

August 2005

# The Arkansas Child Welfare System



“More Than a Decade of Change -  
Yet Many Things Remain the Same”



## Quick Summary

- As a result of the *Angela R* settlement in 1992, Arkansas' child welfare system has been under close judicial and legislative oversight for more than a decade. During that time, Arkansas has implemented a wide array of reforms and has established a comprehensive set of data outcome indicators.
- The perpetual dilemma facing all child welfare agencies: how to balance the concerns protecting child safety with family preservation. The Arkansas child welfare system has struggled to effectively balance these two concerns.
- From 2000 – 2004, Arkansas met standards for protecting child safety in the majority of cases. However, it typically fails to meet stated goals. Performance on child safety indicators declined considerably during 2004.
- The state has performed poorly on indicators related to family preservation or reunification. Visits between foster children and their natural parents often do not occur in cases where the goal is reunification (did not occur in 60 percent in 2004), family needs assessments often do not occur within the required 30 days (only 43 percent in 2004), and required staffings often do not occur within the recommended six months (only 42 percent).
- The state child welfare system is plagued by high staff turnover and, in some areas of the state, caseloads that are many times higher than the recommended standard. The high staff vacancy rates in some areas threaten to undermine the progress Arkansas has made during the past decade.
- While protecting child safety is the primary concern of the child welfare system, families experiencing child abuse and neglect must also receive quality services and support to overcome the circumstances and behaviors that brought them into the child welfare system. Action and leadership is needed now to keep Arkansas' child welfare system from repeating the tragic mistakes of the past.

### Introduction:

Historically, changes in Arkansas' child welfare system have been closely tied to high profile incidents of severe abuse or deaths in cases involving child maltreatment and the resulting public and legislative responses to these events. It has been more than 10 years since the Arkansas child welfare system received widespread public attention for such abuses and was placed under court oversight as part of the *Angela R* lawsuit. That case documented the state's violation of federal law and its failure to protect children in the state's child welfare and foster care system. The court found extensive problems with the quality of abuse investigations, child safety, health care, foster home recruitment, staff and foster parent training, and services to families. The court eventually reached a settlement agreement with the state that took effect on January 1, 1992 and required major reforms of the system and a major increase in child welfare funding.

In response to the *Angela R* case, a special legislative session was called to deal with the concerns

raised by the court. As a result, the DHS Division of Children and Family Services (DCFS) received \$15 million annually in additional revenues and had to document a multitude of court imposed indicators to track its progress in protecting children and preserving families. The Child Welfare Oversight Committee was established to monitor DCFS compliance with the court ruling and to report findings to the legislature until 1994. Act 1222 of 1995 then mandated that DCFS provide quarterly performance reports to a legislative Joint Committee on Children and Youth using these same compliance indicators. That oversight continues today with presentations of the DCFS quarterly performance reports to the committee.

The court removed itself from the case in 2002, leaving oversight responsibility to the legislative and executive branches. Legislative concerns and frustration with the current methods of ensuring child safety led to the creation of the Crimes Against Children Division (CACD) within the Arkansas State Police in 1998. CACD was given responsibility

for the 24 hour crisis hotline and for investigations of the most serious (priority-one) maltreatment cases. It was a state child welfare structure unique only to Arkansas. Despite this change, the primary responsibility for child welfare services remains with DCFS.

As part of a recent effort to improve its services to families, DCFS received a 2004 accreditation from the Council of Accreditation for Children and Family Services, a national group that establishes additional accountability measures to monitor the progress of state agencies in meeting child welfare certification standards. After more than a decade of outside oversight, DCFS has created a wide array of standards and compliance measures to ensure Arkansas children are safe and families are provided services to address the problems that cause child maltreatment.

What impacts have these changes on the child welfare system? Using 2000 – 2004 data from DCFS, this report assesses the progress that has been made (or not made) in reforming the child welfare system and the impact that policy and programmatic changes have had on families who are involved in Arkansas' child welfare system. At best, the data is mixed. Improvements in the quality of staff training, the timeliness of investigations, child health assessments, and other factors indicate that children are safe and services have improved. However, many serious problems continue to plague a service delivery system that is high stress, short on resources, has high staff turnover, and deals with very difficult family situations.

### **Measuring Success**

The mission of the DCFS and national standards set the bar for how such work is accomplished in Arkansas. A major challenge to an assessment of the state's child welfare system is the frequent change made in how data is collected and how evaluation measures are calculated from year to year. This is particularly true in DCFS' case. Not only has it been asked to respond to legislative committees, citizen advisory and oversight groups, it has had to do so while at the same time

participating in a new Arkansas State Information System (ASIS) and a recently created monitoring system for national accreditation.

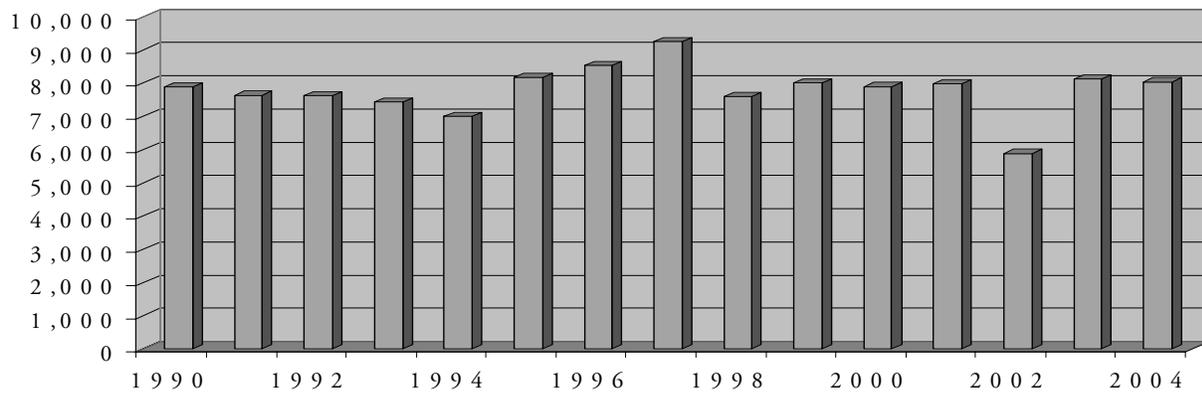
The mission of the DCFS:<sup>1</sup>

- To protect children;
- To maintain families, if this is appropriate, with the child's health and safety always considered paramount;
- To provide quality services within available resources which enable families to maximize their potential and increase their abilities;
- To preserve and enhance human dignity and worth; and
- To prevent or reduce the need for services.

Inherent in this mission statement is the perpetual dilemma facing all public child welfare agencies of all child welfare services: how to balance the concerns for the safety of the child with the preservation of the family unit. The safety of the child has remained the foremost concern. When state revenues or staff resources become scarce, child safety services get first priority. It was the concern for child safety that led Arkansas to the unprecedented step of contracting directly with the Arkansas State Police for certain child maltreatment investigations. There is nothing more tragic than a child's violent death at the hands of a family member to jolt the child welfare system or create public outcry. However, while safety concerns can never be overemphasized, there must be a corresponding effort to preserve families. The failure to do so will result in children languishing in the system, families crumbling, and long term consequences that will haunt our communities for generations to come.

The number of child maltreatment reports in the past five years has fluctuated somewhat, ranging from a low of 16,759 in 2000 to a high of 19,822 in 2001. However, the number of victims has remained somewhat steady during the past five years ranging from a high of 8,118 victims in 2003 to a low of 7,802 victims in 2000.

## Victims of Child Maltreatment, 1990 - 2004



source: DHS/DCFS Monthly Compliance Reports. Monthly average per year.

One might assume, from this consistent number of maltreatment victims over time, that the major changes within the Arkansas child welfare system have had little impact on child maltreatment. However, this is most likely a testament to the inability of any child welfare program to prevent future cases of abuse amid the many educational, economic, and cultural factors that cause child maltreatment. The child welfare system has always been more of an intervention method than a prevention method. At the same time, those preventive services must be provided to reduce reoccurrences in families in which child maltreatment has occurred. If the primary focus is child safety and not family reunification and support, prevention becomes an even more difficult and illusive goal.

The percent of child maltreatment reports found to be true each year ranged from a high of 34 percent in 2000 to a low of 22 percent in 2003. The national average is approximately 27 percent of reports found to be true. Part of the reason for a decrease in the percent of maltreatment cases found to be true is the increasing number of administrative hearings that have reversed earlier DCFS findings. These hearings, requested by perpetrators that DCFS earlier determined to be responsible for child maltreatment (and heard by an administrative law judge), have been increasingly successful in overturning DCFS findings. Between 2001 and 2004 the number of such hearings increased 100 percent, growing from 349 hearings in 2001 to 699 in 2004. The percent of DCFS findings reversed by hearing officers also

increased from 43 percent in 2001 to 55 percent in 2004.<sup>2</sup>

During 2004, the majority (55 percent) of the 8,000 victims in cases founded to be true received child protective services or intensive family services within their homes. A small number (2 percent) were placed in relative care, with 43 percent being placed in foster care. Children placed outside their homes in foster care or relative care are more likely to be the victims of severe abuse or come from families ill prepared to care for the child without significant services and support. For this reason, children in foster care receive a higher degree of monitoring and evaluation. The result is a larger number of compliance measures being in place for foster care services than for protective services, even though a larger number of families are involved in protective services.

How well is Arkansas performing its roles of protecting child safety and promoting family preservation? AACF examined data for the last five years from various reports generated by DCFS, including the monthly Compliance Outcome Report (COR) which utilizes 14 compliance indicators using more than 80 data elements; the Quarterly Performance Report (QPR) submitted to the Joint Committee on Children and Youth in compliance with Act 122 of 1995 that contains more than 30 performance indicators on the state's child welfare system; and quarterly reports submitted by the Arkansas State Police CACD that contain eight performance indicators. The performance indicators

have a stated minimum percent compliance goal set by DCFS to meet their standard. The data on Family Service Worker vacancy rates was compiled using data from the DCFS Position Control Field Staff Summary Reports.

### Child Safety

Child safety is measured by the timeliness of the initial contact of the investigator with the child victim and the time it takes to complete a child maltreatment investigation. Proper investigations require that the child be interviewed outside the presence of the alleged offender and that the assessment of the maltreatment allegation be completed within 30 days.

In cases of serious maltreatment (Priority I), investigators are required to see the child victim within 24 hours and for others (Priority II) within 72 hours. These assessments or investigations are done by either

### Percent of Victims Seen By Investigator Within Required Time of: 24 Hours (Priority I) or 72 Hours (Priority II)

	2000	2001	2002	2003	2004
<b>DCFS I</b>	92	88	84	87	83
<b>CACD I</b>	96	95	95	94	94
<b>DCFS II</b>	89	87	86	84	77
<b>CACD II</b>	98	96	98	97	92

*source: DHS/DCFS Monthly Compliance Outcome Reports. Monthly average per year.*

*note: DCFS is the Division of Children and Family Services, CACD is the Crimes Against Children Division*

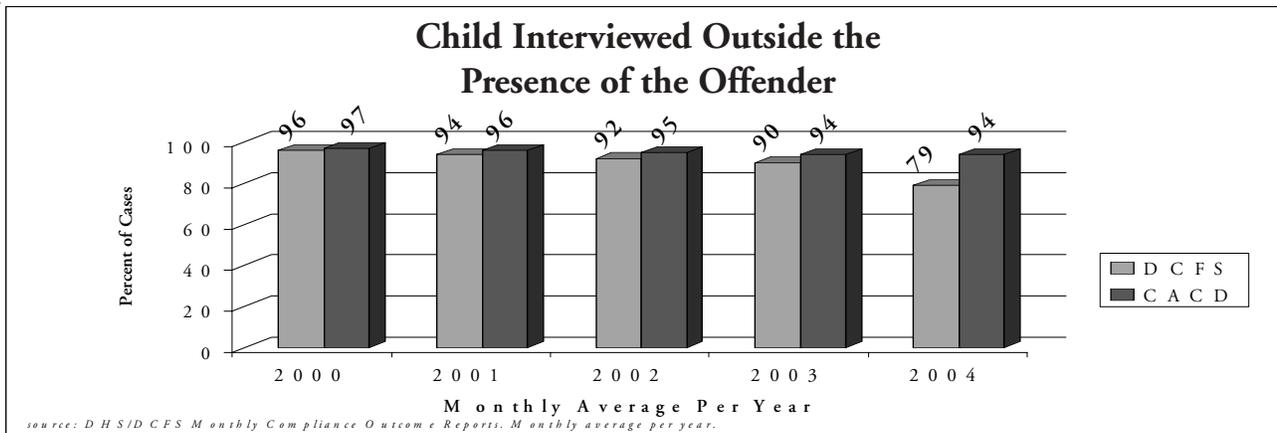
DCFS employees or non-agency (CACD) personnel. Although assigned to either DCFS or CACD, local law enforcement may actually initiate and even complete some of the investigations assigned to CACD.

Timely face to face contact with the alleged victim is the best way to protect children and to get accurate information. As stated earlier, the State Police CACD has primary responsibility for Priority I allegations and DCFS does the large majority of Priority II investigations. While CACD has a consistently higher compliance rate, both meet the standard of care in the overwhelming majority of Priority I cases. The lowest compliance percentage was 84 percent for DCFS in 2002 and 94 percent for CADC in 2004. The same is true for Priority II allegations where there was a low of 77 percent for

DCFS and 92 percent for CACD in 2004. While both agencies met the standards in the majority of cases, they fell short of the 95 percent compliance goal.

It is also critical that the alleged victim is interviewed or observed outside the presence of the offender and that the assessments are concluded within 30 days of the initial report of maltreatment. Both factors contribute to the protection of the child and subsequent outcome or actions taken on their behalf.

With the exception of 2004, in 90 percent or more of the DCFS and CACD cases the child was interviewed outside the presence of the offender. The DCFS goal is 95 percent compliance. In 2004, however, DCFS suffered a drop in its performance



as only 79 percent of DCFS investigators interviewed the child outside the presence of the offender.

The completion of child maltreatment assessments in a timely manner is also important because it provides a determination of maltreatment allegations as either true or “unsubstantiated.” This determination, within 30 days, is critical because it holds those affected by such allegations in limbo. It may also delay needed family services from being instituted or accepted by the parties involved in maltreatment.

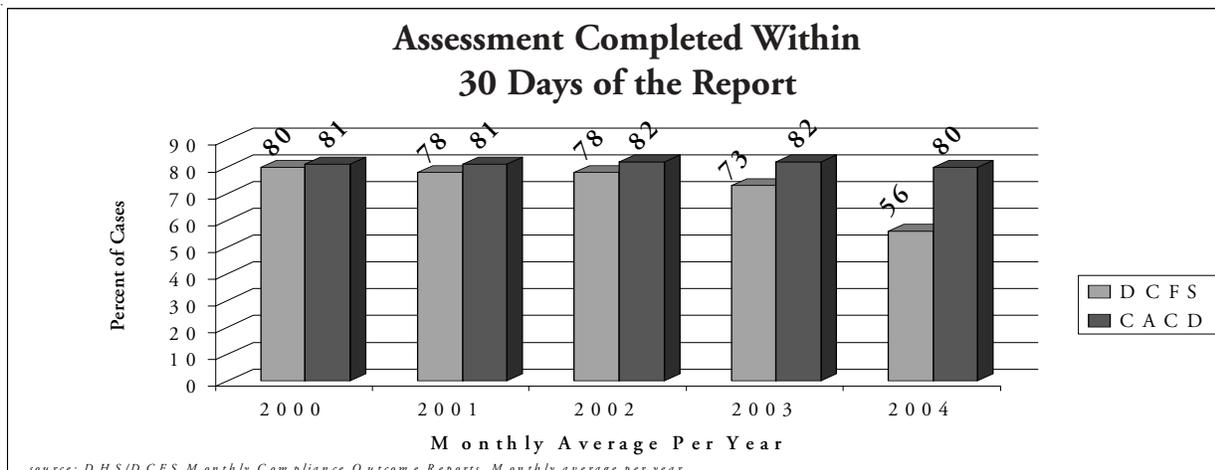
The percent of assessments completed in 30 days varied from a high of 82 percent by the CACD in 2002 and 2003, to a low of 56 percent for DCFS in 2004. This is well below the DCFS goal of 90 percent compliance.

The number of child maltreatment reports received each year has increased from 16,759 in 2000 to 19,673 in 2004 (17 percent). During this same period, the percent of maltreatment assessments where a preponderance of the evidence indicates

maltreatment has occurred, has decreased from 34 percent in 2000 to 28 percent in 2004.<sup>3</sup>

Another safety concern, and the one likely to cause the most consternation, is the potential maltreatment of children in foster care by foster families. After all, the purpose of placing a child in foster care in the first place is to protect their safety by removing them from a potentially dangerous family situation. The number of foster families with true cases of maltreatment has steadily increased since 2001 with a total of 13 such incidents occurring in 2004. However, this represents less than 1 percent (.76 percent) of the more than 1,700 foster homes in the state.

The state’s performance on child safety measures indicates that while it meets the timely initiation and completion of maltreatment of investigations in most cases, it still falls well short of meeting the stated DCFS goals of 90 to 95 percent compliance rate. This was especially true during the most recent year (2004). The compliance rate for DCFS cases is



generally below that of the CACD, a trend that cuts across all of the indicators reviewed in this report. This is generally attributed to the larger case loads of DCFS investigators.

### Family Support and Reunification

Balancing family reunification goals with child safety is the major challenge to all child welfare systems. In families where child maltreatment occurs, it is critical that the community recognize that with the sufficient services and support, most children can safely return home to their families. Respecting the critical role of the family must therefore be a primary concern. Failing to make a concerted effort to preserve and strengthen these families will result in grave consequences to children, exorbitant costs to taxpayers, and a weakening of the community fabric.

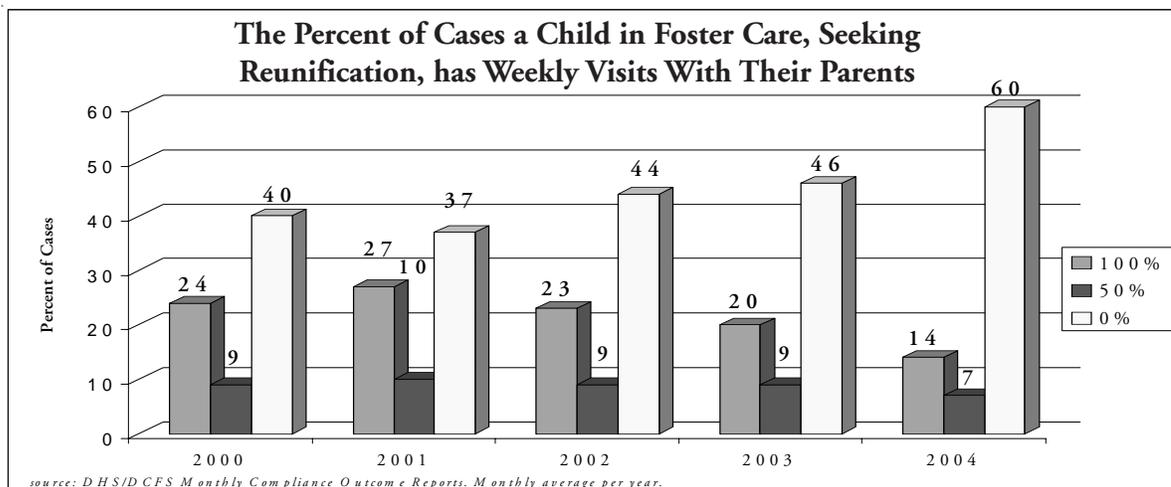
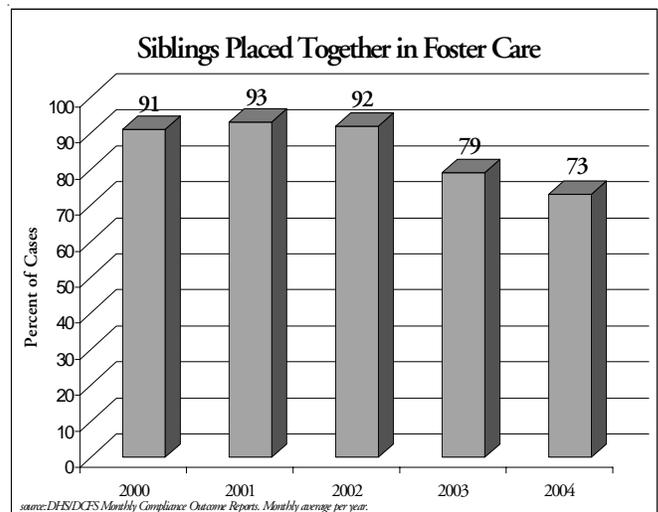
Measures of family support and reunification efforts vary depending on whether the child remains in the home or is placed outside their home in foster care or relative care. In any setting it is important to conduct a good family assessment, to have regular contact between the DCFS family service worker and the families, and to create and follow case plans developed with input from service providers and family members. When children are placed outside the home, particularly if they plan to return to their family, contact between siblings and visits between the child and parents should occur on a regular basis.

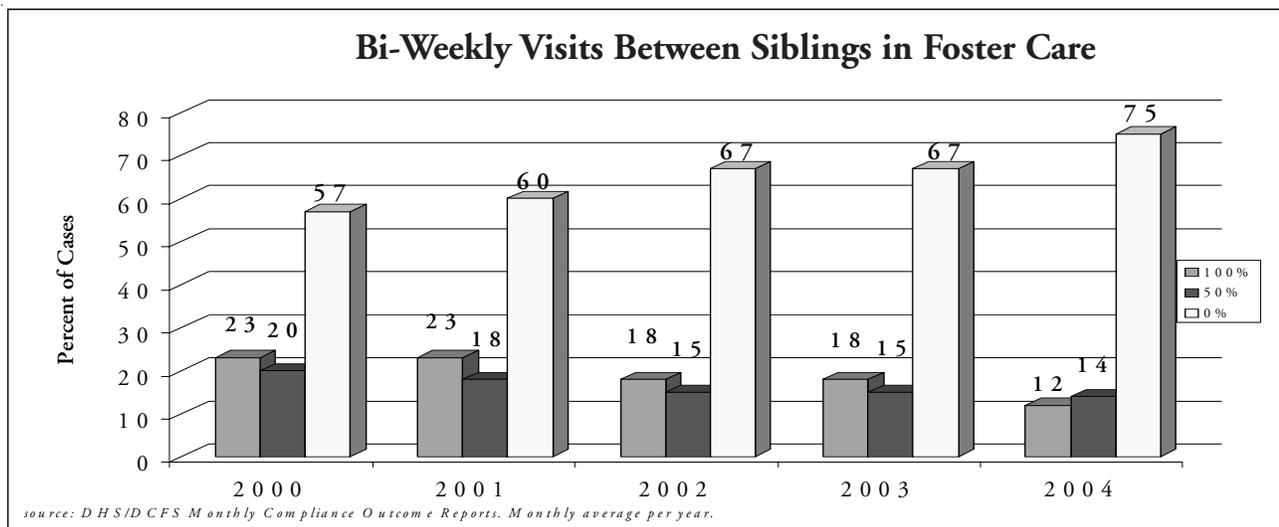
It is recommended that children in foster care, whose goal is reunification, have weekly visits with their parents. These visits typically occur during non-

working hours, with supervision, and have to be coordinated with foster parents, and be conducted in a place acceptable to parties involved.

Despite recommended weekly visits between foster children with a treatment goal of reunification, and their natural parents, these visits did not occur at all (0 percent of the time) in 60 percent of the cases in 2004. This was a significant increase since 2000 when 40 percent of such cases had no parental visits. In 2004 only 14 percent of children in foster care received these weekly visits. The DCFS goal is 85 percent compliance.

Another important element in maintaining family structure while children are in foster care is placing siblings together. Being taken out of the family can be traumatic for any child. Having siblings around can often ease such a transition. If they are not placed together, it is very important to make sure that they have regular contact or visits with each other.





DCFS was able to place more than 90 percent of siblings with at least one of their siblings until 2003 when that dropped to 79 percent and to 73 percent in 2004. However, their ability to place all siblings together remained at 52 percent for the two years it has been recorded. And in those cases where siblings were not placed together, the recommended bi-weekly visits were also unlikely to occur.

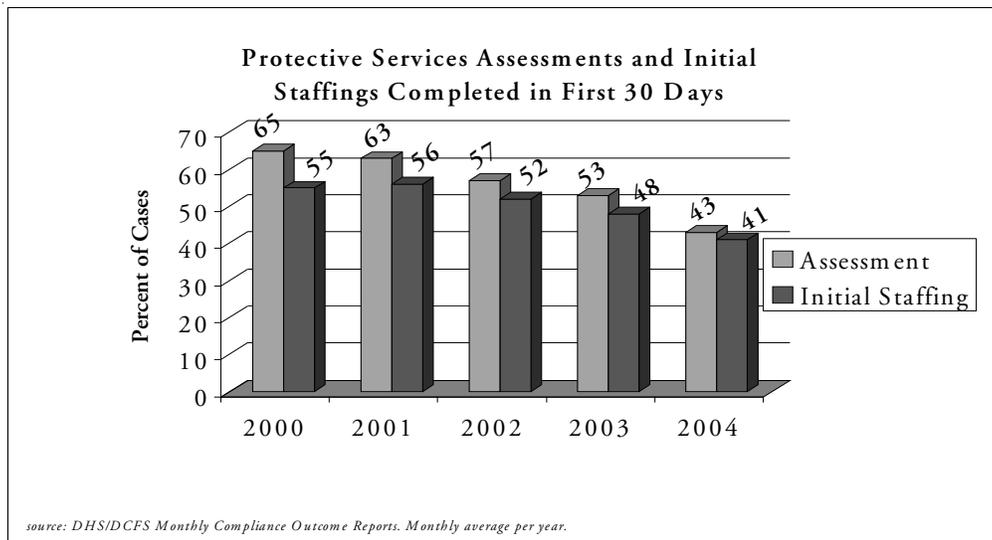
Since 2000 the percent of cases where bi-weekly visits never occurred (0 percent of the time) increased from 57 percent in 2000 to a high of 75 percent in 2004. Only 12 percent of siblings had these visits in 2004, a completely unacceptable rate compared to the 80 percent goal. There is little doubt that families requiring their children be placed outside their homes as a result of child maltreatment present a challenge to the child welfare system. Family dysfunction carries over into every aspect of protective service delivery, reunification efforts, and even scheduling the day to day activities of the DCFS family service worker. These realities impact the ability of workers to bring together family members, some of whom are living in different parts of a community, but doing so is critical to successful family reunification and strengthening.

As mentioned earlier, the majority of child maltreatment cases result in children receiving services in their home. Even those placed in foster care are most likely to return home to their families. The type of services offered vary and are provided

by DCFS staff or contracted providers. Families receiving intensive family services are, by definition, in imminent risk of having one or more children placed in foster care or may already have children in foster care. Families receiving protective services have less severe problems.<sup>4</sup> All of these services rely on good family assessments that inventory the family's strengths and service needs. These assessments and subsequent case plans require that everyone involved in the delivery of services, including family members, meet together for a regular staffing meeting throughout the time services are being provided. Regular staffing meetings are the best method for ensuring that services are being provided and addressing the needs and strengths of the family. The DCFS family service worker must also make regular contact with family members between these staffing meetings to ensure good communication and quality of care. The DCFS monthly compliance outcome reports do track the timeliness and consistency of these activities in child protection cases.

The foundation of good case management is a thorough and timely assessment of the family as well as regular staff meetings held with all those responsible for the services. DCFS requires that these assessments and staffings be completed within 30 days after a protective services case is opened.

The percent of cases with family needs assessment completed within 30 days has decrease from 65 percent in 2000 to only 43 percent in 2004, well



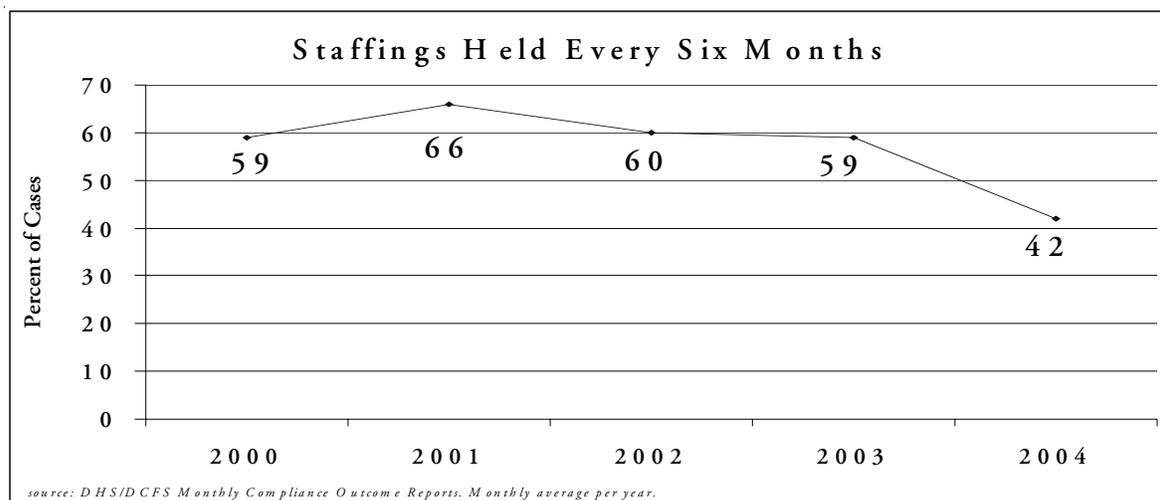
below the DCFS goal of 80 percent compliance. The initial staffing was held for such cases 55 percent of the time in 2000, but decreased each subsequent year until reaching a low of 41 percent in 2004, an intolerable rate of compliance compared to the 80 percent standard. DCFS also recommends that a staffing be held every six months to review the case plans and progress being made to address the family's needs.

After rising to 66 percent of cases in 2001, the percent of cases with a required staffing every six months dropped to 42 percent in 2004, an unacceptable rate when compared to the 80 percent DCFS compliance goal. Here again an important

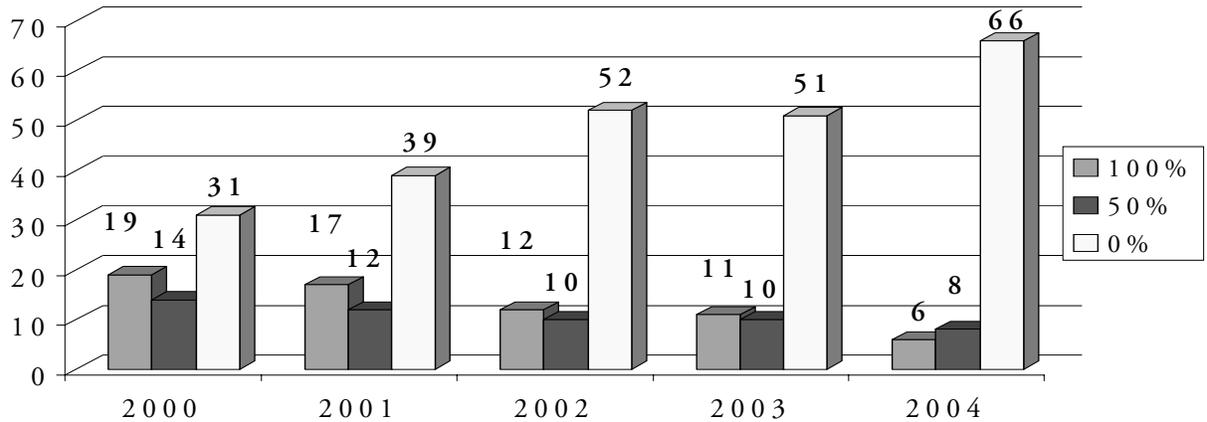
element in quality services to families is not meeting minimal standards.

The most enduring problem facing DCFS family service workers is finding the time to make the recommended weekly visits to families under protective services to check on their progress and provide support. The same trends are occurring in this outcome measure of quality services.

The percent of child protective services cases that received no (0 percent) weekly visits from family service workers more than doubled in four years, growing from 31 percent in 2000 to 66 percent in 2004. Again, an unacceptable compliance rate when compared with the goal of 80 percent of the cases receiving weekly visits 100 percent of the time.



**Percent of Cases that Weekly Visits  
Occur in Child Protection Cases**



source: DHS/D CFS Monthly Compliance Outcome Reports. Monthly average per year.

### Comparing Child Safety and Family Preservation Services

The differences in DCFS compliance rates on child safety indicators and those for family support and reunification are alarming. The state, as evidenced by the performance of DCFS, has clearly performed better on child safety than family support and reunification. In families where there is a confirmed case of child maltreatment, it appears that the lack of services and substandard care has been tolerated and ignored.

Yet this deterioration in the consistency and quality of family services seems to have a mixed impact on the incidents of recurring child maltreatment. The percent of families with another true allegation of child maltreatment within a year of a previous report has remained relatively constant. Eight percent of families in 2000 and 2001 had a reoccurrence within a year. In 2002 repeat allegations occurred in 11 percent of families, and dropped to 9 percent in 2003 and 2004. The percent of children receiving protective services that were re-abused or neglected within a year varied from a high of 11 percent in 2001 and 2002, and dropped to 4 percent in 2004, the same year that overall performance dropped significantly. There has also been a significant decrease in the percent of children abused or neglected within a year who received intensive family services, those directed to

the most severe cases of maltreatment. In 2000, 14 percent of these children were re-abused. By 2004 that percent had dropped to 3 percent of children.<sup>5</sup>

How can the number of children re-abused be decreasing at the same time that there has been a deteriorating rate of compliance with indicators of quality services to families? Since reporting additional incidents of child maltreatment in an existing open DCFS case relies on DCFS workers, a decrease in the reporting of re-abused children may itself indicate deterioration in service quality. High caseloads, high stress, and the amount of time or demands on workers who report such incidents could also be a factor. Otherwise, one would have to assume that the absence of services has little or no impact on future child maltreatment. That assumption would be ill advised and short-sighted.

The mere fact that an outside agency entered the family's daily life and determined child maltreatment occurred will significantly change parent behavior, at least for a while. It can also immediately change the family structure if the offender leaves the household. And follow-up is only recorded for one year. No evidence exists to suggest that the behavior within the family has changed over an extended period. These families remain at great risk for future abuse, neglect, and a number of other troublesome outcomes for the child if the family does not address the underlying problems that led to child

maltreatment. The lack of quality services and ongoing support for these families cannot be ignored or dismissed.

Indications are that DCFS is becoming less capable of fulfilling its mission to enable these families to maximize their potential and increase their abilities. The indicators are very alarming and point to a lack of family services and support. The reason that DCFS struggles to meet their outcome goals, and the quality and timeliness of service to families, is most likely a result of a perennial problem; the hiring, training and turnover of family service workers. It is at the core of almost all the problems that have confronted the child welfare system in Arkansas for more than a decade.

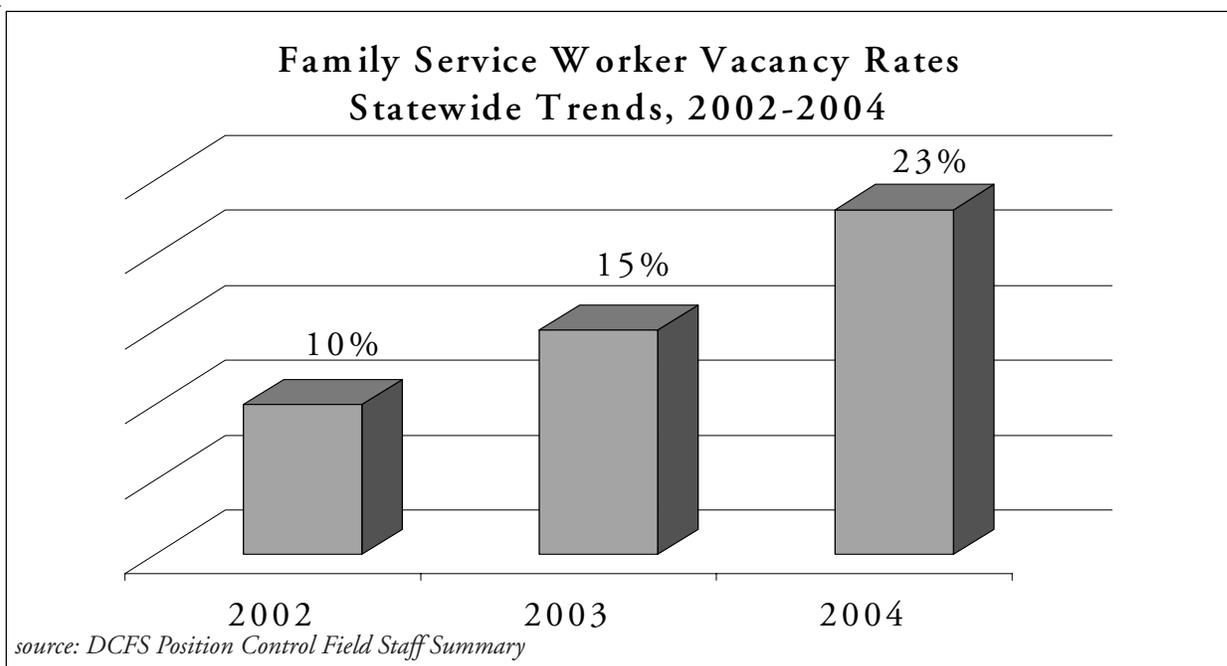
### Family Service Worker Vacancy Rates

Family service workers (FSW) are the workhorses of the child welfare system. They conduct investigations, organize or manage protective service delivery, record activities and services provided to children and their families, make visits to the homes, and communicate with parties involved in their cases to ensure communication and coordination. Before, during and since the *Angela R* court settlement the ability of DCFS to hire, train, and retain sufficient numbers of family service workers has been a cause

for concern. Significant resources have been poured into training FSW. Turnover has plagued the child welfare system because of high case loads, stressful working conditions, lack of administrative support, and access to needed services for their clients. DCFS sought and got changes in hiring regulations that allow the hiring of Bachelor level FSW trainees from a wider assortment of educational backgrounds beyond those of social work and psychology. Still the shortage continues and has reached a critical and potentially disastrous stage in some regions of the state.

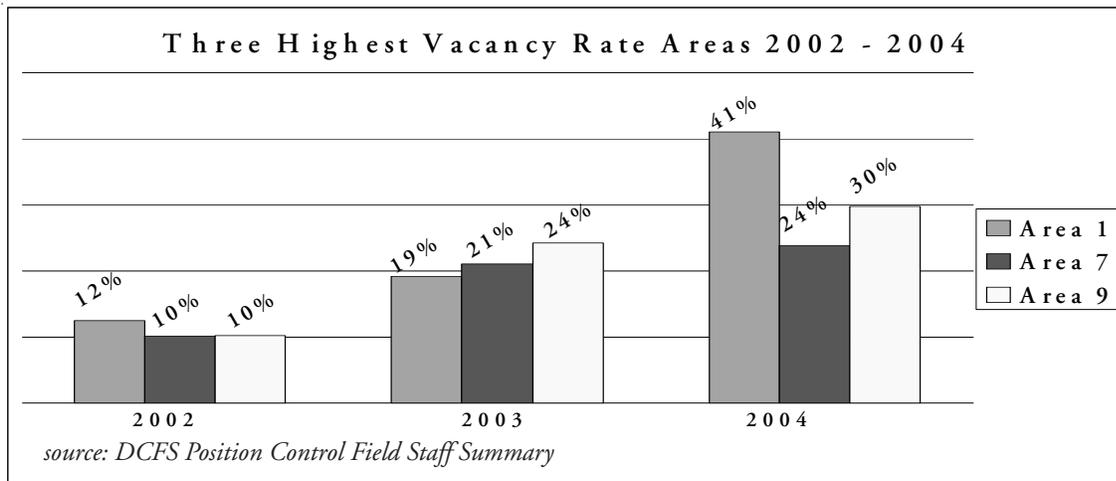
The average monthly vacancy rate (the percent of authorized positions that are unfilled) has increased from 10.5 percent in 2002 to 22.6 percent in 2004.

In some areas of the state the vacancy rates tripled in two years. In Area 1 located in the Northwest corner of Arkansas, the vacancy rate grew from 12.5 percent to 41 percent. The next area with significant increases in FSW vacancy rate was in Area 9, in the north central area of Arkansas, where vacancies doubled between 2002 and 2003 and continued to grow in 2004. The third largest increase occurred in Area 7, in south central Arkansas, where it doubled between 2002 and 2003, with another increase in 2004. By 2004, when the statewide FSW vacancy



rate had grown to its highest level, five DCFS areas had vacancy rates of more than 20 percent.

These increased vacancies continue to create serious problems at DCFS. In their most recent Quarterly Performance Report for the period of January through March of 2005, DCFS points out that “Staffing remains an issue in many areas of the state. Caseloads are higher than the recommended standard in every area of the state; however, in Northwest Arkansas (DCFS Areas I and II), caseloads are many times the recommended standard. The anticipated stabilizing of staff turnover did not occur because they were losing workers faster than DCFS could fill vacancies.<sup>6</sup> These shortages lead to more worker stress and further exacerbate staff turnover. These shortages can be linked to the poor compliance outcomes in these same areas.



**AREA I:** Benton, Carroll, Madison, Washington Counties

**AREA II:** Crawford, Franklin, Johnson, Logan, Scott, Sebastian, Yell Counties

**AREA III:** Clark, Garland, Hot Springs, Howard, Montgomery, Perry, Pike, Polk, Saline Counties

**AREA IV:** Columbia, Hempstead, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier, Union Counties

**AREA V:** Baxter, Boone, Conway, Faulkner, Marion, Newton, Pope, Searcy, Van Buren Counties

**AREA VI:** Pulaski

**AREA VII:** Bradley, Calhoun, Cleveland, Dallas, Grant, Jefferson, Lincoln, Lonoke, Prairie Counties

**AREA VIII:** Clay, Craighead, Fulton, Greene, Izard, Lawrence, Mississippi, Randolph Counties

**AREA IX:** Cleburne, Crittenden, Cross, Independence, Jackson, Poinsett, Stone, White, Woodruff Counties

**AREA X:** Arkansas, Ashley, Chicot, Desha, Drew, Lee, Monroe, Phillips, St. Francis Counties

**Conclusion:**

An analysis of compliance data related to child safety and family preservation within the DHS Division of Children and Family Services shows a serious decline in quality during these past four years. DCFS has done a good job of documenting and tracking the decline in outcome standards. It has already acknowledged that staff turnover is becoming a critical problem in several areas of the state. This report further illustrates and reinforces the seriousness of the problem.

State leaders, policy makers and child advocates cannot wait until a horrible incident of child abuse occurs before taking action. And policy makers must look beyond the immediate safety concern to the long term consequences of leaving at risk children and dysfunctional families without the services and support they need to succeed once maltreatment has occurred. However, if history is any indication, these downward trends are not likely to change anytime soon. And without major public outcry and strong leadership within the legislature and state government child safety and child welfare cannot be assured in Arkansas. It has been more than 10 years since a court intervened on behalf of children in Arkansas' child welfare system. It left us with a much better way to document and examine what is happening to these children and their families. We have to decide whether to once again ignore the facts or act responsibly to save the lives of children.

**Footnotes**

<sup>1</sup> <http://www.arkansas.gov/dhs/DHSDirectory/DCFS.htm>

<sup>2</sup> Source: Department of Human Services, Office of Chief Counsel, Appeals and Hearings Office.

<sup>3</sup> <http://www.arkansas.gov/dhs/AnnualStatRpts/dhs2004stats/>

<sup>4</sup> Annual report card, SFY 2004. Arkansas Department of Human Services, DCFS Quality Assurance Unit, December 2004. Page 4.

<sup>5</sup> Ibid

<sup>6</sup> Quarterly Performance Report, April 2005. Arkansas Department of Human Services, Quality Assurance Unit.

**Author of Report:**

Paul Kelly, LCSW, senior policy analyst, AACF



**Arkansas Advocates for Children and Families**  
**Union Station, Suite 306**  
**1400 West Markham**  
**Little Rock, AR 72201**  
**(501)371-9678**  
**[www.aradvocates.org](http://www.aradvocates.org)**

This research was funded by the Annie E. Casey Foundation and Arkansas Advcoates for Children and Families. We thank them for their support but acknowlege that the findings and conclusions presented in this report are those of the author(s) alone, and do not necessarily reflect the opinion of the Annie E. Casey Foundation.