IN THE SPRING OF 2009 the Arkansas State Legislature approved funding to improve screening, monitoring and continuity of care for children experiencing physical or sexual abuse in Arkansas to address the psychological impact of their trauma. During the fourth year of the project, 2012-2013, we have made tremendous strides toward improving services for traumatized children. Specifically, we have maintained the rate of participation in trainings by mental health professionals (MHP’s), resulting in significant growth in the number of children and families seen for services. In addition, several new initiatives were launched. This report will highlight the results achieved under each objective during the fourth year of the project.

**Project History:**

AR BEST (Arkansas Building Effective Services for Trauma) is a multidisciplinary collaboration between the University of Arkansas for Medical Sciences (UAMS) Psychiatric Research Institute and the Department of Pediatrics.

The mission of AR BEST is to improve outcomes for traumatized children and their families in Arkansas through excellence in clinical care, training, advocacy and research and evaluation.

AR BEST is designed to increase capacity in Child Advocacy Centers (CAC’s) and Community Mental Health Centers (CMHC’s). Currently, 13 CAC’s in Arkansas serve abused children and their families.

Arkansas also has an extensive network of CMHC’s with locations in 69 counties to provide important services to traumatized children and their families. In partnership with the Arkansas Commission on Child Abuse, Rape and Domestic Violence, the AR BEST team has worked closely with representatives from CAC’s and CMHC’s to fully engage them in this effort to improve services for traumatized children.

| 1  | Provide training to advocates, mental health professionals (MHP’s) and other individuals working with traumatized children in evidence-based practices. |
| 2  | Design, train and implement a statewide screening protocol for use in all Child Advocacy Centers (CAC’s) and Community Mental Health Centers (CMHC’s). |
| 3  | Provide clinical services for children at UAMS who have experienced sexual or physical abuse and follow-up thereafter to track progress. |
| 4  | Establish a statewide communication system for ongoing training, supervision and consultation to MHP’s. |
| 5  | Fund MHP’s to provide services at CAC’s. |
Arkansas Building Effective Services for Trauma (AR BEST)
A Timeline from July 1st, 2009 - June 30th, 2013

Overview

AR BEST has become the statewide leader and a nationally recognized model program in providing evidence-based training for children experiencing abuse and trauma. Notable progress in the past year has been made in training and coordinating the statewide workforce that cares for children and families who have experienced trauma. The project has celebrated numerous highlights since its inception, but several of these were achieved in the past year:

- Over 900 mental health professionals who work in 62 Arkansas counties have completed training in TF-CBT.
- DCFS workers from 70 counties have been through training.
- DCFS foster parents and front-line staff, juvenile justice personnel, and teachers are some of the new stakeholders who have been trained by the AR BEST staff.
- The infrastructure of the AR BEST program has led to $1,850,000 in additional research dollars as a result of our partnerships, expertise and related work in this area.
- AR BEST faculty members have published five articles on this special initiative to address the short- and long-term effects of child trauma with another two in preparation.
- More than 1,800 children have been registered into the AR BEST system by the MHP’s who have received training through this program.
The success of the program, as detailed in the pages below, can be measured and described in many ways, but the truest measure of success is found in the voices of those involved in the project. The MHP’s, child welfare workers, child advocates and other treatment providers have told us loud and clear that AR BEST has changed the way they practice with children who have experienced trauma.

Objective 1:
Training

Mental Health Training
As part of a statewide initiative to improve care for traumatized youth, AR BEST is integrating the latest research with state-of-the-art training for mental health professionals (MHP’s). Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is an effective mental health treatment for youth who have experienced trauma, including sexual and physical abuse. AR BEST is in the fourth year of a statewide dissemination of this intervention for MHP’s.

AR BEST also developed a “Specialty Focus” to improve services in Arkansas for children five years old and younger who have experienced trauma. Consensus across child-serving systems such as child welfare and mental health indicated a lack of training in and availability of evidence-based services for young children in Arkansas. To accomplish this goal, AR BEST revised its trauma-informed care trainings to include additional information on early stress and the often profound impact trauma has on children’s early emotional, social, behavioral, and biological health and development. We provided trainings to key stakeholders involved in the care of young children who have experienced trauma, including child welfare staff, court personnel, advocates, foster parents, court appointed special advocates (CASAs), early childhood educators, mental health professionals (MHP’s), mental health paraprofessionals, family physicians, veteran/military systems, and community individuals (e.g., parents, clergy, etc.). Additionally, AR BEST staff successfully applied to become a site within the National Child Traumatic Stress Network (NCTSN), a program of the Substance Abuse and Mental Health Services Administration (SAMHSA). The program, Arkansas Network for Early Stress and Trauma (NEST), will focus on: 1) Training MHP’s in two evidence-based treatments for young children who have experienced trauma and 2) Providing trauma-informed care trainings to key stakeholders involved in the care of young children who have experienced trauma.

Mental Health Professionals (MHP): Free on-line training in Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) for MHP’s through the Medical University of South Carolina (MUSC) (http://tfcbt.musc.edu/) was promoted by AR BEST in the fall of 2009. In the four years prior to initiation of AR BEST, only 47 mental health clinicians in Arkansas had completed this training. At the completion of Year 4 of the project, almost 700 MHP’s have completed the introductory training, which provides an excellent foundation for assessing and treating traumatized children.

Most importantly, we have seen how the lives of these children and their families have changed for the best through the diligent work of well-trained therapists, case workers and other trauma-informed staff.
**MHP’s TF-CBT Training Progression**

<table>
<thead>
<tr>
<th>Training Cohort</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductory Training</td>
<td>135</td>
<td>186</td>
<td>169</td>
<td>184</td>
</tr>
<tr>
<td>Consultation Calls</td>
<td>58</td>
<td>84</td>
<td>60</td>
<td>**</td>
</tr>
<tr>
<td>Advanced Training</td>
<td>57</td>
<td>64</td>
<td>49</td>
<td>**</td>
</tr>
</tbody>
</table>

**Data not available until FY 2014**

To date, **674 providers from 62 counties across Arkansas have completed the web-based and two-day training** (see map below showing numbers of MHP’s trained per county). Of these, over **200 have completed the ongoing consultation calls** with one of five national experts and six in-state experts; an additional **116 are currently participating in calls**.

Four outstanding MHP’s from the 2010 training group were identified by treatment developers, other national TF-CBT experts, and/or AR BEST staff to begin their training to become local experts: Kelly Hamman, LCSW, with PRI; Karrah Dickeson, LPC, of the Texarkana Children’s Advocacy Center; Julie Dickerson, LPC, of Therapeutic Family Service; and Janelle von Storch, LPC, who operates a private practice. Karen Wright, LAC, of Cooper-Anthony Mercy Child Advocacy Center in Hot Springs was awarded the third annual AR BEST Clinician of the Year.

In an effort to ensure that trained providers are available statewide, AR BEST is tracking the location of clinicians around the state trained in TF-CBT. An interactive map [http://www.uams.edu/arbest/map.asp](http://www.uams.edu/arbest/map.asp) is available on the website to help families and professionals identify a clinician in their location. In addition, AR BEST conducted three on-site trainings for MHP’s in Jonesboro, AR, in the spring of 2013. The presentations were given by Jan Church, Ph.D., Karen Worley, Ph.D., and Nicholas Mitrani, LPE, on the topics of “Working with Non-offending Parents,” “Proper Assessment of Traumatized Children,” and “Children with Sexual Behavior Problems.”
MHP’s 

MHP's were asked before and after the two-day conference to rate how certain they were they could perform the TF-CBT components. Their confidence was rated on a scale of 0% (can’t do it at all) to 100% (highly certain/can do). On pre- versus post-evaluations, 95.7% of participants indicated that the conference improved their ability to treat children and adolescents with a trauma history. Almost 80% of participants agreed that they intend to change their practice because of what they learned at the conference.

Comments from attendees in the introductory and advanced trainings were highly positive:

“I have benefited greatly from TF-CBT and use it repeatedly for trauma and grief. I’m a big fan and believer. It has been received wonderfully by the parents, guardians and foster parents. I particularly like to use it with DHS foster care kiddos and referrals. DHS has been a great supporter. I’m glad they’re getting trained.”

“I have gained much respect from the medical staff at my facility while working with traumatized kids. The results speak for themselves, and DHS has also been pleased. This is definitely something I will use for a long time in my practice.”

“The TF-CBT program has helped us in such a huge way. We have been able to get further with clients in a much shorter period of time. It also helps the families as well as the children.”

“...when she came in, she was a fragile girl, so we started with the TF-CBT, but as we went through the model and she learned skills, once she had a safe place to talk about the things that were really troubling her, it was really neat to see the transition in her life. It just worked so beautifully with this little girl.”
Foster Parent Training

AR BEST team conducted a large workshop for foster parents on trauma-informed care for children. The session was well-attended with over a hundred parents trained. As seen from the comments and ratings, foster parents reported increased knowledge in all areas covered.

Comments from attendees were very positive and suggest an increase in empathy in response to the open-ended question: “What will you do differently because of what you learned?”

“Be more patient with our kids when some of these traumatic behaviors surface.”

“How to think about where the anger toward a situation may be coming from before addressing it.”

“Continued patience, trying to view situations from the perspective of the traumatized child.”

“How to think about where the anger toward a situation may be coming from before addressing it.”

“Not respond to screaming and picture me in their situation.”

“Be more proactive in asking for therapy.”

“Be slow to anger. I have a better understanding of what I am dealing with.”

Foster Parent Training Knowledge of Topic on a Scale from 1-5 (n=122)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Before Training</th>
<th>After Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand how trauma may have affected my child's development.</td>
<td>3.95</td>
<td>4.45</td>
</tr>
<tr>
<td>I am able to identify symptoms of trauma in my child.</td>
<td>3.48</td>
<td>4.21</td>
</tr>
<tr>
<td>I know what to do to increase my child's sense of safety.</td>
<td>3.88</td>
<td>4.41</td>
</tr>
<tr>
<td>I can recognize 3 trauma 'hot spots' that my child may react to.</td>
<td>3.19</td>
<td>4.23</td>
</tr>
<tr>
<td>I know how to find a therapist trained in trauma-informed care that will be able to help my child.</td>
<td>3.59</td>
<td>4.46</td>
</tr>
<tr>
<td>I know what to do if my child experiences strong reactions to trauma reminders.</td>
<td>3.27</td>
<td>4.23</td>
</tr>
<tr>
<td>I understand what 're-enactment' means and how that might affect my child's behaviors.</td>
<td>3.14</td>
<td>4.38</td>
</tr>
<tr>
<td>I know how to improve my knowledge about being a trauma-informed parent.</td>
<td>3.32</td>
<td>4.37</td>
</tr>
<tr>
<td>I can explain the mission of AR BEST and how it relates to my family.</td>
<td>2.05</td>
<td>4.17</td>
</tr>
</tbody>
</table>
Arkansas Department of Human Services/Division of Child and Family Services (DCFS) Staff

In Year 4, AR BEST continued its partnership with DCFS. Training shifted from directors and supervisors to front-line staff utilizing a “train-the-trainer” model. Phase I trainings were led by AR BEST staff. MidSOUTH and Academic Partnership MHP’s were trained in Phase I to be trainers for Phase II, which consisted of one-day workshops for DCFS staff. Regional trainings were attended by 508 participants, of which 490 were front-line staff. Most attendees were either caseworkers (64.1%) or program assistants (22.6%), and 13.3% were ‘other’ staff (resource workers, adoption specialists, transitional service coordinators, etc.). The length of employment with DCFS ranged from less than one month to 37 years, with an average of 6.5 years.

At the end of the training, DCFS staff rated their satisfaction with the two-day training. Almost all participants (90.0%) rated the usefulness of the information presented in the training as above average or excellent. Additionally, most attendees felt the presenters were above average or excellent in their knowledge (92.1%) and responsiveness to questions (93.0%). A randomly selected group of participants was selected to complete a follow-up interview three months after the training to investigate how their use of trauma-informed practices may have changed. The results revealed a significant increase in reported use of strategies to provide support for children receiving services.

In the future, with input from AR BEST, the MidSOUTH and Academic Partnership trainers will integrate trauma-informed child welfare principles into new worker trainings and annual refresher trainings.

Taking It Back to Work Training

In May 2013, Teresa Kramer, PhD, conducted the first “Lunch and Learn” training with DCFS workers building on the one-day trauma-informed care training they received through AR BEST. Those in attendance were asked to complete a survey post-training that assessed their knowledge gained and the presentation as a whole.

When Lunch-and-Learn participants were asked “What will you do differently with children and families because of what you learned today?” attendees made the following comments:

“Address the impact to trauma and subsequent changes in the child’s behavior, development, and relationships.”

“Be more compassionate.”

“Focus on explaining the facts and importance of safety.”

“Take the time to talk and listen and understand the trauma that children, parents, and family members are going through.”

83% stated the presenter was above average or excellent in their responsiveness to questions.

89% reported that the information presented was above average or excellent in its usefulness in their practice.

72% felt the quality of presentation materials was above average or excellent.
Families Impacted by Substance Abuse and Trauma

Pre-K teachers in the Fort Smith School District were trained in April 2013 on the impact of substance abuse and trauma on the family. As seen below, those in attendance reported an increase in knowledge of supports for those affected by trauma and substance use. Additionally, attendees rated the presenters, usefulness of information, and quality of materials above average or excellent.

**SUBSTANCE ABUSE AND TRAUMA TRAINING KNOWLEDGE OF TOPIC ON A SCALE FROM 1-5 (N=28)**

1. I understand how trauma can affect children's development.  
   Before Training: 2.82  
   After Training: 4.59

2. I understand how family substance abuse can impact children.  
   Before Training: 3.54  
   After Training: 4.68

3. I am able to identify symptoms of trauma in a child.  
   Before Training: 2.82  
   After Training: 4.36

4. I understand how my classroom practices can support a child that has experienced trauma.  
   Before Training: 3.11  
   After Training: 4.73

5. I understand how my classroom practices can support a child that has experienced trauma.  
   Before Training: 2.68  
   After Training: 4.55

6. I understand how to increase a child's sense of safety.  
   Before Training: 3.46  
   After Training: 4.77

7. I understand the connection between substance abuse and trauma.  
   Before Training: 2.68  
   After Training: 4.55

8. I understand how to do if children experience strong emotions.  
   Before Training: 3.25  
   After Training: 4.64

9. I know what kind of services can help a family impacted by substance abuse or trauma.  
   Before Training: 2.82  
   After Training: 4.59
Advocate Training

The AR BEST team, including Karen Worley, Ph.D., Jan Church, Ph.D., and Nicholas Mitrani, LPE, hosted the 3rd Annual Arkansas Advocates Conference that included lectures on the following topics: Overview of Human Trafficking, Child Sexual Abuse Exams, Case Review, AR BEST Advocate Data Updates, and Wellness and Self-Care. Regarding AR BEST training for advocates in FY 2013, 74% of advocates agreed or strongly agreed with the statement, “I believe that advocates have a more clearly defined role statewide as a result of the trainings” and “I know where to go to get information to increase my skills.

Arkansas advocates also identified the need for case discussions with their peers to better assist their families. Advocates participated in three case discussions every other month via teleconferencing. Twelve advocates presented cases including the facts of the case, services provided, challenges and solutions, and the resolution of the case.

Advocates had positive comments to share:

“...being able to network with other advocates in the state is great. We are able to share ideas to better our respective Centers as well as work together to promote the importance of Child Advocacy across the state. On a professional level, the trainings that you all have provided have been very beneficial.”

86% agreed that the case reviews increased their skills as an advocate.

86% agreed the case reviews gave them new ways to think about their work.

94% agreed they would like to keep attending case reviews, and 93% agreed that they were helpful overall.
Division of Youth Services and Juvenile Justice Training

At the request of the Division of Youth Services (DYS) – the juvenile justice arm of the Arkansas Department of Human Services – AR BEST conducted its first trauma-informed training at the residential facility in Colt, Arkansas. More than 30 staff members and youth learned about the high percentage of children in DYS custody who have been victims of violence and the possible effects such incidents may have on emotional, cognitive and social development. AR BEST distributed a safety plan that can be customized to each child or adolescent outlining triggers and coping strategies to prevent problems from escalating.

Juvenile Justice Training Knowledge (n=19)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percent Agree to a Great Extent/Very Great Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know how to avoid being a 'trigger' for a youth that has experienced a trauma.</td>
<td>78%</td>
</tr>
<tr>
<td>I know what to do if youth experience strong reactions to reminders of their trauma.</td>
<td>78%</td>
</tr>
<tr>
<td>I know the difference between the behaviors that are symptoms of trauma and 'bad' behaviors.</td>
<td>67%</td>
</tr>
<tr>
<td>I understand the key elements of trauma assessment for youth.</td>
<td>78%</td>
</tr>
<tr>
<td>I feel prepared to teach youth breathing techniques and other coping strategies for dealing with strong emotions.</td>
<td>71%</td>
</tr>
<tr>
<td>I understand how to identify unhelpful thoughts that can lead to negative moods and behaviors.</td>
<td>89%</td>
</tr>
<tr>
<td>I understand the relationship between a youth's trauma history and his/her emotional and behavioral reactions.</td>
<td>94%</td>
</tr>
<tr>
<td>I understand the meaning of posttraumatic stress disorder.</td>
<td>89%</td>
</tr>
</tbody>
</table>

When asked “What will you do differently with the youth you serve because of what you learned today,” responses were positive:

“Learn to be more patient than I have been and know that they are not just acting out.”

“Consider when they are having problems it might have something to do with their past.”

“Be careful about touching or getting too close to some because that could trigger a reaction.”

Other Training Activities

This year was a busy year for the AR BEST team. Collectively we have presented to 20 other local or national organizations with topics ranging from an overview of the AR BEST project to education on trauma-informed practices for state agencies (see Appendix for citations).
The AR BEST’s secure and confidential web-based system to screen and track client and family needs has been successful. As a group, the CAC’s registered 3,633 clients in the AR BEST system during the fiscal year, a 30% increase over the prior year. Clients were from 73 of 75 Arkansas counties. Counties with more than 100 children in the system included: Benton, Boone, Craighead, Crawford, Faulkner, Garland, Lonoke, Pulaski, Saline, Sebastian, Washington and White.

**Objective 2:**

**Statewide Screening Protocol**

Bi-annual reports have been disseminated to share ongoing progress with the AR BEST program to CAC directors, advocates, and related personnel containing information and detailed data from the system about demographic information and type of trauma experienced (for example, see chart above), emotional and behavioral needs of children and adolescents, extent of mental health referrals and linkages between CAC’s and mental health providers, and outcomes of traumatized children and adolescents. Summary data for July 2012 through June 2013 include:

- The majority are Caucasian females for sexual abuse investigation. Most are between the ages of 5-14.
- Nearly three-fourths are referred to mental health counseling or are already in counseling.
- Approximately 15% reported multiple problems with anxiety and depression.
- Approximately 28% reported problems with attention and ‘acting out’ behaviors.

---

**Type of Trauma -- Clients Served by CAC’s**
A survey of CAC Advocates who completed the screening calls revealed that most advocates have found the screening process helpful for the children and families they serve:

- 86% agreed that the follow-up call schedule helps ensure that they stay in touch with families.
- 86% agreed that the child screening items help them know whether to be concerned about a child.
- 80% agreed that most parents are willing to answer the questions.

Similar to the web-based system developed for the CAC’s, the AR BEST team developed a companion system to be used by mental health professionals who are treating children who have experienced trauma. Based on the most recent Clinician Annual Report, the majority of clients receiving mental health services were female (63%), ranging in age from 3-20 years. Types of trauma experienced and timing of the trauma are shown below. CAC’s were the most common referral source, which indicates the critical role of CAC’s in connecting families to mental health services.

A few key points from the data submitted during FY 2013 are as follows:

- 859 clients from 64 Arkansas counties were registered in the AR BEST system by a mental health professional (a 65% increase over prior year).
- The majority are Caucasian females with a history of sexual abuse.
- At intake, the majority of children are experiencing serious behavior problems or significant symptoms of Post-Traumatic Stress Disorder (PTSD).
Registered Clients Seen by Treatment Setting

- Community Mental Health Center: 31%
- Child Advocacy Center: 20%
- University of Arkansas for Medical Sciences: 23%
- Private Mental Health Provider: 26%

*Note: This represents the clients entered into the AR BEST database, not necessarily the total number of traumatized children served in this program.

Type of Trauma for Children Receiving Mental Health Treatment

- Physical Abuse: 28%
- Sexual Abuse: 61%
- Neglect: 19%
- Witnessed Violence: 30%
- Drug Endangered: 8%
- Other: 16%
Results suggest that at the baseline evaluation, about one-half to two-thirds of the children (varies based on child vs. parent report) met criteria for partial or full PTSD, and nearly half were experiencing quite serious symptoms at the time of the assessment.
Objective 3: Provide services for children

It is a goal of the AR BEST project that UAMS experts will be available to treat the most severe cases of childhood trauma from across the state through the Psychiatric Research Institute (PRI) or Department of Pediatrics Family Treatment Program (FTP). These clinics will integrate the latest research in psychiatric and psychological services to children, adolescents and families through outpatient and inpatient treatment services. In FY 2013, 82 children from 8 counties were seen in the FTP, and 137 children from 31 counties were seen through PRI.

Demographics for children seen in the Department of Pediatrics Family Treatment Program (n = 82)*

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5</td>
<td>1%</td>
</tr>
<tr>
<td>5 to 9</td>
<td>23%</td>
</tr>
<tr>
<td>10 to 14</td>
<td>36%</td>
</tr>
<tr>
<td>15 and older</td>
<td>40%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>15%</td>
</tr>
<tr>
<td>Female</td>
<td>85%</td>
</tr>
</tbody>
</table>

*Note: This represents the clients entered into the AR BEST database, not necessarily the total number of traumatized children served in this program.

Type of Trauma - Pediatrics Family Treatment Program

<table>
<thead>
<tr>
<th>Type of Trauma</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>4%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>98%</td>
</tr>
<tr>
<td>Witnessed Violence</td>
<td>4%</td>
</tr>
<tr>
<td>Neglect</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
</tbody>
</table>
To date, 53 UAMS clinicians have been trained in the implementation of TF-CBT. Out of this group, 17 have completed the consultation calls and are still practicing with UAMS. Drs. Sigel, Kramer, and Church (PRI and FTP respectively) co-facilitated four consultation calls over the past year, in addition to other national experts.
Mental health professionals have used the AR BEST web system to complete on-line assessments of their clients, plan their treatment, and document their use of TF-CBT. All conference attendees were automatically registered to use the AR BEST web-system. By June 30th, 2013, approximately 1,000 mental health professionals from 62 counties were registered in the system.

Quarterly reports and other periodic updates about trainings and supervision schedules have been announced through emails and the AR BEST website. The AR BEST team has developed or identified written materials on mental health issues with traumatized youth to post on the website.

An AR BEST Webinar Series was developed after input from clinicians who wanted to continue their TF-CBT training beyond the consultation calls. The first webinar was held on June 22, 2012. The Webinars have been presented “live” to 176 clinicians over the past year, and they have garnered over 400 additional views on the AR BEST YouTube site. These have provided ongoing consultation and guidance for trainees, as well as professional development and continuing education credits for these individuals. A list of the webinars offered since that time can be found in the Appendix.

The AR BEST website continues to be regularly updated, and it provides trainees and other visitors to the site with crucial information about the project. Over the past year, more than 1,630 people have visited the site and this has accounted for more than 7,800 visits. When the AR BEST team trains more stakeholders across the system, site visits seem to increase, with almost 20% of the visitors being new to the site last year.
Funding for mental health care through CAC’s occurred through the UAMS Department of Pediatrics. The National Children’s Alliance (NCA) standards recommend that child sexual abuse victims served by CAC’s have access to evidence-based treatment. In order to support development of appropriate mental health services for children served through CAC’s, a Request for Qualifications (RFQ) was issued to solicit applications from the thirteen Arkansas CAC’s to request funding to assist in developing on-site mental health services and/or agreements with offsite professionals to serve traumatized children. Reimbursement was for direct and indirect services by mental health professionals and other activities that facilitated children’s access to mental health services. In FY13 the funding for mental health providers in CAC’s totaled $99,928.87. AR BEST contracted with 17 MHP’s associated with nine CAC’s. This was an increase of over $22,000 from the previous year, which translates into more traumatized children being served in these CAC’s. An additional $15,777 in funding was provided in FY13 to support advocate data input to better track mental health services.

Objective 5: Fund Mental Health Providers In CAC’s

Future Goals and Plans

- Enhancing the Service System for the Youngest Children Impacted by Trauma: AR BEST will partner with Arkansas NEST to develop the capacity of mental health professionals in the state to provide evidence-based treatments for children ages 0-5 years exposed to trauma. The goals of Arkansas NEST are to train at least 70 MHP’s in Parent-Child Interaction Therapy (PCIT) and/or Child-Parent Psychotherapy (CPP), provide treatment for at least 340 children utilizing these models, and provide trauma-informed care trainings to 1,101 key stakeholders over the next four years.

- Supporting Trauma-Informed Care in the Division of Children and Family Services and Division of Youth Services: In June 2013, AR BEST piloted a remote “Taking It Back to Work Lunch-and-Learn” for DCFS front-line staff and supervisors in collaboration with the University of Arkansas IV-E Partnership. The trauma-informed training, “Managing the Effects of Trauma by Helping Kids and Families,” supplements the day-long training conducted in 2012-2013 by university partners and MidSOUTH Training Academy with support by AR BEST. A formal roll-out of the DCFS “Lunch and Learn” series will start in the fall of 2013 and will continue throughout the upcoming fiscal year. DCFS staff and supervisors will meet at MidSOUTH facilities throughout the state, connect on-line to UAMS via a web-based program (“Illuminate”) to listen to the presentation, and subsequently participate in a discussion with an on-site facilitator. The presentations will cover several topics, including managing the effects of trauma, trauma assessment and self-care.

- New Trauma-Informed Trainings: The Division of Youth Services has requested additional training from AR
BEST in trauma-informed practices for its residential facilities. It is anticipated that trainings will start in the fall of 2013.

- Cultivating TF-CBT Local Experts: Four new local “junior” experts are co-facilitating TF-CBT consultation calls with and receiving mentoring from “senior” local experts to increase the sustainability of the training component of AR BEST. The “junior” experts will also participate in a formal peer review process established by the Mental Health Work Group of the Child Advocacy Centers of Arkansas and will provide independent consultation for clinicians who have completed the on-line TF-CBT.

- Publications and presentations: The AR BEST team has published five articles and submitted two more for publication by peer-reviewed academic journals in the disciplines of psychology, psychiatry and human services work. These publications have increased the national exposure of the AR BEST model and its successes. In addition, research activity and infrastructure created by the AR BEST program has led to current and future collaborations by other UAMS researchers. This broadens the direct and indirect impact of AR BEST and, it is hoped, this will translate into increased understanding about childhood trauma and the sustainable impacts of training in large systems of care.

APPENDIX

Publications by AR BEST Team


Presentations by AR BEST Team

- Church, J. (2012, August). *Resources for therapists working with trauma victims.* In-Service Staff Training for Community Service, Inc., Morrilton, AR.


– Kramer, T. L. (2013, March). *Trauma-informed juvenile justice*. Staff Training for Division of Youth Services (DYS), Colt, AR.


Kramer, T. L. (2013, May). Taking it back to work: Managing the effects of trauma by helping kids and families. DCFS Lunch and Learn Webinar Training from Little Rock To Fayetteville, AR.


Table 1. Funding for CAC’s to Promote Evidence-Based Mental Health Services for Victims

<table>
<thead>
<tr>
<th>Child Advocacy Center</th>
<th>Location</th>
<th>Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central AR Children’s Advocacy Center</td>
<td>Conway</td>
<td>$3,000.00</td>
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<tr>
<td>Children’s Advocacy Center of Benton Co.</td>
<td>Little Rock</td>
<td>$14,000.00</td>
</tr>
<tr>
<td>Children’s Advocacy Center of Eastern AR</td>
<td>West Memphis</td>
<td>$9,000.00</td>
</tr>
<tr>
<td>Children’s Advocacy Center of Pine Bluff</td>
<td>Pine Bluff</td>
<td>$0.00</td>
</tr>
<tr>
<td>Children’s Protection Center</td>
<td>Little Rock</td>
<td>$0.00</td>
</tr>
<tr>
<td>Children’s Safety Center</td>
<td>Springdale</td>
<td>$14,000.00</td>
</tr>
<tr>
<td>Cooper-Anthony Mercy Child Advocacy Center</td>
<td>Hot Springs</td>
<td>$14,000.00</td>
</tr>
<tr>
<td>Grandma’s House Children’s Advocacy Center</td>
<td>Harrison</td>
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<tr>
<td>Hamilton House</td>
<td>Fort Smith</td>
<td>$14,000.00</td>
</tr>
<tr>
<td>Northeast AR Children’s Advocacy Center</td>
<td>Jonesboro</td>
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<tr>
<td>Texarkana Children’s Advocacy Center</td>
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<tr>
<td>Wade Knox Children’s Advocacy Center</td>
<td>Lonoke</td>
<td>$8,928.87</td>
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<tr>
<td>White Co. Children’s Safety Center</td>
<td>Searcy</td>
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TOTAL $99,928.87

Table 2. AR BEST Webinars Offered FY 2013

<table>
<thead>
<tr>
<th>Date</th>
<th>Presenter(s)</th>
<th>Topic</th>
<th>Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 13th &amp; 20th</td>
<td>Ben Sigel&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Trauma Assessment: Interpreting AR BEST Assessment Tools</td>
<td>20</td>
</tr>
<tr>
<td>August 17th</td>
<td>Jennifer Long&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Children’s Advocacy Centers in Arkansas</td>
<td>8</td>
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<tr>
<td>September 28th</td>
<td>Janice Church&lt;sup&gt;c&lt;/sup&gt; &amp; Stan Rauls&lt;sup&gt;c&lt;/sup&gt;</td>
<td>Helpful Tips for Mental Health Professionals regarding the Legal System</td>
<td>26</td>
</tr>
<tr>
<td>October 19th</td>
<td>Josh Cisler&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Trauma and the Brain</td>
<td>16</td>
</tr>
<tr>
<td>November 16th</td>
<td>Glenn Mesman&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Behavior Management</td>
<td>14</td>
</tr>
<tr>
<td>December 14th</td>
<td>Chad Sievers&lt;sup&gt;a&lt;/sup&gt;</td>
<td>AR BEST Website: Treatment Plans, TF-CBT Resources and More</td>
<td>7</td>
</tr>
<tr>
<td>January 18th</td>
<td>Teresa Kramer&lt;sup&gt;a&lt;/sup&gt; &amp; Nikki Conners-Burrow&lt;sup&gt;d&lt;/sup&gt;</td>
<td>Trauma in Young Children</td>
<td>21</td>
</tr>
<tr>
<td>February 22nd</td>
<td>Gary Blonsky&lt;sup&gt;e&lt;/sup&gt;</td>
<td>Secondary Traumatic Stress</td>
<td>17</td>
</tr>
<tr>
<td>March 29th</td>
<td>Karen Worley&lt;sup&gt;c&lt;/sup&gt; &amp; Nicholas Mitranil&lt;sup&gt;c&lt;/sup&gt;</td>
<td>Assessing and Treating Children with Sexualized Behavior Problems</td>
<td>11</td>
</tr>
<tr>
<td>April 9th</td>
<td>Chad Sievers&lt;sup&gt;a&lt;/sup&gt;</td>
<td>AR BEST Website: Activity Log Overview</td>
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<tr>
<td>May 31st</td>
<td>Chad Sievers&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Trauma Assessment: Using the AR BEST Assessment Tools</td>
<td>18</td>
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<td>June 21st</td>
<td>Melissa Sigel&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Using TF-CBT with People on the Autism Spectrum and Other Developmental Delays</td>
<td>14</td>
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</tbody>
</table>

<sup>a</sup>Department of Psychiatry
<sup>b</sup>Children’s Protection Center, Little Rock
<sup>c</sup>Department of Pediatrics
<sup>d</sup>Department of Family and Preventive Medicine
<sup>e</sup>Mid-SOUTH Training Academy