SafeCare Arkansas: 2017-2023 Evaluation Results

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Program Overview

In 2017, SafeCare® AR was developed by the Arkansas Children's Home Visiting Network with funding from the Arkansas Department of Human Services, Division of Children and Family Services (DCFS). The goal of SafeCare is to support families to reduce household and parenting risks, increase safety, and ultimately to provide optimal and permanent home environments for children.

SafeCare is a structured, evidence-based home visiting program that involves a SafeCare provider and parent working together to promote positive interaction between parents and their children. This is done through parent skill building in the home, including modeling and teaching role-play, which helps parents improve their parenting and decision-making skills, as well as knowledge of their child's health and safety needs.

The program is structured into three distinct modules: Home Safety, Child Health, and Parent-Infant Interaction (PII) or Parent-Child Interaction (PCI), the last of which depends on the child's age at enrollment. Each module is conducted over six 1-1.5-hour sessions and families are typically enrolled for 18 to 22 weeks. All modules use a similar teaching model: An initial assessment session, four sessions of training, and a final re-assessment session.

This report details findings from the state of Arkansas. See Figure 1 below for a map of AR DCFS Regions.

Figure 1. DCFS Regions Map

Model Description

SafeCare is an in-home parent training program developed by the National SafeCare Training and Research Center (NSTRC) at Georgia State University.[1] The program is designed for families with children ages birth to 5 who are at risk for child abuse or neglect.

Curriculum

Each family receives either Parent-Child Interaction or Parent-Infant Interaction, depending on the age of the children. All families, regardless of child age, participate in a Health module and a Safety module.[2] Families typically participate in 6 sessions per module over 18-20 weeks. Sessions typically last 60-90 minutes. Visits between SafeCare providers and clients primarily take place in the client's home. Because of the COVID-19

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[1] Georgia State University. National SafeCare Training and Research Center. Published 2018. https://safecare.publichealth.gsu.edu/

[2] Georgia State University. SafeCare® Model. Published online 2018. https://safecare.publichealth.gsu.edu/safecare-curriculum/

pandemic, the national SafeCare office authorized the use of virtual visits. In Arkansas, these virtual visits can take place over video calls.

At the beginning of each module, providers conduct an observational assessment to determine parents' skills and needs. Another observation occurs at the end of each module to determine skills uptake. Descriptions of each module are provided below.

During the *Parent-Infant/Child Interaction (PI/PCI)* assessment and training, parents receive instruction on target behaviors that reduce the risk of child physical abuse and neglect by improving parent-child interactions and reducing difficult child behaviors. Providers assess parent-child interactions using the iPAT Assessment Form (infants 0-18 months) or the cPAT Assessment Form (children 18 months-5 years old). To set the foundation for positive interactions, caregivers learn the importance of organizing activities by preparing in advance, establishing routines, explaining expectations and following through with them, using positive verbal and physical interactions, and transitioning between activities.

To reduce the risk of unintentional injury from home hazards, caregivers participate in the *Home Safety* module. Providers assess accessible home hazards with the Home Accident Prevention Inventory Assessment form, help parents child-proof their homes, and teach the importance of parent supervision according to the developmental age of the child.

The *Child Health* module provides parent instruction on decision-making strategies aimed at reducing medical neglect. Providers assess parent skills using the Sick or Injured Child Checklist Assessment Form; teach caregivers how to differentiate between situations that require emergency medical services, nonemergency medical services, and home care; and teach caregivers how to maintain their children's medical records.

All parenting skills are taught using these 4 principles: (1) explaining skills and why they are important, (2) demonstrating how to do each skill, (3) having parents practice the skills, and (4) providing positive and corrective feedback to parents on their use of skills.

Implementation

To develop the SafeCare® Arkansas implementation, the NSTRC conducted an implementation planning process during which they gauged readiness, conducted an initial webinar to introduce SafeCare, and provided materials to educate staff about the program. Prior to initiating training, NSTRC faculty conducted an in-person orientation to confirm the population is appropriate for SafeCare, that leadership and staff support SafeCare, and that staff have been familiarized with the program. The NSTRC then supported Arkansas with the training and technical assistance detailed in the staffing section below.

Staffing

Although NSTRC does not have educational requirements for SafeCare providers, the California Evidence-Base Clearinghouse for Child Welfare (CEBC) states that a bachelor's degree in human services is preferable.[3] However, for successful implementation, providers must be open to new models of service and

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[3] California Evidence-Based Clearinghouse. SafeCare Program Overview. Published online 2018.

be willing to use a structured protocol for delivery.[4] Organizations need to provide a great deal of communication about possible implementation prior to training. Training occurs at 3 levels: Provider, Coach, and Trainer.

Provider

Providers are responsible for conducting SafeCare sessions with participants.

To become a SafeCare Provider, trainees must attend a 4-day workshop and complete the required curriculum. Providers receive support from SafeCare Coaches or Trainers to become certified. To reach certification, individuals must demonstrate proficiency in delivering SafeCare with families across 3 sessions in each module (9 total). As of June 2023, 96% of individual providers in Arkansas were certified.

At the time of this report, SafeCare was staffed by 55 SafeCare Providers. Nearly all were women (Female = 91%/Male = 9%) and the racial/ethnic makeup was 58% White, 30% Black, and 7% Hispanic. Experience was nearly evenly split with 26% having less than 1 year experience, 28% having 1-2 years, 26% having 3-5 years, and 20% having 5+ years. All providers had a college education (Bachelor's degree = 71%, Master's degree = 23%, and Associate's = 6%).

Coach

Coaches' responsibilities include conducting fidelity assessments of Providers' sessions and offering feedback to Providers that enhances their skills in delivering the SafeCare curriculum. This helps to ensure the quality of SafeCare services.

To become a SafeCare Coach, individuals attend the Provider workshop, and they must attend a 1-day Coach Workshop. Following the workshop, a SafeCare Trainer supports the trainee to become certified as a SafeCare Coach. To reach certification, individuals must demonstrate proficiency in fidelity monitoring of SafeCare Providers, leading SafeCare team meetings, and providing coaching on SafeCare home visiting skills. Region 9 is currently coached by the state office until their Enrollment Coordinator(s) is certified, at which time each region will have its own coach.

At the time of this report, SafeCare was staffed by 12 Coaches. All were women (100%). The racial and ethnic makeup was 58% White, 25% Black, 8% Hispanic, and 8% multiracial. Years of experience were split roughly in half, with 54% having 2 years or less experience and 46% having 3 years or more. All held at least a Bachelor's degree (Bachelor's degree = 50% and Master's degree = 50%).

Enrollment Coordinator

As an Arkansas-specific program implementation strategy, providers are supported within each DCFS service region by Enrollment Coordinators to facilitate communication and referral sources.

Enrollment Coordinator's responsibilities include coordinating referrals from DCFS within their assigned SafeCare area(s) and providing supervision, training, coaching, to Providers. They also conduct initial intake home visits with families referred from DCFS. At the time of this report, all Enrollment Coordinators hold a Coach certification except one, that is certified at the Provider level.

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[4] Georgia State University. SafeCare Training Levels. Published online 2018.

See Appendix Table A1 for demographic information of current and former staff that includes both providers and enrollment coordinators.

Trainer

Trainers' responsibilities include conducting staff trainings and supporting Providers, Coaches, and the overall implementation of SafeCare. Trainers can train new Providers and Coaches to address staff turnover and/or service expansion within their organization.

To become a SafeCare Trainer, individuals must complete certification in SafeCare home visiting and coaching and have substantial experience in using the SafeCare model. Additionally, they must attend a 3-day Trainer Workshop and complete the required curriculum. Following the workshop, an individual receives support from the NSTRC Trainer to become certified as a SafeCare Agency Trainer. To reach certification, individuals must demonstrate proficiency in delivering a SafeCare Provider Workshop. Additionally, they must demonstrate proficiency in supporting a Coach. After certification, SafeCare Trainers receive six months of support and are required to complete recertification every year.

At the time of this report, SafeCare was staffed by two certified Trainers.

Fidelity

Various assessments are used to monitor fidelity. CEBC states, "There are three fidelity assessment forms that are used for each SafeCare module to assess the provider's delivery of the program to a family. Each assesses approximately 30 behaviors that should be performed during the SafeCare session (e.g., the provider opens the session, observes parent behavior during practice, and provides positive and corrective feedback). Each item is rated as 'implemented,' 'not implemented,' or 'not applicable' to that session. Coaching sessions are also rated for fidelity using a coach fidelity assessment form." [5]

In 2016, NSTRC rolled out an accreditation process to ensure that agencies uphold SafeCare model standards.[6] SafeCare Arkansas has received national NSTRC accreditation in every year of its implementation with the most recent accreditation documented in March 2023.[7]

Clearinghouse Ratings

CEBC has assigned SafeCare a "level 2 scientific rating (supported by research evidence)" in 5 different topic areas related to child abuse and neglect and "level 3 (promising research evidence)" in Home Visiting Programs for Child Well-Being.[8]

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[5] California Evidence-Based Clearinghouse. SafeCare Program Overview. Published online 2018.

[6] Georgia State University. SafeCare Accreditation. Published online 2020.

[7] Whitaker DJ, Self-Brown S, Hayat MJ, et al. Effect of the SafeCare© intervention on parenting outcomes among parents in child welfare systems: A cluster randomized trial. Preventive Medicine. 2020; 138. doi:10.1016/j.ypmed.2020.106167

Additionally, the model is rated as "Supported" by the Title IV-E Prevention Services Clearinghouse.[8] Reviewers found evidence of favorable impacts on out-of-home placements. However, the model does not meet HomVEE criteria for an evidence-based early childhood home visiting delivery model.[9] The HomVEE review found evidence that adaptations of SafeCare were effective among general populations but not for tribal populations.

Evaluation Methods & Measures

SafeCare AR uses a web-based data management system (Efforts to Outcomes, "ETO") to track family services. Data are entered into ETO by the local agency as services are provided. This allows for real-time analysis and reporting and helps local program managers supervise the implementation of the program.[10]

Similarly, the system was designed to track family enrollments, dismissals, and contacts (with/without educational content). Contacts are recorded in ETO after every visit and include the topic of the visit, assessments, home visitors' ratings of the visit, and observational scores on parent-child interaction measures.

SafeCare providers conduct family assessments and log the results in ETO. These assessments are completed before and after each educational module to measure parents' mastery of the curriculum (available modules are: 1. Safety, 2. Health, and 3. Parent-Child/Parent-Infant Interaction). A parent must demonstrate either "Mastery" (100% correct use of skills) or "Success" (marked improvement as compared to Baseline Assessment) of the skills/knowledge in each module to pass. Participants must pass all three modules to complete the SafeCare program with a certificate. However, participants who attended all modules but did not pass one or more are counted as completing without a certificate. Both of these groups are combined when calculating SafeCare AR's completion rate.

In addition to the SafeCare assessments, home visitors rate parent-child interaction at every home visit using items from the "Parenting Interactions with Children: Checklist of Observations Linked to Outcomes" (PICCOLO)[11]. The PICCOLO was designed to measure positive parenting along four domains that are known to support children's early development: (1) Affection, (2) Responsiveness, (3) Encouragement, and (4) Teaching, and is recommended for use with parents of children 10-47 months old. For this evaluation, we combined some items from the PICCOLO's affection and responsiveness domains into one "parental warmth" scale, as well as using items from the teaching domain.

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[8] Associates A. SafeCare Program. Title IV-E Prevention Services Clearinghouse. Published 2020. https://preventionservices.abtsites.com/programs/221/show

[9] Mathematica Policy Research. SafeCare In Brief. Home Visiting Evidence of Effectiveness. Published 2017. https://homvee.acf.hhs.gov/effectiveness/SafeCare®/In brief#Modeldescription-d

[10] Data from this report was pulled on July 31th, 2023, with a selected date range of July 1st, 2017 – June 30th, 2023.

[11] https://brookespublishing.com/product/piccolo/

Families Served

Referrals to SafeCare

Prior to the passage of the Family First Prevention Services Act (FFPSA), referral criteria for SafeCare included a Garrett's Law investigation or a protective services case for neglect. However, starting October 1, 2019, FFPSA eligibility became a requirement for referral.

Enrollment process

Referrals to SafeCare are provided from DCFS staff using the process below:

1. Case referral made to DCFS.

2. Child assessed by DCFS for eligibility.

3. DCFS family service worker confers with supervisor about referral.

4. DCFS family service worker discusses program with family.

5. If in agreement, prevention plan (referral) is added to DCFS' CHRIS data system.

6. Encumbrance is made by DCFS financial office.

7. SafeCare Enrollment Coordinator is notified of referral by DCFS.

8. SafeCare representative acknowledges receipt of the referral and notifies DCFS if/when a SafeCare provider has been assigned to the referral.

As stated in the staffing section above, SafeCare Providers are supported by Enrollment Coordinators to facilitate communication and referral sources during this process, provide training/coaching, and conduct initial home visits.

Referrals

Because individuals may be referred and served more than once, all numbers provided in the text of this report are unduplicated totals (unique individuals) unless otherwise specified.

To reduce duplication for these clients, their last SafeCare enrollment was used in data analysis, except for reporting in Tables 1 and 3, and Tables B1 and B3 (these tables are number of unduplicated primary caregivers, "adults," referred to SafeCare vs. those served/served and dismissed. Primary caregivers are always assigned as "adults" in the system and the tables/figures of this report, though they may be underage).

"All-time" numbers are measured in the program's full lifespan starting on July 1, 2017, until June 30, 2023. "Fiscal year" numbers are limited to the past fiscal year starting on July 1, 2022, until June 30, 2023.

All-Time

SafeCare AR received 4,604 adult referrals (duplicated total = 4,691), with 3,997 adults enrolled in services (duplicated total = 4,051) for an 87% enrollment rate. A total of 87 adults were referred more than once. See Table 1 below for a full breakdown of those referred, served, and/or exited by DCFS region.

Fiscal Year

When looking at data from the last fiscal year, SafeCare received 1,047 adult referrals (duplicated total = 1,068), with 1,304 adults enrolled in services (duplicated total = 1,316) and served 1,089 families (duplicated total = 1,101). A total of 21 adults were referred more than once.

For information on those referred, served, and/or exited within the last fiscal year, see Appendix Table B1.

Table 1. SafeCare AR has served over 3,400 families since July 2017. (Referrals & clients served, by region)

Geography	Families Referred	Families Served	Families Served & Exited	Adults Referred	Adults Served	Adults Served & Exited	Children Served	Children Served & Exited
Region 1	642	522	480	840	683	618	614	556
Region 2	585	514	475	721	624	574	544	501
Region 3	368	322	292	436	379	340	345	314
Region 4	269	250	215	291	272	234	256	220
Region 5	283	229	206	312	256	223	235	206
Region 6	913	813	793	973	868	845	918	892
Region 7	164	142	123	188	160	137	148	129
Region 8	415	365	338	505	433	401	450	421
Region 9	150	130	121	153	131	121	136	125
Region 10	265	240	209	272	245	214	249	216
Unduplicated Total	3972	3476	3205	4604	3997	3657	3848	3538
Duplicated Total	4054	3527	3252	4691	4051	3707	3895	3580

Note: Not all those who were referred to SafeCare received services. "Served" is defined was when a client signs consent for services. For this table, "unduplicated" is defined as the following: Regardless of how many times a client was referred/served/dismissed, they are counted once within the unduplicated total row. For this table, "duplicated" is defined as the following: If an individual is referred/served/dismissed multiple times and/or across multiple regions, each occurrence will count in the relevant region/column. Regional data is duplicated unless otherwise stated.

Referral Reason

Table 2 below displays the most common, all-time reasons why potential clients were referred to SafeCare. The most common reasons were Garrett's Law (n = 2,236, 63%), inadequate supervision (n = 596, 17%), failure to protect (n = 311, 9%), and environmental neglect (n = 264, 7%). See Appendix Table A2 for full data in percentages. When looking at data from the last fiscal year, Garrett's Law (n = 322, 38%), inadequate supervision (n = 76, 9%), failure to protect (n = 50, 6%), and environmental neglect (n=25, 3%) were also the top four referral reasons. See Appendix Table B2 for the full list of fiscal year referral reasons.

Table 2. Garrett's Law is by far the primary reason potential clients are referred to SafeCare.
(Children associated with allegation type, by frequency)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Garrett's Law	337	247	201	147	126	595	84	246	86	167	2236
Inadequate Supervision	89	123	45	25	43	131	13	98	15	14	596
Failure To Protect	90	38	14	26	18	62	8	25	12	18	311
Environmental Neglect	55	47	23	13	13	50	10	39	6	8	264
Exception With Unlisted Allegation	29	39	10	1	7	22	6	12	2	5	133
Medical Neglect	6	24	7	7	5	34	4	5	0	10	102
Inadequate Food	11	11	5	1	12	16	5	8	3	5	77
Inadequate Shelter	12	8	5	0	11	16	5	6	1	5	69
Substance Misuse	12	6	6	0	3	17	2	11	9	0	66
Failure To Provide Essential Needs	10	23	7	0	2	5	1	6	1	2	57
Failure To Thrive	6	7	5	1	0	22	3	3	0	3	50
Inadequate Clothing	8	5	5	0	10	5	3	3	2	4	45
Threat Of Harm	1	6	0	0	0	16	0	7	0	0	30
Educational Neglect	3	5	1	1	1	2	0	1	0	0	14
Malnutrition	2	1	0	1	0	2	0	0	1	1	8
Exception Without Allegation	2	0	0	0	2	0	3	1	0	0	8
Medical Neglect of a Disabled Infant	0	2	0	0	1	3	0	1	0	0	7
Munchausen Syndrome	0	2	0	0	0	0	0	0	0	0	2
Extreme Or Repeated Cruelty	1	0	0	0	0	0	0	0	0	0	1
Lock Out	0	1	0	0	0	0	0	0	0	0	1
Unduplicated Total	552	497	305	215	201	887	125	420	123	213	3538

Note: Data from children served and exited. Figures above are numbers of children associated with each allegation type, not numbers of allegations overall. Regional column data may be duplicated. For this table, "duplicated" is defined as the following: If a referral included multiple allegations, all reasons will be included in the numbers above, up to once per-child per-reason within a region. If a child was part of multiple allegations over time across multiple regions, each allegation is counted for every region the child was associated with and are displayed in the final region of service. Final region of service is decided by: 1) The region of their last program completion OR 2) If the participant never completed a program, their final region is the last region they were dismissed from. Garrett's Law refers to a subset of child neglect that applies when a baby is born with an illegal substance in their system.

Table 3 below provides details for all-time referrals that did not lead to enrollment. The most common reasons were families being ineligible for services (n = 268, duplicated total = 275) and SafeCare staff losing contact with families (n = 241, duplicated total = 252). This information is provided in percentages in Appendix Table A3 with the percentages based on the breakdown of reasons *within* each service region.

When looking at data from the last fiscal year only, the most common reasons were also families being ineligible for services (n = 55, duplicated total = 57) and SafeCare staff losing contact with families (n = 43, duplicated total = 44). See Appendix Table B3 for full fiscal year results by region.

Table 3. Adults being ineligible for services and loss of contact were the primary reasons referred clients were not enrolled in SafeCare. (Potential clients who were not enrolled & why, by region)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total	Dup. Total
Ineligible for Services	82	37	8	9	20	49	8	35	7	13	268	275
Lost Contact	51	27	12	14	19	65	13	27	6	7	241	252
Family Declined Services	26	25	29	4	12	17	1	11	4	11	140	144
Child(ren) removed from home	12	9	9	1	8	14	5	7	2	.	67	67
Unsubstantiated Referral	15	7	12	.	3	5	.	5	1	2	50	50
Mistake-Duplicated Referral	.	11	1	.	1	1	2	7	.	1	24	24
Imprisonment	1	7	1	.	1	2	1	.	.	.	13	13
Death of child	1	1	.	.	.	2	.	1	1	.	6	6
Family Unable to Meet Virtually	.	.	2	.	.	2	.	.	.	1	5	5
Full Caseloads	.	2	.	.	.	.	.	.	.	1	3	3
Home Visiting Organization Closed	.	.	.	.	2	.	.	.	.	.	2	2
Parent Death	.	.	.	.	.	1	.	.	.	.	1	1
Unduplicated Total	188	126	74	28	66	158	30	93	21	36	791	-
Duplicated Total	194	130	75	28	66	165	30	95	21	38	-	842

Note: A client may be counted more than once in any row/column unless otherwise stated. For this table, "unduplicated" is defined as the following: Regardless of how many times a client was referred/dismissed for a given reason, they are counted once within that reason in the unduplicated total column. For this table, "duplicated" is defined as the following: All referrals are considered individual instances, and a client may be counted multiple times within referral reasons and/or regions. Regional data is duplicated unless otherwise stated.

Demographics of Parents/Caregivers

All-time

A total of 3,657 unique (unduplicated) caregivers were served and exited by the SafeCare Arkansas program from July 2017 through June 2023. Most of these caregivers were women (86%, n = 3,147). Their racial and ethnic makeup was 62% White (n = 2,285), 30% Black (n = 1,098), and 5% Hispanic (n = 165). The age range was split roughly evenly with 32% age 20-24 (n = 1,166), 29% age 25-29, (n = 1,072), and 27% age 30-39 (n = 969).

See Table 4 below for caregiver demographics and Appendix Table A4 for this information in percentages.

A total of 3,538 unique children were served and exited from 2017 to 2023. Just over half of these children were boys (52%, n = 1,827). Their racial and ethnic makeup was 54% White (n = 1,893), 31% Black (n = 1,086), 8% multi-racial (n = 264), and 7% Hispanic (n = 250). They were mostly infants with 71% less than 1 year old (n = 2,516), 17% ages 1 to 2 (n = 591), 12% age 3 to 7 (n = 429), and less than 1% ages 8 to 13 (n = 2).

Fiscal Year

A total of 952 unique caregivers were served and exited in this past fiscal year. Most of these caregivers were women (83%, n = 787). Their racial and ethnic makeup was 64% White (n = 610), 27% Black (n = 260), and 6% Hispanic (n = 59). The age range was split roughly evenly with 32% age 20-24 (n = 305), 28% age 25-29, (n = 266), and 25% age 30-39 (n = 238).

See Appendix Table B4 for regionalized caregiver demographics from the last fiscal year.

A total of 841 unique children were served and exited this past fiscal year. Just over half of these children were boys (51%, n = 443). Their racial and ethnic makeup was 52% White (n = 438), 28% Black (n = 238), 10% Hispanic (n = 87), and 8% multi-racial (n = 70). They were mostly infants with 71% less than 1 year old (n = 593), 19% ages 1 to 2 (n = 159), and 11% age 3 to 5 (n = 89).

Table 4. The majority of SafeCare caregivers identify as female & White. (Demographics of adults served, by frequency)

Demographics	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Gender											
Female	469	455	277	204	192	781	118	330	116	205	3147
Male	144	113	56	24	23	58	14	68	3	6	509
Other*											1
Race & Ethnicity											
White	470	493	265	113	189	232	79	296	82	66	2285
Black	37	31	42	100	19	561	48	86	32	142	1098
Hispanic	64	30	12	9	4	32	1	10	2	1	165
Multiracial	12	4	14	6	3	11	4	6	3	1	64
Native American	18	6	0	0	0	0	0	0	0	0	24
Hawaiian/Pacific	12	0	0	0	0	1	0	0	0	1	14
Asian	1	4	0	0	0	2	0	0	0	0	7
Age at Enrollment											
8-13	0	0	0	1	0	1	0	0	0	0	2
14-19	59	53	36	18	30	62	13	31	12	13	327
20-24	186	179	107	82	78	257	47	125	35	70	1166
25-29	173	169	97	60	58	244	38	123	39	71	1072
30-39	166	144	84	54	44	254	29	106	32	56	969
40+	30	23	9	13	5	21	5	13	1	1	121
Unduplicated Total	614	568	333	228	215	839	132	398	119	211	3657

Note: Data from adults served and exited. Adult is defined as primary caregiver of the child. Hispanic ethnicity was not measured as a distinct racial category, rather it was a yes/no in addition to participants' racial identification. We do not have demographic information for every participant, as some exited the program before intake was completed. All data is unduplicated. For this table, "unduplicated" is defined as the following: A participant is only counted one time, regardless of if they had multiple SafeCare enrollments over time, or if those enrollments happened in multiple regions over time. Participants are counted in the last region where they received services. *To protect participant privacy, the region of service for the one participant identifying their gender as "Other" was not included.

Program Completion Rates & Modules Delivered

All-time

In the history of the program, 40,946 visits were conducted in-person and 10,250 were conducted virtually using video calls (started during COVID-19; see Appendix Table A5 regional breakdown). Overall, 60% of program participants completed SafeCare. It is important to note that this rate includes reasons that were not addressable by SafeCare staff, such as DCFS closing a case before the caregiver could complete the intervention. The first module being the most common time for participants to leave/be unenrolled.

Approximately 73% of enrollees complete at least one of the three SafeCare modules. The Health module was completed by the most participants (n=2,167, 59%), followed by Parent-Child/Parent-Infant Interaction (n=1,891, 38% parent-infant, 14% parent-child), and Safety (n=1,792, 49%). See Appendix Table A6 for regional breakdowns.

Figure 2 below displays participant exit timing in percentages. Most participants (60%, n = 2,185) completed the program, 3% completed 2 modules (n =126), 10% completed 1 module (n = 349), 14% completed no modules (n = 526), and 13% only completed intake (n = 471). See Appendix Table A7 for regional breakdowns.

Figure 2. SafeCare participants completed the program 60% of the time. Those who did not complete SafeCare most often left during the first module.
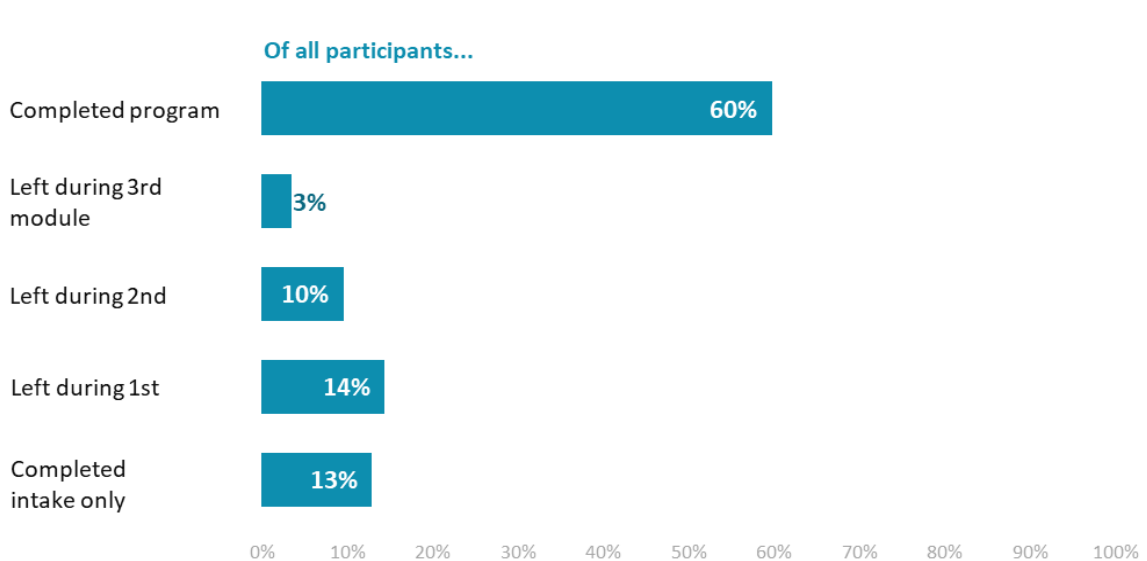
Note: Data from adults served and exited. Adult is defined as the primary caregiver.

Table 5 below lists the number of participants who completed the program (2,151 full completion with certificate; 34 completed curriculum; 60% completion rate), as well as why some participants exited before completion. The most common reasons were lost contact (12%, n = 424) and adult dropping out of the program (8%, n=279). See Appendix Table A3 for regional breakdown of percentages.

Table 5. Other than program completion, lost contact & adult dropping out are the most common reasons for not finishing the program. (Reason for participant dismissal from the program, by region)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup Total
Completed program (with certificate)	366	321	181	126	115	544	81	212	57	148	2151
Completed modules (w/o certificate)	0	0	5	1	0	12	1	15	0	0	34
Lost contact	69	46	35	49	15	97	23	53	19	18	424
Parent dropped out	43	32	39	7	35	55	5	36	16	11	279
DCFS closed case	43	46	10	10	11	35	10	34	16	11	226
Child(ren) removed from home	25	47	35	10	18	38	7	9	8	5	202
Moved out of state	38	33	8	13	10	34	1	21	0	8	166
Imprisonment	14	17	5	5	0	9	0	4	0	2	56
Region transfer due to family move	1	1	4	1	3	6	2	3	1	2	24
Local inpatient admission where SafeCare not allowed	5	7	2	0	1	2	1	0	0	2	20
Changed home visiting programs	1	6	0	0	4	0	1	4	0	3	19
Unsubstantiated referral	7	2	0	1	1	2	0	4	1	0	18
Child death	1	4	2	1	0	2	0	0	1	0	11
Moved out of state for inpatient admission	0	3	1	2	1	0	0	1	0	1	9
Family unable to meet virtually	0	2	4	0	0	1	0	1	0	0	8
Region transfer for inpatient admission where SafeCare NOT allowed	0	0	1	2	0	2	0	0	0	0	5
In temporary housing	0	1	0	0	0	0	0	1	0	0	2
Home visiting organization closed	1	0	0	0	0	0	0	0	0	0	1
Parent death	0	0	0	0	1	0	0	0	0	0	1
Region transfer for inpatient admission where SafeCare IS allowed	0	0	1	0	0	0	0	0	0	0	1
Unduplicated Total	7	2	0	1	1	2	0	4	1	0	18
Completion Rate (Unduplicated %)	60	57	56	56	53	66	62	57	48	70	60

Note: Data from adults served and exited. Data is unduplicated unless otherwise stated. For this table, "unduplicated" is defined as the following: If there are multiple dismissals across time, only data from the most recent dismissal is counted, unless the reason for a previous exit is program completion. If a client completes the program, all previous reasons for program exit are disregarded. If a client completes the program multiple times, they are only counted above one time. SafeCare AR services are provided only when there is an open investigation/protective services case. In some of these cases, DCFS closed the case before SafeCare was completed, thus ending services (e.g., child removed from home, DCFS case closed, unsubstantiated referral, etc.).

Fiscal year

In the last fiscal year, 11,277 visits were conducted in-person and 339 were conducted virtually using video calls (started during COVID-19; see Appendix Table B5 regional breakdown).

Most participants (66%, n = 632) completed the program, 2% completed 2 modules (n = 23), 5% completed 1 module (n = 48), 7% completed no modules (n = 66), and 19% only completed intake (n = 189). See Appendix Table B6 for regional breakdowns.

The program had a 66% completion rate. Adult dropping out (7%, n = 67) and lost contact (9%, n=84) were also the top reasons for leaving the program after successful completion (n=617). See Appendix Table B7 for regional breakdowns.

Program Outcomes

As Figures 3-5 demonstrate, SafeCare AR has produced some promising results since its inception in 2017. Participants increased their knowledge of child health (Figure 3) and optimal parent-child interaction behaviors (Figure 4). Observed child safety hazards in children's homes also fell sharply after completing the SafeCare modules (Figure 5). Results are based on participants who completed each SafeCare module, regardless of whether they completed the entire program.
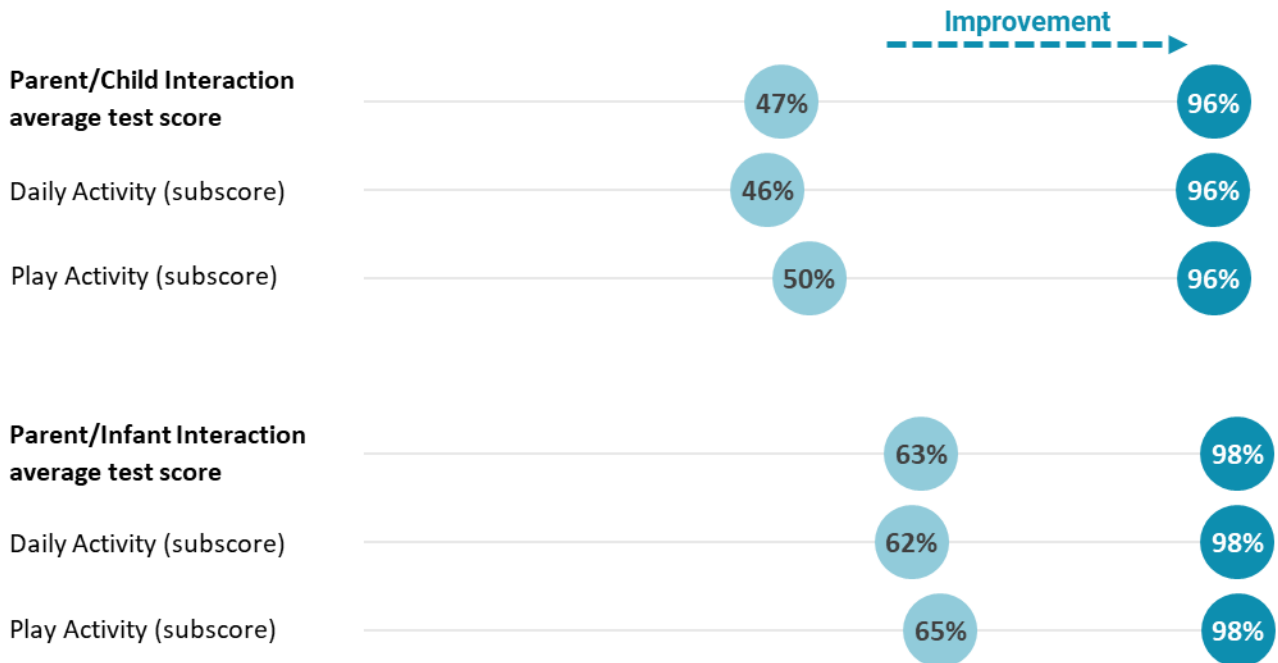
Figure 3. Participants improved their scores on the health knowledge test from before SafeCare modules to after the modules.
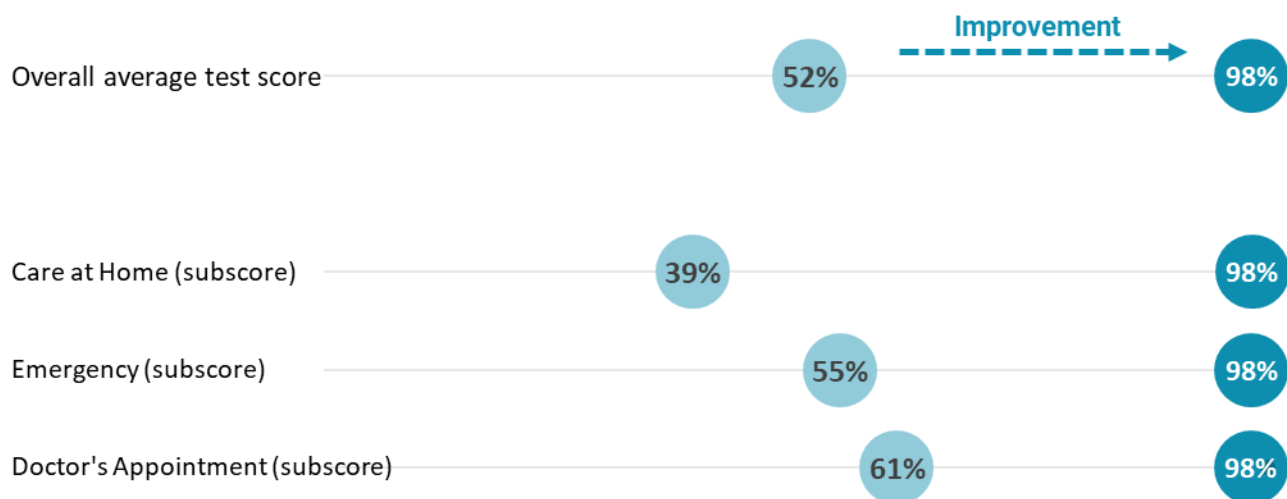
Data from primary caregivers who completed the health module.

Figure 4. Participants improved their scores on the Parent/I Interaction & Parent/Infant Interaction knowledge tests from before SafeCare modules to after the modules.

Data from primary caregivers who completed the parent/child or parent/infant modules.

In addition to these outcomes, we analyzed additional observational data (PICCOLO) from home visitors on parent-child interaction at the beginning and end of services. For this analysis, we included participants who completed the Parent-Child/Parent-Infant Interaction module and were observed by a home visitor a minimum of 6 times where the child is present and awake for at least 20 minutes during each of the visits.

As home visitors observe child-parent interaction during their visits they mark a score of 0-2 (0 = Absent—didn't see, not observed at all; 1 = Barely there—sometimes seen but not often; 2= Consistently there—seen often) on items like, "Parent pays attention to what child is doing" and "Parent smiles at child".

Parental warmth items reflect affection and responsiveness in interaction. Warmth scores significantly increased from pre- to post-test (first three visits mean=1.42; last three visits mean=1.74; $t(1403)$= 26.78, $p<0.001$). Similarly, parental teaching scores significantly increased across time (first three visits mean=0.77; last three visits mean=1.35; $t(1403)$= 31.80, $p<0.001$). Finally, the percentage of parents who were deemed at-risk for inadequate emotional support[12] significantly decreased across services (54% at the first three visits to 26% at the last three visits; χ^2 (1, N = 1404) = 274.7, p<0.001).

Figure 5. Participants cut the baseline number of safety hazards in their home after completing SafeCare modules.
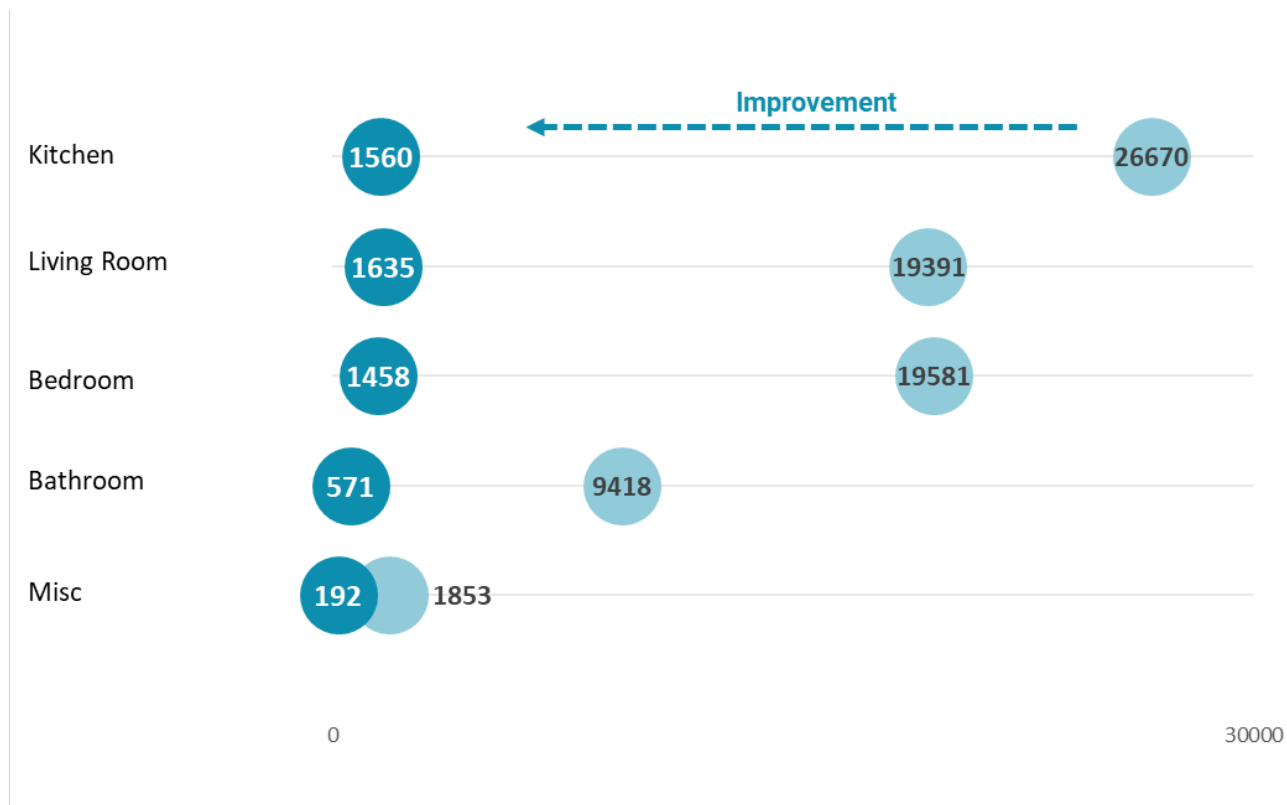
Data from primary caregivers who completed the safety module.

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[12] For our evaluation, a participant was defined at-risk for child emotional neglect if the home visitor marked 0 ("Absent; didn't see, not observed at all") or 1 ("Barely there; sometimes seen but not often") on at least three items in our observational Parental Supportiveness measure.

Summary

SafeCare Arkansas has provided services to 3,997 caregivers across the state since 2017, and to 1,304 within the past fiscal year. Despite high attrition being a well-acknowledged challenge for prevention programs, [13] 60% of all enrolled caregivers completed SafeCare AR since 2017 (n = 2,185) and 66% completed in the last fiscal year (n = 632).

For comparison, Arkansas's completion rate is higher than/like that of other states whose evaluations included child welfare populations. For example, the state of Colorado reported 24.5% of families enrolled completed services[14] and a four-state analysis by researchers at Georgia State University (which states are not specified) showed an average completion rate of 49% for those states.[15] That said, despite families' participation in Arkansas services being voluntary, referrals are made by DCFS, which may also lead families to complete at higher rates.

Caregiver assessments suggest that SafeCare AR is making positive gains in its targeted outcomes:

1. Families who completed each of the SafeCare modules were assessed as making significant improvements. Home safety hazards decreased and knowledge of child health and positive parent behavior in infant/child interaction increased for participating families from the beginning to the end of each teaching module.

2. Analyses of parent-child interaction observations by SafeCare home visitors also demonstrate increases in parental warmth and support for learning from the onset of SafeCare to the end of services (for those families who completed the parent-child/-infant interaction module).

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[13] This rate includes reasons that were not under SafeCare staff control, such as DCFS closing a case before the caregiver could complete SafeCare

[14] http://media.wix.com/ugd/97dde5_76ce9182827446e7820435b31669fc53.pdf

[15] Whitaker D.J., Self-Brown, S., Hayat, M., Osborne, M., Weeks, E., Reidy, D., Lyons, M. (2020). Effect of the SafeCare© model on parenting outcomes among parents in child welfare systems: A cluster randomized trial. Preventive Medicine. Retrieved from https://doi.org/10.1016/j.ypmed.2020.106167

Appendix A: Additional Tables & Figures for Regionalized All-Time Data

Table A1. SafeCare staff demographics (current & former Providers & Enrollment Coordinators).

Staff Demographics						
SafeCare Region	**Num.**	**Perc.**	**Experience**	**Num.**	**Perc.**	
Region 1	26	22%	Less than one year	30	26%	
Region 2	11	9%	1 - 2 years	33	28%	
Region 3	10	9%	3 - 5 years	31	26%	
Region 4	8	7%	More than 5 years	23	20%	
Region 5	6	5%				
Region 6	13	11%	**Education**	**Num.**	**Perc.**	
Region 7	7	6%	Associate's	7	6%	
Region 8	17	15%	Bachelor's	82	71%	
Region 9	7	6%	Master's	26	23%	
Region 10	12	10%				

Gender	**Num.**	**Perc.**	**Degree Focus***	**Num.**	**Perc.**
Female	106	91%	Social Work/Human services	42	28%
Male	11	9%	Psychology	27	18%
Other	0	0%	Other	24	16%
			Education	22	15%
Race & Ethnicity	**Num.**	**Perc.**	Early Childhood Education/Child Development	18	12%
White	72	58%	Counseling	8	5%
Black	38	30%	Sociology	8	5%
Multiracial	4	3%			
Hispanic	9	7%			
Native American	2	2%			

*This number is inclusive of those with multiple degree focuses, and therefore will be larger than the number of staff.

Language	**Num.**	**Perc.**
Speaks English	117	92%
Speaks Spanish	10	8%

Hours per Week	**Num.**	**Perc.**
Full-time	99	85%
Part-time	18	15%

Table A2. Garrett's Law is the primary reason potential clients are referred to SafeCare.
(Allegations leading to participant referral for the SafeCare program, by percentage within region)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Total
Garrett's Law	61%	50%	66%	68%	63%	67%	67%	59%	70%	78%	63%
Inadequate Supervision	16%	25%	15%	12%	21%	15%	10%	23%	12%	7%	17%
Failure To Protect	16%	8%	5%	12%	9%	7%	6%	6%	10%	8%	9%
Environmental Neglect	10%	9%	8%	6%	6%	6%	8%	9%	5%	4%	7%
Exception With Unlisted Allegation	5%	8%	3%	0%	3%	2%	5%	3%	2%	2%	4%
Medical Neglect	1%	5%	2%	3%	2%	4%	3%	1%	0%	5%	3%
Inadequate Food	2%	2%	2%	0%	6%	2%	4%	2%	2%	2%	2%
Inadequate Shelter	2%	2%	2%	0%	5%	2%	4%	1%	1%	2%	2%
Substance Misuse	2%	1%	2%	0%	1%	2%	2%	3%	7%	0%	2%
Failure To Provide Essential Needs	2%	5%	2%	0%	1%	1%	1%	1%	1%	1%	2%
Failure To Thrive	1%	1%	2%	0%	0%	2%	2%	1%	0%	1%	1%
Inadequate Clothing	1%	1%	2%	0%	5%	1%	2%	1%	2%	2%	1%
Threat Of Harm	0%	1%	0%	0%	0%	2%	0%	2%	0%	0%	1%
Educational Neglect	1%	1%	0%	0%	1%	0%	0%	0%	0%	0%	0%
Exception Without Allegation	0%	0%	0%	0%	1%	0%	2%	0%	0%	0%	0%
Malnutrition	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
Medical Neglect of a Disabled Infant	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%
Munchausen Syndrome	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Extreme Or Repeated Cruelty	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Lock Out	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Mental Injury	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Tying / Close Confinement	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Note: Data from children served and exited. Figures above are numbers of children associated with each allegation type, not numbers of allegations overall. Regional column data may be duplicated. For this table, "duplicated" is defined as the following: If a referral included multiple allegations, all reasons will be included in the numbers above, up to once per-child per-reason within a region. If a child was part of multiple allegations over time across multiple regions, each allegation is counted for every region the child was associated with and are displayed in the final region of service. Final region of service is decided by: 1) The region of their last program completion OR 2) If the participant never completed a program, their final region is the last region they were dismissed from. Garrett's Law refers to a subset of child neglect that applies when a baby is born with an illegal substance in their system.

Table A3. Losing contact was often a primary reason potential clients were not enrolled in SafeCare. (Potential clients who were not enrolled & why, by percentage within region)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10
Changed home visiting programs	0%	1%	0%	0%	2%	0%	1%	1%	0%	0%
Child death	0%	1%	1%	0%	0%	0%	0%	0%	1%	0%
Child(ren) removed from home	4%	8%	11%	4%	8%	5%	5%	2%	7%	1%
Completed modules (w/o certificate)	0%	0%	2%	0%	0%	1%	1%	4%	0%	0%
Completed program (with certificate)	60%	57%	54%	55%	53%	65%	61%	53%	48%	0%
DCFS closed case	7%	8%	3%	4%	5%	4%	8%	9%	13%	2%
Family unable to meet virtually	0%	0%	1%	0%	0%	0%	0%	0%	0%	70%
Home visiting organization closed	0%	0%	0%	0%	0%	0%	0%	0%	0%	5%
Imprisonment	2%	3%	2%	2%	0%	1%	0%	1%	0%	0%
In temporary housing	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Local inpatient admission where SafeCare not allowed	1%	1%	1%	0%	0%	0%	1%	0%	0%	1%
Lost contact	11%	8%	11%	21%	7%	12%	17%	13%	16%	0%
Moved out of state	6%	6%	2%	6%	5%	4%	1%	5%	0%	9%
Moved out of state for inpatient admission	0%	1%	0%	1%	0%	0%	0%	0%	0%	1%
Parent death	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%
Parent dropped out	7%	6%	12%	3%	16%	7%	4%	9%	13%	0%
Region transfer due to family move	0%	0%	1%	0%	1%	1%	2%	1%	1%	0%
Region transfer for inpatient admission where SafeCare IS allowed	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Region transfer for inpatient admission where SafeCare NOT allowed	0%	0%	0%	1%	0%	0%	0%	0%	0%	5%
Unsubstantiated referral	1%	0%	0%	0%	0%	0%	0%	1%	1%	0%

Note: Data from adults served and exited. Data is unduplicated unless otherwise stated. For this table, "unduplicated" is defined as the following: If there are multiple dismissals across time, only data from the most recent dismissal is counted, unless the reason for a previous exit is program completion. If a client completes the program, all previous reasons for program exit are disregarded. If a client completes the program multiple times, they are only counted above one time. SafeCare AR services are provided only when there is an open investigation/protective services case. In some of these cases, DCFS closed the case before SafeCare was completed, thus ending services (e.g. child removed from home, DCFS case closed, unsubstantiated referral, etc.).

Table A4. Most SafeCare clients identify as White & female. (Demographics of adults served, by percentage within region)

	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Gender											
Female	76%	80%	83%	89%	89%	93%	89%	83%	97%	97%	86%
Male	23%	20%	17%	11%	11%	7%	11%	17%	3%	3%	14%
Other											0%
Race & Ethnicity											
White	77%	87%	80%	50%	88%	28%	60%	74%	69%	31%	62%
Black	6%	5%	13%	44%	9%	67%	36%	22%	27%	67%	30%
Hispanic	10%	5%	4%	4%	2%	4%	1%	3%	2%	0%	5%
Multiracial	2%	1%	4%	3%	1%	1%	3%	2%	3%	0%	2%
Native American	3%	1%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Asian	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Hawaiian/Pacific	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Age at Enrollment											
8-13	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
14-19	10%	9%	11%	8%	14%	7%	10%	8%	10%	6%	9%
20-24	30%	32%	32%	36%	36%	31%	36%	31%	29%	33%	32%
25-29	28%	30%	29%	26%	27%	29%	29%	31%	33%	34%	29%
30-39	27%	25%	25%	24%	20%	30%	22%	27%	27%	27%	27%
40+	5%	4%	3%	6%	2%	3%	4%	3%	1%	0%	3%

Note: Data from adults served and exited. Adult is defined as primary caregiver of the child. Hispanic ethnicity was not measured as a distinct racial category, rather it was a yes/no in addition to participants' racial identification. We do not have demographic information for every participant, as some exited the program before intake was completed. All data is unduplicated. For this table, "unduplicated" is defined as the following: A participant is only counted one time, regardless of if they had multiple SafeCare enrollments over time, or if those enrollments happened in multiple regions over time. Participants are counted in the last region where they received services.

Table A5. SafeCare staff conducted 51,206 visits, 10,260 of which were conducted virtually.
(Referrals & clients served)

Visit Type	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
In-Person											
Referrals	518	563	318	241	241	673	78	237	115	238	3222
Services	6736	6446	3760	2642	2378	8083	995	3054	1048	2582	37724
Total	7254	7009	4078	2883	2619	8756	1073	3291	1163	2820	40946
Virtual											
Referrals	49	16	18	17	11	168	71	131	18	17	516
Services	532	638	447	352	536	3679	763	1683	429	685	9744
Total	581	654	465	369	547	3847	834	1814	447	702	10260
Overall Total	7835	7663	4543	3252	3166	12603	1907	5105	1610	3522	51206

Note: Referrals are any visit where a successful contact was made with the target adult (up to and including when the Release of Confidential Information agreement is signed) and services and/or case management were discussed. Services are any visit where a successful contact was made with the target adult (after Release of Confidential Information agreement is signed) and may include curriculum delivery, supplemental visits, and/or case management. Virtual visits are defined as video calls.

Table A6. Participants completed the health module most often.

Module	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	State Totals
Health	350	309	179	123	100	601	80	232	66	127	2167
	57%	54%	54%	54%	47%	72%	61%	58%	55%	60%	59%
Safety	301	280	134	88	95	440	76	200	55	123	1792
	49%	49%	40%	39%	44%	52%	58%	50%	46%	58%	49%
Parent-infant interaction	196	194	101	67	75	403	63	148	45	102	1394
	32%	34%	30%	29%	35%	48%	48%	37%	38%	48%	38%
Parent-child interaction	106	96	60	21	24	101	12	58	8	11	497
	17%	17%	18%	9%	11%	12%	9%	15%	7%	5%	14%
Total	614	568	333	228	215	839	132	398	119	211	3657

Note: Data from adults served and exited. Adult is defined as the primary caregiver.

Table A7. Enrolled participants completed SafeCare 60% of the time. Those who did not complete the program most often exited before completing their first module.

Completion Status	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Completed program	366	321	186	127	115	556	82	227	57	148	2185
Completion rate	60%	57%	56%	56%	53%	66%	62%	57%	48%	70%	60%
Incomplete; Exit Point											
Intake only	76	91	49	34	38	68	20	52	25	18	471
No complete modules	84	81	64	32	36	108	14	62	13	32	526
Completed 1 module	62	58	22	27	21	81	13	36	18	11	349
Completed 2 modules	26	17	12	8	5	26	3	21	6	2	126

Note: Data from assessment scoring. Adult is defined as the primary caregiver.

Appendix B: Additional Tables & Figures for Fiscal Year Data

Table B1. SafeCare AR served over 800 families last fiscal year. (Referrals & clients served, by region)

Geography	Families Referred	Families Served	Families Served & Exited	Adults Referred	Adults Served	Adults Served & Exited	Children Served	Children Served & Exited
Region 1	156	188	142	234	276	207	214	155
Region 2	133	160	116	170	199	144	165	121
Region 3	82	119	89	99	137	98	119	88
Region 4	79	104	68	83	109	70	104	68
Region 5	66	92	69	82	107	74	93	64
Region 6	100	154	134	117	177	154	179	153
Region 7	43	58	39	50	68	45	60	41
Region 8	90	87	59	108	101	68	88	59
Region 9	38	32	23	40	33	23	35	24
Region 10	84	107	75	85	109	77	109	76
Unduplicated Total	851	1089	806	1047	1304	952	1154	841
Duplicated Total	871	1101	814	1068	1316	960	1166	849

Note: Data for 7.1.22 - 6.30.23 only. This excludes those who started or finished the program before/after these dates. Served is defined as a client who was in the program at any point in that time. Regional data is duplicated unless otherwise stated. For this table, unduplicated is defined as the following: Only data from the most recent region of referral/service/dismissal is counted. For this table, duplicated is defined as the following: If an individual is referred/served/dismissed multiple times and/or across multiple regions, they will count once within each region they were referred/served/dismissed from.

Table B2. Garrett's Law is by far the primary reason potential clients were referred to SafeCare this past fiscal year. (Children associated with allegation type, by frequency)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Garrett's Law	67	27	27	41	23	55	11	27	9	35	322
Inadequate Supervision	18	19	9	1	5	10	1	10	2	1	76
Failure To Protect	19	4	2	2	1	9	2	4	1	6	50
Environmental Neglect	6	4	2	1	1	3	2	4	1	1	25
Exception With Unlisted Allegation	5	6	3	1	2	2	0	0	2	0	21
Failure To Provide Essential Needs	3	8	0	0	0	0	0	2	0	1	14
Substance Misuse	1	1	1	0	1	2	1	3	2	0	12
Inadequate Food	0	1	0	0	1	4	0	2	1	1	10
Medical Neglect	2	1	1	0	0	4	0	0	0	2	10
Failure To Thrive	0	3	1	0	0	2	1	1	0	1	9
Inadequate Shelter	1	0	1	0	1	2	0	1	0	1	7
Exception Without Allegation	2	0	0	0	1	0	1	1	0	0	5
Inadequate Clothing	0	0	1	0	1	0	0	1	0	0	3
Educational Neglect	0	0	0	1	0	0	0	0	0	0	1
Malnutrition	0	0	0	0	0	0	0	0	0	1	1
Medical Neglect of a Disabled Infant	0	0	0	0	0	0	0	1	0	0	1
Munchausen Syndrome	0	1	0	0	0	0	0	0	0	0	1
Extreme Or Repeated Cruelty	0	0	0	0	0	0	0	0	0	0	0
Lock Out	0	0	0	0	0	0	0	0	0	0	0
Mental Injury	0	0	0	0	0	0	0	0	0	0	0
Threat Of Harm	0	0	0	0	0	0	0	0	0	0	0
Tying / Close Confinement	0	0	0	0	0	0	0	0	0	0	0
Unduplicated Total	154	121	87	68	61	151	41	59	24	75	841

Note: Data for 7.1.22 - 6.30.23 only. This excludes those who started or finished the program before/after these dates. Data from children served and exited. Figures above are numbers of children associated with each allegation type, not numbers of allegations overall. Regional column data may be duplicated. For this table, "duplicated" is defined as the following: If a referral included multiple allegations, all reasons will be included in the numbers above, up to once per-child per-reason within a region. If a child was part of multiple allegations over time across multiple regions, each allegation is counted for every region the child was associated with and are displayed in the final region of service. Final region of service is decided by: 1) The region of their last program completion OR 2) If the participant never completed a program, their final region is the last region they were dismissed from. Garrett's Law refers to a subset of child neglect that applies when a baby is born with an illegal substance in their system.

Table B3. Adults being ineligible for services and loss of contact were the primary reasons referred clients were not enrolled in SafeCare. (Potential clients who were not enrolled & why, by region)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total	Dup. Total
Ineligible for Services	18	6	1	0	5	3	1	11	6	4	55	57
Lost Contact	12	11	3	1	1	3	2	7	2	1	43	44
Family Declined Services	0	9	9	1	1	1	0	3	2	2	28	28
Mistake-Duplicated Referral	0	9	1	0	0	1	2	1	0	1	15	15
Unsubstantiated Referral	6	0	4	0	2	0	0	0	1	0	13	13
Child(ren) removed from home	2	3	2	0	0	0	2	0	0	0	9	9
Imprisonment	0	3	0	0	0	0	1	0	0	0	4	4
Full Caseloads	0	2	0	0	0	0	0	0	0	0	2	2
Unduplicated Total	38	43	20	2	9	8	8	22	11	8	169	-
Duplicated Total	38	46	20	2	9	8	8	22	11	8	-	172

Note: Data for 7.1.22 - 6.30.23 only. A client may be counted more than once in any row/column unless otherwise stated. For this table, "unduplicated" is defined as the following: Regardless of how many times a client was referred/dismissed for a given reason, they are counted once within that reason in the unduplicated total column. For this table, "duplicated" is defined as the following: All referrals are considered individual instances, and a client may be counted multiple times within referral reasons and/or regions. Regional data is duplicated unless otherwise stated.

Table B4. The majority of SafeCare caregivers in the last fiscal year identify as female & White. (Demographics of adults served, by frequency)

Demographics	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Gender											
Female	137	113	84	68	61	132	39	57	22	74	787
Male	69	31	13	2	10	20	6	11	1	2	165
Other											952
Race & Ethnicity											
White	162	123	75	32	61	38	26	51	19	23	610
Black	14	5	12	35	9	101	18	13	2	51	260
Hispanic	20	14	9	1	0	11	0	3	1	0	59
Multiracial	2	0	1	2	1	2	1	1	1	1	12
Native American	5	0	0	0	0	0	0	0	0	0	5
Hawaiian/Pacific	3	0	0	0	0	0	0	0	0	1	4
Asian	0	2	0	0	0	0	0	0	0	0	2
Age at Enrollment											
8-13	0	0	0	0	0	0	0	0	0	0	0
14-19	20	13	13	4	12	19	8	8	5	10	112
20-24	61	50	32	25	27	51	13	15	5	26	305
25-29	53	47	25	17	15	40	12	31	7	19	266
30-39	63	23	26	21	17	39	10	12	6	21	238
40+	9	11	1	3	0	3	2	2	0	0	31
Unduplicated Total	206	144	97	70	71	152	45	68	23	76	952

Note: Data from adults served and exited. Adult is defined as primary caregiver of the child. Hispanic ethnicity was not measured as a distinct racial category, rather it was a yes/no in addition to participants' racial identification. We do not have demographic information for every participant, as some exited the program before intake was completed. All data is unduplicated. For this table, "unduplicated" is defined as the following: A participant is only counted one time, regardless of if they had multiple SafeCare enrollments over time, or if those enrollments happened in multiple regions over time. Participants are counted in the last region where they received services.

Table B5. SafeCare conducted 11,616 visits in the last fiscal year, 339 of which were conducted virtually. (Referrals & clients served)

Visit Type	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
In-Person											
Referrals	151	116	86	83	69	101	34	74	21	78	735
Services	2028	1761	1301	1095	931	1719	486	937	284	1133	10542
Total	2179	1877	1387	1178	1000	1820	520	1011	305	1211	11277
Virtual											
Referrals	3	0	2	0	1	0	1	5	3	0	15
Services	83	26	22	17	34	51	32	23	36	2	324
Total	86	26	24	17	35	51	33	28	39	2	339
Overall Total	2265	1903	1411	1195	1035	1871	553	1039	344	1213	11616

Note: Data for 7.1.22 - 6.30.23 only. Referrals are any visit where a successful contact was made with the target adult (up to and including when the Release of Confidential Information agreement is signed) and services and/or case management were discussed. Services are any visit where a successful contact was made with the target adult (after Release of Confidential Information agreement is signed) and may include curriculum delivery, supplemental visits, and/or case management. Virtual visits are defined as video calls.

Table B6. Participants completed SafeCare 66% of the time in the last fiscal year. Those who did not complete the program most often exited before attending their first module.

Status	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Completed program	136	98	61	51	39	104	30	40	12	61	632
Completion rate	66%	68%	63%	73%	55%	68%	67%	59%	52%	80%	66%
Incomplete; Exit Point											
Intake only	34	29	20	12	18	23	9	21	8	9	183
No complete modules	17	8	7	6	11	7	3	2	1	4	66
Completed 1 module	12	6	5	1	2	14	3	3	1	1	48
Completed 2 modules	7	3	4	0	1	4	0	0	1	0	23

Note: Data for 7.1.22 - 6.30.23 only. This excludes those who started or finished the program before/after these dates. Data from assessment scoring. Adult is defined as the primary caregiver.

Table B7. Lost Contact and Parent Dropping Out are the most common reasons for participants in the last fiscal year to not finish the program. (Reason for participant dismissal from the program, by region)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup Total
Completed program (with certificate)	136	98	60	51	39	104	29	27	12	61	617
Completed modules (w/o certificate)	0	0	1	0	0	0	1	13	0	0	15
Lost contact	12	14	13	3	8	13	7	5	8	1	84
Parent dropped out	14	9	7	1	10	10	4	8	0	4	67
DCFS closed case	10	4	2	2	3	11	2	7	2	2	45
Moved out of state	17	4	4	3	2	4	1	1	0	1	37
Child(ren) removed from home	5	7	5	4	6	1	0	3	0	2	33
Imprisonment	6	3	2	2	0	4	0	1	0	2	20
Region transfer due to family move	0	0	1	1	1	4	1	0	1	1	10
Local inpatient admission where SafeCare not allowed	1	3	0	0	1	0	0	1	0	0	6
Moved out of state for inpatient admission	0	2	1	2	0	0	0	0	0	1	6
Unsubstantiated referral	5	0	0	0	0	0	0	0	0	0	5
Changed home visiting programs	0	0	0	0	1	0	0	2	0	1	4
Child death	0	0	0	0	0	1	0	0	0	0	1
Region transfer for inpatient admission where SafeCare NOT allowed	0	0	0	1	0	0	0	0	0	0	1
Region transfer for inpatient admission where SafeCare IS allowed	0	0	1	0	0	0	0	0	0	0	1
Unduplicated Total	206	144	97	70	71	152	45	68	23	76	952
Completion Rate (Unduplicated %)	66%	68%	63%	73%	55%	68%	67%	59%	52%	80%	66%

Note: Data for 7.1.22 - 6.30.23 only. This excludes those who started or finished the program before/after these dates. Data from adults served and exited. Data is unduplicated unless otherwise stated. For this table, "unduplicated" is defined as the following: If there are multiple dismissals across time, only data from the most recent dismissal is counted, unless the reason for a previous exit is program completion. If a client completes the program, all previous reasons for program exit are disregarded. If a client completes the program multiple times, they are only counted above one time. SafeCare AR services are provided only when there is an open investigation/protective services case. In some of these cases, DCFS closed the case before SafeCare was completed, thus ending services (e.g. child removed from home, DCFS case closed, unsubstantiated referral, etc.).

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