SafeCare Arkansas Program Services & Evaluation Report:

Service Year 2023-2024

Lorraine McKelvey, Ph.D.
Lauren Fox, M.P.S.
Natha Jolly, B.S.
Danya Johnson, B.S.

UAMS

RED
Research and Evaluation Division
Department of Family and Preventive Medicine

go.uams.edu/red

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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.

This report details findings from the state of Arkansas for the full project period (July 1, 2017, through June 30, 2024) and in the last service year (July 1, 2023, through June 30, 2024). See Figure 1 below for a map of AR DCFS Regions.
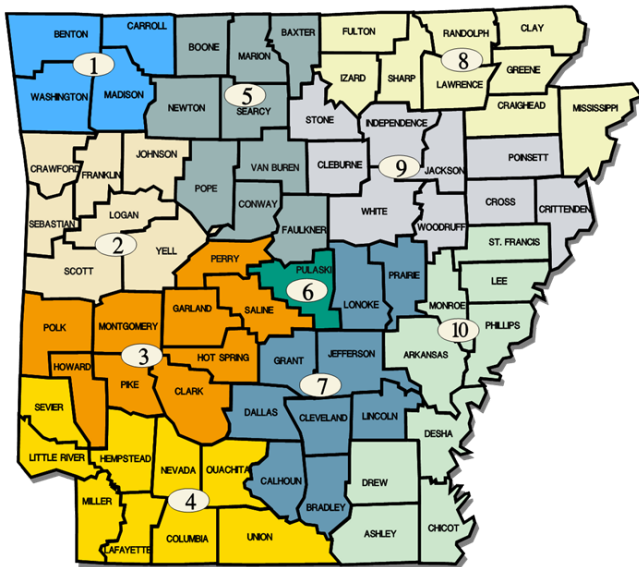

Figure 1. DCFS Regions Map

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

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

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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/

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. Therefore, all modules use a similar teaching model: An initial assessment session, four sessions of training, and a final re-assessment session. 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 Infant Planned Activities Training Assessment Form (IPAT; infants 0-18 months) or the Child Planned Activities Training Assessment Form (CPAT; 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, non-emergency medical services/at-home care, and teach caregivers how to maintain their children's medical records.

All parenting skills are taught using these four 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 Evidenced-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).

At the end of this reporting period, SafeCare was staffed by 48 SafeCare Providers, 73% of whom were certified. Nearly all were women (94%), and the racial/ethnic makeup was 48% White, 40% Black, 8% Hispanic, and 4% multiracial. Experience ranged between 21% having less than 1 year experience, 35% having 1-2 years, 21% having 3-5 years, and 23% having 5+ years. All providers had a college education (Bachelor's degree=81%, Master's degree=13%, 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.

As of September 25, 2024, SafeCare was staffed by 11 Coaches. All were women (100%). The racial and ethnic makeup was 55% White, 45% Black, and 9% Hispanic. Years of experience tilted toward newer coaches, with 67% having 2 years or less experience and 33% having 3 years or more. All held at least a Bachelor's degree (Bachelor's degree=75% and Master's degree=25%).

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 into services.

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 end of this reporting period, there were 21 Enrollment Coordinators. The Local Implementing Agency (LIA) for Region 7 had an acting Enrollment Coordinator, with the intention of hiring and certifying a permanent staff member. Nearly all were women (95%). The racial and ethnic makeup was 55% White, 36%

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

Black, 5% Hispanic, and 5% multiracial. Enrollment Coordinators were experienced, with nearly half (48%) reporting 5 or more years and another one-third (33%) reporting 3 to 5 years of experience. The remaining Enrollment Coordinators had less than 1 year (5%) or 1 to 2 years (14%) of experience. All Enrollment Coordinators were college educated (Bachelor's degree =38%, Master's degree=57%, and Associate's degree=5%). As of September 25, 2024, seven Enrollment Coordinators hold a Coach certification and two are certified at the Provider level.

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.

On September 25, 2024, SafeCare was staffed by three 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 2024.

Clearinghouse Ratings

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

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

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.[7]

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 LIA as services are provided. This allows for real-time analysis and reporting and helps local program managers supervise the implementation of the program.[10]

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 as described above and log the results in ETO. 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 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 items from the PICCOLO's affection and responsiveness domains into one "parental warmth" scale. We also created a scale using items from the teaching domain.

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[7] California Evidence-Based Clearinghouse. Published online 2024. Https://www.cebc4cw.org/program/safecare/

[8] Title IV-E Prevention Services Clearinghouse. Published 2020.

[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 31st, 2024, with a selected date range of July 1st, 2017 – June 30th, 2024.

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

Families Served

Referrals to SafeCare

Prior to the acceptance of the Arkansas Family First Prevention Services Act (FFPSA) plan, referral criteria for SafeCare included a Garrett's Law investigation or a protective services case for neglect. 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 who facilitate communication with DCFS during the referral process and conduct initial home visits with families.

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, "caregivers," referred to SafeCare vs. those served/served and dismissed.

"All-time" numbers are measured in the program's full implementation starting on July 1, 2017, until June 30, 2024. "Service year" numbers are limited to the past service year starting on July 1, 2023, until June 30, 2024.

All-Time

SafeCare AR received 5,418 caregiver referrals (duplicated total=5,543), with 4,686 caregivers enrolled in services (duplicated total=4,766) for an 86% enrollment rate. A total of 125 caregivers were referred more than once. See Table 1 below for a full breakdown of those referred, served, and/or exited by DCFS region.

Service year

When looking at data from the last service year, SafeCare received 905 caregiver referrals (duplicated total=931), with 1,102 caregivers enrolled in services (duplicated total=1,122) and served 902 families (duplicated total=921). A total of 26 caregivers were referred more than once.

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

Table 1. Families, caregivers, & children served 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	739	614	589	988	823	785	740	706
Region 2	673	584	555	822	704	671	615	585
Region 3	432	372	349	514	440	412	394	370
Region 4	326	300	274	355	329	300	307	278
Region 5	372	299	276	433	350	317	307	280
Region 6	982	866	841	1051	927	899	981	950
Region 7	199	176	166	231	202	191	193	181
Region 8	485	418	396	599	503	472	511	481
Region 9	206	178	159	219	187	163	191	169
Region 10	324	296	276	331	301	281	311	288
Unduplicated Total	4621	4028	3811	5418	4686	4416	4484	4227
Duplicated Total	4738	4103	3881	5543	4766	4491	4550	4288

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 potential clients were referred to SafeCare. The most common reasons were Garrett's Law (n=2,632, 62%), inadequate supervision (n=719, 17%), failure to protect (n=352, 8%), and environmental neglect (n=312, 7%). See Appendix Table A2 for data in percentages. In the last service year, Garrett's Law (n=220, 31%), inadequate supervision (n=88, 12%), environmental neglect (n=27, 4%), and failure to protect (n=23, 3%) were the top four referral reasons. See Appendix Table B2 for the full list of service year referral reasons.

Table 2. Reasons clients were referred to SafeCare since July 2017. (Children associated with allegation type, by frequency)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Garrett's Law	394	298	229	188	175	625	115	272	115	221	2632
Inadequate Supervision	133	137	52	30	50	147	23	114	20	23	729
Failure To Protect	94	43	18	27	19	67	11	34	14	25	352
Environmental Neglect	67	49	29	16	17	52	16	44	10	12	312
Exception With Unlisted Allegation	36	43	12	4	9	24	6	13	4	6	157
Medical Neglect	13	25	10	9	10	37	4	7	0	12	127
Failure To Provide Essential Needs	27	31	8	1	3	5	1	9	3	4	92
Inadequate Food	12	12	8	2	15	16	6	9	4	6	90
Substance Misuse	23	10	8	0	4	18	3	15	9	0	90
Inadequate Shelter	12	9	10	1	14	16	6	7	2	5	82
Failure To Thrive	9	9	6	1	2	24	3	7	0	3	64
Inadequate Clothing	8	6	6	0	13	5	4	5	3	4	54
Exception Without Allegation	15	1	6	1	4	0	4	3	1	0	35
Threat Of Harm	1	6	0	0	0	16	0	7	0	0	30
Educational Neglect	5	5	1	1	1	2	0	1	1	0	17
Malnutrition	3	1	0	2	0	2	0	2	1	1	12
Medical Neglect Of a Disabled Infant	0	2	1	0	1	3	0	1	0	1	9
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
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
Unduplicated Total	698	579	359	271	272	943	176	479	166	284	4227

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=315, duplicated total=322) and SafeCare staff losing contact with families (n=266, duplicated total=277). 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 service year only, the most common reasons were also families being ineligible for services (n=45, duplicated total=45) and families declining services (n=31, duplicated total=32). See Appendix Table B3 for full service year results by region.

Table 3. Reasons referred clients were not enrolled in SafeCare since July 2017. (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	85	48	11	9	37	51	10	42	9	13	315	322
Lost Contact	52	33	13	14	20	70	18	27	8	11	266	277
Family Declined Services	31	28	34	4	19	21	4	14	6	13	174	180
Child(ren) removed from home	12	12	13	2	8	16	5	9	3	0	80	81
Unsubstantiated Referral	18	7	15	0	5	7	0	5	1	2	60	60
Mistake-Duplicated Referral	0	15	1	0	1	0	2	8	0	1	28	28
Withdrawn Referrals	2	9	1	0	4	3	2	4	1	0	26	26
Imprisonment	5	7	1	0	3	2	1	0	1	0	20	20
Death of child	1	1	0	0	0	2	0	1	1	0	6	6
Family Unable to Meet Virtually	0	0	2	0	0	2	0	0	0	1	5	5
Full Caseloads	0	2	0	0	0	0	0	0	0	1	3	3
Home Visiting Organization Closed	0	0	0	0	2	0	0	0	0	0	2	2
Parent Death	0	0	0	0	0	1	0	0	0	0	1	1
Total	2	9	1	0	4	3	2	4	1	0	953	-
Duplicated Total	213	167	93	29	99	182	42	112	30	44	-	1011

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 4,416 unique (unduplicated) caregivers were served and exited by the SafeCare Arkansas program from July 2017 through June 2024. Most of these caregivers were women (85%, n=3,758). Their racial and ethnic makeup was 64% White (n=2,826), 28% Black (n=1,252), and 5% Hispanic (n=202). The age range was split roughly evenly with 32% age 20-24 (n=1,407), 28% age 25-29, (n=1,255), and 26% age 30-39 (n=1,168).

See Table 4a below for caregiver demographics and Appendix Table A4a for this information in percentages.

As shown in Table 4b, a total of 4,227 unique children were served and exited from 2017 to 2024. Just over half of these children were boys (51%, n=2,165). Their racial and ethnic makeup was 54% White (n=2,284), 30% Black (n=1,250), 8% multi-racial (n=327), and 7% Hispanic (n=303). They were mostly infants with 71% less than 1 year old (n=2,998), 17% ages 1 to 2 (n=715), 12% age 3 to 7 (n=512), and less than 1% ages 8 to 13 (n=2).

See Table 4b below for child demographics and Appendix Table A4b for this information in percentages.

Service year

A total of 817 unique caregivers were served and exited in this past service year. Most caregivers were women (81%, n=662). Their racial and ethnic makeup was 71% White (n=580), 21% Black (n=170), and 5% Hispanic (n=38). The age range was split roughly evenly with 32% age 20-24 (n=259), 25% age 25-29, (n=201), and 26% age 30-39 (n=212). See Appendix Table B4a for caregiver demographics from the last service year.

A total of 982 unique children were served and exited this past service year. Just over half of these children were girls (51%, n=364). Their racial and ethnic makeup was 57% White (n=409), 24% Black (n=169), 9% multi-racial (n=68), and 7% Hispanic (n=53). They were mostly infants with 69% less than 1 year old (n=494), 18% ages 1 to 2 (n=135), and 12% age 3 to 6 (n=88). See Appendix Table B4b for child demographics from the last service year.

Table 4a. Caregiver demographics since 2017. (Demographics of caregivers served, by frequency)

Adult Demographics	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Gender											
Female	585	529	328	261	261	827	158	386	152	271	3758
Male	192	132	74	32	42	64	26	82	7	6	657
Other*											1
Race & Ethnicity											
White	605	577	320	149	270	257	106	350	112	80	2826
Black	39	33	52	122	25	584	69	97	39	192	1252
Hispanic	77	37	15	12	4	34	3	13	4	3	202
Multiracial	14	4	14	7	3	13	6	8	4	1	74
Native American	18	6	1	0	1	0	0	0	0	0	26
Hawaiian/Pacific	21	0	0	3	0	1	0	0	0	1	26
Asian	4	4	0	0	0	2	0	0	0	0	10
Age at Enrollment											
8-13	0	0	0	1	0	1	0	0	0	0	2
14-19	78	67	53	24	35	66	18	46	21	15	423
20-24	230	207	120	104	115	276	60	151	49	95	1407
25-29	209	192	112	76	78	255	55	138	48	92	1255
30-39	218	171	104	67	64	271	42	118	40	73	1168
40+	43	24	13	21	11	22	9	15	1	2	161
Unduplicated Total	778	661	402	293	303	891	184	468	159	277	4416

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 small number of participant identifying their gender as "Other" was not included.

Table 4b. Child demographics since 2017. (Demographics of children served, by frequency)

Child Demographics	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Gender											
Male	357	305	188	143	139	470	81	264	82	136	2165
Female	341	274	169	128	133	473	95	215	84	148	2060
Other*											2
Race & Ethnicity											
White	450	449	251	112	220	248	80	303	101	70	2284
Black	31	31	45	111	19	589	71	117	40	196	1250
Multiracial	47	45	42	30	23	48	18	40	19	15	327
Hispanic	124	49	20	16	8	54	7	17	6	2	303
Native American	18	3	1	0	2	0	0	2	0	0	26
Hawaiian/Pacific	22	0	0	2	0	1	0	0	0	1	26
Asian	6	2	0	0	0	3	0	0	0	0	11
Age at Enrollment											
Less than 1yr	460	377	243	211	201	708	126	306	123	243	2998
1	61	60	27	20	19	84	14	45	19	19	368
2	62	67	39	15	17	62	12	51	12	10	347
3	43	31	24	10	15	44	10	29	7	6	219
4	44	33	21	10	12	28	10	38	3	6	205
5	26	11	3	5	8	16	4	10	2	0	85
6	1	0	0	0	0	1	0	0	0	0	2
7	0	0	1	0	0	0	0	0	0	0	1
8-13	1	0	1	0	0	0	0	0	0	0	2
Unduplicated Total	698	579	359	271	272	943	176	479	166	284	4227

Note: Data from children served and exited. Child is defined as target child(ren) from referral. 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 child race/ethnicity were not collected in the first year or two of implementation of SafeCare in Arkansas. All data is unduplicated. For this table, unduplicated is defined as the following: A participant is only counted one time, regardless of if they have had multiple SafeCare enrollments over time, or if those enrolments happened in multiple regions over time. Participants are counted in the last region they had contact with the program. *To protect participant privacy, the region of service for the small number of participant identifying their gender as "Other" was not included.

Program Completion Rates & Modules Delivered

All-time

In the history of the program, 50,889 visits were conducted in-person and 10,361 were conducted virtually using video calls (started during COVID-19; see Appendix Table A5 regional breakdown).

Overall, 61% of program participants completed all three SafeCare modules. Approximately 75% of enrollees completed at least one of the three SafeCare modules. The Health module was completed by the most participants (n=3,104, 70%), followed by Parent-Child/Parent-Infant Interaction (n=2,809, 46% parent-infant, 17% parent-child), and Safety (n=2,688, 61%). See Appendix Table A6 for regional breakdowns.

Figure 2 below displays participant exit timing in percentages. Most participants (61%, n=2,682) completed the program, 4% completed two modules (n =182), 11% completed one module (n=470), 15% completed no modules (n=670), and 9% only completed intake (n=412). See Appendix Table A7 for regional breakdowns.

Figure 2. Module/program completion or exit timing since July 2017.

Of all participants...

Category	Percentage
Completed program	61%
Left during 3rd module	4%
Left during 2nd	11%
Left during 1st	15%
Completed intake only	9%
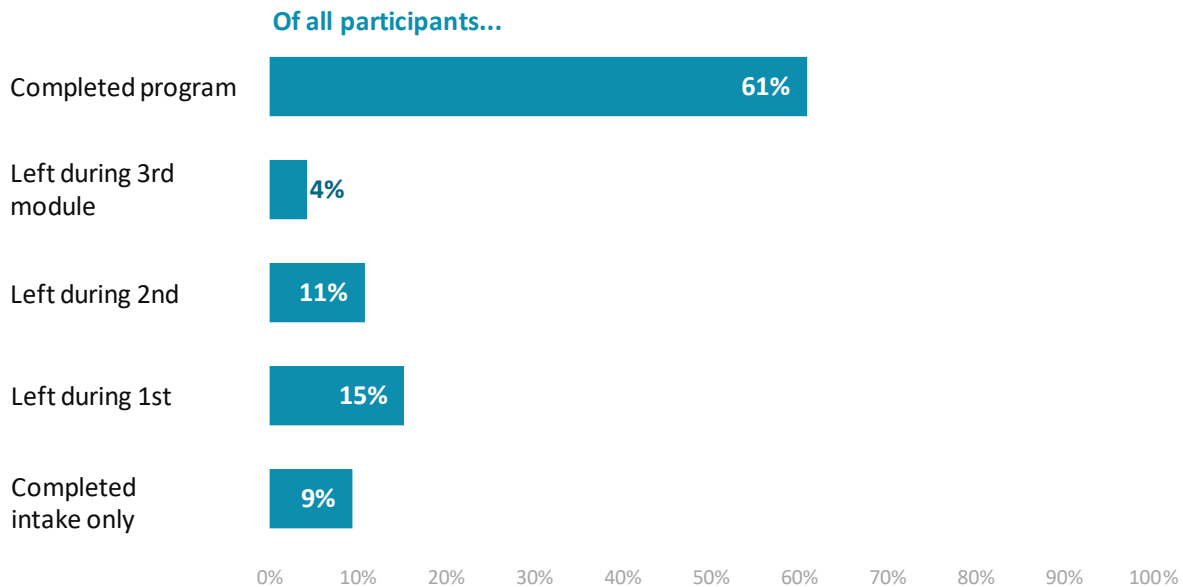
Note: Data from adults served and exited. Adult is defined as the primary caregiver.

Table 5 below lists the number of participants who completed the program (2,645 full completion with certificate; 37 completed curriculum without certificate; 61% completion rate), as well as why some participants exited before completion. The most common reasons were lost contact (7%, n=457) and caregiver dropping out of the program (4%, n=366). It is important to note that some reasons that families left services before SafeCare was completed were not addressable by SafeCare staff, such as DCFS closing a case before the caregiver could complete the intervention. See Appendix Table A3 for regional breakdown of percentages.

Service year

In the last service year, 8,890 visits were conducted in-person and 98 were conducted virtually using video calls (see Appendix Table B5 regional breakdown).

Most participants (62%, n=507) completed the program, 6% completed two modules (n=45), 11% completed one module (n=90), 13% completed no modules (n=105), and 9% only completed intake (n=70). See Appendix Table B6 for regional breakdowns.

Caregivers dropping out (11%, n=93) and lost contact (6%, n=47) were the top reasons for leaving the program other than completion (n=507). See Appendix Table B7 for regional breakdowns.

Table 5. Program exit reasons since July 2017. (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)	474	377	224	170	174	582	110	251	84	199	2645
Completed modules (w/o certificate)	0	1	6	1	0	12	1	16	0	0	37
Lost contact	77	55	39	51	17	98	22	59	21	18	457
Parent dropped out	59	37	45	13	49	66	15	48	22	12	366
DCFS closed case	51	52	11	12	13	36	18	37	19	12	261
Child(ren) removed from home	30	55	40	10	21	38	9	11	10	7	231
Moved out of state	46	37	8	19	11	35	3	22	1	11	193
Imprisonment	18	18	10	8	0	9	1	8	0	3	75
Local inpatient admission where SafeCare not allowed	5	11	2	1	2	2	1	1	0	3	28
Region transfer due to family move	1	1	4	1	4	5	1	4	0	4	25
Withdrawn Referral	10	2	0	1	1	2	2	4	1	1	24
Unsubstantiated referral	2	6	0	0	4	0	1	4	0	3	20
Child death	1	4	2	2	0	2	0	0	1	0	12
Moved out of state for inpatient admission	1	2	1	3	1	0	0	1	0	1	10
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	1	1	2	0	0	0	0	5
Region transfer for inpatient admission where SafeCare IS allowed	0	0	5	0	0	0	0	0	0	0	5
In temporary housing	0	1	0	0	0	0	0	1	0	1	3
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
Unduplicated Total	10	2	0	1	1	2	2	4	1	1	24
Completion Rate (Unduplicated %)	61	57	57	58	57	67	60	57	53	72	61

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.).

Program Outcomes

As Figures 3-5 demonstrate, SafeCare AR has produced some promising results since its inception in 2017.

Participants increased their overall average knowledge of child health from 52% to 99% pre to post (Figure 3). Similarly, the overall average of optimal parent-child interaction behaviors increased from 46% to 95% and parent-infant interaction increased from 62% to 98% (Figure 4). Finally, observed child safety hazards in children's homes also fell by 93% after completing the SafeCare modules (Figure 5). Results in Figures 3-5 are based on participants who completed each SafeCare module, regardless of whether they completed the entire program.

Results have also been positive in the last service year, as demonstrated by the appendix Figures B1, B2, and B3.

Participants increased their overall average knowledge of child health from 51% to 99% pre to post (Figure B1). Similarly, the overall average of optimal parent-child interaction behaviors increased from 43% to 94% and parent-infant interaction increased 60% to 98% (Figure B2). Finally, observed child safety hazards in children's homes also fell by 94% after completing the SafeCare modules (Figure B3). Results in Figures B1-B3 are based on participants who completed each SafeCare module, regardless of whether they completed the entire program.

Figure 3. Health module knowledge tests from before SafeCare to after the module.

Overall average test score — 52% → **Improvement** → 99%

Care at Home (subscore) — 39% → 99%

Emergency (subscore) — 55% → 99%

Doctor's Appointment (subscore) — 61% → 98%
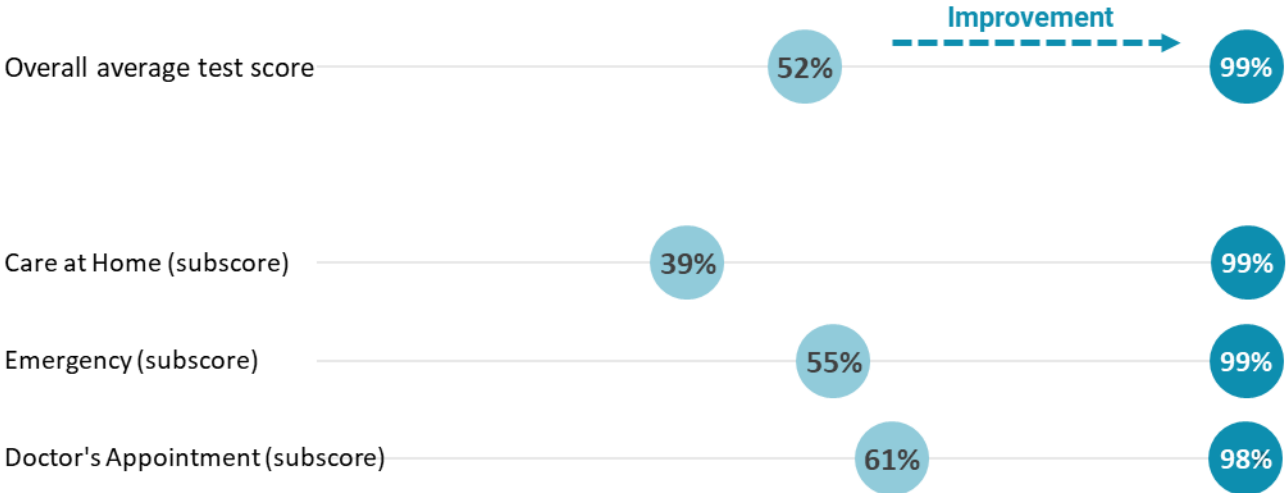
Data from primary caregivers who completed the health module.

Figure 4. Parent/Child Interaction & Parent/Infant Interaction knowledge tests from before SafeCare modules to after the module.

Data from primary caregivers who completed the parent/child or parent/infant modules.
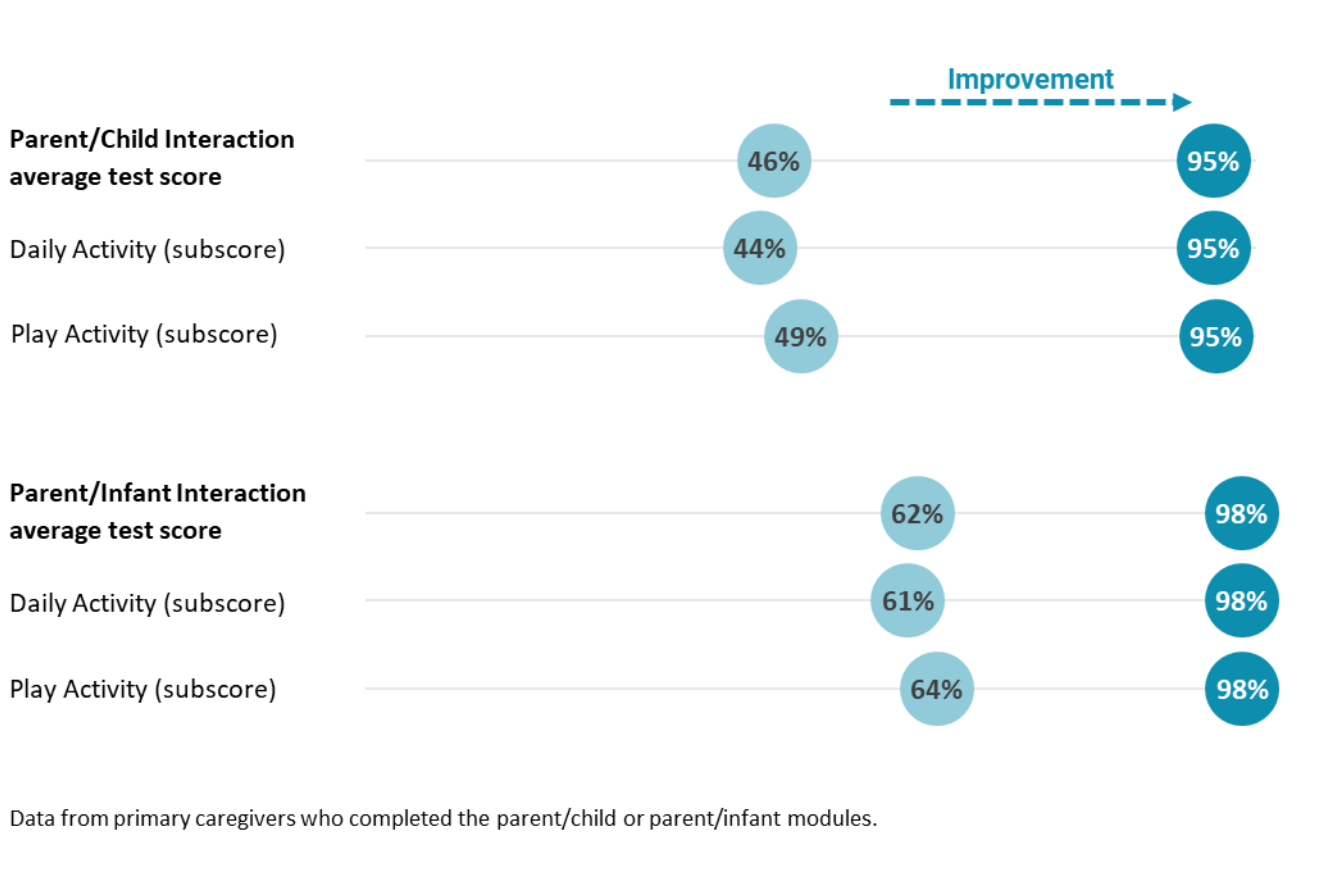
In addition to these outcomes, we analyzed additional observational data (PICCOLO) from home visitors on parent-child interaction at the beginning and end of services. For this analysis, we included participants who completed the Parent-Child/Parent-Infant Interaction module and were observed by a home visitor a minimum of six 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".

All-time warmth scores significantly increased from pre- to post-test (first three visits *Mean*=1.38, *SD*=0.45; last three visits *Mean*=1.72, *SD*=0.36; $t(2290)= 37.19$, $p<0.001$). The percentage of parents who were deemed at-risk for inadequate emotional support[12] significantly decreased across services (57% at the first three visits to 29% at the last three visits; $\chi^2(1, 2291)=468.3$, $p<0.001$) in the all-time analysis. Finally, parental teaching scores

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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.

significantly increased across time (first three visits *Mean*=0.71, *SD*=0.62; last three visits *Mean*=1.34, *SD*=0.63; $t(2290)$=43.42, $p<0.001$) in the all-time group.

When examining the same outcomes within the last service year, warmth scores significantly increased from pre- to post-test (first three visits *Mean*=1.28, *SD*=0.44; last three visits *Mean*=1.67, *SD*=0.39; $t(456)$=19.17, $p<0.001$). Parental teaching scores also significantly increased across time (first three visits *Mean*=0.58, *SD*=0.54; last three visits *Mean*=1.32, *SD*=0.64; $t(456)$=22.05, $p<0.001$). In the 2023-2024 service year, the percentage of parents who were deemed at-risk for inadequate emotional support[13] also significantly decreased across services (64% at the first three visits to 35% at the last three visits; $\chi^2(1, 457)$=94.7, $p<0.001$).

Figure 5. Baseline number of safety hazards in participants' homes vs. after completing SafeCare module.

Data from primary caregivers who completed the safety module.

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[13] 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 5,543 caregivers across the state since 2017, and to 931 within the past service year. Despite high attrition being a well-acknowledged challenge for prevention programs, [14] 61% of all enrolled caregivers completed SafeCare AR since 2017 (n=2,682) and 62% completed in the last service year (n=507).

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[15] 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.[16] More recent studies have shown a 23% completion rate (study across 9, non-specified states nationwide)[17] and a 55% rate in Iowa.[18] 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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[14] This rate includes reasons that were not under SafeCare staff control, such as DCFS closing a case before the caregiver could complete SafeCare

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

[16] 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

[17] 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

[18] Georgia State University (2023). Iowa evaluation year 2 report. Retrieved from https://hhs.iowa.gov/media/7057/download?inline=

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

Table A1. SafeCare staff demographics since July 2017 (current & former Providers & Enrollment Coordinators).

All-Time Staff Demographics					
SafeCare Region	**Num.**	**Perc.**	**Experience**	**Num.**	**Perc.**
Region 1	27	21%	Less than one year	27	21%
Region 2	12	9%	1 - 2 years	41	32%
Region 3	10	8%	3 - 5 years	31	24%
Region 4	7	6%	More than 5 years	28	22%
Region 5	7	6%			
Region 6	13	10%	**Education**	**Num.**	**Perc.**
Region 7	10	8%	Associate's	9	7%
Region 8	18	14%	Bachelor's	87	69%
Region 9	10	8%	Master's	30	24%
Region 10	13	10%			
Gender	**Num.**	**Perc.**	**Degree Focus***	**Num.**	**Perc.**
Female	115	91%	Social Work/Human services	46	30%
Male	12	9%	Other	30	20%
Other	0	0%	Psychology	29	19%
			Education	17	11%
Race & Ethnicity	**Num.**	**Perc.**	Early Childhood Education/Child Development	17	11%
White	74	55%	Counseling	8	5%
Black	45	33%	Sociology	6	4%
Hispanic	9	7%			
Multiracial	4	3%			
Native American	3	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	127	92%
Speaks Spanish	11	8%

Hours per Week	**Num.**	**Perc.**
Full-time	105	83%
Part-time	22	17%

Table A2. Reasons clients were referred to SafeCare since July 2017. (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	56%	51%	64%	69%	64%	66%	65%	57%	69%	78%	62%
Inadequate Supervision	19%	24%	14%	11%	18%	16%	13%	24%	12%	8%	17%
Failure To Protect	13%	7%	5%	10%	7%	7%	6%	7%	8%	9%	8%
Environmental Neglect	10%	8%	8%	6%	6%	6%	9%	9%	6%	4%	7%
Exception With Unlisted Allegation	5%	7%	3%	1%	3%	3%	3%	3%	2%	2%	4%
Medical Neglect	2%	4%	3%	3%	4%	4%	2%	1%	0%	4%	3%
Failure To Provide Essential Needs	4%	5%	2%	0%	1%	1%	1%	2%	2%	1%	2%
Inadequate Food	2%	2%	2%	1%	6%	2%	3%	2%	2%	2%	2%
Substance Misuse	3%	2%	2%	0%	1%	2%	2%	3%	5%	0%	2%
Inadequate Shelter	2%	2%	3%	0%	5%	2%	3%	1%	1%	2%	2%
Failure To Thrive	1%	2%	2%	0%	1%	3%	2%	1%	0%	1%	2%
Inadequate Clothing	1%	1%	2%	0%	5%	1%	2%	1%	2%	1%	1%
Exception Without Allegation	2%	0%	2%	0%	1%	0%	2%	1%	1%	0%	1%
Threat Of Harm	0%	1%	0%	0%	0%	2%	0%	1%	0%	0%	1%
Educational Neglect	1%	1%	0%	0%	0%	0%	0%	0%	1%	0%	0%
Malnutrition	0%	0%	0%	1%	0%	0%	0%	0%	1%	0%	0%
Medical Neglect Of a Disabled Infant	0%	0%	0%	0%	0%	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. Program exit reasons since July 2017. (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	1%	0%	0%	0%	0%	0%	1%	1%	0%	1%
Child death	0%	1%	1%	1%	0%	0%	0%	0%	1%	0%
Child(ren) removed from home	4%	8%	10%	3%	7%	4%	5%	2%	6%	3%
Completed modules (w/o certificate)	0%	0%	1%	0%	0%	1%	1%	3%	0%	0%
Completed program (with certificate)	61%	57%	56%	58%	57%	65%	60%	54%	53%	72%
DCFS closed case	7%	8%	3%	4%	4%	4%	10%	8%	12%	4%
Family unable to meet virtually	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%
Home visiting organization closed	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Imprisonment	2%	3%	2%	3%	0%	1%	1%	2%	0%	1%
In temporary housing	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Local inpatient admission where SafeCare not allowed	1%	2%	1%	0%	1%	0%	1%	0%	0%	1%
Lost contact	10%	8%	10%	17%	6%	11%	12%	13%	13%	7%
Moved out of state	6%	6%	2%	6%	4%	4%	2%	5%	1%	4%
Moved out of state for inpatient admission	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%
Parent death	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Parent dropped out	8%	6%	11%	4%	16%	7%	8%	10%	14%	4%
Region transfer due to family move	0%	0%	1%	0%	1%	1%	1%	1%	0%	1%
Region transfer for inpatient admission where SafeCare IS allowed	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%
Region transfer for inpatient admission where SafeCare NOT allowed	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Withdrawn referral	0%	0%	0%	0%	1%	0%	0%	0%	0%	1%

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 A4a. Caregiver demographics since 2017. (Demographics of caregivers served, by percentage within region)

Adult Demographics	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Gender											
Female	75%	80%	82%	89%	86%	93%	86%	82%	96%	98%	85%
Male	25%	20%	18%	11%	14%	7%	14%	18%	4%	2%	15%
Other											0%
Race & Ethnicity											
White	78%	87%	80%	51%	89%	29%	58%	75%	70%	29%	64%
Black	5%	5%	13%	42%	8%	66%	38%	21%	25%	69%	28%
Hispanic	10%	6%	4%	4%	1%	4%	2%	3%	3%	1%	5%
Multiracial	2%	1%	3%	2%	1%	1%	3%	2%	3%	0%	2%
Native American	2%	1%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Hawaiian/Pacific	3%	0%	0%	1%	0%	0%	0%	0%	0%	0%	1%
Asian	1%	1%	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%	10%	13%	8%	12%	7%	10%	10%	13%	5%	10%
20-24	30%	31%	30%	35%	38%	31%	33%	32%	31%	34%	32%
25-29	27%	29%	28%	26%	26%	29%	30%	29%	30%	33%	28%
30-39	28%	26%	26%	23%	21%	30%	23%	25%	25%	26%	26%
40+	6%	4%	3%	7%	4%	2%	5%	3%	1%	1%	4%

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 A4b. Child demographics since 2017. (Demographics of children served, by percentage within region)

Child Demographics	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Gender											
Male	51%	53%	52%	53%	51%	50%	46%	55%	49%	48%	51%
Female	49%	47%	47%	47%	49%	50%	54%	45%	51%	52%	49%
Other											0%
Race & Ethnicity											
White	64%	78%	70%	41%	81%	26%	45%	63%	61%	25%	54%
Black	4%	5%	13%	41%	7%	62%	40%	24%	24%	69%	30%
Multiracial	7%	8%	12%	11%	8%	5%	10%	8%	11%	5%	8%
Hispanic	18%	8%	6%	6%	3%	6%	4%	4%	4%	1%	7%
Native American	3%	1%	0%	0%	1%	0%	0%	0%	0%	0%	1%
Hawaiian/Pacific	3%	0%	0%	1%	0%	0%	0%	0%	0%	0%	1%
Asian	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Child Age											
Less than 1yr	66%	65%	68%	78%	74%	75%	72%	64%	74%	86%	71%
1	9%	10%	8%	7%	7%	9%	8%	9%	11%	7%	9%
2	9%	12%	11%	6%	6%	7%	7%	11%	7%	4%	8%
3	6%	5%	7%	4%	6%	5%	6%	6%	4%	2%	5%
4	6%	6%	6%	4%	4%	3%	6%	8%	2%	2%	5%
5	4%	2%	1%	2%	3%	2%	2%	2%	1%	0%	2%
6	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
7	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
8-13	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Note: Data from children served and exited. Child is defined as target child(ren) from referral. 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 child race/ethnicity were not collected in the first year or two of implementation of SafeCare in Arkansas. All data is unduplicated. For this table, unduplicated is defined as the following: A participant is only counted one time, regardless of if they have had multiple SafeCare enrollments over time, or if those enrolments happened in multiple regions over time. Participants are counted in the last region they had contact with the program.

Table A5. In-person & virtual visits conducted since July 2017. (Referrals & clients served)

Visit Type	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
In-Person											
Referrals	630	647	378	293	329	736	119	303	170	304	3909
Services	8287	7649	4492	3437	3530	8831	1634	3903	1654	3563	46980
Total	8917	8296	4870	3730	3859	9567	1753	4206	1824	3867	50889
Virtual											
Referrals	49	16	20	18	14	168	71	131	18	17	522
Services	537	670	452	362	547	3681	765	1701	436	688	9839
Total	586	686	472	380	561	3849	836	1832	454	705	10361
Overall Total	9503	8982	5342	4110	4420	13416	2589	6038	2278	4572	61250

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. Modules completed since July 2017.

	Module	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	State Totals
	Health	555	432	265	208	191	698	130	310	101	214	3104
		71%	65%	66%	71%	63%	78%	71%	66%	64%	77%	70%
	Safety	503	400	207	160	187	536	117	278	91	209	2688
		65%	61%	52%	55%	62%	60%	64%	59%	57%	75%	61%
	Parent-infant interaction	318	266	151	135	140	479	95	203	73	182	2042
		41%	40%	38%	46%	46%	54%	52%	43%	46%	66%	46%
	Parent-child interaction	189	144	94	34	44	126	21	82	14	19	767
		24%	22%	23%	12%	15%	14%	11%	18%	9%	7%	17%
	Total	778	661	402	293	303	891	184	468	159	277	4416

Note: Data from caregivers served and exited. Caregiver is defined as the primary caregiver.

Table A7. Module/program completion or exit timing since July 2017, by region.

Completion Status	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Completed program	474	378	230	171	174	594	111	267	84	199	2682
Completion rate	61%	57%	57%	58%	57%	67%	60%	57%	53%	72%	61%
Incomplete; Exit Point											
Intake only	68	69	41	26	41	53	17	53	28	16	412
No complete modules	111	106	79	49	52	122	23	73	17	38	670
Completed 1 module	83	76	34	39	31	92	26	46	24	19	470
Completed 2 modules	42	32	18	8	5	30	7	29	6	5	182

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

Appendix B: Additional Tables & Figures for Service Year Data

Table B1. Families, caregivers, & children served this past service 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	111	149	123	165	219	180	188	154
Region 2	101	119	90	117	142	109	120	90
Region 3	65	82	59	79	102	74	81	57
Region 4	59	87	61	66	97	68	88	59
Region 5	97	103	79	128	130	97	105	77
Region 6	78	81	52	89	90	57	94	60
Region 7	43	55	44	52	67	55	66	53
Region 8	76	88	63	99	109	76	94	63
Region 9	59	62	41	69	71	45	69	46
Region 10	67	95	72	67	95	72	95	72
Unduplicated Total	732	902	669	905	1102	817	982	717
Duplicated Total	756	921	684	931	1122	833	1000	731

Note: Data for 7.1.23 - 6.30.24 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. Reasons clients were referred to SafeCare this past service year. (Children associated with allegation type, by frequency)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Garrett's Law	25	27	14	20	36	14	21	13	23	27	220
Inadequate Supervision	32	11	3	0	5	12	6	9	4	6	88
Environmental Neglect	8	0	2	0	1	2	6	4	2	2	27
Failure To Protect	2	2	1	0	0	4	3	4	1	6	23
Failure To Provide Essential Needs	14	3	0	0	1	0	0	3	0	0	21
Exception Without Allegation	12	1	3	0	1	0	0	1	1	0	19
Medical Neglect	6	0	3	1	4	1	0	2	0	1	18
Substance Misuse	7	3	0	0	1	1	0	4	0	0	16
Exception With Unlisted Allegation	6	3	1	0	1	0	0	0	2	1	14
Failure To Thrive	2	2	2	0	1	2	0	0	0	0	9
Inadequate Food	0	0	3	1	2	0	1	1	0	0	8
Inadequate Shelter	0	0	4	1	2	0	1	0	0	0	8
Inadequate Clothing	0	0	1	0	2	0	1	1	0	0	5
Malnutrition	1	0	0	0	0	0	0	2	0	0	3
Medical Neglect Of a Disabled Infant	0	0	1	0	0	0	0	0	0	1	2
Educational Neglect	0	0	0	0	0	0	0	0	1	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
Munchausen Syndrome	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	151	88	56	57	74	59	53	62	46	71	717

Note: Data for 7.1.23 - 6.30.24 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. Reasons referred clients were not enrolled in SafeCare this past service year.

(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	3	11	3	0	17	2	2	6	1	0	45	45
Family Declined Services	5	2	4	0	7	4	2	3	2	2	31	32
Withdrawn Referrals	2	9	1	0	4	3	2	4	1	0	26	26
Lost Contact	0	5	1	0	1	5	4	0	2	4	22	22
Child(ren) removed from home	1	3	3	1	0	2	0	2	1	0	13	13
Unsubstantiated Referral	3	0	3	0	2	2	0	0	0	0	10	10
Imprisonment	4	0	0	0	2	0	0	0	1	0	7	7
Mistake-Duplicated Referral	0	4	0	0	0	0	1	1	0	0	6	6
Total	18	34	15	1	33	18	11	16	8	6	157	-
Duplicated Total	18	34	16	1	33	18	11	16	8	6	-	161

Note: Data for 7.1.23 - 6.30.24 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 B4a. Caregiver demographics this past service year. (Demographics of caregivers served, by frequency)

Adult Demographics	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Gender											
Female	127	84	55	58	73	50	43	60	41	71	662
Male	49	23	18	8	19	6	12	15	4	0	154
Other*											1
Race & Ethnicity											
White	144	96	59	36	85	26	28	57	34	15	580
Black	3	4	10	23	6	26	23	13	8	54	170
Hispanic	14	7	3	3	0	2	2	3	2	2	38
Hawaiian/Pacific	9	0	0	3	0	0	0	0	0	0	12
Multiracial	4	0	0	1	0	2	2	2	1	0	12
Asian	3	0	0	0	0	0	0	0	0	0	3
Native American	0	0	1	0	1	0	0	0	0	0	2
Age at Enrollment											
8-13	0	0	0	0	0	0	0	0	0	0	0
14-19	22	14	17	6	6	5	6	15	10	2	103
20-24	47	34	14	22	36	21	14	27	17	27	259
25-29	39	26	16	16	24	12	17	18	10	23	201
30-39	55	31	22	14	20	17	14	13	8	18	212
40+	14	2	4	8	6	1	4	2	0	1	42
Unduplicated Total	177	107	73	66	92	56	55	75	45	71	817

Note: Data for 7.1.23 - 6.30.24 only. 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 small number of participant identifying their gender as "Other" was not included.

Table B4b. Child demographics this past service year. (Demographics of children served, by frequency)

Child Demographics	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Gender											
Female	71	44	33	22	40	32	34	27	26	35	364
Male	80	44	21	35	34	27	19	35	20	36	351
Other*											2
Race & Ethnicity											
White	90	67	43	24	61	22	23	40	28	11	409
Black	6	3	8	20	6	26	23	13	9	55	169
Multiracial	17	12	4	7	4	7	3	5	5	4	68
Hispanic	24	6	1	4	2	3	4	4	4	1	53
Hawaiian/Pacific	12	0	0	2	0	0	0	0	0	0	14
Native American	1	0	0	0	1	0	0	0	0	0	2
Asian	1	0	0	0	0	1	0	0	0	0	2
Child Age											
Less than 1yr	87	64	39	42	55	38	33	40	36	60	494
1	17	8	4	5	4	8	5	6	6	5	68
2	19	7	8	5	7	4	4	7	1	5	67
3	12	4	1	1	1	6	3	3	1	1	33
4	9	4	3	1	2	2	6	6	0	0	33
5	6	1	1	3	5	0	2	0	2	0	20
6	1	0	0	0	0	1	0	0	0	0	2
7	0	0	0	0	0	0	0	0	0	0	0
8-13	0	0	0	0	0	0	0	0	0	0	0
Unduplicated Total	151	88	56	57	74	59	53	62	46	71	717

Note: Data for 7.1.23 - 6.30.24 only. Data from children served and exited. Child is defined as target child(ren) from referral. 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 child race/ethnicity were not collected in the first year or two of implementation of SafeCare in Arkansas. All data is unduplicated. For this table, unduplicated is defined as the following: A participant is only counted one time, regardless of if they have had multiple SafeCare enrollments over time, or if those enrolments happened in multiple regions over time. Participants are counted in the last region they had contact with the program. *To protect participant privacy, the region of service for the small number of participant identifying their gender as "Other" was not included.

Table B5. In-person & virtual visits this past service year. (Referrals & clients served)

Visit Type	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total	%
In-Person												
Referrals	111	83	60	52	88	63	40	66	55	66	618	
Services	1548	1204	731	795	1152	748	640	849	605	981	8272	
Total	1659	1287	791	847	1240	811	680	915	660	1047	8890	99%
Virtual												
Referrals	0	0	2	1	3	0	0	0	0	0	6	
Services	5	32	5	10	11	2	2	18	7	3	92	
Total	5	32	7	11	14	2	2	18	7	3	98	1%
Overall Total	1664	1319	798	858	1254	813	682	933	667	1050	8988	

Note: Data for 7.1.23 - 6.30.24 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. Module/program completion in the past service year, by region.

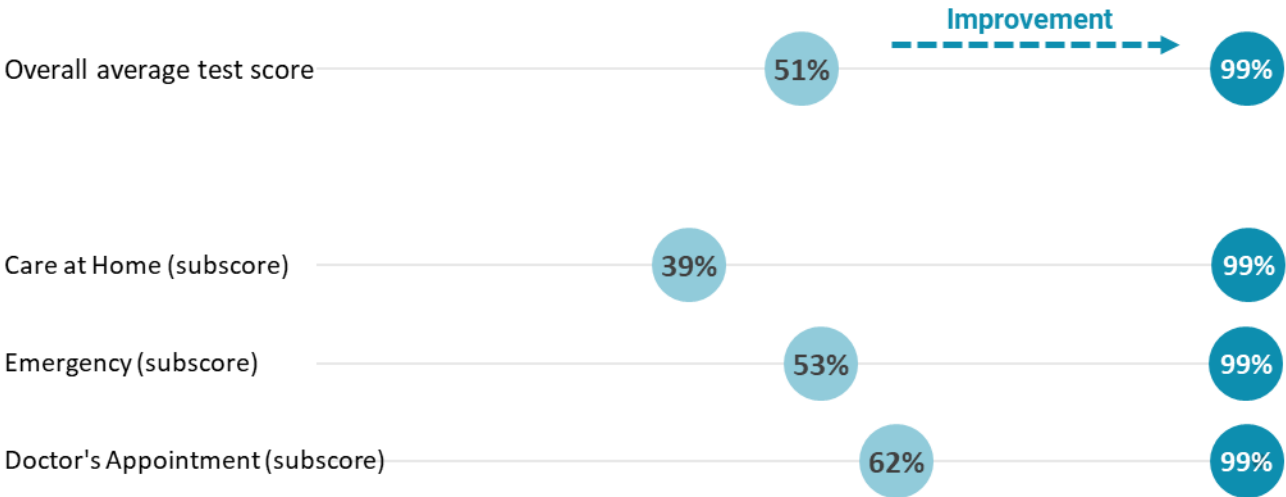| Status	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Completed program	110	59	45	44	61	38	29	40	27	54	507
Completion rate	62%	55%	62%	67%	66%	68%	53%	53%	60%	76%	62%
Incomplete; Exit Point											
Intake only	15	2	8	3	12	4	4	8	9	5	70
No complete modules	27	20	9	12	9	6	6	8	4	4	105
Completed 1 module	14	17	6	7	9	6	13	9	4	5	90
Completed 2 modules	11	9	5	0	1	2	0	0	1	0	45

Note: Data for 7.1.23 - 6.30.24 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. Program exit reasons this past service year. (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)	110	58	44	44	61	38	29	38	27	54	503
Completed modules (w/o certificate)	0	1	1	0	0	0	0	2	0	0	4
Parent dropped out	18	6	6	6	14	12	10	13	7	1	93
Lost contact	10	13	5	2	2	3	1	6	5	0	47
DCFS closed case	10	7	1	2	2	1	8	4	3	2	40
Child(ren) removed from home	7	10	6	0	5	0	2	3	2	3	38
Moved out of state	9	5	1	6	1	1	2	3	1	3	32
Imprisonment	5	2	5	3	0	0	1	4	0	1	21
Withdrawn referral	2	0	0	0	4	1	0	0	0	2	9
Local inpatient admission where SafeCare not allowed	0	4	0	1	1	0	0	1	0	1	8
Unsubstantiated referral	4	0	0	0	0	0	2	0	0	1	7
Region transfer for inpatient admission where SafeCare IS allowed	0	0	4	0	0	0	0	0	0	0	4
Region transfer due to family move	0	0	0	0	1	0	0	1	0	2	4
Moved out of state for inpatient admission	1	1	0	1	0	0	0	0	0	0	3
Child death	0	0	0	1	0	0	0	0	0	0	1
In temporary housing	0	0	0	0	0	0	0	0	0	1	1
Region transfer for inpatient admission where SafeCare NOT allowed	0	0	0	0	1	0	0	0	0	0	1
Changed home visiting programs	1	0	0	0	0	0	0	0	0	0	1
Unduplicated Total	4	0	0	0	0	0	2	0	0	1	7
Completion Rate (Unduplicated %)	62%	55%	62%	67%	66%	68%	53%	53%	60%	76%	62%

Note: Data for 7.1.23 - 6.30.24 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.).

Figure B1. Health module knowledge tests from before SafeCare to after the module this past service year.

Improvement →

	Before	After
Overall average test score	51%	99%
Care at Home (subscore)	39%	99%
Emergency (subscore)	53%	99%
Doctor's Appointment (subscore)	62%	99%

Data from primary caregivers who completed the health module.

Figure B2. Parent/Child Interaction & Parent/Infant Interaction knowledge tests from before SafeCare modules to after the module this past service year.
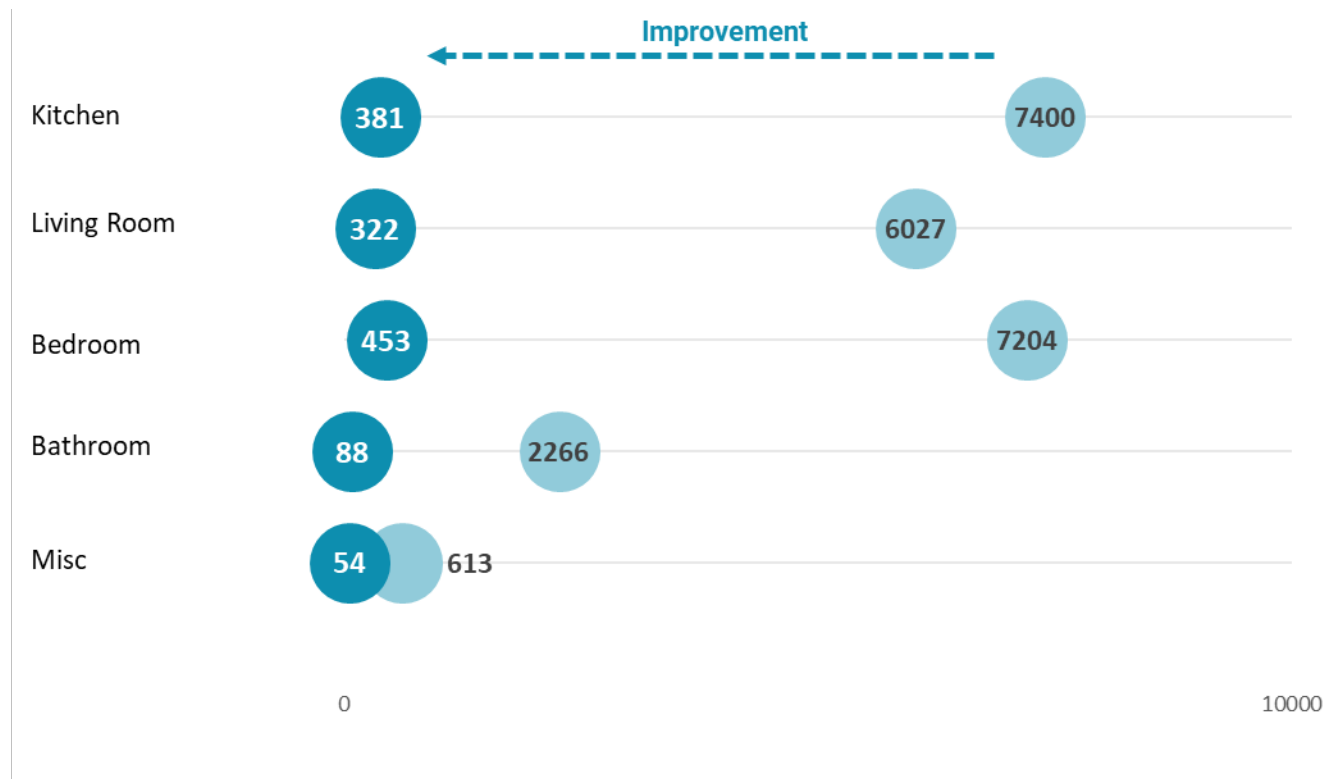

	before SafeCare modules	after the module
Parent/Child Interaction average test score	43%	94%
	42%	93%
Play Activity (subscore)	45%	95%
Parent/Infant Interaction average test score	60%	98%
Daily Activity (subscore)	59%	98%
Play Activity (subscore)	62%	98%

Figure B3. Baseline number of safety hazards in participants' homes vs. after completing SafeCare module this past service year.
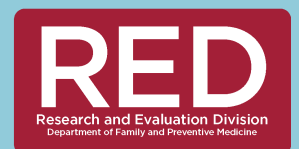

Data from primary caregivers who completed the safety module.

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