child protection and treatment efforts so that cases do not "fall through the cracks";
- Holding more offenders accountable through improved prosecution of child abuse cases;

- Enhancing professional skills necessary to effectively respond to cases of child abuse through cross-disciplinary and cross-cultural training and support; and
- Enhancing community awareness and understanding of child abuse.

The Task Force has established the need for CACs to provide a setting for a child-friendly, culturally competent, coordinated response to allegations of child sexual abuse in order to maximize the system's response to the allegation and minimize trauma to the child.

Professionals who utilize a CAC as part of child abuse investigation will strive to adhere to best practices guidelines as established in the published literature. CACs must participate in local MDT meetings to facilitate communication on Priority I sexual abuse investigations that have been serviced at a CAC. CACs will facilitate access to specialized medical and mental health services to victims of child sexual abuse by: 1) Providing access to healthcare providers who adhere to photo documentation and peer review with a level 3 examiner; and 2) Providing access to mental health services with providers who have experience in child sexual abuse and participate in continuing education in the field.

The Task Force participated in a discussion with Mr. Chris Newlin, Executive Director of the National Children's Advocacy Center (CAC), Huntsville, Alabama. Mr. Newlin discussed the purpose of the CAC. He said that the CAC was to provide a comprehensive, culturally competent, multidisciplinary team response to allegations of child abuse in a dedicated, child-friendly setting. Statistically, approximately 10 percent of substantiated reports are sexual abuse reports. There has been a decline of sexual abuse over the last 15 years.

Mr. Newlin shared Arkansas data reporting that almost 21 percent of substantiated child abuse cases involved disabled children, and approximately 30 percent of the substantiated child abuse cases were for sexual abuse, which was almost three times the national average. Some of the services provided by CACs include forensic interviews; forensic evaluations; therapy for abused children and non-offending caregivers/siblings; medical exams; multidisciplinary team work; and prevention efforts.

Mr. Newlin also discussed the organizational structure of CACs; funding of CACs; and coordination efforts between CACs and existing public agencies mandated to investigate child abuse allegations ASP CACD, ASP CID, local law enforcement agencies, DHHS/ DCFS, District Attorneys, and victim advocates. Coordination with other non-profit agencies dedicated to child welfare such as medical facilities, mental health facilities, and domestic violence shelters was also discussed.

Legislative concerns were identified such as funding for CACs, closing loopholes in sexual offenses, immunity for CAC employees, and child abuse protocols for each county. Mr. Newlin also described the forensic interview process for children and the National Children's Alliance (NCA) standards for CAC accreditation. Mr. Newlin said that Arkansas has two programs that received \$50,000 grants from the National Children's Alliance for program development. Mr. Newlin explained that, as a fully accredited center, a CAC could receive \$10,000 dollars a year.

Colonel Steve Dozier, Director, Arkansas State Police said that there was a consensus by the prosecutors and the Arkansas State Police that the use of CACs is an effective way to combat

child abuse and neglect. Colonel Dozier recommended assigning an investigator to each of the CACs.

Mr. Max Snowden, Executive Director, Arkansas Commission on Child Abuse, Rape, & Domestic Violence, stated that agencies in the state received money from the Children's Justice Act, but none of the money went toward CACs. Mr. Newlin said that in order for CACs to be accredited they have to either provide therapy services or provide referrals for the services. The Task Force finds that the Arkansas Commission on Child Abuse, Rape, and Domestic Violence shall disburse funds, to the extent appropriated and available, from the Children's Advocacy Center Fund for education, peer review and consultation to medical and mental health providers who provide services and support for services to the children serviced by the CACs. For additional information on CACs, see Exhibits U, V, and BB.

Multi-Disciplinary Teams

There are 33 MDTs, which are part of the Commission on Child Abuse, Rape, and Domestic Violence. Mr. Snowden and Ms. Sherry Williamson, Project Coordinator for Child Abuse Programs, Arkansas Commission on Child Abuse, Rape and Domestic Violence, testified about Multi-Disciplinary Teams.

The Task Force finds that there is a need for a MDT in each county. State-wide and county protocols for multi-disciplinary teams are needed. Currently, there are 31 teams in the state. There is an interagency agreement signed every year by Department of Health and Humans Services and the Commission. MDT's have been placed in the areas of the state with the greatest need. They differ from county to county, and while they function differently, each team is required to have the participation of certain agencies that are listed in the Multi-Disciplinary Team Agreement and Performance Criteria. The Task Force found that there is a need to review agencies that may be added to the mandatory participation list. Ms. Williamson affirmed that coordinators would benefit from an organized, unified training program.

In addition, the Task Force identified a need for MDTs to operate under uniform protocols governing roles, responsibilities, and procedures developed by the Arkansas Commission on Child Abuse, Rape, and Domestic Violence.

- (1) The Arkansas Commission on Child Abuse, Rape, and Domestic Violence shall:
 - (a) prepare and issue a model state protocol for investigations and provision of safety and services in child abuse cases. The protocol will describe coordinated investigations, services of state and local law enforcement agencies, the Department of Health and Human Services, medical and mental health services and CACs.
 - (b) review and approve protocols prepared by local Multidisciplinary Teams.
- (2) Each Multidisciplinary Team shall:
 - (a) develop a local protocol consistent with the model state protocol issued by the Arkansas Commission on Child Abuse, Rape, and Domestic Violence.
 - (b) The local Multidisciplinary Team shall submit the protocol to the Commission for review and approval.

- (c) Cooperate with local CACs and include a representative from the CAC at MDT meetings to facilitate exchange of information on priority 1 sexual abuse cases.

For additional information on MDT's, see Exhibits X, Y, Z, and AA.

Arkansas Children's House

The Arkansas Children's House is staffed by pediatricians from the University of Arkansas Medical Sciences (UAMS), College of Medicine, Department of Pediatrics and is located on the campus of Arkansas Children's Hospital. It is currently the only facility in the state that has Level 3 trained child sexual abuse examiners and offers continuing education and peer review services to the Children's Advocacy Centers in the state who offer on-site medical evaluations. <http://www.uams.edu/childrenatrisk/>.

The Task Force also discussed concern for the system of payments for medical reviews and agreed that certain changes would allow qualified medical personnel to handle more of these cases. The costs are approximately \$1,000 per case. Medicaid provides a little over \$200 per case.

All Cases

Caseworkers

The Task Force that the state should assure that DHHS has the ability to follow:

- 1) Caseload standards developed by the Council on Accreditation (COA), which are caseloads of 15 active investigative cases per month for each worker or 15 cases per worker (no more than 18 children in foster care). Supervisors should be responsible for no more than five to seven workers, depending on the workers' level of experience; and
- 2) Qualifications for Family Service Workers required by COA, which is a master's degree in social work or a comparable human service field from an accredited institution and two years of direct practice experience; or a bachelor's degree in social work or a related human service field, and supervision by a person with a master's degree in social work or a comparable human service field who has two years of experience in the delivery of child protective services.

Appropriate training, management and peer support, flexible hours and competitive salaries are necessary to recruit and retain skilled caseworker employees.

Placement

The Task Force will explore the placement of children after they leave the court system more thoroughly during the next biennium. There is a need to investigate in more detail the placement of children, specifically in cases where the best interest of the child may conflict with the reunification of the family. The goal of permanency outcomes for children should be to prevent

a child from being damaged further by a negative living environment. Additional emergency placement options are needed by law enforcement officers.

Family Reunification

The Task Force considered the issue of family reunification. Discussions considered reunifying a child with the parent who was not the guardian parent, which is possible in that instance, if it is in the best interest of the child. Judges are now being asked to order everyone to schedule the staffing of a case plan at the probable cause hearing, with a date being set for the final plan.

Foster Care

The Task Force reviewed the need for support of the Foster Care System. Ms. Rosemary White, Assistant Director, DCFS, stated that there are 3,480 children in foster care in Arkansas. Neglect and substance abuse issues were the most prevalent reasons for placements. Physical abuse, abandonment, sexual abuse, inadequate housing were other reasons. She reported there are 974 licensed DCFS foster homes currently in Arkansas; the need has been estimated to be approximately double this number. These homes must comply with standards set forth by the Child Welfare Review Board. The requirements for these families and homes include background check(s), vehicle safety check, minimum of 21 years of age, financially stable, home studies with all household members, complete 30 hours of initial pre-service training followed by 15 hours a year annually of this training, complete CPR training, and all members must have a physical exam and have a T.B. skin test. Smoking should be prohibited in foster homes. Annual reviews of each home are required. Additional issues related to the recruitment of foster families were discussed including the stringent requirements, relative placement, payment and other needed foster parenting support. DCFS is hindered by a lack of staff available to assist in the recruitment process.

The amount of time it takes for relatives of those children needing foster care to get clearance was reviewed. The process requires that a child be first placed in a licensed foster family home while the relative family is investigated and undergoes home inspection, background checks, etc. This is an automated process, and the agency tries to avoid a lag time with the review taking approximately seven days in some cases, but the timing can vary widely in different areas of the state.

The Child Welfare Review Board is Governor-appointed and chaired by James Balcom, Children's Home of Paragould and comprised of providers. Other Board members include Ted Suhl from the Lord's Ranch, Sanford Tollette with Pfeiffer Camp, Ernestine Thomas who is involved with foster parenting, David Whatley with Watersprings Ranch, and Charles Flynn from Arkansas Baptist Children's Homes. By statute, this Board is responsible for issuing licenses to child welfare agencies and placement agencies in the state, which include foster, adoption and residential facilities. These members serve on the board that is responsible for their licensing.

Mental Health

Children in homes where a parent has a mental health disorder are at a higher risk of abuse and neglect. Identifying and providing support for parents could decrease the risk of abuse. See Exhibit CC in Part 6 of this Report. Research indicates that when parents have symptoms of posttraumatic stress disorder, children are at higher risk of social and emotional problems (Kilic, Ozguven, & Sayil, 2003; Green, Lorol, Grad, Vary, Leonard, Glesser, & Smithson-Cohen, 1991; Solomon, Waysman, Levy, Friend, Mikulincer, Benbenishty, Florian, & Bleich, 1992).

Assessments for children can detect risk factors, protective factors, and what makes some children more resilient than others. There is not adequate funding available for mental health services and the system needs to be evaluated. Although we have programs in place through AR Kids and the Victims of Crime Act, children sometimes fall through the cracks due to not meeting the criteria, not showing the level of distress needed to justify treatment, or lag time for getting a PCP referral or needed paperwork. This system should be reviewed because research indicates that early intervention improves recovery. Further mental health research is needed in the areas of:

- 1) Age appropriate criteria for assessing and diagnosing;
- 2) Brain development after experiencing trauma;
- 3) Resiliency and protective factors;
- 4) Effectiveness of medication on young children; and
- 5) Further exploration of effective treatment modalities.

DHHS is currently undergoing a comprehensive stakeholder study to determine and suggest resolution to the needs of the children's mental health system within the state. A need for early childhood mental health assessments was identified. The training, experience and skill requirements for quality mental health evaluations and treatment of sexually abused children and their families are different from the management of other mental health disorders.

Medical Services

Medical providers who are not familiar with child sexual abuse exams often incorrectly interpret exam findings (Makoroff et al, Child Abuse and Neglect 2002; 26(12):1235-42). This can have an adverse affect on the child's health, the investigation of allegations, the protection of the child and the prosecution of the alleged offender. There are different "levels of examiners" for child sexual abuse exams (Jones et al, Journal of Arkansas Medical Society 2005; 101:224-226. AR Commission on Child Abuse, Rape and Domestic Violence: Hospital Community Protocol for Forensic and Medical Examinations, 2006). If it is not possible for children to be examined by someone who is a level-three expert in child sexual abuse exams due to local availability, children should at least have access to a provider who participates in continuing education and peer review of the photo-documentation of exam findings with a local or regional expert. The medical evaluations must be performed with sensitivity and low stress for the child and family, and the examiner must have knowledge, skill, and experience. For additional information on medical services, see Exhibit S.

Arkansas Cares

Arkansas cares is a division of the UAMS Department of Psychiatry. The Arkansas Center for Addictions Research, Education & Services (CARES) is a non-profit residential prevention and treatment program for mothers who are affected by substance abuse: alcohol, crack cocaine, methamphetamine, or other drugs. The program is unique because children come into treatment with their mothers. The mothers' treatment serves in part as a prevention measure for their children to break the cycle of addiction. Now in its eleventh year, the program has sites in Little Rock and North Little Rock.

TRAINING AND BEST PRACTICES

There is a recognized need to encourage professional licensing boards and entities responsible for oversight for all healthcare providers, child care providers, psychologists, social workers, educators, attorneys, law enforcement, first responders, and other professionals who regularly work with children to adopt a renewable training requirement in child abuse and neglect.

The Task Force has determined that the "Finding Words" training should be expanded. "Finding Words" is an intense learning experience for the frontline child maltreatment professional. From the pre-course materials on linguistics, child development, memory, suggestibility and other pertinent topics, to required reading in the form of homework each day, students are expected to study a significant amount of literature relating to child sexual abuse. Each student must conduct two interviews during the course. The first interview is conducted with a child about a non-abuse event, allowing the student to practice building rapport and using age-appropriate questions. The second interview is conducted with an adult actor who portrays a child victim of suspected abuse. Following the interview, students are critiqued by faculty and their peers. A comprehensive essay examination is given at the end of the week to measure the student's knowledge of the material gained throughout the course. Students must pass the exam to receive a certificate of completion.

The Task Force finds that The Caseworker Common Core Training from Children F.I.R.S.T at Fordham University should be explored in addition to other training programs. The Caseworker Common Core is a 23-day training course designed to provide a foundation of knowledge and skills for all new child welfare caseworkers. Grounded in "real life" practice, the training program alternates classroom training with one-the-job coaching. It provides a comprehensive introduction to child welfare, with the goal of instilling the concepts, values, and abilities that will enable new caseworkers to work effectively with children and families. The Caseworker Common Core is divided into five Modules and concepts covered in this training include: 1) the Professional Helping Relationship, 2) Underlying Conditions, 3) Core Helping Conditions, 4) Decision Points, 5) Family Systems, 6) Assessing Safety and Risk, and 7) Service Planning.

ACCOUNTABILITY

The Task Force has determined that it will be necessary to explore accountability further during the 2007-09 biennium. A critical step in establishing accountability in any system is gaining commitment to evaluation and monitoring by an oversight body (such as this Task Force) from

key administrators with operational authority in the system. Tangible incentives for exercising accountability are particularly effective in large systems, especially in systems composed of different agencies with divergent missions and expertise. Linking revenue to performance is an effective means of achieving accountability.

Another vital step is a shift to defining performance in terms of outcomes, which has the advantage of providing a focus for management. When a consensus can be achieved among stakeholders on outcomes, disparate services can be coordinated and synchronized in coherent intervention plans, and measuring performance for accountability becomes clearer and more manageable.

A sharply worded, clearly focused mission statement, accompanied with specific goals and operational objectives, are essential to universal application of performance measurement and data collection, storage, and analyses at the management level. Optimal use of data requires information-sharing computer systems that facilitate communication across agencies involved in child maltreatment services, program and service evaluation, and research. Researchers, evaluators, and practitioners need ready access to information from several agencies in any system to be able to present a comprehensive assessment of performance for accountability.

Furthermore, data are useful only to the extent that the data are valid (accurate), reliable (consistent), and sensitive (reveal changes in performance). Considerable effort and expertise is needed to select measures of performance that are useful in monitoring performance of clients, families, staff, agencies, and systems for accountability. Examples of useful measures for child maltreatment agencies have been presented in a valuable volume on evaluating Child Advocacy Centers (CAC) by Jackson (2004). Although the volume is written for CACs, the discussion of evaluation components is directly applicable to all components of the child maltreatment service-delivery system. Too often agencies rely on their own questionnaires and intake forms that have no established psychometric properties to gather vital information on performance of clients and staff. However, information is only as useful as it is valid, and if the validity is not known, neither is the usefulness known.

Three other aspects of performance evaluation greatly enhance the usefulness of data to establishing accountability. Requisite to outcome evaluation is process evaluation (Rossi, Lipsey, & Freeman, 2004). The intra-agency and inter-agency processes, including staff performance, must be systematically evaluated to properly interpret and understand outcome evaluations. As one example, failure to achieve expected outcome levels could be the result of inadequate therapeutic skills, or poor implementation of a program, rather than an ineffective program. Without an evaluation of each process that composes agencies and statewide service-delivery systems, there is no comprehensive information on what contributed to failure or success in achieving outcomes. Process evaluations can be conducted throughout the existence of a program to determine: 1) size and appropriateness of clientele; 2) amount, type, and quality of services; 3) if eligible subgroups are served; 4) if all eligible subgroups are informed about the program; 5) if staff is sufficient in number, training, and skills; 6) if services and procedures are well coordinated; 7) extent of collaboration between program and other agencies; 8) if there is adequate facilities and funding; 9) compliance with various standards; 10) staff and client satisfaction; and 11) type and extent of follow-up.

Process evaluations include qualitative and quantitative data from several sources. For example, confidential interviews with staff and administration can often yield highly useful information about services, programs, and systems that then can be confirmed by more objective, quantitative measures of skills, knowledge, and outcomes. Client and staff satisfaction surveys provide very useful information in process evaluation; however, they should not be confused with or substituted for outcome measures of performance in holding people and agencies accountable.

Accountability in human services means performing a service to achieve a designated outcome specified in the goals and objectives of an agency and a system. To assess whether interventions (e.g., investigation, reporting, placements, counseling, family therapy) are resulting in outcomes (e.g., efficient responding, accurate reports), there must be quantitative measures of both interventions and outcomes. The quality and intensity of interventions need to be measured to assess their effect on outcomes. Too often agencies simply report on whether or not (yes versus no) clients received services. However, simply recording whether clients received services provides no information about quality of intensity of services, which are more important to differences in outcomes.

Another aspect of performance evaluation involves conceptualizing a pattern or model of interlocking relationships between interventions and outcomes in a statewide system. Such models are referred to as logic models in the literature (Rossi et al., 2004), and are essential to a comprehensive, coordinated, and efficient statewide service-delivery system. A hierarchy of relationships is conceptualized whereby some outcomes (e.g., safe placement) may be interventions for other outcomes (e.g., emotional stability) in the hierarchical system of statewide effort to address child maltreatment.

Finally, a comprehensive approach to accountability requires sophisticated multivariate analyses of data collected. For example, to assess all the relationships conceptualized in the logic model, sophisticated multiple-regression statistical procedures, such as structural equation procedures, are needed (Rossi et al., 2004). In addition to the interrelationships between interventions and outcomes specified in logic models, there are extraneous factors that must be analyzed to fully assess accountability. Indeed, there are many socio-demographic characteristics of clients (children and adults), over which staff and agencies have no control, that influence outcomes. To accurately assess the performance of staff and agencies, statistical procedures must be used that separate the effects of these extraneous factors from the performance effects of staff and agencies or programs.