

Proposal for Arkansas Coronavirus Relief Fund

Submitted by the Arkansas Department of Human Services, in partnership with the Children's Advocacy Centers of Arkansas

Title of Proposal: Direct Services for Child Abuse Victims

In response to the COVID-19 pandemic, Governor Asa Hutchinson created the Arkansas Coronavirus Aid, Relief, and Economic Security (CARES) Act Steering Committee to make recommendations to the Governor on the "best uses of the CARES Act funding" under Section 601 of PL116-136, the "Coronavirus Relief Fund." This proposal is designed to support child advocacy centers in efforts to provide critical direct services for suspected child abuse victims in the state during the COVID-19 pandemic.

Executive Summary

This proposal will address significant gaps caused by COVID-19 in the reporting and investigation of child abuse and neglect by providing reimbursements from the Arkansas Coronavirus Relief Fund for enhanced investigative initiatives at child advocacy centers that serve children who may be victims of child abuse and neglect. Qualified centers will be allowed to request reimbursement for expenditures related to investigation efforts conducted through November 30, 2020 to allow for reports of suspected child abuse and neglect to receive timely completion.

These reimbursements will support infrastructure and programming critical to the investigation of child abuse and neglect reports following significant COVID-19-related downturns in calls to the hotline and by mandated reporters during school and other closures as well as the projected spike in maltreatment case referrals that are likely to result in August after children return to school and child-care settings. By targeting reimbursements equitably to established child advocacy centers, this proposal will provide an efficient and effective path for children to receive high-quality professional child abuse and neglect investigations and follow-up care from trusted child-welfare teams, including physicians trained in child abuse and neglect detection and mental health treatment after a case is substantiated.

Background

The Children's Advocacy Center (CACs) is a nonprofit that provides free direct services to child abuse victims through 17 centers and eight satellite centers. The direct services include advocacy, forensic interviews, medical exams, and mental health services.

Since March, the start of the pandemic, the CACs have served over 4300 children in the state; CACs have seen an increase of abuse, especially physical abuse with children mostly staying inside their homes. As Arkansas plans for schools and child-care centers to resume in-person education in August, the Children's Advocacy Centers are also preparing for an additional increase of child abuse reports when children have increased contact and interaction with

teachers and other mandated reporters. It is a critical time to protect the children in our state by providing a safe place so they can begin to heal.

Solution:

This proposal will address gaps as well as increases in services caused by COVID-19 in child abuse and neglect reporting and investigation by providing reimbursements from the Arkansas Coronavirus Relief Fund for CACs with membership with the Children’s Advocacy Centers of Arkansas that serve children who may be victims of child abuse and neglect. The payments will reimburse Centers for costs related to the rapid changes and improvements they have already made or will have to make to keep clients and staff safe while proactively looking ahead to address the projected influx of reports of child abuse and neglect once schools and child-care centers to resume in-person education in August.

The proposed solution provides reimbursements to 17 centers and eight satellite centers designated as CACs in good standing for enhanced infrastructure that centers implemented to serve children suspected to be the victims of child abuse or neglect during the COVID-19 pandemic. Centers began enhanced outreach and practice transformation focused on safety as soon as they received adequate PPE, and many will embrace opportunities to explore innovative solutions and targeted care coordination as they attempt to reach children.

Eligible centers may be reimbursed for any of the following suggested purposes or may propose additional improvements for DHS consideration and approval prior to payment:

- General Operations
 - Re-configuring client intake areas or exam and interview rooms to maintain social distancing and reduce the risk of COVID-19 transmission;
 - Enhancing cleaning and sanitation services beyond what would be required under normal infection control policy, and in compliance with CDC recommendations;
 - Emergency operations facility improvements;
 - Shifting to or enhancing available telemedicine services through equipment, technology, and facility upgrades; and
 - Purchase or lease of specialized equipment;
 - Changing business practices to expand services available and location of services and safe delivery of services in center settings; e.g. shifting hours of service availability and instituting screening;
 - Expanding use of in-home services (payment would be used to establish ability to change method of providing services, e.g. training staff. Virtual services are not included in component);
 - Costs associated with expanding the use of telemedicine and telehealth by shifting to or enhancing available telemedicine services through equipment, technology, and facility upgrades, e.g. training staff and purchasing tablets for staff and clients);

- Additional workforce support or training, including training staff on delivering services via telemedicine; and
- Maintaining operations by adding extended hours or additional days to accommodate well versus sick clients.
- Child Advocacy
 - Staff time spent on mission-related care coordination and scheduling
 - Additional staff or equipment needed to meet the demand of increased abuse reports
- Forensic Interviews/ Medical Exams/ Mental Health Services
 - Additional staff and supplies to conduct health checks at center entrances
 - Technology systems that facilitate online screening and form completion to minimize time in office waiting rooms
 - Technology systems that allow online check-in or car check-in
 - Signage or communication expenses detailing universal mask requirements, social distancing, and other public health-related strategies
 - Staff time spent developing new types of interview delivery
 - New or upgraded appointment reminder and recall systems
 - Enhanced EHR report development to facilitate targeted outreach
 - Staff training on new EHR capabilities
 - Additional mental health services equipment including remote record-keeping such as a laptop and wi-fi hotspot, extra PPE that was not budgeted, etc.
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Formula:

In an effort to distribute funds equitably, DHS will calculate a *maximum reimbursement* for each CAC that has confirmed membership with the Children’s Advocacy Centers of Arkansas.

- Centers may receive reimbursements for enhanced child abuse and neglect investigations and treatment expenditures that are not reimbursable through other sources.
- **The maximum reimbursement for a CAC is \$25,000.00 per center, up to the cost of the enhancements as supported by the documentation submitted to DHS.**

Total estimated cost: \$25,000.00 per CAC x 17 centers = \$425,000.00. This estimate assumes 100% participation.

Restrictions on funds:

Centers would be required to attest that these are necessary expenditures due to the public health emergency with respect to COVID-19 and that none of these funds are used to:

- duplicate or supplant funding from any other federal or state program. Payments or other reimbursement for direct client care is not included as funding from a federal or state program;

- offset loss of revenue;
- provide “retention” or retainer payments;
- pay bonuses; or
- pay any increase in management fees to administrative personnel.

The total amount of the reimbursement may not exceed the maximum reimbursement as set forth in this proposal, even if the particular provider incurs costs in excess of the maximum amount determined by the formula. To the extent that expenses are subsequently reimbursed under another federal or state program, funds disbursed from the Arkansas Coronavirus Relief Fund will be reconciled and recovered.

Process and Procedures for Payment:

Centers must be one of the 17 CACs that have are members of the Children’s Advocacy Centers of Arkansas to qualify for reimbursements. **Reimbursements are for eligible costs, as detailed above, incurred from March 18, 2020 through November 30, 2020.** CACs should submit for reimbursement eligible expenses incurred from March 18, 2020 through August 31, 2020 for verification and payment no later than October 31, 2020. CACs will have until November 30, 2020 to submit all final receipts incurred from September 1, 2020 through November 24, 2020 and required documentation detailing expenditures, including required financial reports or receipts.

Requests for reimbursement will be submitted to the Department of Human Services (DHS) and will be processed through the Arkansas Administrative Statewide Information System (AASIS). CACs must attest in writing that funds are necessary for payment of costs associated with addressing gaps in child abuse and neglect reporting and investigation due to the COVID-19 public health emergency.

Conclusion:

These reimbursements will provide critical support for Centers that serve children, supporting their efforts to ensure victims of suspected child abuse or neglect receive comprehensive and compassionate maltreatment investigations and follow-up care that is timely and safe.