



CHILD AND FAMILY SERVICES

Annual Progress and Services Report for FFY 2018

Department of Child Safety
STATE OF ARIZONA

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Section I

Department of Child Safety Structure, Vision, Mission, and Values

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Section I: Department of Child Safety Structure, Vision, Mission, and Values

The Department of Child Safety (DCS or the Department) is the state administered child welfare services agency responsible for developing the Child and Family Services Plan and administering title IV-B and title IV-E programs under the plan. The Department provides child abuse and neglect investigations; child safety and risk assessments; family support, preservation, and reunification services; family foster care and kinship care services; services to promote the safety, permanence, and well-being of children with foster and adoptive families; adoption promotion and support services; and health care services for children in out-of-home care.

Central Office Operations

The Department's central administrative structure includes six operational sections that report to the Department's Director:

- Field Operations
- Support Services (formerly Business Operations)
- Office of Child Welfare Investigations
- Office of Quality Improvement
- Office of Communications
- Office of General Counsel
- Human Resources & Child Welfare Training Institute
- Information Technology

Field Operations include:

- Five regions providing direct services for children and families
- Arizona Child Abuse Hotline
- Office of Prevention

Support Services include:

- Comprehensive Medical and Dental Program
- Facilities and Business Support Services
- Budget and Finance
- Office of Procurement and Contracts
- Office of Licensing and Regulation
- Enterprise Risk Management
- Central Records Coordinating Unit
- Office of Continuous Improvement

The Office of Quality Improvement includes:

- Ombudsman's Office
- Safety Analysis Review Team (Child Fatality and Near Fatality Review)
- Program Development
- Practice Improvement
- Policy Administration
- Protective Services Review Team

Additional Central Office functions within these operational sections include:

- Interstate Compact on Placement of Children
- Statewide parent and relative locate services
- Adoption and resource home development and support programs

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Regional Operations

Arizona’s fifteen counties are divided into five regions. The Central, Southwest, and Pima Regions encompass the state’s urban areas. The Northern and Southeast Regions are rural. The counties within each region are:

Central	Southwest	Pima	Northern	Southeast
Eastern Maricopa Pinal	Western Maricopa Yuma La Paz	Pima	Apache Coconino Mohave Navajo Yavapai	Cochise Gila Graham Greenlee Santa Cruz

Each region provides:

- Investigation of child abuse and neglect reports
- Case management
- In-home services
- Out-of-home services
- Permanency planning

The Department of Child Safety’s Vision, Mission, and Values

Vision: Children thrive in family environments free from abuse and neglect.

Mission: Successfully engage children and families to ensure safety, strengthen families, and achieve permanency.

Organizational Values:

- Child-Centered
- Family-Focused
- Successful Engagement
- Partnerships and Community
- Professional Environment and Workforce Excellence
- Cultural Responsiveness
- Accountability and Transparency

Section II

Collaboration with Stakeholders

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The Department's framework for collaboration with stakeholders includes four components: a strategic plan, the Community Advisory Committee, targeted engagement activities, and continuous engagement initiatives. These components provide access to stakeholders, forums for consultation, and a method to articulate the Department's strategic vision, mission, goals, objectives, and tactics so that improvement initiatives are supported and sustainable.

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 31: How well is the agency's responsiveness to the community system functioning statewide to ensure that the state engages in ongoing consultation with tribes, consumers, service providers, foster care providers, juvenile court, and other agencies. To support meaningful collaboration within the Department's consultation framework, the Department shares outcome and goal-related data with staff and external stakeholders. The Department's *Semi-Annual Child Welfare Reporting Requirements Report*, Child and Family Services Plans (CFSPs), Annual Progress and Services Reports (APSRs), are available to staff and stakeholders on the Department's internet site. The Department presents outcome and goal related data to staff and external stakeholders during committees, workgroups, and other meetings. In addition, the Department has been engaging stakeholders during CY 2016 and 2017 as part of a 'report consolidation' effort pursuant to Arizona Laws 2014, 2nd Special Session, Chapter 1, Section 160. Stakeholders and the Department are working together to identify capacity, process, and outcome metrics to inform the continuous improvement of services and practice throughout the child welfare system. As a result, a monthly report is now published on the DCS internet site and available to all stakeholders and the general public. In the Spring of 2017, SB 1003 was passed and signed by Governor Doug Ducey. Although the Department was already posting the proposed consolidated report to its website, this bill codified this as a requirement to be completed by December 31, 2017. The bill also requires the Department continue to hold stakeholder meetings to discuss potential reports on longer metric outcome data. Prior to this bill being passed, the Department was maintaining these meetings so activity in the report will include all recommendations made as a result.

Strategic Plan

The Arizona Department of Child Safety is committed to becoming a national leader for child safety through a well-run, efficient, and effective organization that uses evidence-based, evidence-informed, and promising practices. The strategic plan outlines five year strategic priorities, objectives, initiatives and key actions that guide the Department's work and progress carrying out the Department's mission.

The following five year priorities are identified in the Department's SFY2018 Strategic Plan.

- Goal 1: Improve objective decision making in investigations and ongoing
- Goal 2: Develop and retain a highly effective workforce that engages with child welfare partners to serve children and families
- Goal 3: Reduce length of stay for children in out-of-home care
- Goal 4: Provide a quality experience for children while in out-of-home care
- Goal 5: Reduce recurrence of maltreatment by providing quality service

The Department's strategic plan was developed with thoughtful consideration of the federal CFSR findings pertaining to child and family outcomes and systemic factors, which are generated through case reviews and interviews with stakeholders and families. In addition, DCS considered the advice and insights of numerous internal and external stakeholders during the initial development and annual update of the strategic plan. Court partners, American Indian Tribes, advocacy groups, DCS staff, Casey Family Programs, Chapin Hall at the University of Chicago, and the Children's Bureau are among the stakeholders

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and national child welfare organizations that the Department consulted to inform the selection of goals and strategic initiatives.

The Department values communication with stakeholders, and has dedicated resources to promote transparency and the continued inclusion of internal and external stakeholders in the Department's continuous improvement activities. The Department hired a Communications Director during SFY 2016 to expand communication to internal and external stakeholders. Internal communication to staff now includes periodic and timely messages from the Director as well as an intranet site. External communication includes issuing regular press releases and social media engagement. The public website now includes the option to read the information in Spanish, and primary navigation has been restructured to focus on stakeholder needs.

Community Advisory Committee

In May 2014, during the Second Special Legislative Session, Arizona Revised Statute 8-459 was signed into law, establishing requirements for a DCS Community Advisory Committee. This Committee provides an opportunity for the Department and community stakeholders to collaborate so that together we accomplish our mission to successfully engage children and families to ensure safety, strengthen families, and achieve permanency. The makeup of the committee, pursuant to A.R.S. § 8-459, is comprised of representatives from the following:

- Child welfare agencies that directly provide contracted services to children and their families;
- Child advocacy organizations that deal with child welfare system policy issues;
- Current or former foster or adoptive parents;
- Medical providers, with a preference for pediatricians, who have experience in diagnosing and treating injuries related to abuse and neglect;
- Volunteers with the foster care review board or court appointed special advocate program;
- Persons with an academic appointment to a state university who conduct research in child welfare services, child maltreatment or child abuse or neglect;
- The courts - the representative must be involved in child welfare issues;
- A rural area in this state who has experience in the child welfare system;
- A Native American tribe or nation who has experience in the child welfare system;
- A child advocacy organization that advocates for or represents children who are victims of crime;
- Persons who have experience with children with special needs and the child welfare system;
- A law enforcement agency - the representative must have experience with the Department on cases that involve criminal conduct allegations;
- Schools - the representative must have experience in the child welfare system; and
- A faith based organization - the representative must have experience in the child welfare system.

The Community Advisory Committee annual reports can be viewed on the azdcs.gov webpage.

Targeted Engagement Opportunities

As specific topics and initiatives arise, the Department may require input from a particular group of subject matter experts in the community. The Department has an extensive group of stakeholders who are willing to participate in consultation activities to inform Department initiatives. These stakeholders include tribal representatives, community health center employees, court personnel, service providers, former client parents, former foster children, foster parents, legislators, child advocates, educators, and others subject matter experts as applicable.

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Continuous Engagement Initiatives and Feedback Loops

The Department benefits from a large and diverse stakeholder community available for continuous consultation and collaboration. Consultation occurs at both the Central Office and regional levels through advisory groups, oversight committees, provider meetings, and collaborative groups. Regularly scheduled meetings held with specific stakeholder groups such as contracted service providers, courts, tribes, behavioral health representatives, youth, and internal staff provide the opportunity to assess daily field operations and child outcomes. This has proven to be an effective way to identify potential areas of concern and share best practices. When areas needing improvement are identified, a plan may be established to research the issues in depth and recommend solutions to the larger group. Outcomes from these meetings are shared with Department leadership.

The following are some of the many committees and activities through which stakeholder input is received to update and implement the Department's strategic plan and other improvement efforts.

- *The Arizona Citizen Review Panels* – Arizona has three fully operational Citizen Review Panels (CRP) comprised of private citizens and professionals (e.g. social service providers, educators, child/family advocates, foster care parents, mental health professionals, legal advocates, medical providers, former child abuse and neglect victims, private citizens, Ombudsman, domestic violence providers, social workers, and representatives from the Department). The CRPs meet quarterly in the Central (Phoenix), Northern (Flagstaff), and Pima (Tucson) Regions as required by federal mandate. The fundamental role of the CRPs is to evaluate the extent to which state and local child protection systems/agencies are effectively discharging their child protection responsibilities in accordance with the State's Child Abuse Prevention and Treatment Act (CAPTA) Plan, child protection standards set forth in law, and any other criteria that the panel considers important to ensuring the safety, permanency, and well-being of children, which may include: (1) examining the policies, procedures and practices of State and local child protection agencies, and reviewing specific cases, where appropriate; (2) reviewing the extent to which the State and local child protection system is coordinated with the title IV-E foster care and adoption assistance programs of the Social Security Act; and (3) examining specific or relevant cases as determined appropriate by the panel, including child fatalities and near fatalities in the State. An annual CRP report detailing the CRP activities and recommendations to improve the child welfare system is submitted to the Department and made available to the public. The Department, in turn, drafts a formal response to the CRPs recommendations.
- *The DHS Child Fatality Review Team* – Arizona's Child Fatality Review was created in 1993 (A.R.S. § 36-342, 36-3501-4) and data collection began in 1994. Every time a child dies in Arizona, the death is scrutinized by eleven local child fatality teams located throughout Arizona. Teams include experts such as pediatricians, social workers, attorneys, advocates, law enforcement, representatives from the county medical examiner's office, and others. Teams also must include local representatives from DCS. The DCS representatives bring expertise on the causes and signs of child maltreatment; answer questions regarding DCS policy, protocol, and practice; and provide information about prior DCS involvement with the family, when applicable to the case. The state team provides oversight to the local teams and produces an annual report that is submitted to the Governor of Arizona, the President of the Arizona State Senate, the Speaker of the Arizona State House of Representatives, and the public. The annual report summarizes review findings, and makes recommendations regarding the prevention of child deaths. These recommendations have been used to educate communities, initiate legislative action, and develop prevention programs. The Arizona Department of Health Services (ADHS) provides professional and administrative support to the state and local teams and analyzes review data. The goal of the Child Fatality Review is to reduce preventable child fatalities through systematic,

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multidisciplinary, multi-agency, and multi-modality reviews of child fatalities in Arizona. The teams accomplish this objective through interdisciplinary training and community-based prevention education, and through data-driven recommendations for legislation and public policy.

- *The Youth Advisory Board* – The State Youth Advisory Board is comprised of current and former foster youth, DCS Specialists, and other agency and community professionals. The Board is scheduled to meet quarterly to discuss challenges facing youth as they prepare for adulthood, and provide input on the program goals and objectives in the state plan on independent living. Youth also participate in ongoing local Youth Advisory Boards that discuss and problem-solve local system and resource issues. The state and local boards provide a forum for youth to review and have input into legislation implementation, child welfare policy development or revision, foster and adoptive family recruitment, training for caregivers and DCS Specialists, and other areas. For more information on the Youth Advisory Board and other consultation activities with youth, see *Section XI, Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report*.
- *The Children's Action Alliance Child Welfare Committee* – This committee's membership includes representatives from Arizona's behavioral health system, the courts, community-based agencies, the Arizona State University (ASU) Center for Child Well-Being, foster and adoptive parents, citizen advocates, attorneys, and the Department. Thus, the Child Welfare Committee reflects a wide spectrum of perspectives that build a foundation of inter-disciplinary knowledge. The Committee's work informs policy makers, the public, and the Children's Action Alliance about the Arizona child welfare system's laws, policies, resources, and practices.
- *The Arizona Council of Human Service Providers Child Welfare Committee* – The Arizona Council of Human Service Providers, in existence since 1964, is a 501(c)6 organization that represents agencies throughout Arizona providing behavioral health, substance abuse, child welfare, and juvenile justice services. The Arizona Foundation for Human Service Providers is a 501(c)3 organization that serves as the education and training arm of the Arizona Council. Many of the services provided by the Council's member agencies are carried out in conjunction with the Department, including adoption services, crisis/shelter care, group home care, foster care, counseling, and other child welfare and behavioral health services. The Council's child welfare committee provides guidance on child welfare issues and policies. The Department provides information to the child welfare committee upon request. Department staff participate in quarterly community forums attended by Council members to update the members on ongoing issues and initiatives. The Arizona Council includes 92 member agencies located throughout the state who employ over 17,000 staff, operate over 700 facilities, and serve over one million people annually. Arizona Council staff and members worked with DCS staff during SFY 2017 on foster care licensing rules, report consolidation, and their legislative policy agenda. The Arizona Foundation for Human Service Providers has entered into a three year partnership with Dr. Bruce Perry from the ChildTrauma Academy to create an online resource library for foster parents and kinship families called the Neurosequential Model in Caregiving. This program will provide free training and resources to families, as well as child welfare and behavioral health staff, on effective trauma informed approaches to help children affected by child abuse and neglect.
- *ICWA Liaison Meetings and the Inter-Tribal Council of Arizona* – These meetings provide a forum through which tribal input is gathered. For complete information on the Department's consultation activities with the state's American Indian Tribes, see *Section VIII Consultation and Coordination with Tribes*.

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- *The Court Improvement Advisory workgroup* – The Court Improvement (CI) Advisory Workgroup and the CI Strategic Plan provide much of the structure for collaborative improvement activities between the courts and the Department. Department personnel continue to participate in the CI Advisory Workgroup, through which court improvement activities are identified, facilitated, and monitored. The Advisory Workgroup also includes juvenile court judges, court administrators, an attorney general, a child and family policy advocate, and others. The CI Program Manager and others from the Administrative Office of the Courts’ Dependent Children’s Services Division are involved in many joint projects with the Department. These collaborations provide opportunities for agency cross-training and joint examination of the expectations for outcome achievement that are placed on the Department and the courts through the CFSR, the title IV-E state planning process, and the child and family services state planning process. The Department provided input into the Court Improvement Program’s strategic plan and continues to collaborate with CI to achieve its objectives for improving outcomes for children and families involved in dependency cases.
- *The Committee on Juvenile Courts* - The Committee on Juvenile Courts (COJC) is a standing committee of the Arizona Judicial Council and helps to develop and implement policies to improve the quality of justice, and access to and efficiency in juvenile court operations. The COJC meets quarterly and its membership includes the Presiding Juvenile Judge from each Arizona County Superior Court. DCS is invited to provide updates and discuss with the committee areas of strength and concern in the processing of child welfare cases throughout the state.
- *The ICWA Committee* - The ICWA Committee is a sub-committee of the *State, Tribal, and Federal Court Forum* and includes representatives from the court and the Department. The last statewide summit, *Connecting Legacies: Collaboration and Innovation with ICWA*, occurred in August 2015, and involved close to 200 judges, attorneys, and child welfare professionals from the State and Arizona Tribes. The committee is planning to hold another statewide summit on August 11, 2017. The Committee is also in the process of revising the *Arizona ICWA Guide* to account for the ICWA rules released in December 2016.
- *Court Teams for Infants and Toddlers* – Court Teams for Infants and Toddlers (known in Arizona as Best for Babies) is a partnership between Prevent Child Abuse Arizona and juvenile courts throughout the state. Juvenile court judges provide leadership for system changes aimed at improving outcomes for maltreated infants and toddlers, through greater judicial oversight of cases, assuring timely services, and addressing the unique needs of infants and toddlers in their courts. Locally in each county, a team made up of infant and toddler specialists, child welfare providers, mental health representatives, attorneys, DCS representatives, and Court Appointed Special Advocates (CASA) meet monthly to address system issues, solve problems, and gain greater knowledge of the unique needs of maltreated infants and toddlers. In February 2017, Prevent Child Abuse Arizona, ASU, the Infant Toddler Mental Health Coalition of Arizona, and the Administrative Office of the Courts co-hosted the annual Sally Campbell Best for Babies Memorial Seminar attended by almost 200 community stakeholders and five juvenile courts. The featured speaker was Jessica Rodriguez, who presented on the Quality Parenting Initiative and the role of foster and birth parents in outcomes for infants and toddler in foster care. In July 2017, Prevent Child Abuse Arizona and the Administrative Office of the Courts will co-host the annual Best for Babies Statewide meeting for all 15 Arizona counties and their court team members. These annual trainings for all Arizona courts implementing the Best for Babies approach have been occurring continuously since 2006. No other state in the country has achieved statewide implementation of best practices for maltreated infants and toddlers in out-of-home care recommended by ZERO TO THREE/Safe Babies Court Teams.

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- *Fairness Workgroup* - The Juvenile Justice Steering Council's (JJSC) Fairness Workgroup was formed in February 2017 by combining the efforts and goals of the Maricopa County Disproportionate Minority Contact (DMC) Workgroup and the Crossover Youth Practice Model (CYPM). The membership of the Fairness Workgroup includes representatives from DCS, Maricopa County Juvenile Court, and community partner agencies and organizations. The purpose of the Fairness Workgroup includes identification of processes that may contribute to disproportionate numbers of youth entering juvenile justice; implementation of policies and practices that further engage families in programs, decision-making processes, and multi-team meetings; and development of cross-system trainings.
- *The Arizona Foster Care and Adoption Coalition (AFCAC)* – AFCAC is a statewide coalition comprised of Department staff, adoption and foster care licensing agency representatives, and others who are interested in foster and adoptive home recruitment. The mission of the AFCAC is to increase public awareness of children in the child welfare system through education and training, and to support system changes to improve recruitment and retention of families for children.
- *The KIDS Consortium (Maricopa County) and FACT (Pima County)* – The KIDS Consortium and FACT are comprised of groups of foster care and adoption agencies in their respective counties who work together to educate the community about the growing need for high quality, caring, foster and adoptive parents.
- *Collaboration with University Partners* – The Department has worked closely with the Arizona State University (ASU) School of Social Work since 1978. The longevity and growth of this relationship is attributed to high-level leadership commitment of both institutions, shared commitment to child welfare training and social work best practices, and the sustained funding through federal title IV-E participation for those endeavors that are recognized as eligible by federal statute. This partnership is governed through an Interagency Services Agreement that incorporates a variety of components into an integrated system of comprehensive child welfare training, social work education, system assessment, and research for the continuous improvement of services to children and families involved in Arizona's public child welfare system.

DCS also partners with Northern Arizona University to provide staff training and service evaluation.

For additional information on the Department's collaboration with Arizona State University, see the *DCS Staff and Provider Training Plan*.

- *The Healthy Families Arizona Program Advisory Board* – This community based group was formed in 1993 and serves in an advisory capacity to the Department and to the Healthy Families Arizona Program in the areas of planning, training, service integration, service coordination, and advocacy/public awareness. The primary responsibility of the advisory board is to seek expansion, diversification, and stability in the program's funding. Participants include community partners, service providers, and government agency representatives.
- *FosterEd* - The FosterEd Initiative is a pilot program in Pima County, with leadership from the Pima County Juvenile Court and active involvement by the Pima Region Program Administrator. The FosterEd initiative is addressing issues of educational stability through the assignment of "Education Champions" to school age youth as they enter care. For more information on the FosterEd Initiative, including the passage of a bill that has created a statewide program much like

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FosterEd, see *Section XI, Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report.*

- *The Substance Abuse Epidemiology Work Group (EPI Work Group)* – The EPI Work Group is a sub-committee of the Arizona Substance Abuse Partnership (ASAP), which is the Governor’s statewide council on substance abuse prevention, treatment, enforcement, and recovery efforts. The EPI Work Group is composed of representatives from state governmental agencies, universities, tribes, and community organizations, and seeks to develop the capacity of community coalitions, policy advisors, and other key stakeholders to make data informed substance abuse policy and programming decisions.
- *The Behavioral Health Planning Council* – Required for the Community Mental Health Services (CMHS) Block Grant, this community-based group provides feedback and advice to the State on the state mental health plan and mental health system. The Council has approximately 20 members including parents of children who have a severe emotional disturbance (SED), seriously mentally ill (SMI) consumers, and representatives from the Department of Education, Department of Corrections, DCS, and tribes. Its mission is to serve as an advocate for adults with a serious mental illness and children who are seriously emotionally disturbed. The council monitors, reviews, and evaluates the allocation and adequacy of mental health services in Arizona and participates in improving services within the State.
- *The Safe Reduction workgroup* – During SFY 2017, this workgroup was facilitated by Casey Family Programs, and has been an active collaboration between the Department and the Maricopa County Juvenile Court to identify and implement court and agency interventions to safely reduce the number of children in out-of-home care in Arizona. This workgroup has included several strategic subgroups with representatives from the Department, the Juvenile Court, behavioral health, child advocacy agencies, and community provider agencies. A parent, parent mentor (former DCS client now employed as a recovery coach), and attorneys representing parents and children also participated in the workgroup.
- *The Substance Exposed Newborn (SEN) Statewide Task Force* - This task force meets monthly and reports to the governor’s office. The goal of this task force is to strengthen practice by OB/Gyn doctors, hospitals, AHCCCS, and perinatologists in addressing substance exposed newborns and their parents. Task force members include DCS staff and community stakeholders representing Department of Health Services, hospitals, and pediatricians. Current work by the task force includes an update to the SEN Guidelines, which are procedures to be followed by DCS and community providers to identify and provide services for SENs. The Task Force also developed a Provider/Client Drug Information Toolkit, Guidelines for Practitioners related to Neonatal Abstinence Syndrome (NAS), and a NAS Awareness Campaign designed for women of child bearing age. The task force is collaborating with the Department to implement the Comprehensive Addiction and Recovery Act (CARA) and related best practices.
- *The Interagency Leadership Team (IALT)* – This team is a collaboration between the Department of Health Services, First Things First, DCS, AzEIP, and the Department of Education to monitor and strengthen the Maternal Infant Early Childhood Home Visitor (MIECHV) prevention program. The IALT collaborates to provide professional development to home visitors by assisting with a statewide home visitor annual conference and Home Visitor Supervisor Institute.
- *Home Visitor Services Collaborations* - DCS collaborates with the Department of Health Services to discuss and coordinate services related the nursing components of the SENSE program, and to

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ensure DCS referred families receive timely nurse home visitor services. DCS also meets every other month with the Department of Health Services to discuss and coordinate home visitor programs such as Smooth Way Home, Healthy Start, Healthy Families, and Nurse Family Partnership. These collaboration opportunities allow for discussions related to how the agencies can best serve the families of Arizona, and reduce or prevent child maltreatment.

- *DCS/CMDP Service Delivery Workgroup* - This workgroup is a joint effort between DCS, CMDP, and AHCCCS providing ongoing collaboration to identify and address systemic issues identified by key stakeholders. While this group addresses all health care issues, the behavioral health needs of children in DCS became a central focus with the passage of Jacob's Law in 2016, which among other things allows foster care providers more direct involvement to initiate behavioral health services, and provides for specific requirement for quality assurance by AHCCCS. This workgroup identifies key policy, procedural, and/or training needs and works jointly to implement them as appropriate. For more information on Jacob's Law and how this law improved services for children, see *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being*.

Stakeholder Collaboration in the Implementation of the Child and Family Services Plan

The Department engages with community partners in a cycle of continuous improvement to successfully implement the goals and strategies of Arizona's *Child and Family Services Plan (CFSP)* and *Annual Progress and Services Report (APSR)*. Meaningful engagement with internal and external stakeholders occurs throughout the continuous improvement cycle, including definition of strengths and areas needing improvement, assessment, intervention planning, intervention implementation, and evaluation of results.

Arizona's CFSP 2015 – 2019 goals and objectives were initially developed using input and recommendations provided by then Governor Janice K. Brewer's independent Child Advocate Response Examination (CARE) Team, and additional information gathered from stakeholders after the CARE Team issued its report. The Department of Child Safety's Director, Gregory McKay, was appointed in February 2015, and since then has led the Department's continued engagement with stakeholders to identify improvement priorities and interventions. The Department published a strategic plan in July 2015, with consideration of input gathered from more than 300 internal and external stakeholders through interviews, focus groups, and surveys. Additionally, the Department thoughtfully reviewed and incorporated a number of recommendations from national and local child welfare organizations. The Department has relied on the advice, evaluation, and consultation of leading national child welfare organizations, including Casey Family Programs, Chapin Hall at the University of Chicago, and the Children's Bureau. The strategic plan for SFY 2016 is available on the Department of Child Safety's internet site, at <https://dcs.az.gov/>. In June 2016, and again in June 2017, the Department reviewed progress and data to update the objectives and activities in the strategic plan. The Department's strategic plan for SFY 2018 remains closely aligned with the strategies and action steps described in Section VI of this APSR.

In March 2015, Arizona began its third Child and Family Services Review (CFSR) cycle. The CFSR is a federal-state collaborative effort designed to help ensure that quality services are provided to children and families through state child welfare systems. Arizona's initial CFSR Final Report was published by the Children's Bureau in January 2016, and updated and reissued in 2017. The Department reviewed the Final Report, consulted with child welfare system partners, and received guidance and direction from the Children's Bureau to develop a Program Improvement Plan (PIP), which was approved by the Children's Bureau in January 2017. The activities included in the PIP will be implemented over a two-year period. The consultation with employees and external stakeholders that occurred during the CFSR informed the strategies and key activities identified in this PIP. Consultation activities during the CFSR included the following:

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- The Department coordinated with the Children's Bureau to conduct more than eleven stakeholder interviews between April and September 2015, including interviews and consultation with DCS staff, agency providers, court staff, Attorneys General, attorneys representing parents and youth, licensing staff, foster and adoptive parents, tribes, parents, youth, and others.
- The Department held a CFSR results information sharing and stakeholder input meeting in January 2016 with the assistance of Children's Bureau partners. After DCS presented information about the CFSR process, the Department's strategic plan, the Arizona CFSR results, and draft ideas for the PIP, the internal and external stakeholders participated in facilitated breakout sessions to provide their insights and recommendations pertaining to several improvement focus areas.
- The CFSR results and draft PIP strategies were shared and discussed with the following committees, workgroups, or individuals during the first half of calendar year 2016:
 - the Southern, Central, and Northern Citizen Review Panels;
 - the Inter-Tribal Council of Arizona;
 - the Court Improvement Advisory Workgroup;
 - Children's Action Alliance Child Welfare Committee;
 - Juvenile Court Administrators;
 - Committee on Juvenile Courts;
 - the DCS Program Administrators;
 - the Arizona Council of Human Service Providers; and
 - the Community Advisory Committee.

DCS asked the workgroup members to provide input and suggestions related to the improvement strategies included in the draft PIP. Upon finalization and approval, DCS posted Arizona's PIP on its website to allow public access.

Collaboration in the implementation of strategies and key activities is described throughout this report. For example, committees and workgroups include stakeholders where appropriate to the topic area; new policies, procedures, and practice guidelines are often provided to stakeholders for input; and provider agencies have been engaged to work side-by-side with DCS employees to reduce the total number of open reports for investigation and to conduct reviews of children in out-of-home care in order to expedite permanency.

Section III

**Programs and Services to
Achieve Safety, Permanency,
and Well-Being**

1. Child Abuse and Neglect Prevention Services

Regional Child Abuse Prevention Councils, April Child Abuse Prevention Activities, and Promotion of the Protective Factors

Since 1991, the Department (and former Division of Children, Youth and Families) has provided funding to Regional Child Abuse Prevention Councils that are located throughout Arizona to increase public awareness of the problem through educational campaigns and advocate for effective programs and policies to prevent child abuse and neglect. Each Regional Council is comprised of community representatives from the professional, business, and civic sectors who volunteer their time to address the need for child abuse prevention in their community. Each Regional Council has elected officers and meets on a regular basis. The Department encourages all Arizonans to Act Now to Prevent Child Abuse by joining a council. The public can find locations, contact numbers, and information about events at <https://dcs.az.gov/services/prevention>.

The Councils are involved in activities to support Child Abuse Prevention Month each April. Activities include distribution of thousands of blue pinwheels throughout Arizona; official proclamations from city, regional, and state governmental entities declaring April as Child Abuse Prevention Month; coordination of media campaigns highlighting Child Abuse Prevention; and distribution of thousands of pamphlets on child abuse, child abuse prevention, and programs available to help parents and their children. Most of the Councils also sponsor one or more major events including kickoff breakfasts, luncheons, award dinners, activity fairs, prevention conferences, and training. The multi-media campaign includes the use of radio and TV public service announcements, banners, billboards, web pages, posters, flyers, Facebook, Twitter, videos, original music, and movie theatre advertisements. Several communities hold fun family-day outings, resource fairs, sports activities, marches, and other events. Throughout child abuse prevention month, staff and stakeholders are encouraged to participate and actively support child abuse prevention. The Regional Child Abuse Prevention Councils are also instrumental in the annual statewide campaign, and have supported this effort by provided approximately thirty-two workshops on the devastating effects of Adverse Childhood Experiences and the healing community solutions that focus on the development of the Protective Factors.

The Department's Office of Prevention and community partners held a child abuse prevention kick-off event in Maricopa County in 2017. This was a gathering of leaders, stakeholders, child advocates, and members of the community who united for a common purpose of Preventing Child Abuse. The event included the DCS Director and Deputy Director, Prevention Councils, the courts, Head Start, the Department of Economic Security, First Things First, several non-profit organizations, and prevention advocates. The event featured booths with information for children and families, pinwheel bouquets, an interactive spinning wheel of prevention, and Prevention Bingo. One of the Department's regional offices held a similar event.

Another Child Abuse Prevention Month activity was a series of email blasts sent to the entire agency and community stakeholders. The statewide community was encouraged to get involved in child abuse prevention by taking action in one or more concrete ways. The community was encouraged to plant pinwheel gardens in public places, make and color pinwheels with children, display pinwheels at home and work, attend local events, follow evidence-based parenting tips, and spread the word about child abuse prevention. The message was that everyone has a role to play in preventing child abuse and supporting families, and that anyone can get involved by contacting a local Child Abuse Prevention Council. Several links were provided to resources that support meaningful and measurable change in children's well-being, and engage families and communities in the prevention of child maltreatment. The Protective Factors were promoted via informational pamphlets at various events, by embedding them within services, and during parent activities. The Protective Factors are: 1) social connections; 2) knowledge of parenting/child

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development; 3) concrete supports in times of need; 4) children's social/emotional development; and 5) parental resilience & nurturing attachments. The Department is promoting the Protective Factors by educating Department staff and integrating the concept across the service array for families. Four years ago, DCS introduced the Protective Factor Survey into the In-Home Services (IHS) Program to facilitate family assessment and the development of service plans to strengthen the Protective Factors. Two years ago, DCS integrated the Protective Factors into a new service for low risk families, known as Building Resilient Families (BRF). IHS and BRF providers received Protective Factor training via two webinars, and personal presentations were delivered in each region. Additionally, DCS integrated the Protective Factors into the Regional Child Abuse Prevention Council Scope of Work and promoted Parent Cafés. Also, hundreds of "Who Makes Families Strong? – Parents" booklets were distributed to Department staff, community members, and families. The booklets, designed by the National Alliance of Children's Trust & Prevention Funds (and many other experts and parent leaders), explain the Protective Factors in a family-centered way that allows the concepts to be quickly understood and implemented. IHS and BRF providers continue to use an evidence-based program called Nurturing Parenting, which has integrated the Protective Factors. Many providers also use Parent Café's to support peer education and discussion of the Protective Factors. The Department is excited to continue promoting the Protective Factors and is looking forward to finding new ways to continue this integration process, such as in the development of Public Service Announcements.

Adverse Childhood Experiences (ACE) Consortium

The Department further promotes child abuse prevention through participation in the ACE Consortium. Arizona's ACE Consortium is working to enhance public awareness about the issue of childhood trauma and evidence-based prevention policies and programs. The Consortium is comprised of professionals from Phoenix Children's Hospital, child advocacy organizations, community service providers, Eight—Arizona PBS, the Department, and other public agencies. The Consortium's vision is that Arizona has safe, stable, and nurturing families and communities that contribute to a prosperous society. The ACE Consortium is committed to getting the word out to doctors, psychologists, patients, parents, teachers, and other adults who work with children so that our community can become well-versed in how to heal the effects of abuse, prevent it from happening, and create stronger communities in which everyone understands the implications of abuse on the emotional and physical lives of all, especially children.

To accomplish this, the Department has taken a leading role in the development of a multi-media campaign that includes the following activities: participation in a workgroup that is updating the day-long ACE Train-the-Trainer workshop (conducted 14 times over the last several years) and the Statewide distribution of ACE brochures and posters. This campaign promotes the findings of the landmark ACE study (completed by the Centers for Disease Control and Prevention and Kaiser Permanente) and provides resources for the community and parents. Since this campaign began seven years ago, thousands of Arizona residents have received this valuable information. The Department's Regional Child Abuse Prevention Councils have been instrumental in this campaign. Each year, they alone provide approximately twenty-five workshops on the devastating effects of adverse childhood experiences and the healing community solutions that focus on the development of the Protective Factors.

To enhance the presentations, the most current local ACE data is collected and used during presentations. For example, the 2014 Behavioral Risk Factor Surveillance Survey indicated:

- 72% of American Indians and 67% of Hispanics have experienced at least one ACE.
- 36% of individuals who did not graduate high school have experienced three or more ACEs.
- 30% of women in Arizona have experienced three or more ACEs.

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- 69% of individuals living on less than \$15,000 a year have experienced at least one ACE.
- A higher percentage of individuals in Arizona experienced four or more ACEs than individuals in California and New Mexico.

The ACE and Protective Factor Presentations are also enhanced through the Department's statewide leadership in promoting evidence-informed and evidence-based practices. To that end, several RCAP members were trained in the Strengthening Families™ program by the Center for the Study of Social Policy (CSSP). Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs, and communities in building the Protective Factors. *The Adverse Childhood Experiences in Arizona* report can be found at www.azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/issue-briefs/ACEs-report-2014.pdf.

The “Who Do You Trust With Your Child?” Campaign

On April 2, 2012, the Department was pleased to launch the “Who Do You Trust With Your Child?” campaign, in cooperation with the Arizona Coordinated Prevention Campaign. The Department continues to promote this campaign, which helps parents choose a safe caregiver and prevent child maltreatment. Although most caregivers give loving attention to children and keep them safe, some children are abused and suffer tragic circumstances at the hands of an unsafe caregiver. Prevention is the key to keeping Arizona's children secure. The "Who do You Trust With Your Child?" posters and brochures were prepared by the Arizona Coordinated Prevention Campaign, a group of professionals dedicated to the prevention of child abuse and neglect. Members included: Arizona Broadcasters Association, Casey Family Programs, Child Crisis Center, ChildHelp, the Department of Child Safety, the Department of Health Services, Eight – Arizona PBS Educational Outreach, Phoenix Children's Hospital, Prevent Child Abuse Arizona, and Southwest Human Development. The campaign includes a dedicated website containing posters and brochures that provide Arizonans with valuable and precise information about choosing a safe caregiver. For additional support, parents and other primary caregivers are provided with the ChildHelp Hotline, which is staffed 24 hours per day with highly qualified counselors. If the parents and other primary caregivers suspect child abuse or neglect, they are urged to report it now by calling the Arizona Child Abuse Hotline, which is also available 24 hours a day. DCS sites throughout the state display hundreds of posters and provide parents with thousands of brochures. Community members and organizations also receive thousands of brochures and posters and are urged to place a link to the website on their homepages and display the posters and brochures in locations where parents and caregivers will see them.

The Safe Sleep Campaign

According to the Arizona Child Fatality Review, unsafe sleep environments claimed the lives of 74 Arizona infants in 2015. Of those sleep-related deaths, over 90% were deemed preventable. The Office of Prevention began the Safe Sleep campaign to promote safe sleep practices and reduce the number of sleep-related deaths.

The Safe Sleep Campaign promotes the ABC's of Safe Sleep: baby sleeps safest alone, on their back, and in a crib. The Office of Prevention is involved in various activities that help to spread this message. In collaboration with Arizona Department of Health Services, the Office of Prevention engages in the Safe Sleep Taskforce that involves hospitals and other community stakeholders. The Office of Prevention is also engaged in the Collaborative Innovation Networks (COINs) Safe Sleep Action Period calls that involves collaboration with other states. Other activities include the creation of a statewide resource list for cribs as well as the creation of a Safe Sleep training that the Office of Prevention has shared with DCS field staff and community providers across the state.

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The Safe Sleep Campaign and Baby Box Program will be piloted in a community hospital during SFY 2018, with plans to expand the program to many birthing hospitals throughout the state. The pilot hospital would provide face-to-face safe sleep training to parents, and all parents who participate in the training and sign a safe sleep commitment form will receive a baby box.

The Department has also launched the DCS Baby Box program for parents involved with the Department. The baby box is intended for use as a portable crib for infants, and all parents involved with DCS are eligible for this program. In addition to providing baby boxes, DCS chose to add an educational component to their program, as well as a system to collect data. DCS hopes these boxes will help Arizona families keep their infants sleeping safely. Each family that receives a baby box will also receive a health care kit, along with donated baby items such as electrical outlet covers, pacifiers (which help reduce the risk of SIDS), hygiene items, and sleep sacks. Each box also contains a parent information folder that includes brochures and flyers for important topics such as Early and Periodic Screening, Diagnostic and Treatment (EPSDT), developmental charts, tips for soothing a fussy baby, and other important parent information.

The Office of Prevention is working to train all DCS Specialists and Supervisors, as well as in-home service providers, on safe sleep practices. Once a DCS staff member is trained about safe sleep practices, they can offer baby boxes to families. Prior to receiving a baby box, parents must complete a safe sleep training, facilitated by a DCS staff member and sign a commitment form stating they have been trained on safe sleep practices and are committed to properly using them.

“Did you know?” Emails

To provide DCS Specialists with resources and prevention information, the DCS Office of Prevention sends out monthly “Did you know?” emails on various resource topics. Recent topics include Teen Resources, Domestic Violence Resources, Home Visitor Programs, Safe Sleep, Regional Child Abuse Prevention Councils, Child Abuse Prevention Awareness, Baby Boxes, and Nurse Home Visitor Programs. These emails include information about prevention topics, resource lists for counties across the state, statistics, and tips that can help DCS Specialists learn more about prevention resources. These emails have also been shared with community providers and Regional Child Abuse Prevention Council members.

Healthy Families Arizona

The Healthy Families Arizona (HFAz) program is a nationally credentialed, community-based, family-centered, voluntary home visitation program serving at-risk prenatal families and families with children birth through five years of age. The infant must be under three months of age at enrollment into the program as services are focused primarily on prevention through education and support in the homes of new parents. Program services are designed to strengthen families during the first five years of a child’s life, when vital early brain development occurs. The program is designed to prevent child abuse and neglect and promote positive parenting, child development, and wellness. In SFY 2016, 12 HFAz sites and 42 teams provided services to families living in 13 counties and 244 zip code areas in Arizona.

A trained Family Support Specialist (FSS) provides emotional support and assists the family to obtain services. HFAz services include:

- supporting effective parent-child interactions;
- providing child development, nutrition, and safety education;
- teaching appropriate parent-child interaction and discipline;
- promoting child development and providing referrals for screening if delayed;
- encouraging self-sufficiency through education and employment;
- providing emotional support and encouragement to parents; and

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- linking families with community services, health care, child care, and housing.

The FSS works closely with the child's medical provider to monitor the child's health. Intensity of services will vary based on family needs, moving gradually from weekly to quarterly home visits as families become more self-sufficient.

The Healthy Families America® Program has been designated an “effective” program by the Office of Juvenile Justice and Delinquency Prevention. In Arizona, the HFAz Program is committed to continuous improvement. Site evaluations and quality assurance activities ensure fidelity in practice, and more than two decades of annual program evaluations have consistently demonstrated that HFAz is a highly effective program. According to the *Healthy Families Arizona Annual Evaluation Report FY2016*, HFAz reached 4,625 families in FY2016. This represents all families in the program, regardless of how long they have been in the program. The average length of time that families continued in the program was just under twelve months. The evaluation highlights both prenatal and postnatal services. Outcomes in 2016, for families after twelve months in the program, include the following:

- Child Abuse and Neglect: 96% of participating families had no substantiated DCS reports.
- Substance Abuse: 96% of parents received a substance abuse screening.
- Child Health: 89% of children received immunizations in the first year.
- Child Safety: 99% of parents lock up household poisons, 100% use car seats, and 94% use smoke alarms at 24 months.
- Maternal Life Course: 27% of mothers were employed full time at the time of their child's birth. Two years later, 46% of mothers were employed full time.
- Maternal Stress: Significant improvement was observed in several areas, including problem-solving, depression, personal care, mobilizing resources, parent/child behavior, home environment, commitment to parenting role, and parenting efficacy.

Positive Parenting Program Initiative

The Department continues to support the efforts of a broad-based consortium of community stakeholders interested in implementing the Positive Parenting Program (Triple P) model in Arizona. Triple P is an evidenced-based parenting program that has had impressive results increasing parenting skills and reducing child abuse and neglect. The consortium is comprised of professionals from Phoenix Children's Hospital, Prevent Child Abuse Arizona, Parenting Arizona, First Things First, Southwest Human Development, Eight – Arizona PBS, Arizona Partnership for Children, and many other organizations.

The Department considered the utility of Triple P and several other programs within a workgroup that included in-home service provider representatives. Based in part on the workgroup's findings, the consortium received a grant in 2015 to train two cohorts of 20 people each, throughout the state. During SFY 2016, the trained providers utilized the Triple P program with clients, and gathered data to monitor the effectiveness of the program. The results were positive: Arizona parents demonstrated clinically significant improvements after participation in Level 4 Triple P services.

Because of this success, the Triple P consortium was awarded a new grant to continue the work for another year. During Child Abuse Prevention Month, DCS distributed hundreds of the Triple P Top 10 Parenting Tips and posted them on multiple social media outlets. The DCS provider network will continue to distribute the tips throughout the year.

Other Prevention Workgroups

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DCS, in collaboration with Maricopa County Juvenile Court, engaged with the community in prevention focused conversations, starting with two zip codes in Maricopa county, which have the highest number of child abuse and neglect reports and removals. To date, over 30 invested partners have engaged to support community infrastructure to safely keep children in their families and communities. The partners include local schools, law enforcement, social service agencies, faith-based community organizations, and the county health department. The community engagement groups in these two zip codes will continue to expand to include local family and teen leaders, mental health agencies, pediatricians, other health care providers, and more faith-based organizations. Significant progress has been made to develop multi-year plans to ensure sustainability. The two communities are building strong alliances modeled after the Magnolia Project to increase utilization of local resources that provide warm hand-offs of families from one resource, such as a school, to another resource, such as food banks and parenting programs.

The Arizona Substance Abuse Partnership (ASAP)

The Arizona Substance Abuse Partnership (ASAP) is the Governor's statewide council on substance abuse prevention, treatment, enforcement, and recovery efforts. The body is composed of representatives from state governmental agencies, federal entities, and community organizations, and is used as the conduit through which its Substance Abuse Epidemiology Work Group (Epi Work Group) facilitates data-driven decisions and solutions to the critical substance abuse problems facing Arizona.

The ASAP is tasked with developing and utilizing a shared-planning process that encourages state and local partnerships to maximize existing resources and build the capacity of local communities to meet their identified needs. Further, the body is tasked with integrating strategies across systems to leverage existing funding, and with increasing access to services at the community level. Specifically, the ASAP has the following duties and responsibilities.

- Compile and summarize information and data on substance misuse and abuse and associated consequences and correlates, including mental illness and emerging trends, through a collaborative and cooperative data-sharing process. Identify and address data gaps in order to provide Arizona with a comprehensive picture of substance misuse and abuse in the state.
- Utilize evaluation and research reports to promote the most effective and evidence-based programs, policies, and practices across the state and make recommendations for modification as needed.
- Encourage state and local partnerships to engage in shared planning processes and build the capacity of local communities to meet identified needs and maximize resources.
- Identify and share effective practices to integrate strategies across systems that will leverage existing funding and increase access to services at the community level.
- Analyze current state and federal laws and programs governing substance misuse and abuse prevention, treatment, and enforcement, and recommend any changes that would enhance the effectiveness of these laws or programs.
- Recommend specific drug and alcohol related policy and budget line-items for consideration by Arizona state agencies and/or the Arizona Legislature.

The ASAP continues to focus on prevention efforts, including the substance abuse program inventory and the *Prescription Drug Misuse and Abuse Initiative*. The inventory of the prevention, intervention, treatment, and recovery-related substance abuse programming is administered by ASAP member agencies.

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A small workgroup of ASAP members and other key stakeholders has been meeting to conduct this work. The specific goals of the ASAP program inventory are to:

- Identify evidence-based and promising practices in the substance abuse programming administered by Arizona Substance Abuse Partnership member agencies.
- Identify gaps in programming and services.
- Develop a mechanism for ASAP members and other stakeholders to use in presenting information on agency-specific and overall programming needs to policymakers and potential funders (e.g., in grant applications).
- Provide recommendations for current and future programming.

The *Prescription Drug Misuse and Abuse Initiative* (<http://azcjc.gov/acjc.web/rx/default.aspx>), is a multi-system strategic collaborative endeavor that aims to reduce the misuse and abuse of prescription medications through adult and youth education and awareness; opioid prescribing guidelines for community practitioners and emergency department personnel; guidelines for dispensing opioids; increased use of the Prescription Drug Monitoring Program by prescribers, dispensers, and law enforcement; improvements to data collection around prescription drug-related crime; feedback to prescribers on their prescribing habits; proper medication storage and disposal; and increased access to treatment services.

National Strengthening Families Network

Arizona is one of many states that is a member of the National Strengthening Families Network and a member of the National Alliance of Children's Trust and Prevention Funds. The Center for the Study of Social Policy sponsors the Strengthening Families collaboration. The Strengthening Families curriculum is research informed and utilizes the five protective factors, which are social connections, knowledge of parenting/child development, concrete supports in times of need, children's social/emotional development, and parental resilience and nurturing attachments. The five protective factor model is used to increase family's strengths, enhance child development, and decrease the risk of child abuse and neglect. Being a member of this network allows the Department to learn about the many tools and emerging prevention strategies being explored and implemented across the country through monthly webinars and annual conferences. Arizona will be sponsoring the National Standards Summit Conference in October 2017, and the DCS Prevention Administrator has been trained in the Standards of Quality for Family Strengthening and Support.

2. Child Abuse and Neglect Investigation and Child Safety and Risk Assessment

The Arizona Child Abuse Hotline

The Arizona Child Abuse Hotline is the community's first point of contact for concerns about abuse and neglect of a child present or residing in Arizona. The Hotline receives communications through its 24/7 toll free reporting line, an online reporting service, fax, and email. The online reporting service is designed for professional mandated reporters whose child abuse and neglect concerns are non-emergency and non-urgent, and is currently available Monday through Friday, from 6:00 a.m. to 9:00 p.m. Concerns of abuse and neglect, are received from a variety of sources including parents, relatives, private citizens, social service professionals, law enforcement, judicial entities, and anonymous sources. Intake Specialists at the Hotline use interview cue questions and other tools to focus the call and obtain all available information

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about the reporter's concerns. Concerns of abuse or neglect are either "screened-in" as meeting statutory criteria as a DCS report for investigation or "screened-out" as not meeting statutory criteria.

In August 2016 the Hotline's screening tool was updated to include statutory changes to report criteria enacted and documented in A.R.S. § 8-455. The statutory updates included:

- adding that the identity or current location of the child victim, family, or person suspected of the abuse be known or reasonably able to be ascertained in order to generate a DCS report for investigation;
- removing the requirement to generate a DCS report for investigation solely because the act involved in the suspected abuse occurred in Arizona, although a report may still be generated if the victim child is a resident of or present in Arizona;
- adding that, except for criminal conduct allegations, the department is not required to prepare a DCS report for investigation if all of the following apply:
 - the suspected conduct occurred more than three years before the communication to the Hotline and
 - there is no information or indication that the child is currently being abuse or neglect.

Although not included in statute, the Department added in its policy and screening tool that a child cannot currently be vulnerable in order to apply this statutory exception. The Department defined vulnerable as:

- child age 5 and under,
- child with diminished physical capacity,
- child with diminished mental capacity protection due to a cognitive disability,
- child with medical or emotional, and/or
- child lacks visibility in the community.

The updates to the screening tool have resulted in a safe reduction in the number of concerns screened in as a DCS report for investigation. As a safety measure, all calls that are screened-out by Hotline Specialists undergo a second-level review to confirm the specialist's decision. If the percentage of screening decision corrections rises above 3% for one or two months, the hotline leadership team will review trends and take appropriate corrective action.

The Hotline uses standard work and a tiered visual management system in order to track, monitor, and respond to quality and service level trends. Quality and service trends are tracked and monitored at the individual specialist level, and up to the Hotline enterprise level. The implementation of this management system has allowed the Hotline to better recognize and identify when either quality or service levels are not within the target ranges and take corrective action. In SFY 2015, the Hotline's average speed of answer was 45 seconds, and the call abandonment rate was 3.65%. In SFY 2016, the Hotline's average speed of answer was 34 seconds, and the call abandonment rate was 2.96%.

Family Functioning Assessment, Safety Assessment, and Safety Intervention

Arizona statute established the Department of Child Safety and its primary purpose, to protect children. To achieve this purpose, statute requires that the Department shall do and focus equally on the following: 1) investigate reports of abuse and neglect; 2) assess, promote, and support the safety of a child in a safe and stable family or other appropriate placement in response to allegations of abuse or neglect; 3) work cooperatively with law enforcement regarding reports that include criminal conduct allegations; and 4) without compromising child safety, coordinate services to achieve and maintain permanency on behalf of the child, strengthen the family, and provide prevention, intervention, and treatment services.

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DCS Specialists investigate abuse and neglect allegations and conduct family assessments, including assessments of child safety, need for emergency intervention, and evaluation of information to support or refute that the alleged abuse or neglect occurred. Joint investigations with law enforcement are required when the allegations or investigation indicate that the child is or may be the victim of a criminal conduct allegation, which if deemed true may constitute a felony offense. Such allegations include death of a child, physical abuse, sexual abuse, neglect, and certain domestic violence offenses. The joint investigations are conducted according to protocols established with municipal and/or county law enforcement agencies and procedures for investigation of criminal conduct allegations by the Office of Child Welfare Investigations (OCWI).

The Department's policies and procedures provide DCS Specialists with a framework for assessing present and impending danger of serious or severe harm to children and determining the need for protective action to ensure child safety. The Department utilizes Action for Child Protection's Safety Assessment and Family Evaluation (SAFE) model for family functioning assessment, safety assessment, and safety intervention decisions. The initial Family Functioning Assessment assists DCS Specialists to explore pertinent domains of family functioning and identify present or impending threats of danger to a child, and is completed within 45 days of case opening. Reassessment occurs at least every six months and when considering unsupervised visitation, reunification, or case closure. The *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* provides interview questions that engage and motivate family members while gathering information to assess family functioning and protective capacities. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in identification of their unique strengths and needs. The resulting comprehensive family-centered assessment serves as a basis for case decisions and case planning.

Based on the results of the Family Functioning Assessment, the Department determines the level of intervention required, including whether to close the case, offer voluntary in-home services, file an in-home intervention or in-home dependency petition, or file an out-of-home dependency petition. This decision is primarily based on the following factors: existence or absence of present danger, impending danger, or future risk of harm to any child in the family unit; the ability of the family unit to manage identified child safety threats; the protective capacities of the family unit to mitigate identified threats; and/or the ability of services and supports to mitigate the identified risks. The DCS Specialist considers the family's recognition of the problem and motivation to participate in services without DCS oversight, the family's willingness to participate in voluntary child protective services, the existence of grounds for juvenile court intervention, and the agency's knowledge of the family's whereabouts. In-home services are offered to families with a high risk of future abuse or neglect to a child, whose needs cannot be sufficiently met through referral to community resources. If there are safety threats to a child in the home, a safety plan must be implemented, which may include out-of-home care. State policy *does not* identify report substantiation as a factor in determining the level of required intervention.

Office of Child Welfare Investigations

The Office of Child Welfare Investigations (OCWI) was established in 2012 to protect children by conducting uniform investigations into allegations of criminal conduct child abuse. The OCWI represents the Department of Child Safety during child abuse investigations involving criminal conduct, as defined in Arizona Revised Statutes 8-201. The OCWI has criminal justice agency status but does not replace law enforcement's primary role and duty to investigate crimes against children. The OCWI may employ sworn peace officers; however, currently only civilian, non-sworn investigators are employed by the unit. The OCWI employs research analysts who have direct access to criminal history report information and other related databases to assist OCWI and DCS in their investigations. The OCWI primarily receives referrals from the DCS Hotline, but referrals can also be submitted by DCS field investigations staff if, during the

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course of a field investigation, it is believed that criminal conduct is present and assistance from OCWI is needed. The OCWI response times are immediately or within 24 hours.

Currently, OCWI and DCS Specialists jointly investigate criminal conduct reports with law enforcement. The OCWI investigator contacts DCS and law enforcement to develop an investigative strategy pursuant to the respective county's joint investigative protocol, and to coordinate assignments such as report participant interviews. The OCWI has the authority to protect children by taking temporary custody when safety cannot be guaranteed. The decision to remove a child is made in consultation between OCWI staff and Department staff. The DCS Specialist is responsible for all child welfare functions following removal, including placement, filing a dependency petition, services provision, and case planning. Decisions regarding the child's placement and parent-child visitation are made in consultation between the OCWI investigator, DCS Specialist, and law enforcement.

In SFY 2018, OCWI investigators in Maricopa and Pima counties will conduct the entire criminal conduct investigation, and will be responsible for the child welfare functions following any removal, such as placement, filing dependency petitions, and court reports. This process will begin in July 2017 in Pima County, and in August 2017 in Maricopa County.

The OCWI and OCWI analyst unit have been extremely successful in locating and recovering missing, endangered, and/or abducted children known to the child welfare system, and will continue assisting both the Department and law enforcement in this effort.

Multi-Disciplinary Approach in Child Abuse and Neglect Investigations

Arizona Revised Statute §8-817 mandates that the Department develop, establish, and implement initial screening and safety assessment protocols in consultation with the Attorney General and statewide with county attorneys, chiefs of police, sheriffs, medical experts, victims' rights advocates, domestic violence victim advocates, and mandated reporters. These inter-agency protocols are to guide joint investigations of allegations involving criminal conduct. The relationships established between DCS Specialists, DCS Program Supervisors, law enforcement detectives, and county attorneys are critical to ensuring child safety. It is through these relationships and this point of contact that many successful joint investigations and prosecutions of child abuse take place. Joint investigation protocols allow victims to obtain forensic examinations and interviews in a supportive environment and prevent re-victimization through multiple interviews. The Joint Investigation Protocols for each county within Arizona may be viewed on the Arizona Child & Family Advocacy Network website (acfan.net).

Multi-Disciplinary Child and Family Advocacy Centers have proven to be an effective means to coordinate safety assessments and services. Investigative DCS Specialists in Pinal County, OCWI staff in Maricopa and Pima Counties, law enforcement, medical professionals, advocates, mental health professionals, and other agencies serving the same families are co-located in advocacy centers throughout the state. Co-location makes it easier to coordinate a joint response, thereby improving timeliness of initial response, and allows for collaborative expertise to ensure that all aspects of child safety have been explored and assessed. The success of these advocacy centers is evident through the partnerships and relationships established over the years, and the opportunities created to jointly educate professionals from multiple disciplines. Multidisciplinary teams (MDT) also play a crucial role in this process by establishing a mechanism to bring the identified professionals together to share ideas, review efforts to coordinate investigations, establish relationships, and provide inter-disciplinary education. Establishment of multidisciplinary teams, especially in counties that do not have advocacy centers, promotes best practice and coordination.

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There are 17 advocacy centers in Arizona, serving Maricopa, Pima, Pinal, Navajo, Coconino, Yavapai, Mohave, Cochise, and Yuma Counties. DCS or OCWI is co-located in advocacy centers in Maricopa, Pima, and Pinal counties. Cochise county and the rural counties that do not have a formal advocacy center, have multidisciplinary teams that meet monthly to discuss and coordinate efforts on child abuse cases requiring a joint investigation. These rural county MDTs are facilitated by the Arizona Child & Family Advocacy Network.

Protective Services Review Team (PSRT)

Accuracy of findings is necessary for identifying perpetrators of child abuse and neglect in the central registry. The state's appeal process, including PSRT, is designed to ensure due process for alleged perpetrators and accuracy of findings. In FFY 2016, PSRT processed proposed substantiated findings and proposed substantiated findings pending dependency adjudication for 11,968 alleged perpetrators. Each alleged perpetrator is provided notice of the proposed finding via letter. Alleged perpetrators with a standard proposed substantiated finding (findings that are not pending dependency adjudication) may request an administrative hearing on the proposed finding within a specified timeframe. Alleged perpetrators with a proposed substantiated finding pending dependency adjudication are not eligible to request an administrative hearing because their due process rights are met through the juvenile court process.

In SFY 2017, PSRT examined and refined the processing of proposed substantiated findings in cases where DCS or another party filed a dependency action. Duplicative documentation activities were either reduced or eliminated completely, required efforts to re-issue notices were redefined, web-based information and recorded messaging for customers were established to explain the dependency process, and legislation was introduced and passed to eliminate the need for PSRT to be the issuer of legal notice when a dependency action has been initiated. Additional improvement efforts are currently underway to examine and refine the processing of proposed substantiated findings in cases with no dependency action.

3. Family Preservation, Family Support, and Time-Limited Family Reunification Services

In-Home Family Support, Preservation, and Reunification Services

In-home children services are designed to support and enhance the family unit and preserve or reunify the family through a continuum of family-centered services that are comprehensive, coordinated, community-based, accessible, and culturally responsive. Services may be provided in the family's home, the child's current and transitional placement, or in DCS offices. Services are available to families who have had a report of child abuse or neglect, or who have a risk of abuse or neglect, following referral by a DCS Specialist. The focus of these services is to improve the safety and well-being of families, enhance family functioning, increase competence in parenting abilities, foster a sense of self-reliance, reduce risk factors, increase protective factors, and stabilize families. These services can be provided without court involvement or as a court-ordered in-home intervention or in-home dependency. Families can also be referred for in-home services provided by other state agencies, including behavioral health services and other community services.

Services provided through the Department's Family Support, Preservation, and Reunification Services contract, known as the In-Home Service Program, are available statewide. This integrated services model includes 1) high risk intensive, 2) moderate, 3) low risk family support (replaced by Building Resilient Families in Maricopa County), 4) reunification and placement stabilization, and 5) clinical assessment services provided in accordance with the needs of the child and family (replaced by psychological consults with contracted

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psychologists in Maricopa County). All five types of in-home services are available within all of the regions across the state. The model is provided through collaborative partnerships between the Department, community social service agencies, family support programs, and other community and faith-based organizations. The contract provides an array of in-home services and service coordination and better ensures the appropriate intensity of services is provided.

In-Home Service Program services include, but are not limited to, the following: crisis intervention services and/or counseling; comprehensive clinical family assessments; goal setting and case planning in accordance with the safety and risk factors and desired behavioral changes identified by the DCS Specialist; individual, family, and marital therapy (utilizing all types of therapeutic interventions based on the family's needs); communication and negotiation skills; structured parenting education and child development; problem solving skills and stress management; home management and nutrition; domestic violence treatment and/or education; behavioral management and modification; conflict resolution; anger management; job readiness education and training; peer mentoring; sexual abuse intervention (utilizing all types of therapeutic interventions based on need); coordination with title XIX providers; systems of support; and development of linkages with community resources to serve a variety of social needs. The In-Home Service Program also assists families to access services such as substance abuse treatment, housing, and child care. Services are provided within the home of a birth parent, guardian, pre-adoptive or adoptive parent, kinship caregiver, or foster family. The model may also be provided to transition a child from a more restrictive residential placement back to a foster or family home, or from a foster home to a family home.

The following elements are fundamental to the In-Home Service Program and contract:

- Families are served as a unit.
- The needs of the children are identified and addressed.
- Services take place in the family's own home or foster home.
- Some services are crisis-oriented, thus initial client contact is made within twelve hours of receipt of the referral for an intensive case and within two consecutive days for a moderate case.
- Initial client contact is made within five working days for potential or low risk cases.
- In-home services are available to clients twenty-four hours per day, seven days per week, based on the needs of the family.
- The assessment and treatment approach is based on family systems theory.
- Emergency assistance may be provided for items or resources not otherwise available and deemed essential to family functioning through the use of flexible funds.
- The service emphasizes teaching the family the necessary skills to achieve and maintain child safety and well-being.
- Each family's community and natural supports are quickly identified and continue to be developed for the entire life of the case.
- Aftercare plans are in place before the case is closed.

The Department has several methods to monitor in-home service quality and outcomes, including annual site visits, additional site visits as needed, technical assistance, random review of documentation, quarterly outcome data reports, customer satisfaction surveys, and DCS Specialist satisfaction surveys. Providers are responsible for achieving the following outcomes:

- 90% of families referred to in-home services for the intensive, reunification, and placement stabilization or moderate levels have signed the initial interim plan and agreed to services.
- 90% of families referred who have agreed to and successfully completed intensive, moderate, family support, or reunification/stabilization levels of service have shown overall improvement in areas identified in the Department-prescribed pre- and post-tests.

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- 82% of cases referred for family reunification services who are in out-of-home placement shall return to their home within 30 days of the Order for Change of Physical Custody or if in voluntary placement, from the time of referral.
- 85% of children referred for placement stabilization services shall be safe and stabilized in the identified placement at the end of 120 calendar days from time of the referral.
- 90% of families successfully completing intensive, moderate, or family support services shall not have any new substantiated abuse or neglect reports, excluding reports made by the Contractor, during service delivery.
- 90% of families' successfully completing intensive, moderate, or family support services shall not have any new substantiated abuse or neglect reports within six months of case closure.
- 90% of families successfully completing intensive, moderate, or family support services shall not have a child in the Department's custody during service delivery.
- 90% of families successfully completing intensive, moderate, or family support services shall not have a child in the Department's custody within six months of case closure.
- 95% of family satisfaction surveys returned shall express satisfaction with the contractor's service delivery based on a survey issued at closure.
- 95% of DCS Specialists involved with cases provided by the contractor during the time period shall express satisfaction with the contractor's service delivery based on an annual survey.

The contracted providers and Department staff compile this outcome data quarterly, except for the satisfaction data, which they compile annually. The Department continually works to enhance and upgrade its database in order to produce statewide outcome data, measured through a variety of data sources. This data is shared with all the contracted providers and Department leadership.

Family client and DCS Specialist satisfaction surveys give the providers feedback about service quality. Service providers give a satisfaction survey to every family that receives in-home services, at the time of program closure. The survey measures the family's level of agreement with questions such as "My ideas were included when deciding what my family needed," "This program helped my situation improve," and "Overall, my family is satisfied with the services we received from the In-Home Service Program." The survey also provides an opportunity for families to comment on what they liked or disliked about the program, and what the family felt was most helpful. Each provider reports family client survey results quarterly to the Department. The DCS Specialist satisfaction survey is administered annually to measure satisfaction with the responsiveness of the provider to the Department and the family, the provider's ability to meet the needs of the family while addressing the safety and risk factors identified by DCS, and overall service delivery. This survey also provides an opportunity for Department employees to give qualitative feedback to the providers.

In order to stay current with the latest research on evidence-based practices, the Department facilitated an evidence-based practices workgroup. The Department will use the information gathered through this group to inform ongoing improvements in service design and delivery, as well as input generated through a recent Request for Information regarding intensive family services, continued feedback from internal and external stakeholders, and research-based information.

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Substance Exposed Newborn Safe Environment (SENSE) Program

Maricopa County's specialized in-home Substance Exposed Newborn Safe Environment (SENSE) program continues to be available for families who come to the attention of the Department due to having a substance exposed newborn. The primary goal of the program is to ensure that vulnerable infants and their families are provided a coordinated and comprehensive array of services to address identified safety and risk factors. The SENSE team includes the family, an in-home service DCS Specialist, a nurse consultant, Healthy Families Arizona, the In-Home Service Program, and a substance abuse treatment provider that may include the Arizona Families F.I.R.S.T. program. To be eligible for enrollment in the program, the infant must be under 90 days old and in the physical custody of the parent, and the parent must be willing to participate in all aspects of the program. Services are typically provided for 90 to 120 days, but may continue if the parent requires additional time to complete substance abuse treatment services.

The SENSE program continues to expand across Arizona. The SENSE program started in Maricopa County, the largest county in Arizona, in 2006. The SENSE program is now implemented in Pinal, Yuma, and Yavapai Counties, and most areas of Pima County. DCS expanded the SENSE partnerships to include the Parents as Teachers (PAT) home visitor program in order to serve families in areas where Healthy Families is not available. See *Section VII: Progress Implementing the Goals, Objectives, and Interventions* for additional information about the expansion of the SENSE program.

DCS collaborated with Arizona Health Care Cost Containment System (AHCCCS) to obtain a grant to fund the nurse home visitor component of the Substance Exposed Newborn Safe Environment (SENSE) program. This grant will provide a minimum of two home nursing visits per family to ensure the substance exposed newborn (SEN) is healthy, developmentally on track, all appropriate referrals have been made, mother is receiving post-partum care and the family is utilizing the primary care provider as their medical home.

In SFY 2017, the Department began a SENSE Learning Collaboration Statewide Group that meets quarterly to discuss new drug trends, legislation, best practices, and Neonatal Abstinence Syndrome (NAS). This group will continue to meet during SFY 2018, and includes AHCCCS and other partners including health care plans, behavioral health, Arizona's Perinatal Trust, MAT providers, and home visitor providers. The Learning Collaborative is addressing the new Comprehensive Addiction and Recovery Act (CARA) legislation as well as service delivery to families impacted by NAS and all substance exposed newborn's care needs.

Parent Aide and Case Aide (Supervised Visitation Only) Services

Both parent Aide and Case Aide services are available statewide. In SFY 2016, the Department provided parent aide services to approximately 2,000 families, and case aide services to approximately 6,400 families. These services are available to parents and caregivers whose children have been placed in the Department's physical custody, after being referred by the DCS Specialist. Parent aide services provide a range of supports, instruction, and assistance to parents and caregivers. Services are provided in a culturally appropriate manner and can include, but are not limited to, parenting skills training in the residence of the client; education and training in activities related to home management tasks; education on accessing emergency assistance, supports, and community resources; and arrangement and supervision of parenting time between children and their parents, guardians, and/or siblings to promote a continued relationship and to practice parenting skills. Parent aides use modeling and individual or group training to educate parents in areas such as child development, child nurturing, behavior management, discipline, problem solving, decreasing social isolation, positive coping, home maintenance and care, meal planning and preparation, budgeting, clothing care, personal care and hygiene, securing housing, obtaining basic provisions (food and clothing), child health and safety, obtaining documents (such as identification cards), and job search and

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training. The case aide services provide transportation and supervision of visits between parents/guardians and their children, or visitation between siblings. Parent aide services incorporate the concept of parental protective capacity, which focuses on the enhancement of a parent's behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with the ability to care for and keep a child safe.

Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together)

The mission of Arizona Families F.I.R.S.T. (AFF) is to promote permanency for children and stability in families, protect the health and safety of abused and/or neglected children, and promote economic security for families. This is accomplished through the provision of family-centered substance abuse and recovery support services to parents/caregivers whose substance abuse is a significant barrier to maintaining or reunifying the family.

AFF provides an array of structured interventions statewide to reduce or eliminate abuse of, and dependence on, alcohol and other drugs and to address other adverse conditions related to substance abuse. Contracted community providers use modalities that include substance abuse awareness, outpatient, intensive outpatient, residential treatment, and recovery maintenance services. Some factors contributing to the programs' success include an emphasis on face-to-face outreach and engagement at the beginning of treatment, concrete supportive services, and a recovery maintenance phase to manage relapse occurrences. As of June 2016, more than 77,111 individuals had been referred to the AFF program since its inception in March 2001. Data from the most recent program evaluation indicates that AFF received 9,611 new referrals in SFY 2016. This represented a 12% increase in referrals from the 8,562 received in SFY 2015.

The following data demonstrate the effectiveness of the AFF program in meeting the legislative goal of increasing the availability, timeliness, and accessibility of substance abuse treatment. AFF contractors were successful in making initial contact with 96% of the individuals referred in SFY 2016, and with 95% of the individuals receiving some form of outreach within one day of the referral. Sixty-two percent of all SFY 2016 referrals resulted in the client providing a release of information, signifying their voluntary acceptance of AFF services. The reasons cited for the 38% of individuals who did not provide a release of information include inability of the provider to locate the client for initial or subsequent outreach and incorrect data entry by providers. During the first half of calendar year 2017, the Wellington Group began re-training the AFF providers related to accurate data entry into the database. AFF providers infrequently cite client's refusal to accept services as a reason for case closure. Of those who participated in AFF services during SFY 2016, 18.8% individuals successfully finished treatment, 50.9% were still in treatment at end of the SFY, and 30.3% unsuccessfully closed out of treatment.

In order to ensure continued quality of coordinated services, DCS staff participate in quarterly meetings with AFF providers and conduct Quality Assurance site visits in collaboration with the local DSC offices. The Department also educates DCS field staff on the AFF outreach, engagement, and referral processes in an effort to increase parent involvement and secure their acceptance of services.

Housing Assistance

The Housing Assistance Program provides financial assistance to families for whom the lack of safe and adequate housing is a significant barrier to family preservation, family reunification, or permanency. This program operates in the form of vendor payments payable for rent, rent arrearages, utility deposits or payments, and utility arrearages on behalf of eligible families. The Housing Assistance Program can only be used if other community resources have been explored and are found to be unavailable. Housing Assistance Program eligibility requirements include that at least one child in the family must be involved

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in an open DCS case and that the adult caregiver (usually, but not always, the parent) is a U.S. citizen or otherwise lawfully present in the United States.

The Housing Assistance Program is available statewide. Although there is no waiting list to receive these funds, affordable rental housing may not be available in all communities. Background checks by rental companies are another factor affecting the use of this program. Applicants with a history of evictions or of leaving units while owing money often have difficulty finding rental housing, despite the availability of Housing Assistance Program money.

The maximum amount of money available to each family for an incident may not exceed \$1,800 in a six month period. In SFY 2016:

- The Housing Assistance Program provided financial support for the reunification or permanent placement of 683 children within 260 families throughout Arizona, which is a decrease of 176 children and a decrease of 72 families compared to SFY 2015.
- The total amount expended statewide was \$361,423.32, about \$106,217 less than in SFY 2015.

In SFY 2016, the average length of stay in out-of-home placement prior to reunification was 270 days (8.87 months). An estimated \$4,380,108.98 would have been expended by the Department for foster care maintenance if the 683 children who benefitted from Housing Assistance during SFY 2016 had entered or remained in foster care. Based on the SFY 2016 Housing Assistance Program expenditures of \$361,423.32, there was a cost avoidance of \$4,018,685.66.

4. Permanency Planning and Placement Support Services

Permanency Planning

The Department provides permanency planning services for all families who are the subject of an ongoing services case with DCS. DCS Specialists engage parents, children, extended family, and service team members to facilitate the development and implementation of a family-centered, behavior-based, written case plan. The family-centered case plan is to be developed jointly with the family, linked to the safety threats and risks identified through the child safety and risk assessment process, and written in behavioral language so the family understands the changes and activities necessary to achieve reunification or another permanency goal.

The Department's policies on the selection of permanency goals, including timeframes for consideration of goals other than reunification, support timely achievement of the best permanency option for each child in out-of-home care. Each child is assigned a permanency goal based on the circumstances necessitating child protection services, the child's needs for permanency and stability, and Adoption and Safe Families Act (ASFA) requirements. The initial permanency goal for children in out-of-home care is family reunification, unless the court finds that reasonable efforts to reunify are not required due to aggravating circumstances, as defined by ASFA and Arizona statute (A.R.S. § 8-846).

Timely permanency hearings within twelve months of the child's removal support achievement of the Department's permanency goals. At the time of the child's initial removal pursuant to court order, the Department informs the parent(s) that substantially neglecting or willfully refusing to participate in reunification services may result in a court order to terminate parental rights at the permanency hearing. For children younger than three at the time of removal, Arizona law requires a permanency hearing within six months of the child's removal from the home.

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The *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* provides questions for DCS Specialists to ask families when gathering information to assess functioning and protective capacities. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in the identification of their own unique strengths and needs. The Department uses information gathered during the interviews to develop a family-centered case plan to support achievement of the permanency goal and address the child's educational, physical health, and mental health needs. The *Interview Guide* results in a case plan that is tailored to the unique needs identified by the family or other sources. DCS Specialists arrange and monitor services to address risks within the home, maintain family relationships, support timely achievement of the permanency plan, facilitate information sharing among team members, and report progress and barriers to the juvenile court and Foster Care Review Board (FCRB). The Department conducts a planned transition of the child to the home when the parent has successfully addressed the safety threats that prevented him or her from caring for the child safely without Department involvement. The Department may develop this plan with the family in a Team Decision Making (TDM) meeting, and puts follow-up and support services in place to ensure a safe and successful reunification.

The Department and the courts implement concurrent planning for children placed in out-of-home care with a permanency goal of family reunification, when the prognosis of achieving family reunification within 12 months of the child's initial removal is assessed as being unlikely. When concurrent planning is implemented, the DCS Specialist will work toward the family reunification goal and the identified concurrent goal simultaneously. The Department implements concurrent planning activities to ensure alternate caregivers are identified and prepared to care for the child on a permanent basis, if reunification cannot occur. Concurrent planning focuses the family and team on permanency from the outset of the case, so that reunification is given the greatest chance to succeed and another permanency option is ready to be finalized if reunification cannot be achieved. The Department's policy and training emphasizes the need to implement concurrent planning *activities*, as opposed to simply identifying a concurrent permanency *goal*. These activities include thorough kinship search and assessment, selection and placement of the child with the caregivers who will adopt or obtain guardianship of the child if reunification is not possible, and preparation of the permanent home (such as early completion of home studies, certification requests, and adoption subsidy applications). Early selection and placement of the child in the permanent home improves placement stability and may increase placement of siblings together by avoiding situations where siblings are initially placed separately and team members become reluctant to move the children to a permanent home that can care for the sibling group.

A permanency goal of adoption or guardianship may be considered if reunification is not successful within the timeframes identified in federal and state law. Agency preference for permanency goals places adoption second only to family reunification. State policy directs that a goal of adoption be assigned and termination of parental rights (TPR) be pursued according to ASFA requirements. At the twelfth month permanency hearing, if the court determines that termination is in the child's best interest, the court may order the Department or the child's attorney or guardian ad litem to file a motion for TPR within ten days and set a date for an initial hearing on the motion within thirty days. Termination of parental rights is not initiated when it has been determined that such action is not in the child's best interests and this decision has been approved by the region's Program Administrator or designee.

The Department must fully consider all other permanency options before implementing a permanency goal of independent living as another planning permanent living arrangement (APPLA). Department policy was changed in February 2016 to prohibit a permanency goal of independent living, which is the state's version of APPLA, for children younger than sixteen. Many regions also require management approval for a goal of independent living. Although independent living is not the preferred goal, these youth often live in a stable setting with relatives or foster parents. The CHILDS system has been modified to no longer allow the assignment of APPLA to a child younger than sixteen. DCS Administration monitors data related to

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the number of children in out-of-home care under the age of sixteen with a permanency goal of APPLA. The number of children has decreased from 134 in September 2016 to eight in June 2017. The eight children who had an APPLA goal in June 2017 had their permanency goal developed before the CHILDS modification.

Placement and Placement Support

Out-of-home placement services are available statewide for children who are unable to remain in their homes due to immediate safety concerns or impending and unmanageable danger of abuse or neglect. Placement services promote safety, permanency, and child and family well-being through supervision and monitoring of children in out-of-home placement, and support of the out-of-home caregiver's ability to meet the child's needs. State policy requires a complete individual placement needs assessment for every child who requires out-of-home care, and that whenever possible the Department:

- place children in the least restrictive placement available, consistent with the needs of the child;
- seek adult relatives or adults with whom the child has a significant relationship to meet the placement needs of the child in out-of-home care;
- place siblings together unless there is documented evidence that placement together is detrimental to one of the children;
- place children in close proximity to the parents' home and within the child's own school district; and
- place children with caregivers who can communicate in the child's language.

Placement types include licensed or court-approved kinship homes, non-relative licensed foster homes, group homes, residential treatment centers, and independent living subsidy arrangements. By court order, a child may be placed with an unlicensed person who has a significant relationship with the child. Arizona statute confirms the preference for kinship placement and requires specific written findings in support of the decision whenever the Court finds that placement with a grandparent or another relative (including a person who has a significant relationship with the child) is not in the child's best interest.

Identification of potential kinship foster caregivers is to begin at the time of initial assessment/investigation. Within thirty days of a child's placement in out-of-home care, the Department must try to identify and notify all adult relatives and persons who have a significant relationship with the child. When a child in out-of-home care is not placed with an extended family member, or is placed with an extended family member who is unable or unwilling to provide a permanent placement for the child, the DCS Specialist must initiate searches for extended family members or other significant persons prior to key decision points during the life of the case and no less than once every six months. If current contact information about certain relatives is unavailable, the DCS Specialist can initiate a referral through the Department's Family Locate program.

An event was held in March 2016 to streamline and standardize the process of locating relatives and kin for children in DCS custody. Prior to this effort, searches were conducted by multiple people without sufficient coordination of efforts or results. A new case note type in CHILDS was developed, providing a standard location for documentation of efforts and information, and reducing duplication of efforts. From July 2016 to February 2017, the Family Locate Unit attempted to locate 4,896 people, and obtained location information for 1,658 (34%) of the individuals. The Family Engagement Specialists, whose job duties include searching for relatives and kin in waiver project sites in Maricopa and Pima Counties, were given access to person search software, Lexus Nexus, during SFY 2016. Since that time, database searches have been conducted through the DCS Family Locate Unit, Lexis Nexis, Seneca, White pages, Zaba Search, and social media.

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The CSRA process, TDM meetings, and Child and Family Team (CFT) meetings are used to identify caregivers, services, and supports to meet each child's needs. The Department holds a TDM meeting for most removals or potential removals, during which parents, family members, DCS staff, and community partners formulate a plan for the child's safety. If it is determined that removal is necessary, the team determines the child's placement, giving preference to placement with relatives and proximity to the birth family. The Department may also hold a TDM meeting when there is a risk of placement disruption or an unplanned placement change has occurred, to develop a plan for placement stability.

The Department promotes stability for children in out-of-home care by minimizing placement moves and, when moves are necessary, providing services to make placement changes successful for the child. To achieve the permanency goal and support the child and caregiver, a case plan specifying the necessary services and interventions is developed by the child, family members, out-of-home care provider, service providers, attorneys, and DCS. Among other information, the written case plan should identify the child's educational, medical, and behavioral health needs, and services to the child or caregiver to address those needs. DCS Specialists further support placement stability by:

- identifying in the case plan the foster or kinship caregiver's needs, and the supports and services that will be provided to enable the caregiver to meet the child's needs;
- providing children and out-of-home care providers current information about matters affecting the children and allowing them an opportunity to share their thoughts and feelings;
- reviewing each case every six months through the FCRB process or the Department's administrative review procedures; and
- making monthly in-person contacts with children in out-of-home care and their caregiver(s) to assess their safety, well-being, and service needs – including visiting alone with the child if verbal.

State law and policy support placement stability by giving the foster parent the right to request a review of any decision to change a child's placement prior to the removal of the child. This review focuses on the child's placement needs and whether additional services to the foster family can maintain the child's placement. If the decision is made to change the child's placement, policy requires that a transition plan be developed that includes notification of all parties about the move, communication between the prior and future out-of-home provider, pre-placement visitation, and the planning of supportive services. The foster parent bill of rights includes the following:

- to be treated with dignity and respect;
- to be included as a valued member of the team that provides services to the foster child;
- to receive support services that assist the foster parent to care for the child;
- to be informed of all information regarding the child that will impact the foster home;
- to contribute to the permanency plan for the child in the foster home;
- to have placement information kept confidential when necessary for protection of the foster parent and the foster parent's family;
- for assistance in dealing with family loss and separation when a child leaves the foster home;
- to be informed of agency policies regarding the foster parent's role;
- to receive training to enhance the foster parent's skills;
- to be able to receive services and reach agency personnel at all times;
- to be provided a reasonable plan for respite;
- to confidentiality regarding issues that arise in the foster home;
- to not be discriminated against on the basis of religion, race, color, creed, sex, national origin, age, or physical handicap; and
- to receive an evaluation of performance.

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For American Indian children, placements must take place in accordance with the Indian Child Welfare Act, and the tribe must be notified whenever a placement change is considered.

Behavioral health and other services are available to assess and treat the mental health and placement support needs for every child in out-of-home placement. For more information on behavioral health services, see *Section III Programs and Services to Achieve Safety, Permanency, and Well-Being*.

Kinship Caregiver Identification, Assessment, and Support

Consistent with national best practice standards, the Department gives placement preference to relatives and others who have a significant emotional connection to children who require out-of-home care. The Department promulgates practices that recognize kinship connections are not limited to blood relationships, and has policies and procedures in place requiring staff to identify and pursue all of a child's important emotional connections. Kinship placements often provide a means to maintain connections to neighborhood, community, faith, family, tribe, school, and friends. On June 30, 2016, there were 8,135 children placed in 4,757 kinship foster homes; 1,319 children were placed in licensed kinship homes and 6,816 were placed in unlicensed kinship homes. Of the 4,757 kinship homes, 647 were licensed and 4,110 were not licensed (source: Kinship Foster Care Bi-Annual Report, SFY 2016).

The Department has focused on identifying and engaging kin as early as possible in the life of a case, increasing the percentage of children placed with kin, and increasing the financial and emotional supports provided to kinship caregivers, including licensure. Aside from the many advantages for the children involved in kinship placements, there are advantages to the child welfare agency. Primarily, use of kinship placement dramatically reduces the need for non-relative licensed family foster homes. On September 30, 2016, 45.5% of children in out-of-home care in Arizona were in kinship placements, reducing the need for licensed family foster home beds by 8,166 children (source: Child Welfare Reporting Requirements Semi-Annual Report).

Arizona's percentage of placements with kin, which is above the current national average of 30%, indicates effective practice that is grounded in clear policy and procedural guidance (Source: The AFCARS Report <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport23.pdf>). Additionally, Arizona juvenile court rules require that at the preliminary protective hearing the court order the parent or guardian provide the names, types of relationship, and all available information necessary to locate persons who are related to, or have a significant relationship with, the child. The court must further order the parent or guardian to inform the Department immediately if the parent or guardian becomes aware of new information related to the existence or location of a relative or person with a significant relationship to the child.

DCS Specialists are to take action to identify and engage kin throughout the life of a case. Examples of current policy include:

- procedures for the DCS Specialist to identify relatives and persons who have a significant relationship with the child, and make efforts to determine if those persons have interest in providing care for the child;
- a Relative Search Best Practice Guide, which provides information about the importance of finding and involving relatives, as well as practice standards for conducting diligent and comprehensive relative searches;
- guidance to explore family connections as a pre-removal resource for ensuring child safety and for placement options in the event that the child enters out-of-home care;
- the use of the "relative contact" case note type, which allows staff to easily locate information about kin and assessments of kin as placement resources; and

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- the use of family locate referrals to search for and locate relatives of children in out-of-home care.

Also, as part of the title IV-E waiver demonstration project, Fostering Sustainable Connections (FSC), Family Engagement Specialists, whose job duties include searching for relatives and kin, were given access to person search software, Lexus Nexus. It is believed this software will greatly increase the number of relatives and kin located for children in congregate care settings. Other aspects of the waiver support relative and kinship identification as well, including:

- hiring DCS Family Engagement Specialists to identify and locate relatives and kin important to the children for emotional support and possible placement;
- expanding the current TDM process to identify and transition youth who are placed in congregate care into family-like settings; and
- increasing the availability of in-home, behavioral health, and other community services to assist with transitioning the children to less restrictive placements and support any kinship placements identified.

Team Decision Making Meetings are another helpful resource for locating and engaging kin. From July 2016 through March 2017, 6,251 TDMs were held throughout Arizona. Forty-eight percent of these TDMs were attended by at least one relative associated with the case. The total number of children discussed at these meetings was 11,625, with a relative able and willing to be an immediate placement identified during the TDM for 3,162 (27%) of these children (source: TDM database).

Department policy indicates that the assessment of a relative or significant person who asks to be a placement option must be initiated within ten working days of the request. The assessment begins with a discussion of the child's needs and the potential caregiver's interest and intentions towards the child now and in the future, a preliminary determination of the potential caregiver's ability to meet the child's placement needs and support the case plan, and a preliminary determination that the potential caregiver can pass criminal and child abuse background checks. Based on the results of this discussion, a formal home study may be initiated. In the Phoenix area, kinship home studies are conducted by Southwest Human Development (SWHD) through a contract with the Department. Approximately 200 home studies are conducted per month. SWHD staff visit the kinship homes early in the placement process to conduct the home studies and provide information on resources available through DCS and community based agencies (including licensing, financial, social and educational resources). Kin are encouraged to pursue licensing and must meet the same licensing standards as non-kin foster parents, with the exception of certain non-safety standards that may be waived. On a case-by-case basis, the Department works with the Office of Licensing and Regulation and contracted licensing agencies to grant waivers of non-safety related licensing standards that would prevent kinship caregivers from becoming licensed. The waivers most often relate to some aspect of the sleeping arrangements to accommodate sibling groups. A smaller number relate to income requirements or certain flexibilities needed to complete necessary training. During this reporting period, 148 waivers were granted to allow 313 children to remain in kinship homes that became licensed. Seventy of these waivers were granted to grandparents or great-grandparents. Thirty-eight of the waivers were for single child placements, with the remaining 110 waivers provided to kin caring for sibling groups.

The Department recognizes that the relationships between kinship caregivers, the children in their care, and the birth parents present special issues that require sensitivity, knowledge, and skill among DCS Specialists and service providers. The Department continues to develop the knowledge and skills of staff in relation to these special needs and to identify services and supports to promote permanency and stability with kinship caregivers. State fiscal year 2017 activity included the following:

- The eight hour training entitled "Partnership with Foster Parents," developed in partnership with the Arizona State University, continues to be provided to DCS Specialists. This eight-hour course

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includes information related to avoiding and resolving concerns with licensed foster parents and unlicensed relative placements. The course is now included in the Advanced Training Academy and will continue in SFY 2018. During the current reporting period, 172 staff were trained.

- The Statewide Kinship Specialist provides training to DCS staff members at section and unit meetings, and ASU MSW and BSW stipend students throughout the year. This training provides an overview of the activities required to secure and finalize a kinship placement, and the delivery of support services; emphasizes the importance of understanding the kin perspective; and builds sensitivity regarding the involvement of child welfare with the family and other issues.
- The Department distributed information on kinship placement resources and supports to approximately 300 participants at the 2016 Statewide Supervisor Summit.

DCS Specialists use the Kinship Placement Agreement and Notification of Resources form to review financial and non-financial benefits that may be available to the kinship caregiver, and document that the resource conversation took place. For kin who do not pursue licensing, financial and other supports are provided in a variety of ways, including:

- medical, dental, and mental health insurance for the child through the Comprehensive Medical and Dental Program (CMDP);
- child care, parenting skills, and assistance with transportation for necessary appointments;
- monthly clothing and personal allowance and other “special” allowances (supplemental tuition, emergency clothing, high school graduation, etc.);
- respite care of up to 144 hours per year (provided through a licensed agency);
- TANF “child only” cash assistance benefits, with no benefit “cap” for kinship providers caring for children in DCS custody;
- the "Grandparent Stipend" for unlicensed grandparents or great-grandparents who meet an income threshold, which was expanded through the 2017 legislative session to include all income eligible unlicensed kin placements caring for children in DCS custody;
- kinship resource and family support centers in the urban areas, offering services to strengthen kinship families, access to community professionals who can help in a variety of areas, and information on topics such as discipline, attachment and bonding, brain development, legal, and other issues; and
- community based agencies such as Aid to Adoption of Special Kids (AASK), Duet, Benevilla, Child Crisis Arizona, and Arizona’s Children Association (AzCA) that continue to provide an array of services and supports to kin caregivers across the state.

Department staff conduct outreach activities through phone calls, mailings, and in-person information sessions to inform kin about their role as a foster caregiver, and provide critical information on meeting the needs of the children in their care. In SFY 2017, CMDP began reaching out to all caregivers within seven days of placement, to ensure they are aware of timeframes for required health care checkups, immunizations, etc., and to encourage caregivers to contact CMDP Member Services with questions. The Department sends a quarterly statewide newsletter to all kinship caregivers. In addition, the Kinship Foster Care booklet continues to be distributed and is available in English and Spanish. The booklet provides extensive information for kinship caregivers, including, DCS expectations for the care and supervision of children in DCS care, benefits and services available to children in their care, licensing process and waivers, and information about other pertinent subjects.

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In addition to the training and outreach noted above, the Statewide DCS Kinship Specialist provides direct support to kin caregivers, through participation in Kinship Information Sessions and responding to phone calls and inquiries submitted to the Kinship@azdcs.gov general delivery mailbox. Assistance is typically sought to resolve payment issues, contact the assigned DCS Specialist, and gain general program information and guidance. The Statewide Kinship Specialist also participates in the Central Arizona Kinship Care Coalition, which is an advocacy and information group consisting of kinship caregivers and Phoenix area community agency staff who provide services to kinship caregivers. This group meets monthly to exchange resource information and identify kinship caregiver needs and issues. The Statewide Specialist also monitors efforts and provides support through technical assistance and training to Northern, Pima, and Southeast regions. Current efforts include the following:

- The Southeast Region continues to support kin placements by having a designated case aide in each field office visit each new kinship home to offer information on resources, available assistance, and the dependency process. The case aides meet with the families one week after initial placement, ten days after that, and then monthly as needed.
- The Pima Region Kinship Liaison Support Unit provides support to all kin placements in Pima County. The support centers on helping families to access resources and complete the fingerprint process timely. The assigned liaison meets with the family within five days of receiving the referral, and conducts follow up visits every 30 days for three months. This process is believed to greatly increase the retention and success of these kinship placements.

The Southwest, Central, and Northern Regions are exploring the use of designated case aides to assist in providing outreach and support to kinship families.

The Interstate Compact on the Placement of Children and Timely Interstate Placement Home Studies

The Interstate Compact on the Placement of Children (ICPC) is a contract between and among the fifty states, District of Columbia, and the U.S. Virgin Islands that standardizes national procedures to ensure suitable placement and supervision for children placed across state lines. Any person, court, or public or private agency wishing to place an Arizona child for care in another state must proceed through the ICPC. Likewise, any person, court, or public or private agency in another state wishing to place a child for care in Arizona must proceed through the ICPC. The Arizona Compact Administrator is responsible for reviewing ICPC referrals and sending them to the Compact Administrator in the receiving state, and for referring requests for placement in Arizona to a local receiving agency. The local receiving agency oversees the evaluation of the referral and notifies the sending state's Compact Administrator of the placement approval or denial.

The Safe and Timely Interstate Placement of Foster Children Act of 2006 encourages timely home studies. A home study is considered timely if within sixty days of receiving a request to conduct a study "of a home environment for purposes of assessing the safety and suitability of placing a child in the home," the state completes the study and sends the other state a report, addressing "the extent to which placement in the home would meet the child's needs." Arizona received 1,149 ICPC requests for a home study of an Arizona family as a potential placement resource in FFY 2016, 169 more than the 980 requests in FFY 2015. Arizona completed 95% of the home studies requested during FFY 2016 within the required 60 days. In FFY 2016, Arizona made 1,781 requests to other states for home studies, which is 302 more than the 1,479 requests in FFY 2015.

5. Adoption Promotion and Support Services

Adoptive Home Identification, Placement, and Supervision Services

The Department provides adoption promotion and support services with the goal of placing children in safe nurturing relationships that last a lifetime. These services include placement of the child on the Central Adoption Registry, assessment of the child's placement needs, preparation of the child for adoptive placement, recruitment and assessment of adoptive homes, selection of an adoptive placement, supervision and monitoring of the adoptive placement, and application for adoption subsidy services. Adoption promotion and support funds are used to support adoptive families through pre-placement adoptive family-child visits and facilitation of post-placement visitation with siblings. Services are provided by contracted providers who are experts in adoption. There are no geographic limitations on adoptive home identification, placement, and support services, although some support services, such as specialized counseling, may be more readily available in some areas.

The Department places a child in an adoptive home that best meets the safety, social, emotional, physical, and mental health needs of the child. Meeting the child's needs is the primary consideration in the selection of a family. Contracts for foster care and adoption home study, recruitment, and supervision emphasize targeted and child specific recruitment. The contracts encourage placements for sibling groups, teens, children whose ethnicity is over-represented in the foster care system, and children with special needs. The Department and its contract providers are collaborating to address disproportionality by specifically targeting recruitment within African American and Hispanic populations. The Department has also requested that the agencies recruit homes in specific geographical areas, and has provided GIS maps to contractors to assist in focusing recruitment strategies to specific communities. The maps show the number of removals per county, the ages of children removed, and the ethnicity of children removed.

Arizona uses an array of interstate resources in order to expeditiously locate permanent homes for children across jurisdictional lines. These include internet resources such as AdoptUsKids, Children's Heart Gallery, and Adoption.com; features on nationally syndicated programs; and quarterly newsletters to Arizona's licensed foster parents and parents receiving adoption subsidy benefits. Families with home studies can also be listed on the CHILDS Adoption Registry. Adoption promotion funds are available statewide to provide transportation services that encourage, facilitate, and support cross-jurisdictional placements. Transportation services include pre-placement visits, and visits with siblings and relatives living out of state or in other regions of Arizona.

In an effort to better support families who adopt children with special needs from our foster care system, the Department has used adoption promotion and support funding for respite services. Discussions with adoption parents at focus group and other forums indicate that post-adoption respite support services provide adoptive parents with a break from the constant demands of caring for their special needs adopted children. Respite may be used for planned activities or emergency situations, but not for regular child care.

Arizona earned \$604,000 under FY 21016 Adoption Incentive Program funding for exceeding the baselines. Due to limited availability of federal funds, Arizona received approximately 21% of this award, or \$126,821. Arizona has no planned changes for the use of adoption incentive funding next year. This funding supports adoptive home recruitment, and assists adoptive families who are having challenges navigating the behavioral health system so they can continue to care for their children with special needs who are at risk of re-entering the foster care system.

Adoption Subsidy

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The Adoption Subsidy program subsidizes adoptions of special needs children who would otherwise be difficult to place for adoption because of physical, mental, or emotional disorders; age; sibling relationship; or racial or ethnic background. The physical, mental, or emotional disorders may be a direct result of the abuse or neglect the children suffered before entering the child welfare system. Services include monthly maintenance payments, eligibility for title XIX services, reimbursement of services rendered by community providers, crisis intervention, case management, and information and referral.

The number of children eligible and receiving adoption subsidy continues to increase. The number of children served in the adoption subsidy program grew from 24,662 on July 31, 2016, to 27,670 on May 31, 2017, with 3,008 new special needs adoptions being subsidized in SFY 2017. The Department reimbursed \$3,753,854 of nonrecurring adoption expenses in SFY 2017. From July 1, 2016 through June 30, 2017, DCS finalized more adoptions than in any previous year. Of the 4,309 children who were adopted during SFY 2017, approximately 81% were covered under a Title IV-E adoption agreement, and the remaining 19% were covered under a state agreement. An executed adoption assistance agreement is required for reimbursing adoptive parents for their one-time non-recurring legal fees for adoption, and is required for the child's coverage through AHCCCS, therefore nearly all adoptions of children with special needs from foster care have an executed adoption assistance agreement.

The Adoption Subsidy program continues to offer post-adoption support to adoptive families of special needs children. Adoption subsidy staff provide support and resources to families and collaborate with community agencies to assist in meeting the needs of adoptive children. For example:

- The Adoption Subsidy handbook provides information about the program and addresses questions from adoptive parents. In addition, a booklet about adoption subsidy services, specifically respite services, is available to assist families.
- Adoption subsidy staff continue to collaborate with staff from the Regional Behavioral Health Authorities and participate in CFT meetings to coordinate services to meet the behavioral health needs of adoptive children. The Adoption Subsidy Behavioral Health Clinical Coordinator is also available to assist with formulating plans to meet the unique and combined complex needs of children and families providing permanency through adoption. If an adoptive family submits a request for an increase in the adoption subsidy due to the need for additional mental health services, the Adoption Subsidy Behavioral Health Clinical Coordinator may be requested to work with the family to navigate the behavioral health system to ensure the child's needs are met.
- Adoption subsidy staff participate in the November National Adoption Day celebrations.
- The Department has compiled a list of support groups for adoptive families across the state. This list is provided to the licensing agencies, adoption subsidy workers, and the field to be provided to families as needed. Examples of agencies that support adoptive families include the Lodestar Family Connections Center in Phoenix, the KARE Family Center in Tucson, Arizona Children's Association (AzCA) in Yuma, and the Family Involvement Center in Phoenix and Prescott Valley. The Department continues to identify new community resources for children eligible for adoption subsidy.

Services for Children Adopted from other Countries

Community services are available to adopted children and their families, including families who have adopted a child from another country. These services can address risk factors associated with adoptive placement disruptions and dissolutions. For example, private agencies such as Lodestar KARE, the Family Involvement Center, and AzCA provide support services to any family raising a child that was not born to

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them. These community agencies provide assistance including information and referral services, and support groups for adoptive children and families in Arizona. Behavioral health services for children, including counseling and residential services, are available through the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program for children who qualify. Services for children with developmental disabilities are available through the Department of Economic Security's Division of Developmental Disabilities.

The Department of Child Safety makes prevention and treatment services available to families who have adopted a child from another country if there are allegations of abuse or neglect and the assessment determines there are risk factors that necessitate such services. In addition, when children adopted from other countries come into the custody of the Department of Child Safety, they and their families are provided protective and treatment services. Services are offered to resolve the problems that led to the child and family being involved with the Department and return the child to the adoptive family when safe and possible.

6. Subsidized Guardianship and Independent Living Services

Subsidized Guardianship

Guardianship subsidy provides a monthly partial reimbursement to caretakers appointed as permanent guardians of children in the care, custody, and control of the Department. These are children for whom reunification and adoption have been ruled out as unachievable or contrary to the child's best interest. Most of the permanent homes supported by the state Subsidized Guardianship program were kinship placements while the child was in out-of-home care. The Department conducts an annual review of all open guardianship subsidy cases to ensure that the child is still in the home of the guardian.

This program is available statewide to children in the custody of the Department exiting out-of-home care to permanent guardianship. The number of children served in the guardianship subsidy program at the end of September 2016 was 2,540. Due to the nature of guardianship, there is no significant increase or decrease in the number of children entering and exiting guardianship subsidy each month.

Independent Living and Transitional Independent Living

Provision of effective services to support young adults improves placement stability, reduces foster care re-entry, increases the percentage of youth placed with siblings and relatives, reduces the number of youth in out-of-home care, and increases the number and percentage of youth who exit to permanency rather than at age of majority. Youth and Department staff work together to establish youth-centered case plans that include services and supports to assist each youth to reach his or her full potential while transitioning to adulthood and to maintain safe, stable, long-term living arrangements and relationships with persons committed to their support and nurturance. State policy requires an individualized independent living case plan for every youth age sixteen or older in out-of-home care, regardless of his or her permanency goal. The Department provides life skills assessments and services to ensure each youth acquires the skills and resources necessary to live independently of the state foster care system at age eighteen or older.

Youth who do not have a goal of reunification, adoption, or guardianship are assisted to establish another planned permanent living arrangement by participating in services, opportunities, and activities through the Arizona Young Adult Program, which is Arizona's state Chafee Program. The Arizona Young Adult Program provides training and financial assistance to children in out-of-home care who are expected to make the transition from adolescence to adulthood while in foster care. Youth served under the Arizona Young Adult Program are currently in out-of-home care, in the custody of the Department. Of children in out-of-home care on September 30, 2016, 8.7% had a permanency goal of independent living. The number

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of youth served by Arizona's Young Adult Program decreased slightly from 1,941 in CY 2015 to 1,931 in CY 2016.

Department policy allows youth to continue to receive Department services and supports to twenty-one years of age through voluntary foster care services and/or the Transitional Independent Living Program. Young adults served under the Transitional Independent Living Program are former foster youth, eighteen through twenty years of age, who were in out-of-home care and in the custody of the Department while age sixteen, seventeen, or eighteen. This Program provides job training, skill development, and financial and other assistance to former foster youth, to complement their efforts toward becoming self-sufficient. During CY 2016, 228 former foster youth received assistance from this program, approximately the same number of youth (227) served in CY 2015.

A statewide Independent Living Policy Specialist provides consultation and technical assistance to staff and contracted agencies serving young adults, including annual meetings to develop competencies and identify systemic improvements necessary to achieve positive outcomes for these youth. Goal directed support and oversight is also provided by regional managers, supervisors, and program specialists.

In 2014, Arizona Governor Doug Ducey signed orders moving the responsibilities and functions of the Division of Behavioral Health Services to the Arizona Health Care Cost Containment System (AHCCCS). This transition was complete by July 2016. This Administrative Simplification did not represent a reduction in services or funding for services. The AHCCCS Medicaid Director has assumed direct responsibility for behavioral health service delivery. AHCCCS has created a new Division of Health Care Advocacy and Advancement, which includes the Office of Individual and Family Affairs. The Department of Child Safety and AHCCCS continue to respond to the need for timely and accessible services to address the unique needs of families with teenagers by providing and developing services specifically geared toward teenagers. Examples include the following:

- Transition to Adulthood service planning assists youth to make a smooth and seamless transition from the children's behavioral health system into the adult system. Transitional planning begins once the youth turns 16, or earlier if the CFT determines that more time is needed for the youth to acquire the necessary skills. If needed, a request can be made to have a representative from the adult behavioral health system attend the youth's CFTs. Arizona behavioral health providers utilize the "Transition to Independence Process" or TIP Model to inform the delivery of services. The RBHAs have provided technical assistance to providers to implement the TIP Model to fidelity, if the provider chooses. DCS continues to collaborate with AHCCCS and the RBHAs to ensure this population receives the SMI determination when appropriate. AHCCCS has contracted with a single provider to manage the SMI eligibility process.
- The Arizona Behavioral Health Planning Council has identified Transition to Adulthood as one of its key projects for SFY 2017 and continuing in SFY 2018. The Council advises AHCCCS on the State's utilization of Community Mental Health Block Grants and Substance Abuse Block Grants. The Council has met with young adults and providers throughout the State regarding the transition to adulthood process. Overall, the Council observed that the providers are aware of the "Transition to Adulthood" and the TIP Model. Providers are encouraged to meet the youth's needs through the CFT process. The providers and youth have reported the inclusion of the young adults into peer run organizations, which are looking at ways in which its services are more appealing to the interest of these young adults. Peer run organizations are creating age specific/restricted activities for the young adults, such as computer gaming and dance teams.

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- In SFY 2013, the Arizona Children's Executive Committee's Clinical Subcommittee developed a training for system partners, youth, and parents about DBHS' Transition to Adulthood Practice Protocol and provided it to the RBHAs and behavioral health providers for utilization. The training's purpose is to ensure everyone involved understands DBHS' practice recommendations for behavioral health providers addressing the needs of youth nearing the age of majority, and is a collaborative effort between local RBHAs, the Department, the Division of Developmental Disabilities, the Administrative Office of the Courts, the Department of Education, and behavioral health providers. The training continues to be used regionally to support recommended behavioral health practice for children nearing the age of majority.
- Some child services continue to twenty-one years of age, when appropriate. This is supported by a special capitation rate for youth eighteen to twenty-one years old, which helps the RBHAs cover the cost of these services. The TIP Model components are some of the services utilized in this arena. It includes Transition Facilitators who actively work with youth and young adults on their future planning and skill development. Peer support specialists utilize their own direct experience with mental health services to collaborate with, coach, and challenge the young person to view their situation as an opportunity for growth.
- Support and Rehabilitation Services are available for children, adolescents, and young adults, including a variety of home-based and community services with a goal of keeping children in their homes and community. Support services are services designed to facilitate the delivery of, or enhance the benefit received from, other behavioral health services. These services include case management, family support, peer support, unskilled respite, and transportation. Rehabilitation services include educating, coaching, training, and demonstrating. These services include behavioral health prevention/promotion education, medication training, and psychoeducational services such as pre-job training and job development and ongoing support to maintain employment.
- The Child and Adolescent Service Intensity Instrument (CASII) is used for all children ages six through seventeen to identify the need level and recommended service intensity. The results inform the CFT process, through which services and supports to best meet the youth's needs are identified. The CFT process mandates a crisis plan and a Strengths, Needs, and Cultural Discovery (SNCD) for youth with a CASII score indicating high needs. These youth are also assigned an intensive/dedicated case manager to provide support in the delivery of services.
- The Department, in conjunction with Comprehensive Medical and Dental Plan (CMDP), DBHS, and AHCCCS, continues to evaluate Arizona's use of psychotropic medication for its foster children. Arizona collects data using the same parameters as the General Accounting Office's report on United States use of psychotropic medication with foster youth. The majority of the youth in care prescribed psychotropic medications are teens. One of the improvements made during SFY 2016 is DBHS' finalization of the youth assent process for psychotropic medication prescribing. Since youth are not able to legally provide informed consent, the youths' assent, or agreement, to take the medication allows the youth to be more engaged in his or her care, case planning, and decisions.
- The Department has provided guidance through various stakeholder meetings for DBHS in its implementation of the State Youth Treatment Grant from SAMHSA, which focuses on workforce development. The State is in its third year of this grant, which targets youth of

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transition age who are experiencing substance abuse, with the use of evidence-based outpatient treatment and workforce development as the primary interventions. The qualitative evaluations of workforce development has identified the following structural themes:

- Most organizations have designated staff cross-trained to accommodate clients with AOD problems and co-occurring disorders, who work in ad-hoc teams, rather than employing separate specialists.
- Reliance on evidence-based practices is increasingly the norm across the multiple types of care programs. However, such decisions about how many and which EBPs to utilize are most commonly made at the upper administrative level, with only occasional input from all levels of relevant staff.

More information about youth and stakeholder involvement in program evaluation and development; the Department's activities to improve outcomes for young adults, services, and systems to support young adults; and related accomplishments is located in *Section XI, Chafee Foster Care Independence Program and Education and Training Voucher Program State Plan*.

Young Adult Transitional Insurance (YATI)

Young adults who reached the age of eighteen while in out-of-home care may be eligible for medical services through the YATI Program, a Medicaid program operated by AHCCCS. All foster youth who are Medicaid eligible are pre-enrolled into an AHCCCS plan as they turn eighteen years of age. This program provides continuous health coverage until the age of twenty-six, regardless of income. Over 1,500 youth who reached the age of eighteen while in foster care or who exited care at age 18 or older during the last year will benefit from this program.

Education and Training Vouchers

Through funding received from the Federal Education and Training Voucher (ETV) Program, the Department provides vouchers to support post-secondary education and training costs, including related living expenses, to eligible youth up to age twenty-three years. In accordance with the current state Chafee Foster Care Independence Program (CFCIP), a youth may apply for assistance through the state ETV program if the youth:

- was in out-of-home care in the custody of the Department when age sixteen, seventeen, or eighteen;
- is eighteen to twenty-one years of age and was previously in the custody of the Department or a licensed child welfare agency, including tribal foster care programs;
- was adopted from foster care at sixteen years of age or older; or
- was participating in the state ETV program at twenty-one years of age.

Additional information about the Independent Living, Transitional Independent Living, Young Adult Transitional Insurance, and Education and Training Vouchers Programs is located in *Section XI, Chafee Foster Care Independence Program and Education and Training Voucher Program State Plan*.

7. Case Planning and Case Manager Visits with Children and Parents

Family-Centered Case Management

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The Department's case management services are available statewide to address child safety, permanency, and well-being. A family-centered behavioral case plan is to be developed with the family for every child who is the subject of an in-home or out-of-home case. The case plan is based on a comprehensive assessment of the parents', children's, and out-of-home care providers' needs. DCS Specialists are instructed to use the *Family-Centered Interview and Documentation Guide* to formulate interview questions that engage and motivate family members while gathering information on safety threats, protective capacities, risks, and strengths.

Family members are encouraged to participate in the development of a behavioral case plan to address threats to child safety, or risks of future abuse or neglect, that necessitate DCS involvement. The case plan communicates to all parties the permanency goal, the reason why DCS is involved with the family, the desired behavior changes, and the services and supports that will be provided to enable behavioral changes. When applicable, the document describes child specific medical, educational, and independent living plans, a concurrent permanency goal and plan, and a visitation plan. The case plan includes documentation of family and service team involvement in case plan development. The case plan must be reassessed and revised by the family and team no less frequently than every six months. Progress and services can be reviewed and modified between formal case plan staffings to avoid ineffective and wasteful service provision, and improve outcomes for families. DCS Specialists are to monitor that the parents are engaged in services, and that the services and supports identified in the case plan are bringing the desired behavioral changes.

Engaging family members in the continual evaluation of their strengths, needs, and goals is the most effective method to identify services that meet the family's unique needs, produce desired behavioral changes, and achieve desired outcomes. Concerted efforts to embed this and other family-centered practice principles continue throughout the Department, and family engagement practice one of the four focus areas in the Department's CFSR PIP. Family-engagement practice principles and techniques are trained to new staff, emphasized to existing staff, and embedded throughout the Department's philosophy, policies, programs, and activities. For example:

- The Department partnered with Arizona State University during SFY 2016 to develop a Family Engagement Training. This course covers practice skills and strategies for improving engagement with the families served. The course is a review of strength-based child welfare practice, engagement skills and strategies, connecting the engagement process with appropriate application of protective authority, engagement practice for difficult conversations, and how to avoid trauma fatigue. This course is mandatory for ongoing and investigation DCS Specialists and provided during the Advanced Training Academy.
- In partnership with Casey Family Programs and Seneca Family of Agencies, the Department began to train staff during SFY 2016 on family finding techniques through the Fostering Sustainable Connections, A Family Finding Model training. These efforts are part of the Department's title IV-E waiver demonstration project. The goal of Fostering Sustainable Connections is to identify and locate relatives and kin for children in congregate care to allow these children to achieve permanency more timely, develop important connections, and experience more positive emotional and social outcomes.
- Arizona's case planning policies and procedures require full disclosure about the reasons for DCS involvement, the reason for a child's removal, the permanency planning process, and permanency related timeframes. State law defines the rights of parents, including the right to be informed upon initial contact of the specific allegation made against him or her, to provide a response to the allegation, and to be verbally informed of the child's removal and the reason for the removal. State procedures require that the DCS Specialist discuss and stress with the parents the importance of permanency, engage the parents in a discussion of the available alternatives to achieve permanency,

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and inform the parents that if significant progress toward the outcomes listed in the case plan is not made by the time of the Permanency Hearing the Department may recommend, or the court may order, that the permanency goal be changed from family reunification to another permanency goal, such as adoption or guardianship.

- Children age twelve years or older are to be included at critical decision points in the life of their case to ensure each child is: 1) informed of his or her role and rights in participating in the case plan and court proceedings; 2) informed about the Department's goal of achieving permanency for the child in a safe home; 3) informed of all available alternatives to achieve permanency, including family reunification through the parents' successful participation in services, consent to adoption, consent to guardianship, and adoption through termination of parental rights; 4) made aware that individualized services addressing the reasons for Department involvement are made available to families; 5) informed about his or her parents' activities and progress toward reunification, unless returning home is not a possibility; 6) helped to identify significant adults with whom relationships can be maintained; and 7) encouraged to maintain contact with the birth family and kin, unless such contact is detrimental to the child's health and safety.
- State statute and Department policy require an exhaustive search for all adult relatives (grandparents, great-grandparents, adult siblings, parent who has custody of any sibling, aunts, uncles, and first cousins) of each child in care and assessment of relatives who request to be considered for placement of the child or to otherwise be involved in the child's life.
- Parents, children twelve years of age or older, and people who are a support to the family are encouraged to attend case plan staffings, CFT meetings, TDM meetings, court hearings, and FCRB hearings to provide ongoing input into the case plan.
- Content on family engagement is currently included in DCS Specialist core training, as well as parent aide/case aide core training. DCS Specialist core training has an emphasis on engaging fathers. The Department's Field Training Activities Guide also includes opportunities for new staff to practice family engagement and family-centered practice techniques.
- The Department's current supervisor core training has three modules that include strength-based supervision concepts. The training material includes coursework on best practices in group and individual clinical supervision, modeling strength-based family-centered practice and engagement skills, and use of the parallel process during supervision.
- Attachments to the resource family HRSS contract define requirements for shared birth and resource family parenting of children in out-of-home care. These requirements are trained through the PS-MAPP training (initial foster parent training curriculum) for resource parents, and will also be included in the new foster parent training program being finalized during CY 2017 called the Foster Parent College.
- The Department had developed a series of Practice Guidelines that includes information on a specific topic along with ways to engage parents and youth in conversations and information sharing. Practice Guidelines describe current best known skills, techniques, and knowledge to guide individualized practice and achieve positive outcomes. Examples of Practice Guidelines developed during SFY 2017 include, involving incarcerated parents, conducting quality contacts with parents, parenting time (parent-child visitation), preserving the child's connections, and maintaining the relationship of the child in care with his/her parents.

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Team Decision Making

Team Decision Making (TDM) is a strength-based decision making process to address the safety and placement of children. TDM meetings are a collaborative process involving DCS, family (custodial and non-custodial parents, and the child if 12 years of age or older), family support, community members, and partnering agencies, including tribal representatives when applicable. By engaging family members, friends, and natural supports in decision making and the identification of safe placement options, TDM meetings assist in achieving permanency outcomes such as early reunification, prevention of re-entry, placement with siblings and kin, visitation with parents and siblings, placement stability, planning for adulthood, and preservation of the child's important connections. Team Decision Making provides an opportunity to improve child and parent involvement, contact with fathers, identification of relatives for placement or support of the child, and identification of services to improve parental capacity to care for the child safely.

TDM meetings are held when a child has been removed, a child has been found to be in impending danger, there is potential for placement disruption or an unplanned placement change occurs for a child in out-of-home care, the permanency goal may need to change or a child may begin the reunification transition to their family, or when a youth is in need of a discharge plan upon their exit from care (including youth reaching the age of majority). Trained TDM Facilitators guide the teams to identify opportunities and resources to prevent removal or re-entry or preserve a placement, discuss permanency options, and plan for adulthood. In some cases, the family and team are able to identify a sufficient in-home safety plan. TDM policy clarifies there should be every attempt to reach general agreement to support decisions and recommendations with all team members, but if agreement cannot be reached, the final decision regarding the child's safety planning will be the responsibility of the DCS Specialist and DCS Program Supervisor. TDM procedures help TDM Facilitators and DCS Specialists work hand-in-hand toward shared goals of child safety and selection of the best placement for the child. TDM meetings continue to be held in all regions and counties. In 2016, 3,181 or 41% of TDMs were for emergency removals, 2,479 or 32% were considered or pre-removal TDMs, 379 or 5% were Placement Stability TDMs (formally referred to as Change of Placement TDMs), 1135 or 15% were Permanency Planning TDMs, 206 or 3% were Reunification TDMs, and 379 or 5% were Age of Majority TDMs (youth within six months of aging out the foster care system).

The Department continues to collect and disseminate data with regard to TDMs, including the number of meetings by type, attendees, and child specific outcomes. The Department continues to use the revised Team Decision Making training curriculum for newly hired TDM facilitators, and provide refresher seminars with field staff to review the roles and responsibilities associated with TDMs. The Department has created regional lead positions that are dedicated to the support and supervision of TDM facilitators statewide. Additionally, the Department has developed standard work for TDM staff to improve program consistency and effectiveness statewide. The standard work includes clearly defining the roles of staff, work product timeframes, quality assurance processes, and data collection and dissemination procedures See *Section V: Assessment of System Performance* for additional information.

Case Manager Contacts with Children

The DCS Specialist's contacts with children and parents are important opportunities to conduct ongoing assessment; inform, support, and engage children and parents; give parents, out-of-home care providers, and children (including children younger than twelve years of age) opportunities to identify their strengths, needs, progress, goals, and services; and gather information to ensure children's educational, physical health, and behavioral health needs are met. As a result, activities to improve the frequency and quality of DCS Specialist contacts are also activities to improve assessment, service provision, and involvement in case planning.

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Department policy requires face-to-face visits between the DCS Specialist and the child and out-of-home caregiver (if applicable) occur at least one time per calendar month. The majority of contacts must be in the child's residence (be it the parental home or an out-of-home placement), and any verbal child must be seen alone for part of one visit each month. DCS Specialists are required to consult with the out-of-home caregiver, the child (if verbal), and other service team members as appropriate to determine if the child and/or caregiver requires more frequent face-to-face visits and/or telephone contact between face-to-face visits.

Department procedures and an extensive reference document, entitled *Quality Supervision and contact with children in OOH care*, provide guidance on the content of contacts with children and out-of-home caregivers. In addition, DCS Specialists have been instructed to use a child contact case note documentation outline, which includes headers to remind the DCS Specialist to document time spent alone with the child; efforts to involve the child in case planning; discussion about the child's educational, physical health, and behavioral health status; discussion about visitation and contact with parents and siblings; efforts to allow the child to participate in developmentally appropriate activities; and other areas. Instructions and a detailed guide accompany the outline. DCS Specialists can use the guide in the field to prompt discussion about key areas and take notes.

At the state and regional levels, the Department monitors the frequency and quality of contacts with children and parents using the data available on a data dashboard and the Practice Improvement Case Reviews (PICR). Supervisors can track summary statistics by unit and DCS Specialist on the data dashboard, and can view case specific lists of child and parent contacts that still need to occur before the end of the month. Case specific data helps supervisors to ensure every required contact occurs, documentation is updated, and sufficient efforts are made to locate missing parents. The PICR instrument includes items to evaluate the frequency and quality of DCS Specialist contacts with children and parents. The Practice Improvement Specialists give individualized feedback to DCS Specialists and DCS Program Supervisors based on the case review findings. The PICR provides an ongoing opportunity to clarify practice expectations, such as the requirement to meet alone with the child for part of at least one visit each month.

The Department is working to ensure that the total number of monthly DCS Specialist visits to children in foster care is not less than 95% of the total visits that would be made if each child were visited once per month. Prior to April 2016, the percentage of children receiving their monthly DCS contact was consistently 85% to 90%. Since April 2016, the monthly contact rate has been above 90%, including two months in CY 2017 in which the goal of 95% was reached and nearly reached in several additional months (Source: CPSS Monthly Contact tableau dashboard). Please see Sections IV, VII, and X for more information about Department improvement efforts that have contributed to this increase in monthly child contacts.

During SFY 2017, DCS used the federal Monthly Caseworker Visit Grant to fund DCS Specialist training and technology services. Before the end of FFY 2017, DCS plans to use the Monthly Caseworker Visit Grant for case aide salary increases in an effort to reduce turnover and retain DCS support staff, which will allow DCS Specialists to focus on family engagement and permanency planning activities.

Case Manager Contacts with Parents

If the child's permanency goal is remain with family or family reunification, the DCS Specialist is required to have face-to-face contact with the mother and father at least once a month, including any alleged parents, parents residing outside of the child's home, and incarcerated parents. These contacts are opportunities for the parents to discuss progress toward the behavior changes outlined in the case plan, and for the DCS Specialist to gather information to inform the continuous assessment of family functioning. Exceptions to

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monthly face-to-face contact with parents may be approved by the supervisor on a case-by-case basis, based on the unique circumstance of the family. At a minimum, the DCS Specialist is to have telephone contact or written correspondence with these parents once every three months.

If the permanency goal is a goal other than remain with family or family reunification, the DCS Specialist is to conduct quarterly contact with the parent until the court has ordered a change in the permanency goal. Contact may be face-to-face, written, or by telephone. If a youth's permanency goal is independent living, policy indicates the DCS Specialist shall have, at minimum, quarterly telephone contact or written correspondence with all parents whose whereabouts are known and whose rights have not been terminated.

Family Locate Efforts

Federal regulation requires the exercise of due diligence in the location of parents or relatives of children removed from a home by DCS. State policy requires an extensive and documented search for absent parents, guardians, custodians, extended family members, and other significant persons as placement resources and supports for children in out-of-home care, prior to key decision points in the life of a case and no less than every six months.

If the DCS Specialist is unable to locate a family member, a referral for a search can be sent to the Family Locate Team. Referrals are also initiated through the Attorney General's Office and the Adoptions Unit (in select locations only). The Family Locate unit conducts extensive searches in an effort to locate missing parents, guardians, relatives, and children. The unit utilizes the Children's Information Library and Data Source System (CHILDS), Arizona Tracking Locator Automated System (ATLAS), Arizona Technical Eligibility Computer System (AZTECS), Arizona's General Unemployment Insurance Development Effort System (GUIDE/BG01), Motor Vehicle Division records, Hospital Based Paternity data (HPP), Juvenile Court Records (ICIS) and internet search sites including correctional facilities, the Social Security death index, and social media including, but not limited to, Facebook and Google. The Department also utilizes a robust investigative tool, Accurint, that is capable of searching databases such as national driver's license bureaus, birth and death records, criminal records, social networking sites, phone information (cell and land line), and other appropriate resources. Additionally, the Family Locate Team collaborates with Foreign Consulates, U.S. Immigration and Customs Enforcement (ICE), and the Federal Bureau of Prisons in an effort to strengthen search efforts and results. From July 2016 to February 2017, the Family Locate Unit attempted to locate 4,896 people and obtained location information for 1,658 (34%) of the individuals.

Another resource for relative and kin searches was implemented in July 2016, through the development of the Family Engagement Specialist positions as part of the Department's title IV-E waiver project. Family Engagement Specialists, whose job duties include searching for relatives and kin in waiver sites within Maricopa and Pima Counties, are expected to gather information and conduct searches for family and kin for children in congregate care settings. These DCS positions were provided specialized training, and given access to person search software called, Lexus Nexus. The identification and contact with family and kin will increase the natural supports and family-like settings for children in out-of-home care.

8. Services to Address Children's Educational, Physical Health, and Mental Health Needs

Each child's DCS Specialist coordinates with the child's parents, out-of-home care providers, school, health care providers, behavioral health providers, and others to identify the child's needs and obtain or advocate for services. The Department encourages parents to identify their children's educational, physical health, and behavioral health needs, and participate in the development of case plans to address identified needs. The Department's family functioning assessment and case planning process and tools guide the DCS Specialist to gather information about the children's strengths and needs during all initial assessments. For

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children in out-of-home care and applicable in-home children, the written case plan identifies the child's educational, physical health, and mental health needs; and services to address those needs.

Educational Services

DCS Specialists collaborate with parents, out-of-home care providers, and schools to ensure children are provided services to achieve their educational potential. Educational plans are discussed and developed with parents and youth in forums such as case plan staffings, CFT meetings, informal meetings between the DCS Specialist and parent, and special education meetings initiated by the child's school. The case plan for every child in out-of-home care specifies the child's educational status and needs, and services provided to the child or out-of-home caregiver to address the child's educational needs. Education related tasks may be included in the case plan for children served in-home. Children receive educational services through the Arizona public school system, which includes tuition-free specialized charter schools. DCS Specialists coordinate with parents, school officials, teachers, out-of-home care providers, and others to monitor each child's educational needs and plan, and modify services as necessary. DCS Specialists frequently advocate for services through sister agencies such as the Department of Education and the Department of Health Services/Division of Behavioral Health Services.

Birth parents are also encouraged to participate in the development and approval of Individual Education Plans (IEP) whenever they are able and willing. When the birth parents cannot be identified or located, or are unwilling or unable to be involved in educational decision making, the Department collaborates with the local school district to ensure an Individuals with Disabilities Education Act (IDEA) parent or surrogate parent is appointed for children who require special education evaluation and/or services. State law allows a kinship foster caregiver or foster parent to act as the IDEA parent in the absence of a birth parent. The law also allows a surrogate parent, when needed, to be appointed by a court or the Arizona Department of Education, thereby making the appointment process easier and faster and reducing delays to assessment and service provision.

The Educational Case Management Unit employs two full-time case managers to serve youth, statewide. The purpose of the educational case management unit is to help youth: 1) graduate from high school; 2) pass the Arizona Merit test; 3) apply for post-secondary financial assistance; and 4) apply for post-secondary education. The Education Specialists provide general technical assistance to assigned case managers. To identify and meet the educational needs of youth in the Young Adult Program, the Education Specialists complete education assessments during in-person interviews with the identified youth. The information from the assessments assists the Education Specialists and assigned case managers in preparing effective plans for graduation from high school and transition to post-secondary education and training programs. Information on high school attainment can be found in the *Section XI, Chafee Foster Care Independence Program and Education and Training Voucher Program State Plan*. The Department partners with the Arizona Department of Education, school districts, and individual school personnel to identify educational barriers for youth in foster care and to assist youth to complete educational assessments that help DCS Specialists ensure each youth's educational needs are met.

Activities to support educational outcomes for foster youth continued across Arizona in SFY 2016, including the following examples:

- The FosterEd Initiative pilot program in Pima County was launched in January 2014. In May 2016, HB 2665 was signed by the Governor, and includes provisions to establish and fund a statewide expansion of FosterEd. The Governor's Office entered into a contractual agreement with the National Center on Youth Law-FosterEd to implement the program statewide. Maricopa County has been identified as the first target area, with Education Liaisons to be hired by the FosterEd

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program, and begin accepting referrals in early August, 2017. Additional staff will be hired with implementation to the remaining areas of state expected by the end of calendar year 2017.

- The Every Student Succeeds Act (ESSA), federal legislation designed to improve educational stability for children in foster care by removing barriers to remaining in the school of origin and other issues, became effective December 10, 2016. Arizona Department of Education (ADE) and DCS have assigned state level “Point of Contact (POC)” in addition to Regional Liaisons who assist to resolve issues related to school of origin, transportation, and other services. The Department’s POC has joined with counterparts within ADE to reach out to Local Educational Agencies, to assist in facilitating the statewide implementation of ESSA. For example, the Department’s POC co-presented at the statewide Mega Conference in November 2016, an event attended by school superintendents and other education staff from around the state.
- The Department’s Education Specialists participated in the following activities:
 - ongoing communication and consultation with various school representatives, administrators, counselors, and teachers to form alliances to better meet and address the educational needs of youth in the child welfare system;
 - updating and distributing the State Reference Guide to Arizona scholarships grants and financial aid information, specifically created for current and former foster care youth, foster care providers, and community partners; and
 - facilitating an interactive education workshop for youth across Arizona participating in the Annual State Youth Conference held in Prescott, Arizona in June 2016.
- The two day “College Goal FAFSA” was held by the Arizona Commission for Post-secondary Education. Over three hundred financial aid professionals and volunteers assisted high school seniors, families, and returning adults to complete the Free Application for Federal Student Aid (FAFSA) for the 2017-2018 academic school year. FAFSA is the first critical step in applying for federal and state grants, loans, and scholarships; however, foster youth often struggle filling out the FAFSA due to unknown information regarding their parents. Arizona hosted thirty sites across the state to answer students’ and families’ questions about FAFSA or the financial aid process. The Department’s Education Case Management Unit also provided assistance at this event.
- The Education Specialists attended the three day Transition Conference in August 2016. The Arizona Department of Education’s Exceptional Student Services, along with the Arizona Department of Economic Security’s Vocational Rehabilitation Program and Division of Developmental Disabilities, sponsored the event to collaborate and provide information for young adults with disabilities. This interagency collaboration was designed to improve post-secondary opportunities for young adults with disabilities in the areas of employment, education, training, and adult living.
- In April 2017, OCJ Kids (Off Campus Jams) held the Fostering Transitions Career Fair at DeVry University for foster youth living in group homes in Maricopa County. One of the Department’s Education Specialists participated by offering information on financial aid opportunities specific to current and former foster youth. Foster youth participated in the fair and were able to talk with various trade school and college representatives.
- In April 2017, Pima County Juvenile Court collaborated with one of the Department’s Education Specialists for the annual Youth Career Day held at Pima Community College. Young adults took

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a tour of the campus and learned about the center for training and development, financial aid, and scholarships.

- The Department's Education Specialist, who covers Maricopa county and the Northern portion of Arizona, helped youth achieve educational outcomes by:
 - assisting and collaborating with staff at Northern Arizona University (NAU) to support NAUs "Fostering Success" program, which provides current foster care students and students who are aging out of foster care a transitional pathway from high school to NAU, and provides personalized assistance while attending NAU to increase graduation rates for youth who have aged out of foster care;
 - participating as a member of the Arizona State University Nina Mason Pulliam Advisory Council, a scholarship program dedicated to providing educational opportunities for individuals who would not normally receive traditional academic scholarships, and whose personal commitments and financial circumstances would preclude their attendance without substantial long-term scholarship support; and
 - participating as a member of the Bridging Success Advisory Council, which offers resources and guidance to assist current and prior foster care youth to successfully transition from secondary to postsecondary education programs at both Arizona State University (ASU) and Maricopa County Community Colleges, and support and assistance in order for the youth to successfully remain in school to graduate.
 - providing information about college financial aid at the June 2016 Kiwanis Club of Phoenix three-day event entitled "Discover Your Pathways to Prosperous Living", held at the American Indian College for current foster youth and foster care alumni.
- The Department's Southern Arizona Education Specialist is a member of the Pima County McKinney-Vento Group. The goal of this group is to share updates and resources, and collaborate on projects that will benefit the children, youth, and families that we serve.

The Department and its partners continually consult with youth to assess the effectiveness of the improvement activities and identify new goals and activities.

See *Section XI, Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report* for additional information about the Department's performance and activities to support educational outcomes for young adults, including the Education and Training Voucher Program.

Comprehensive Medical and Dental Program and Consultation with Physicians or Other Medical Professionals

The majority of children in Arizona's foster care system receive health care coverage through the Department's Comprehensive Medical and Dental Program (CMDP). In an effort to maximize federal funding, CMDP operates as an acute care health plan under contract with Arizona's Medicaid Agency, the Arizona Health Care Cost Containment System (AHCCCS), for children who are determined Medicaid eligible. Non-Medicaid eligible children are provided the same services with State of Arizona funding.

CMDP, in partnership with DCS Specialists and foster caregivers, ensures the provision of appropriate and quality health care services for the well-being of Arizona's children in foster care. CMDP provides full coverage of medical and dental care to each child placed in out-of-home care by the Department, the Arizona Department of Juvenile Corrections, or the Arizona Office of the Courts/Juvenile Probation Offices. CMDP serves eligible children in foster care placed in Arizona, and serves those placed out-of-state until they are Medicaid enrolled in that state.

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CMDP's Preferred Provider Network (PPN) includes a large array of providers who are distributed geographically by specialty throughout the State of Arizona. Although CMDP encourages members to see a provider in the CMDP's PPN, a child or youth in care may see any AHCCCS registered provider. There are over 68,000 providers that are accessible to CMDP members.

CMDP functions as a Medicaid acute health care plan. As a Medicaid health care plan, CMDP uses outcome based performance measures to monitor the quality of medical care and the appropriateness of services delivered to children in the Foster Care System. These outcome results are measured against AHCCCS benchmarks, evaluated to identify areas in need of improvement, and compared to other state Medicaid health plans. CMDP provides services under a framework of the Early Periodic Screening Diagnostic and Treatment program (EPSDT), Maternity program, Oral Health program, Medical Management program (MM), and Quality Improvement and Performance Improvement program (QMPI). Each of these programs have AHCCCS benchmarks and associated reporting to AHCCCS.

CMDP covers a full scope of prevention and treatment healthcare services, when determined medically necessary. As an example, EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health conditions. EPSDT services include screening services, vision services, dental services, hearing services, and all medically necessary services and optional services listed in Federal Law 42 USC 1396d (a) to correct or ameliorate defects and physical and behavioral/mental illnesses and conditions identified in an EPSDT screening.

State policy requires a comprehensive medical examination that meets EPSDT requirements within thirty days of a child's initial placement in out-of-home care, periodic EPSDT exams (based on age and American Academy of Pediatrics recommended guidelines), and semi-annual dental exams. The DCS Specialist and out-of-home caregiver are responsible for ensuring necessary follow-up of recommended care. CMDP monitors compliance with referrals made during EPSDT exams. Each child's health and medical needs are reviewed as part of the case planning process, and the case plan identifies necessary tasks to meet the child's medical needs.

Department policy requires all known information pertaining to a child's medical history be documented in CHILDS and provided to out-of-home care providers. Data regarding immunization types and dates, well-child visits (EPSDT), dental visits, certain key diagnoses, and other services and medical events are downloaded from the CMDP data system into CHILDS through an electronic interface. This data is thereby included in the medical summary report that summarizes significant medical, educational, and developmental history and status information. The DCS Specialist is able to provide the medical history information to the courts and out-of-home caregivers through the medical summary report. Furthermore, since the latter part of 2012, the data interface maps appropriate diagnoses to the corresponding AFCARS element in an effort to improve accuracy of reporting and eliminate manual data entry for out-of-home cases.

For FFY 2016, the average number of children enrolled in CMDP was 17,276. CMDP continues to maintain very low member to Primary Care Physician (PCP) ratios and member to dentist ratios for most counties throughout Arizona.

CMDP maintains a system of outreach and reminder notifications for medical and dental services. Outreach activities conducted by CMDP rely on written and verbal communication with the member and all responsible parties, such as the DCS Specialist, out-of-home caregiver, and PCPs. CMDP outcome data suggest that these intensive outreach efforts are very effective. The DCS will continue to build on CMDP's

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service excellence by continuing healthcare focused outreach activities to increase DCS Specialist, out-of-home caregiver, and PCP awareness about the general and child-specific physical, dental, and mental healthcare needs of children in out-of-home care.

During 2015, CMDP developed a report that identifies children who have not received a preventative medical or dental service within the first 120 days of care (by absence of claims data). CMDP and DCS strive to have all children seen within 30 days of a placement as per DCS policy; however, when CMDP has not received a claim for a child within 120 days of placement, the DCS Specialist is contacted and asked to work with the placement to ensure the child receives the appropriate services. If there is no response from the DCS Specialist within seven days, the supervisor is contacted to ensure the child gets the required services. In the fall of 2016, CMDP enhanced its outreach efforts by implementing a process to contact the DCS Specialist and foster caregiver upon removal of the child in order to promote timely health services.

CMDP conducts quarterly QMPI evaluations that are then reported to AHCCCS. These evaluations include all facets of care to children in out-of-home care as well as the performance of CMDP. Quarterly meetings to review the data presented in these evaluations are attended by DCS, community physicians, foster parents, and group home representatives.

Child Behavioral Health Services

Meeting the behavioral health needs of children served by DCS continues to be the shared responsibility of DCS and AHCCCS. Prior to July 1, 2016, behavioral health services for title XIX eligible children in foster care were delivered through the Arizona Department of Health Services, Department of Behavioral Health Services (ADHS/DBHS), who contracted with three Regional Behavioral Health Authorities (RBHAs) for the delivery of behavioral health services for title XIX eligible clients. As of July 1, 2016, ADHS/DBHS transitioned to AHCCCS, and the RBHAs directly contract with AHCCCS to provide services for the majority of children in out-of-home care. Services provided, and DCS oversight of behavioral health services provided to children in out-of-home care, have remained the same.

Five Tribal Regional Behavioral Health Authorities (TRBHA) that have Inter-Governmental Agreements (IGAs) with the Department of Health Services to serve American Indian children. The Gila River Indian Community, the White Mountain Apache Tribe, the Navajo Nation, and the Pascua Yaqui Tribe each have an IGA for both title-XIX (Medicaid) and State Subvention Services, and the Colorado River Indian Tribe has an IGA for State Subvention Services. Services to other American Indian Tribes are provided and covered by the RBHA serving the tribe's geographic area. Tribal members continue to have the choice of receiving their care through their TRBHA, tribally operated behavioral health program, Indian Health Services, or the local RBHA.

AHCCCS also contracts with a statewide Children's Rehabilitative Services Managed Care Organization (CRS) to deliver partially integrated services for children with a qualifying CRS condition, including behavioral health services. CMDP retains the responsibility for medical and dental services that are not associated with the CRS condition. For these children, CRS is considered the RBHA.

The Department's CMDP provides coverage for behavioral health services for children in foster care who are not eligible for AHCCCS coverage.

In March 2016, HB 2442, also known as Jacob's Law, was signed into law by Governor Doug Ducey. This legislation amended several statutes related to child welfare and the provision of behavioral health services in Arizona. DCS, foster parents, AHCCCS, local RBHAs, services providers, and other key stakeholders worked jointly to implement several key components of this law. Key among these provisions are 1) the DCS placement packet must be provided to the OOH placement provider immediately and must include, a

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designated point of contact with the RBHA, the telephone number to the AHCCCS customer services line, and access to a list of AHCCCS registered providers; 2) the OOH placement of a title XIX or XXI eligible child may contact the RBHA directly to request a screening and evaluation of the child; 3) the OOH placement of a title XIX or XXI eligible child may access services directly from any AHCCCS registered provider regardless of whether the provider is contracted with the RBHA; and 4) if a title XIX or XXI eligible child in the custody of DCS moves to a different county because of the location of the child's OOH placement, the placement may choose to have the child continue any current treatment in the previous county. Additionally, it requires AHCCCS to track several key data metrics, including but not limited to the number of times the RBHA coordinated crisis services because a crisis services provider was unresponsive, and the number of times services were not provided within the 21 day time frame.

These changes are critical because it affords the foster parents and group home staff more direct involvement in the provision of behavioral health services and provides for several key requirements of accountability for behavioral health providers as well as the department to provide caregivers behavioral health information about the child.

Arizona has a full array of covered behavioral health services for children in out-of-home care, including treatment services, case management, psychosocial rehabilitation, emergency behavioral health services, behavioral management, medical and pharmacy services, support services, crisis intervention, inpatient services, residential services, and behavioral health day programs. Decisions are made about necessary behavioral health services through the Child and Family Team (CFT) process in Arizona.

Behavioral Health Services for all children in DCS custody are initiated as soon as they enter out-of-home care through the Rapid Response referral process. If the child has already established care with a behavioral health provider prior to the removal, the child will be re-engaged by this provider, through the rapid response request, to ensure continuity of care. If the child is not already engaged with a provider, one will be assigned through this process. The mental health provider must complete the Rapid Response assessment within 72 hours of the referral. The Rapid Response assessment is followed by a more in-depth mental health assessment. For younger children, the Birth-to-Five Assessment is completed within forty-five days and can continue as an ongoing assessment process.

Children in foster care receive ongoing behavioral health services for a minimum period of six months unless services are refused by the guardian or the child exits out-of-home care. The child's behavioral health services are monitored and coordinated through the CFT. CFTs provide a family-centered, individualized, and strength-based "wrap-around" process, including complete review of the family situation and the issues that brought the family to the attention of DCS. The CFT model is used statewide to develop an Individualized Service Plan (ISP) for behavioral health services for each child.

The DCS Behavioral Health Unit (BHU), a unit within CMDP, provides consultation and technical assistance to DCS staff and other key stakeholders, and facilitates collaboration between DCS and the Behavioral Health system when barriers are present. The goals of the BHU include ensuring all CMDP members are provided with accessible, comprehensive behavioral health services.

DCS also provides services to treat behavioral health issues that contribute to safety threats or risks to children. DCS's in-home services program provides therapeutic support for families with in-home dependencies. The Arizona Families F.I.R.S.T. program provides expedited access to substance abuse assessment and treatment services. DCS also provides specialized psychological evaluations or other services on a case-by-case basis.

Psychotropic Medication Prescribing Oversight

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In recent years, there has been increasing federal and state oversight of the psychotropic prescribing to children in foster care to ensure psychotropic medications are used appropriately and safely. There has also been increasing concern related to the use of antipsychotic medications in children due to the potential short and long term side effects.

AHCCCS published a report in 2016, which included data on the number of children, both foster care and non-foster care, prescribed psychotropic medication, the number of medications prescribed, the oversight of the medications, and cost. The report can be found at <https://www.azahcccs.gov/Members/Downloads/Foster/June/BHNeedsOfChildrenInvolvedWithDCSPsychotropicPrescribingUpdateMay2016.pdf>. The AHCCCS report indicated:

- the percentage of children in foster care receiving psychotropic medications decreased from 20.3% in 2008 to 14.9% in 2014;
- the percentage of children in foster care receiving antipsychotic medication decreased from 10.9% in 2008 to 6.2% in 2014; and
- the percentage of children receiving prescriptions in each of the other categories of medication declined, except for the percentage of children receiving ADHD medication, which remained the same.

Efforts to reduce inappropriate prescribing of psychotropic medication include:

- AHCCCS has required the RBHAs have oversight over psychotropic medication prescribing by Psychiatric providers.
- Implementation of informed consent /assent for psychotropic medication.
- ADHS/DBHS implemented the practice guideline, *Psychiatric Best Practice for Children Birth to Five Years of Age*, on October 2, 2009.
- Adoption and dissemination of practice guidelines to providers as required by the AHCCCS Medical Policy Manual, Chapter 1020.
- AHCCCS requires
 - prior authorization for antipsychotics for children age 0-5,
 - prior authorization for concomitant antipsychotics, and
 - Review of prescribing trends by medication category at the RBHA level Pharmacy and Therapeutics Committee.
- AHCCCS practice guidelines encourage the use of psychotherapeutic interventions for young children with psychiatric diagnoses prior to a psychopharmacologic trial.
- AHCCCS requires the RBHAs to implement a credentialing mechanism, which reviews the level of skill, training, and scope of practice of behavioral health staff who are prescribing psychopharmacological treatments to children age 0-5.

As part of psychotropic medication prescribing oversight, CMDP conducts monthly retrospective review of records to assure the appropriate psychotropic medication prescribing by the Primary Care Physicians (PCPs). This process monitors PCPs who prescribe psychotropic medication for ADHD, anxiety, and depression.

Collaboration with the Behavioral Health System

Collaboration between the Department, AHCCCS, and the RBHAs is an important factor supporting achievement of child mental health outcomes, which in turn affects achievement of safety, permanency, and other well-being outcomes. Collaboration occurs on multiple levels including statewide system planning and coordination, and individual child or family coordination. For additional information, see the *FFY 2018 Arizona Health Care Oversight and Coordination Plan*.

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Services to Populations at the Greatest Risk of Maltreatment

Children ages birth through five are at the greatest risk of maltreatment. Young children are more likely to be the subject of a report to the DCS Hotline, and enter out-of-home care at higher rates than children over age five. The majority of children who die due to abuse or neglect by a parent or caregiver are age five or younger.

The Department's attention to this highly vulnerable population starts at the Hotline. Arizona law does not allow the Department to classify communications about unborn children as reports for investigation; however, the information is recorded and tracked. When enough time has passed to suggest that the child may have been born, Hotline staff conduct research to determine if the child was born, and where the child is currently residing. If the communication meets the statutory definition of a report, the communication is made into a report after the child's birth and a safety assessment is completed.

The Department assigns a high priority response time for allegations of abuse or neglect involving children age five or younger. Children age five or younger are defined as highly vulnerable, which is considered by Child Abuse Hotline staff when determining the response time for a report. Reports alleging a substance exposed newborn require a two-hour response, or a response within 24 hours if the child will remain in the hospital until the DCS response occurs. As of February 1, 2016, reports alleging a victim child age three or younger require a response time no longer than 48 hours, and victim children age four or five require a response time no longer than 72 hours. In addition, child vulnerability, including the child's age, is one of the five safety threshold criteria considered by DCS Specialists when determining if a safety threat is present.

Services targeted to children ages birth through five are described below. In particular, the Healthy Families Arizona program and the SENSE program are specially designed to meet the needs of families with young children:

- The Healthy Families Arizona (HFAz) program is a nationally-credentialed, community-based, family-centered, voluntary home-visitation program serving at-risk prenatal families and families with children age newborn through five. The infant must be under three months of age at enrollment into the program as services are focused primarily on prevention through education and support in the homes of new parents. Program services are designed to strengthen families' capacity during the first five years of a child's life, when vital early brain development occurs. The program is designed to prevent child abuse and neglect and promote positive parenting, child development, and wellness.
- Arizona's specialized in-home Substance Exposed Newborn Safe Environment (SENSE) program continues to be available for families who come to the attention of DCS due to having a substance exposed newborn. The primary goal of the program is to ensure that vulnerable infants and their families are provided a coordinated and comprehensive array of services to address identified safety threats and risks of future abuse and neglect. The SENSE team includes the family, an in-home service DCS Specialist, a nurse consultant, Healthy Families Arizona, the In-Home Service Program, and Arizona Families F.I.R.S.T. (substance abuse) programs. The SENSE program is currently active in Maricopa, Pinal, Yuma, Yavapai, and most areas of Pima County.

Services for Children under the Age of Five

The number of children who were under the age of five and in out-of-home care decreased from 6,724 on September 30, 2015, to 6,523 on September 30, 2016, representing a 3% decrease. On both dates, children

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under the age of five were 38% of the total population of children in out-of-home care (age birth through seventeen). (Source: *Child Welfare Reporting Requirements Semi-Annual Report*)

Of children who were under the age of one and entered care for the first time in CY 2015, 29% exited to reunification within twelve months of entry and 37% exited to reunification by December 31, 2016. Of children who were age one through five and entered care for the first time in CY 2015, 40% exited to reunification within twelve months of entry and 50% exited to reunification by December 31, 2016 (Source: AZ Chapin Hall Data Profile, December 2016). Services are provided to maintain the parent-child relationships and achieve reunification when a child's safety can be maintained. Reunification services include visitation to maintain secure attachments for the child. Arizona's Best for Babies initiative has resulted in greater attention to the need for young children to have frequent visitation with their parents.

Of children who were under the age of one year at the time of first entry into out-of-home care in CY 2013, 50% had exited to adoption by June 30, 2016. Of children who were age one through five at the time of first entry in CY 2013, 27% had exited to adoption by June 30, 2016 (Source: AZ Chapin Hall Data Profile, June 2016). Most of these children are adopted by their kinship caregivers or foster parents. Adoptive home recruitment activities identify permanent placements for young children with no identified adoptive home. See the Foster and Adoptive Parent Diligent Recruitment Plan, submitted with this report, for a description of these general and targeted recruitment activities.

The Department has developed assessment processes and services that address the developmental needs of infants, toddlers, and young children. The child's age is a factor affecting prioritization of DCS reports. Reports of substance exposed newborns require a two-hour response, or a response within 24 hours if the child will remain in the hospital until the DCS response occurs. Children under the age of five are by definition highly vulnerable, which is considered by Child Abuse Hotline staff when determining the response time for a report. As of February 1, 2016, children age three or younger require a response time no longer than 48 hours, and children age four or five most often require a response time no longer than 72 hours. Likewise, child vulnerability, including the child's age, is one of the five safety threshold criteria considered by DCS Specialists when determining if a safety threat is present.

Services have been designed to meet the developmental needs of young children, including needs for placement stability and early permanency, such as the following:

- The Arizona Health Care Cost Containment System (AHCCCS) continues to maintain protocols regarding infant and toddler mental health, including Practice Tools - "Working with the Birth to Five Population" and Practice Guidelines - "DBHS Practice Guideline Psychiatric Best Practice for Children Birth to Five Years of Age." These guidelines and tools address practice points such as medication taper for children who have had a positive response to medication; use of medications only for children with moderate to severe psychiatric symptoms that significantly interfere with their normal development and result in impairment that persists despite the use of clinically appropriate psychotherapeutic interventions; and requirements for consultation and re-consultation of a child psychiatrist by non-child psychiatric providers.
- Most counties have specially trained "Baby CASAs," who advocate for the unique needs of maltreated infants and toddlers. Baby CASAs consult with each other and the larger CASA program staff to share challenges with their cases and get information about systems issues and community resources helpful in their advocacy role.
- Children age birth to five in Apache and Navajo Counties are referred to a program called Healthy Steps, which is funded by First Things First and works with families to help them learn more about child development, and specifically their own child's development. All families of children born

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at Summit Healthcare Regional Medical Center in Show Low are automatically referred to this program.

- Staff training includes instruction on the needs of young children. DCS Specialist core training teaches new employees about child development, the vulnerability of young children as a factor increasing the likelihood of safety threats, and the process for obtaining evaluations through the Arizona Early Intervention Program and Regional Behavioral Health Authorities.
- The Best for Babies program facilitates monthly meetings of the Maricopa Community Court Team, the Yavapai Court Team, and the Pinal County Court Team, all of which are attended regularly by DCS staff, as well as a broad range of community providers. Systems issues and a ‘topic of the month’ are presented and discussed by those present. The meetings allow for collaboration and consultation for current and upcoming projects concerning the birth to five population. DCS staff have presented information during these meetings related to DCS in-home services, the Safe Reduction Workgroup, and the SENSE Program.
- The CMDP Medical Director provides trainings on identifying child abuse and neglect and the identification of substance exposed newborns. Because most of the very serious injuries happen to children under age five, generally under age two, the majority of the training focuses on the injuries seen in these age groups. These trainings have been provided to judges, attorneys, and DCS staff.

Safe Babies Court Teams (SBCT) is a statewide juvenile court initiative known as Best for Babies in Arizona. The California Evidence Based Clearinghouse for Child Welfare rates SBCT as a promising practice. SBCT is considered an approach to community engagement and systems change and has 12 broadly defined core components. SBCT works at the micro level of the child and the family to protect children birth to three years of age from further harm due to maltreatment, and to address the harm that may have come from their placement in out-of-home care. SBCT also works at the broader community level to improve how the courts, child welfare agency, and related service organizations work together. SBCT was designed to transform the dependency process from a silo system to a collaborative community approach in order to facilitate integrated service delivery and achieve expedited permanency as reflected by the aims below.

“ZERO TO THREE created the Safe Babies Court Teams Project, rooted in developmental science, which aims to:

- 1. increase awareness among those who work with maltreated infants and toddlers about the negative impact of abuse and neglect on very young children; and,*
- 2. change local systems to improve outcomes and prevent future court involvement in the lives of very young children. (ZERO TO THREE).”¹*

All fifteen Arizona counties, and the Gila River Indian community, are engaged in the overarching goals of increasing shared knowledge within the child welfare system of the unique needs of infants and toddlers, and improving outcomes for maltreated infants and toddlers in the juvenile court.

The Maricopa County Juvenile Court implemented SBCT on July 1, 2011, under the title Cradle to Crayons (C2C). In April 2017, judicial caseloads averaged 377 cases, with approximately 500 children. Judges are encouraged to order more frequent hearings in an effort to expedite permanency. After the initial hearing, families are generally back in the court within six to eight weeks. Birth to five assessments are ordered to assess children’s developmental needs, and judges are encouraged to review the assessment reports. The

¹ <https://www.zerotothree.org/our-work/safe-babies-court-teams>

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judge determines if clinical services from C2C would be appropriate, and if so, the parent is referred for a clinical intake. If there are allegations of substance abuse, the judge will refer the parent to observe a session of Family Treatment Court (FTC). The referral process to FTC has changed to allow parents to self-refer and parents' attorneys to make referrals as well.

The Maricopa County Juvenile Court is the leader of supporting best practices and evidence-based services into the SBCT core component framework. The goal of the community coordinator in C2C is to facilitate ongoing communication, advocate for timely and high-quality services, and identify and resolve system barriers. From January 1, 2013, through June 30, 2016, Community Coordinators helped to resolve 2,699 case-related issues or barriers to service provision. The majority of referrals related to children's services and included age appropriate behavioral health, education assessment, medical and dental services, and early intervention. A hybrid position was developed in 2016 in an effort to strengthen mediation services, particularly during the pre-hearing conference phase. This position is referred to as a conciliator, and blends the community coordinator position with the role of mediator. Maricopa County initiated enhanced mediation pilots at each of its two C2C locations. The pilots assisted in the creation of a mediation practice model that can be consistently applied and that renders more robust agreements between parties, saving time in the court and freeing up calendars. Mediation has now moved past the pilot stage to full implementation. C2C Clinical Services offer recommended SBCT components including: assessment of the parent child relationship, which identifies existing trauma between the parent and child and the trauma caused by the child's removal; visit coaching that includes teachable moments; and individual appointments for parents for psychoeducation, child-parent psychotherapy, Triple P parenting program, individual trauma therapy, and resource coordination.

In addition to the above services, a peer-parent program, Parent4Parent, was initiated in 2017 to provide birth parents with the services of mentor parents who have been successful at navigating their own child welfare experiences in the past. The Family Involvement Center (FIC) manages the Parent4Parent program through a contract with the Maricopa County Juvenile Court. FIC staff can make referrals to the clinical services resource coordinator or the Bridge Program for the development of a community connection plan for families who are moving toward reunification. The Bridge Program began receiving referrals in February 2016 and assists families who are in the process of reunification, or who have already reunified, to access support and resources in their own communities and prevent further involvement in DCS. The Bridge Program Navigators work with families to create family support plans based on the Protective Factor Model. The Bridge Program is intended to improve child safety and stability.

In January 2017, Arizona State University's Center for Child Well-Being released a comparison study involving 12,399 infants and toddlers who experienced their first entry into out-of-home care in Maricopa County from January 2010 through December 2016. Outcomes in terms of time to permanency, safety, and stability were examined in relation to a comparison group of children who entered out-of-home care in Maricopa County 18 months prior to the implementation of C2C. Since 2015, kinship care providers overtook family foster care as the most frequent initial placement type. Other positive changes include a decrease in group care placements such as shelters and group homes, as well as a decrease in out-of-state placements. Although the number of permanencies achieved within 12 months, and the number of reunifications, have increased over the years of C2C implementation, the proportions of these outcomes remain relatively consistent because of the increase in the overall number of infants and toddlers coming into care through 2015. Twelve-month post permanency re-reports and re-entries have decreased from pre-C2C implementation; however, the rates are highest for those children who are removed and returned in under eight days.

Maricopa Community Court Team Topic of the Month discussions for SFY 2017 included the following:

- Visitation for Young Maltreated Children – Best Practices for Promoting Safety, Permanency and

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Well-Being

- Mercy Maricopa Integrated Care HB2442 Implementation Update
- TED Talk: How Childhood Trauma Affects Health Across a Lifetime
- Cradle to Crayons (C2C) Evaluation and Outcomes
- Protective Factors
- AzEIP
- Role of Occupational Therapy in Early Intervention
- DCS Case Plan Review Meetings

The AZ PS-MAPP curriculum is the Department's pre-service training for foster parents and includes activities, lecture, and assignments that define the needs of children of all ages, including infants and toddlers. The training includes activities to review symptoms of, and basic care for, young children who were exposed to substances in utero. Participants are also provided with written information about fetal alcohol syndrome and effect. The curriculum is designed to expose participants to the specific needs and experiences of children in foster care, and to offer information, suggestions, and interventions regarding how:

- the physical, mental, emotional, social, and spiritual/moral health of children can be supported in a foster home;
- to promote, rebuild, and support positive attachments of children and youth in foster care;
- a child's attachment affects his sense of well-being;
- behaviors are indicators of underlying needs;
- personal emotional reactions may create challenges for selecting effective parental interventions; and
- to choose specific behavioral strategies and techniques that assure a child's safety.

The Best for Babies initiative has provided training and technical assistance to counties developing Court Teams, including training by experts on services with a developmental approach and the impact of trauma on infant and toddler development. The Department will continue to collaborate with DBHS, Best for Babies, the courts, service providers, and others to develop trauma informed assessments, services, and training.

Section IV

Assessment of Outcome Achievement

The Department continually assesses performance by reviewing data on safety, permanency, and well-being outcomes, as well as system functioning. Information is gathered through administrative data reports, qualitative case reviews, and interactions with stakeholders. This APSR provides data from a variety of sources, including other reports published by the Department, Child and Family Services Review (CFSR) Data Profiles supplied by the U.S. Department of Health and Human Services (DHHS), internal data reports, and case reviews. Data may be reported by federal fiscal year (FFY), state fiscal year (SFY), or calendar year (CY), depending on availability. Data for the same reporting period may have small variations from data reported in other Department reports because of the date of extract from CHILDS (the Statewide Automated Casework Information System or SACWIS) or differences between data extraction programs, such as the Adoption and Foster Care Analysis and Reporting System (AFCARS). Data sources, extract dates, and operational definitions are included throughout the document. Frequently cited data sources include the following:

- *CFSR Data Profiles* – These data profiles are generated from the state’s AFCARS data files. According to the CFSR Arizona Final Report, Reissued 2017, the Children’s Bureau suspended the use of all states’ performance on the national standards for the seven statewide data indicators in conformity decisions due to syntax errors found in the calculations made by the Children’s Bureau. Data reported from CFSR Data Profiles and contained in this APSR describe the State’s risk-Standardized Performance. The Children’s Bureau implemented risk-standardized performance data to control for differences in outcomes due to factors such as the number of children served and age distribution of these children, in order to provide a more fair comparison of state performance against the national performance.
- *Child Welfare Reporting Requirements Semi-Annual Report* – This report is published twice yearly by the Department, as required by Arizona statute, for the periods of October through March and April through September. Data is primarily extracted from CHILDS, as close as possible to the date of report publication.
- *Business Intelligence Dashboard* – The Department uses a data dashboard to track performance on several key indicators, including but not limited to timeliness of initial response to reports; timeliness of investigation finding data entry; the number of open and closed initial assessments; in-person contacts with children; parents and out-of-home care providers; child removals and returns; time to reunification; and time to adoption. This data is current as of the most recent weekly refresh from CHILDS. Since this data changes weekly to reflect new data entry and corrections, the date of retrieval from the dashboard is provided along with all such data in this report.
- *Chapin Hall Foster Care Data Archive* – Arizona is a member of the Foster Care Data Archive (FCDA). Arizona provides data on children in out-of-home care to the Chapin Hall Center for Children at the University of Chicago for inclusion in a multistate data repository. Chapin Hall organizes the data into a longitudinal database and provides a web tool to access data and generate a variety of reports. In addition to the multistate database, Chapin Hall provides a state specific database with data elements defined by the state.
- *Practice Improvement Case Review (PICR)* – Information is generated by reviewing investigation, in-home, and out-of-home care cases using an instrument that evaluates practice in many of the same practice areas evaluated during the CFSR. The PICR is an important source to identify areas of relative strength and need in Arizona's child welfare outcomes and generate qualitative information on factors contributing to practice strengths and needs. This information helps the Department to target areas for further analysis and improvement. However, the number of cases reviewed is not sufficient to generalize the data to the entire population of children or parents served, and percentages of cases rated strength can fluctuate substantially from year to year due to

small sample sizes, sampling error, changes to policy and procedure, and changes to rating standards. In addition, each PICR item includes several practice standards and evaluates whether *all* practice standards were met, for *all* areas, for *all* applicable case participants, and during the *entire* period under review. Cases needing improvement will have met some or most of the practice standards and cannot be interpreted as entirely failing to meet the child's or family's need. Given these limitations, percentages cannot be interpreted as indicative of actual performance or trends over time with statistical confidence and are therefore not provided in this report. More information about the Practice Improvement Case Review is located in *Section V Assessment of System Performance*.

1. Case Volume and Workforce Resources

During SFY 2017, the Department has continued to implement strategies to reduce DCS Specialist workload and thereby improve capacity for high quality safety assessments and services for children, parents, and caregivers. The Department has worked diligently to safely reduce the number of open reports for investigation and the number of children in out-of-home care, while increasing the number of filled DCS Specialist and Supervisor positions. These efforts have had a demonstrably positive effect on workload.

Following the introduction of a more objective Hotline screening tool during SFY 2016, and changes in SFY 2017 to the statutory definition of DCS reports for investigation, DCS observed a reduction in the monthly volume of new reports for investigation. In addition, the number of open reports for investigation decreased 83%, from 33,245 in April 2015, to 5,632 on June 19, 2017. This decrease in investigation workload has allowed investigative specialists to respond more timely to new reports and spend more time with families conducting safety and needs assessments. The decreased workload is believed to have improved morale among investigation case managers, creating less turnover.

Arizona has historically had a high rate of children removed per 1,000 in the state's population compared to other states, and the number of children in out-of-home care grew significantly from 2009 through 2015. However, recent data shows that the out-of-home care population is reducing. The number of children in out-of-home care was reduced by 12% from February 2016 to June 2017, largely due to the efforts being made to safely reduce the number of children in out-of-home care summarized in *Section VII: Progress Implementing the Goals, Objectives, and Intervention*.

According to the DCS Quarterly Benchmark Progress Reports, steady improvement occurred during SFY 2017 in the caseload size for all types of cases, investigation, ongoing, and in-home. For example, in the Central Region, during the first quarter of SFY 2017, the approximate number of investigation reports assigned per worker was 64, in-home cases per worker was 23, and the number of out-of-home children per worker was 51. During the third quarter of SFY 2017, the caseload was 21, 15, and 40 respectively. The preliminary data for the fourth quarter of SFY 2017 shows even more progress with 13 reports per worker, 16 in-home cases per worker, and 38 out-of-children per worker. The DCS Quarterly Benchmark Progress Reports can be viewed on the DCS website.

As a result of the various DCS improvement strategies, ongoing workload has reduced, allowing staff to provide a higher quality of casework to those families being served and to feel more accomplished and successful in their work, which encourages job satisfaction and staff retention. The out-of-home care population decreased by approximately 2,000 children from 18,917 children in care on March 31, 2016, to 16,931 children in care on March 31, 2017. During SFY 2017, Casey Family Programs provided funding for a contract with Southwest Human Development to assist with administrative and process tasks to complete and close investigation cases in Maricopa County. Once the investigation caseloads were reduced to a manageable level, the contracted services were shifted to assistance with ongoing cases, again in

Maricopa County. During SFY 2017, Southwest Human Development staff began supporting ongoing case managers by completing supportive activities such as organizing case files, identifying accurate contact information for all parties in the case, scheduling case plan staffings, initiating requests for records, and submitting referrals for services. This assistance and support has benefited the families served as well as the DCS Specialists assigned to the cases, and contributed to higher job satisfaction and staff retention. For additional information about the efforts made to safely reduce the number of children in out-of-home care, see *Section VII Progress Implementing the Goals, Objectives, and Interventions*.

There has been focused work to fill 100% of positions and reduce turnover in order to develop sufficient staff resources to provide quality services to children and families. Significant work has taken place to fill positions statewide, including frequent meetings between executive management, the regional Program Managers, and Human Resources Managers. Recruitment and retention data is tracked and reviewed bi-monthly. To support this effort, the Department has implemented several statewide strategies during SFY 2017.

- The Department continues to employ a professional recruiter to develop community and organizational partnerships that will create a pipeline of qualified candidates. The Department has centralized the statewide recruitment of the DCS Specialist classification, under the direction of the Recruitment Manager. As of June 2017, the Department had filled 98% of the 1,406 funded positions.
- As of June 2017, 99% of the 218 funded DCS supervisor positions were full, reducing the DCS Specialist to supervisor ratio. The Department is actively recruiting to fill the few remaining vacant supervisor positions.
- The Department's Human Resource (HR) team has made improvements to the hiring process during SFY 2017. An analysis was conducted in relation to the ratio of staff hired and leaving DCS employment, which resulted in additional efforts to recruit field staff. The HR team has a goal of 40 new hires per month, which exceeds the average number of staff leaving the Department. In order to reach this goal, the team contacts all applicants immediately upon receipt of the initial application, sends recruitment packets via email to speed up the transmission of information, conducts follow up emails or phone calls to applications to obtain missing or incomplete information, schedules the new hire interview immediately upon receipt of the complete application, and has added an additional staff member to assist in completing background reference checks. The HR team has also started to monitor the number of new hires that leave DCS within the first year to allow future analysis of this information.
- The Department continues to post job listings/requisitions for specific regions on the azstatejobs.gov website to encourage applications from individuals searching for employment in a specific community.
- To properly facilitate the recruiting process, the HR team includes three staffing analysts and two coordinators. The main job duties of these positions are to manage the timely hiring and application process for new hires.
- DCS continues to offer case aides with five or more years of experience to promote to DCS Specialist positions, which brings staff already familiar with the child welfare system to areas of need.

- The Department began the implementation of a new predictive performance tool, the Predictive Index (PI) assessment, during SFY 2017. The PI assessment is a reliable resource for predicting performance for potential new hires. This assessment became a part of the hiring process in the Central Region in November 2016, as a pilot. As of March 14, 2017, all DCS Specialist applicants (including the Hotline) participate in the assessment prior to their interview panel. At this time, the result of the assessments do not affect the hiring decision of the candidate. Instead, the information from the assessments will be used, in conjunction with the success level of the candidate in the position, to help determine strong job fit indicators. The PI assessment trends seen in those candidates that were hired and successful in the DCS positions will be used to develop future interview questions to aide in the hiring process.
- In June 2016, DCS added a new method to secure Fingerprint Clearance Cards, including the submission of the applications via the internet. This process has reduced the processing time to approximately 3-5 business days for the majority of new hires.
- In June 2016, the Department restructured the DCS Specialist series classifications. A new position of DCS Specialist Trainee was established for new hires for the first 22 weeks of employment. Upon the successful completion of the 22 weeks of initial training, the DCS Specialist Trainee will be promoted to a DCS Specialist. The DCS Specialist will then be eligible for a pay increase after one year of service. The Department continues to collect data to evaluate if this earlier salary increase improves retention.
- In May 2017, certain DCS staff, including case managers, case aides, and support staff, who had been employed with the Department for at least six months, had no formal disciplinary action within the prior 12 months, and had a minimum score on their most recent performance review, were provided a one-time \$150 bonus.
- During SFY 2017, the Department changed the hiring process to waive the interview and testing requirements for former DCS Specialists who separated in good standing and returned within two years.
- The Department continues to provide a “previous service credit” to employees who separated from DCS or another title IV-E eligible agency. For those prior DCS employees who left the agency after obtaining the 22 week pay increase and were in good standing, the previous time with the agency counts towards credited service for employment salary increases.

See *Section XIII: Statistical and Supporting Information*, for more information on the Department’s workforce.

2. Safety Outcomes 1 and 2

This section describes administrative data and case review measures on safety, and the quantitative and qualitative information resulting from these measurement methods. Many of the Department’s measures match those used in the Child and Family Services Review (CFSR) process. To integrate the CFSR process and the Child and Family Services Plan, the target percentage for many goals is 95%, which is the level used by the U.S. Department of Health and Human Services for case review items when determining whether a state must enter into a Program Improvement Plan (PIP) for continuous improvement following a CFSR On-Site Review. States are expected to have a CFSR PIP unless there is virtually no room to improve. To date, all states have had a PIP following their CFSR On-Site Review. Improvement goals included in a CFSR PIP measurement plan are set to ensure positive progress, but achievement of 95% is

not required to successfully complete the PIP. The 95% target percentage is therefore a long-range goal representing a very high standard of practice.

Safety Outcome Progress Measures

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect

CFSR Item 1: Timeliness of initiating investigations of reports of child maltreatment

The percentage of investigations initiated within state policy timeframes will be 95% or more (Business Intelligence Dashboard, CHILDS extract date 6-17-17)

FFY 2013: 54.9% (of 43,653 reports)

FFY 2014: 60.3% (of 47,387 reports)

FFY 2015: 76.7% (of 51,204 reports)

FFY 2016: 86.3% (of 48,568 reports)

The Department's report response rate has been consistently improving over the past four years, increasing from an on-time response rate of nearly 55% of reports in FFY 2013 to over 86% of reports in FFY 2016. The most recent data indicates continued improvement. From January through May 2017, the monthly timely response rate has ranged from 92% to 94% (Source: Business Intelligence Dashboard, CHILDS extract date 6-17-17). The Department expects that this trend will continue because of the improvements at the Hotline and reductions in investigation caseloads.

CFSR Measure: Repeat maltreatment

Of children who were victims of substantiated maltreatment during a 12-month period, the percentage who were victims of another substantiated report within 12 months will be 9.5% or less (Source: CFSR Data Profile, May 2017, Risk-Standardized Performance)

FFY 2013: 6.9%

FFY 2014: 7.3%

FFY 2015: 6.2%

According to the CFSR Arizona Final Report published in December 2015 and reissued in 2017, the Department performed better than the national CFSR standard that 9.5% of children or less have a substantiated report of abuse or neglect within twelve months of a substantiated report in a base year. The Department's risk-standardized performance was 6.9%.

CFSR Measure: Absence of maltreatment in out-of-Home Care

Of children in out-of-home during a 12 month period, the rate of children with a substantiated report per 100,000 days of out-of-home care will be 8.50 or less (Source: CFSR Data Profile, September 2016, Risk-Standardized Performance)

FFY 2013: 3.36

FFY 2014: 3.83

FFY 2015: 2.37

The Department performed better than the national CFSR standard that the rate of children with a substantiated abuse or neglect report per 100,000 days of out-of-home care is 8.50 or less. The Department's risk-standardized performance for FFY 2015 was 2.37 victimizations per 100,000 days in care.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate

CFSR Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care

The percentage of cases in which the agency took least intrusive actions to control present or impending danger (and therefore prevent removal or re-entry) will be 95% or more (Initial Assessment PICR Question 25D)

PICR results indicate that when a child is determined to be unsafe in the parents' home, sufficient safety plans are usually developed, but there are opportunities to more thoroughly explore in-home safety plan options and living arrangements with relatives or members of the family network prior to placement in licensed foster care. All thirty applicable cases reviewed during the 2015 Arizona CFSR were rated strength in relation to providing safety related services to prevent entry into OOH care. The PICR also evaluates the quality of the safety actions and written safety plan. Together, these two elements indicate that DCS is making acting to keep children safe, but additional efforts can be made to confirm in-home safety plans are considered and utilized when appropriate. For example, this would include thorough efforts to assess non-custodial parents and extended family who might be able to control the safety threats so that the child can remain at home. The Department's strategies to improve consistent decision making in investigations, including the state's renovation of the safety assessment model, are described in *Section VII: Progress Implementing the Goals, Objectives, and Intervention*.

CFSR Item 3: Risk and Safety Assessment and Management

The percentage of cases in which the agency took sufficient actions to control present or impending danger will be 95% or more (Initial Assessment PICR Question 25C)

The percentage of in-home and out-of-home cases in which the agency completed thorough risk and safety assessments at times required by State policy, maintained an up to date safety plan, communicated the safety actions to the safety monitor, used the required safety planning forms, and addressed safety concerns while in out-of-home care will be 95% (In-Home and Out-of-Home PICR Item 1)

PICR results indicate that when a child is determined to be unsafe in the parents' home, sufficient safety plans are usually developed to control present or impending danger. PICR results further indicate opportunities to improve safety and risk assessment and management. In order for a case to be rated as a strength on In-Home and Out-of-Home PICR Item 1, all of the following must be true during the entire three-month review period, if applicable:

- a thorough initial risk and safety assessment was completed timely;
- ongoing risk and safety assessments were completed timely;
- ongoing risk and safety assessments included thorough information gathered including safety of the child and progress of the parents related to safety and risk factors identified;
- safety actions taken by the agency were initiated timely, least intrusive, and sufficient to control the threats;
- safety actions taken by the agency were communicated to the safety monitor or OOH caregiver responsible for a portion of the safety plan;
- the appropriate safety planning forms were used; and
- safety concerns pertaining to the child, such as during visits or in placement, were appropriately addressed.

The majority of cases reviewed received a risk and safety assessment and had a safety plan developed; however, assessments and safety planning could improve through timely documentation of subsequent formal written assessments, ongoing sufficient efforts to locate missing parents, and timely documented discussion with the safety monitor about his or her responsibilities to uphold the safety plan.

The Department of Child Safety's vision is that children thrive in family environments free from abuse and neglect. In order to achieve this vision, the Department has identified strategies to improve safety related processes and safety outcomes. During SFY 2017, and continuing in SFY 2018, the Department is implementing improvement strategies as described in the Arizona CFSR PIP and Department strategic plan. In addition, Arizona's efforts to renovate the Department's safety assessment process and implement Action for Child Protection's safety assessment model (SAFE AZ) is aimed at improving this area of practice. See *Section VII: Progress Implementing Goals and Objectives* for information about the Department's current activities to improve safety outcomes and processes.

3. Permanency Outcomes 1 and 2

This section describes administrative data and case review measures on permanency, and the quantitative and qualitative information resulting from these measurement methods. Many of the Department's measures match those used in the Child and Family Services Review (CFSR) process. To integrate the CFSR process and the Child and Family Services Plan, the target percentage for many goals is 95%, which is the level used by the U.S. Department of Health and Human Services for case review items when determining whether a state must enter into a Program Improvement Plan (PIP) for continuous improvement following a CFSR On-Site Review. States are expected to have a CFSR PIP unless there is virtually no room to improve. To date, all states have had a PIP following their CFSR On-Site Review. Improvement goals included in a CFSR PIP measurement plan are set to ensure positive progress, but achievement of 95% is not required to successfully complete the PIP. The 95% target percentage is therefore a long-range goal representing a very high standard of practice.

Permanency Outcome Progress Measures

Permanency Outcome 1: Children have permanency and stability in their living situations

CFSR Measure: Placement Stability

Of all children who enter care in a 12-month period, the rate of placement moves per 1,000 days of out-of-home care will be 4.44 or less (Source: CFSR Data Profile, May 2017, risk-standardized performance)

FFY 2014:	3.69
FFY 2015:	3.93
FFY 2016:	4.05

Arizona is performing better than the CFSR national standard for placement stability. According to the May 2017 CFSR data profile, Arizona's risk-standardized performance is that of all children who entered care in FFY 2016, the rate of placement moves per 1,000 days of out-of-home care was 4.05, which is better than the national standard of 4.44 or less. This data indicator counts all placement changes, including moves necessary for clinical treatment to address a child's medical or mental health needs, and moves to a less restrictive setting, to a kinship placement, to an adoptive home, or to be placed with siblings.

CFSR Item 5: Permanency Goal for Child

The percentage of cases where the child's permanency goal is appropriately matched to the child's needs and established in a timely manner, and ASFA TPR requirements are met, will be 95% or more (Out-of-Home PICR Item 2B1, B2, and D-G)

Practice Improvement Case Reviews reveal that the child's permanency goal is typically appropriate to the child's needs and set timely. There are opportunities to improve the timely documentation in a case plan or court minute entry of a compelling reason for not filing a TPR motion. In some cases, reviewers observed there was a compelling reason, but that reason was not clearly documented in the required location in the case record. Please see *Section VII: Progress Implementing the Goals, Objectives, and Interventions* for improvement strategies included in Arizona's CFSR PIP aimed at affecting practice in this area.

CFSR Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

The percentage of cases where the agency and court made concerted efforts to achieve permanency in a timely manner will be 95% or more (Out-of-Home PICR Item 2C2)

The percentage of cases where the child's permanency goal was long term foster care or independent living, and the agency made concerted efforts to place the child in a living arrangement that can be considered permanent until discharge will be 95% or more (Out-of-Home PICR Item 3C)

CFSR Measure: Timeliness of Permanency

Of children who entered care in the year shown and remained in care for eight days or longer, the percentage who discharge to permanency within 12 months of removal will be 42.1% or more (Source: CFSR Data Profile, May 2017, risk-standardized performance)

FFY 2012:	31.3%
FFY 2013:	31.0%
FFY 2014:	30.7%

Of children in care on the first day of the year shown who had been in care between 12 and 23 months, the percentage who discharge to permanency within 12 months of the first day will be 45.9% or more (Source: CFSR Data Profile, May 2017, risk-standardized performance)

FFY 2014:	52.5%
FFY 2015:	51.7%
FFY 2016:	51.9%

Of children in care on the first day of the year shown who had been in care for 24 month or more, the percentage who discharge to permanency within 12 months of the first day will be 31.8% or more (Source: CFSR Data Profile, May 2017, risk-standardized performance)

FFY 2014:	39.2%
FFY 2015:	40.4%
FFY 2016:	39.5%

Arizona is exceeding the two CFSR national standards on permanency within twelve months for children in care at the start of the year. According to the May 2017 CFSR data profile, Arizona's risk-standardized performance is that of all the children in care on the first day of FFY 2016 who had been in care between 12 and 23 months, 51.9% had discharged to permanency by the last day of the following year, exceeding the national standard of 45.9% or more. Of children in care on the first day of FFY 2016 who had been in care for 24 months or more, 39.5% discharged to permanency by the last day of FFY 2016, exceeding the national standard of 31.8% or more. Many of the children who have been in care for 24 months or more exit to adoption.

Practice Improvement Case Reviews reveal there are opportunities to improve the timely achievement of permanency for children within 12 months of removal including having in-person contact with each parent monthly, initiation of parent locate searches for parents whose whereabouts are unknown, and efforts to ensure parents are provided with timely services to meet their identified needs.

CFSR Measure: Foster Care Re-entries

Of all children who entered care in the year shown and discharged to reunification, live with relative, or guardianship, the percentage who re-entered out-of-home care within twelve months from the date of discharge will be 8.4% or less (Source: CFSR Data Profile, May 2017, risk-standardized performance)

FFY 2012:	7.3%
FFY 2013:	8.7%
FFY 2014:	7.7%

Arizona has achieved the CFSR goal for re-entry within 12 months of exit to reunification, live with relative, or guardianship in two of the last three data reporting years. According to the May 2017 CFSR data profile, Arizona's risk-standardized performance is that of all the children who entered care in FFY 2014, and exited to reunification, living with a relative, or guardianship, 7.7% re-entered care within twelve months. The national standard is 8.4% or less.

CFSR Item 7: Placement with Siblings

Of cases with at least two siblings in out-of-home care, the percentage in which all siblings are placed together will be 85% or more. (CHILDS ad hoc report)

9/30/13:	65%
9/30/14:	66%
9/30/15:	63%
9/30/16:	66%

Of cases with at least two siblings in out-of-home care, the percentage in which at least two siblings are placed together will be 95% or more.² (CHILDS ad hoc report)

9/30/13:	76%
9/30/14:	76%
9/30/15:	73%
9/30/16:	77%

² This percentage includes cases in which all siblings are placed together, and those in which at least two but not all of the siblings are placed together.

On September 30, 2016, 66% of sibling groups in care had all siblings placed together, and 77% had at least two siblings placed together. This measure is limited in its ability to describe the experience of children in out-of-home care because a case is identified as “siblings placed together” if two children are placed together on the given day, even if the children spent other days in separate placements. This data indicator includes all sibling groups, including those who require separate placements to meet a child’s needs, such as to meet a child’s behavioral health needs while keeping a sibling in a family setting, or to place half-siblings with relatives that they do not have in common.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children

CFSR Item 8: Visiting with parents and siblings in foster care

The percentage of cases where children in out-of-home care have visits of sufficient quality with their parents and siblings at a frequency consistent with the child’s safety and best interest will be 95% or more (Out-of-Home PICR Item 5)

Case reviewers have observed that concerted efforts to ensure sufficient visitation frequency is more common with mothers than with fathers. In some cases, visits did occur but sufficient frequency was not maintained throughout the entire review period. This area can also improve through ongoing efforts to locate missing parents and engage them in parenting time (visitation).

CFSR Item 9: Preserving Connections

Of all American Indian children who exited care during the year, the percentage who exit to permanency before age 18 (do not exit to age of majority or runaway) will be 95% or more (Source: AFCARS Report 43)

FFY 2013:	92%
FFY 2014:	91%
FFY 2015:	92%
FFY 2016:	94%

Of all American Indian children served during the year, the percentage whose most recent placement is/was with a relative foster family or on a trial home visit with a parent will be 50% or more (Source: AFCARS Report 43)

FFY 2013:	37%
FFY 2014:	40%
FFY 2015:	44%
FFY 2016:	43%

The percentage of cases where the American Indian child was placed or concerted efforts were made to place the child in accordance with ICWA placement preferences will be 95% or more (Out-of-Home PICR Item 4E)

The Department monitors data on maintenance of family connections for American Indian children. The Department has maintained its performance on exits of American Indian children to permanency before age 18, and the percentage of American Indian youth living with a relative or parent has increased from 37% in FFY 2013, to 40% in FFY 2014, to 44% in FFY 2015, to 46% in FFY 2016 (Source: AFCARS Report 43).

Case reviews indicate that compliance with the ICWA requirements is typically occurring. Of the cases reviewed in 2016, sufficient inquiry to determine whether the child may be a member of, or eligible for membership in an Indian tribe; timely notification to the tribe; and child placement in accordance with ICWA placement preferences or concerted efforts occurred in roughly 80% of cases reviewed.

CFSR Item 10: Relative Placement

The percentage of cases where maternal and paternal kinship placements are sought and considered will be 95% or more (Out-of-Home PICR Item 7)

Of children in out-of-home care on September 30, 2016, 46% were placed with a relative (Child Welfare Reporting Requirements Semi-Annual Report). The Kids Count data center website indicates that nation wide, only 30% of foster children are placed with relatives in 2015. In the last several years, case reviewers have found that the child was placed in a stable relative placement, or that sufficient efforts to identify and assess maternal *and* paternal relatives had been made, in 70% to 75% of cases reviewed. Nearly all cases have some efforts to locate and assess relatives. Practice could improve through identification of *all* relatives, particularly paternal relatives.

CFSR Item 11: Relationship of child in care with parents.

The percentage of cases where concerted efforts were made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her parents will be 95% or more (Out-of-Home PICR Item 6)

The Department began evaluating this practice area in CY 2016, by adding a question to the CY 2016 PICR instrument. There are opportunities to improve in this area through clarification of practice expectations, staff and foster parent training, and efforts to address barriers to involvement of parents in activities such as the child's medical and educational appointments and meetings.

The Department of Child Safety's vision is that children thrive in family environments free from abuse and neglect. In order to achieve this vision, the Department has identified strategies to improve permanency related processes and permanency outcomes. During SFY 2017, and continuing in SFY 2018, the Department is implementing improvement strategies as described in the Arizona CFSR PIP and Department strategic plan. See *Section VII: Progress Implementing Goals and Objectives* for information about the Department's current activities to improve safety outcomes and processes.

4. Child and Family Well-Being Outcomes 1, 2 and 3

This section describes administrative data and case review measures on child and family well-being, and the quantitative and qualitative information resulting from these measurement methods. Many of the Department's measures match those used in the Child and Family Services Review (CFSR) process. To integrate the CFSR process and the Child and Family Services Plan, the target percentage for many goals is 95%, which is the level used by the U.S. Department of Health and Human Services for case review items when determining whether a state must enter into a Program Improvement Plan (PIP) for continuous improvement following a CFSR On-Site Review. States are expected to have a CFSR PIP unless there is virtually no room to improve. To date, all states have had a PIP following their CFSR On-Site Review. Improvement goals included in a CFSR PIP measurement plan are set to ensure positive progress, but

achievement of 95% is not required to successfully complete the PIP. The 95% target percentage is therefore a long-range goal representing a very high standard of practice.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

CFSR Item 12: Needs and services of child, parents, and foster parents

The percentage of cases in which the needs of the child(ren) are assessed and necessary services are provided (excluding independent living skills for children age 16 or older in out-of-home care) will be 95% or more (In-Home and Out-of-Home PICR Item 8A1 & A2)

The percentage of cases in which the agency made concerted efforts to provide the youth age 16 and over with services to adequately prepare the youth for independent living will be 95% or more (In-Home and Out-of-Home PICR Item 3A)

The percentage of cases in which the needs of the mother are assessed and necessary services are provided will be 95% or more (In-Home and Out-of-Home PICR Item 8B1 & B3)

The percentage of cases in which the needs of the father are assessed and necessary services are provided will be 95% or more (In-Home and Out-of-Home PICR Item 8B2 & B4)

The percentage of cases in which the needs of the foster parents are assessed and necessary services are provided will be 95% or more (In-Home and Out-of-Home PICR Item 8C1 & C2)

In the last several years, case reviewers have found that the children's needs were assessed and services were provided in roughly 80% to 90% of cases reviewed. Updated rating criteria have been applied to the 2016 PICRs, as a result of clarification during the 2015 CFSR. The clarification provided more information about the types of child needs to be assessed in this item, such as social competencies, attachment and caregiver relationships, social relationships and connections, social skills, self-esteem, and coping skills. There are opportunities for improvement in this area, and it is included in Arizona's CFSR PIP. However, this is a relatively strong area of practice, and foster and kinship parents interviewed during PICRs often report that they are pleased with the support they receive and that their needs are promptly addressed by the DCS Specialist.

Case reviews indicate that provision of sufficient services to meet a parents' needs is a stronger practice area than assessment of those needs, and that practice is stronger with mothers than with fathers. Practice can improve through greater consistency in concerted efforts to locate and maintain contact with the parents, including incarcerated parents and parents who have not been involved with their children. The ability to maintain contact with mothers and fathers in order to continually assess their needs is directly impacted by workload for DCS Specialists carrying in-home and out-of-home cases, which was very high in much of 2016. The Department has been successfully reducing workload for these DCS Specialists.

CFSR Item 13: Child and family involvement in case planning

The percentage of cases in which concerted efforts were made to actively involve the mother in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 9 B)

The percentage of cases in which concerted efforts were made to actively involve the father in case planning will 95% or more (In-Home and Out-of-Home PICR Item 9 C)

The percentage of cases in which concerted efforts were made to actively involve the child(ren) in case planning will be 95% or more (In-Home and Out-of-Home PICR)

During the 2016 PICRs, reviewers continued to find that fathers were less likely to be involved in case planning than either mothers or children age six or older. Cases rated strength in relation to a parent or the child had evidence that the mother, father, and/or child was invited to participate in CFT and TDM meetings held during the period under review and had periodic substantive conversation with the assigned DCS Specialist, or the DCS Specialist made concerted efforts to have these conversations.

There are opportunities to improve through sufficient ongoing efforts to locate and remain in contact with non-custodial fathers, particularly fathers who have had no recent contact with the child or are incarcerated. Some cases have evidence of contact with the mother or father, but could improve through greater efforts to elicit the parent's input about case planning issues (the permanency goal, placement options, effectiveness of services, sufficiency of parent-child visitation, etc.).

Generally, older youth are more involved in case planning than younger children. In some cases involving young children, the DCS Specialist visited with the child each month, but could improve through seeking the child's input into case planning issues.

CFSR Item 14: Caseworker visits with children

The percentage of cases in which the assigned DCS Specialist made concerted efforts to have sufficient frequency of in-person visits with the child(ren) will be 95% or more (In-Home and Out-of-Home PICR Item 10 A1)

The percentage of cases in which the quality of visits between the DCS Specialist and the child(ren) was sufficient, and the child was visited alone for at least part of each visit, will be 95% or more (In-Home and Out-of-Home PICR Item 10 B)

In the last several years, case reviewers have found that concerted efforts to have sufficient frequency of in-person visit with the child in roughly 80% of cases reviewed. Due to high workload, other DCS Specialists, DCS Supervisors, Program Specialists, and Case Aides sometimes conducted in-person contacts with children. These contacts are helpful toward ensuring the children's safety and well-being, but are not counted as case manager contacts during the PICRs.

Data retrieved from the Department's Business Intelligence Dashboard (data current as of June 3, 2017) shows that the statewide average of monthly contact rates by the assigned DCS Specialist or another person (such as the supervisor or case aide) was 94.2% in CY 2016, up from 91.5% in CY 2015. This data excludes children whose most recent placement was out-of-state, in-home, parent/guardian, or runaway.

Case reviewers have observed opportunities to improve the quality of the case manager's contact with the child. Contact quality could improve through increasing the percentage of verbal children who are seen alone for part of *each* monthly contact.

CFSR Item 15: Caseworker visits with parents

The percentage of cases in which the assigned DCS Specialist made concerted efforts to have sufficient frequency and quality of contact with the mother will be 95% or more (In-Home and Out-of-Home PICR Item 11 A1 & C)

The percentage of cases in which the assigned DCS Specialist made concerted efforts to have sufficient frequency and quality of contact with the father will be 95% or more (In-Home and Out-of-Home PICR Item 11 B1 & D)

PICR data reveals higher rates of contact with mothers than fathers, and opportunities for improvement in relation to both mothers and fathers. Practice can improve through greater and continual efforts to locate a missing parent, and contact with detained or incarcerated parents. The quality of contacts is also observed to be better with mothers than fathers. The ability to maintain contact with mothers and fathers is directly impacted by workload for DCS Specialists carrying in-home and out-of-home cases, which was very high in much of 2016. The Department has been successfully reducing workload for these DCS Specialists.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

CFSR Item 16: Educational needs of the child

The percentage of cases in which the educational needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more (In-Home and Out-of-Home PICR Item 12)

In the last several years, roughly 80% to 90% of cases reviewed were rated strength in relation to the educational needs of the child. Cases are rated strength in the PICR if the child's educational needs were appropriately assessed and necessary services were provided, or if the agency made concerted efforts to advocate for services through the educational system.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

CFSR Item 17: Physical health of the child

The percentage of cases in which the physical and dental health needs of the child(ren) are assessed, services to address identified needs are provided, and the agency provided appropriate oversight of prescription medication will be 95% or more (In-Home and Out-of-Home PICR Item 13)

This PICR item evaluates whether all of the following must be true during the entire review period, if applicable:

- EPSDT or other comprehensive medical examination timely during the prior 12 months,
- dental examination timely during the prior 6 months,
- appropriate services provided for any physical or dental health need identified, and
- oversight of prescription medications for physical health issues during the entire period under

review.

The PICR evaluates whether the Department’s specific practice standards for physical and dental health assessments were met (for example, that the child had a comprehensive physical examination within thirty days of entering care and at least annually thereafter). Case reviewers observed that children who had been in care for more than twelve months typically had a comprehensive physical health examination in the most recent twelve months, but fewer of the children who had been in care for less than twelve months had an examination within thirty days of removal. Case reviewers also observed that practice can improve through timely provision of preventive dental care.

Updated rating criteria have been applied to the 2016 PICRs, as a result of a new case review question added during the 2015 CFSR. The additional question evaluates if the DCS Specialist specifically asked about the child’s medications and medication oversight during monthly contacts with the caregiver and child, in addition to the medication oversight already provided by CMDP.

Historical State Medicaid audits indicate significant improvement or maintenance of high performance in all health care performance measures, with CMDP rating among the highest performing health care plans in the state. CMDP exceeded the statewide average in all of the nine performance measures and exceeded the national Medicaid and commercial insurance means for Children’s Access to Health Care (exceeded state & national means for all four age groups) and Annual Dental Care - preventative and restorative visits.

CMDP also monitors data related to medical and dental appointments occurring for children in foster care. CMDP uses outcome-based performance measures to monitor the quality of medical care and the appropriateness of services delivered to children and youth in care. Outcome results for all measures are compared with Arizona’s Medicaid Program (AHCCCS) benchmarks and are evaluated to identify areas that need improvement. Results are also compared with those of other AHCCCS Health Plans and national Healthcare Effectiveness Data and Information Set (HEDIS) benchmarks. State Medicaid audits indicate significant improvement or maintenance of high performance in all the measures, with CMDP rated among the highest in the state. For FFY 2013, CMDP exceeded the statewide average in all nine of the performance measures and exceeded the national Medicaid and commercial insurance means for:

- Children’s Access to Health Care (exceeded state & national means for all four age groups); and
- Annual Dental Care - preventative and restorative visits.

CMDP Performance Measures – Data from FFY 2013*

Measure	Minimum Performance Standard (MPS)	2011 CMDP Rate	2012 CMDP Rate	2013 CMDP Rate	Arizona Medicaid Average	NCQA Medicaid Mean	NCQA Commercial Mean
Children's Access to Care (12 - 24 months)	93%	96.5%	99.7%	98.8%	97.7%	96.1%	98.0%
Children's Access to Care (25 months - 6 years)	83%	91.3%	91.1%	93.6%	90.0%	88.3%	91.9%
Children's Access to Care (7 - 11 years)	83%	94.4%	94.8%	94.7%	91.9%	90.0%	92.5%
Children's Access to Care (12 - 19 years.)	81%	95.9%	96.8%	98.2%	89.8%	88.5%	89.9%
Well Child Visits (3-6 years)	66%	64.8%	63.7%	71.8%	66.7%	61.6%	79.0%
Adolescent Well Care Visits	42%	64.0%	63.9%	68.3%	40.5%	71.5%	74.3%

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Annual Dental Visits	57%	80.3%	82.7%	81.9%	61.1%	50.0%	44.5%
EPSDT Participation	68%	97.8%	100.0%	92.6%	59.9%	*	*
Dental Participation	46%	68.3%	79.0%	76.0%	62.3%	*	*

*Data is provided by AHCCCS. The Department has not received updated data yet.

CFSR Item 18: Mental/behavioral health of the child

The percentage of cases in which the mental health needs of the child(ren) are assessed, services to address identified needs are provided, and the agency provided appropriate oversight of prescription medication will be 95% or more (In-Home and Out-of-Home PICR Item 14)

In the last several years, roughly 75% to 90% of cases reviewed were rated strength in relation to the mental/behavioral health of the child. Many children did not require behavioral health services during the period under review or were receiving the necessary services.

The Department of Child Safety's vision is that children thrive in family environments free from abuse and neglect. In order to achieve this vision, the Department has identified strategies to improve child and family well-being related processes and child and family well-being outcomes. See *Section VII: Progress Implementing the Goals, Objectives, and Interventions* for information about the Department's activities to improve child and family well-being outcomes and processes.

Section V

Assessment of System Performance

1. Statewide Information System Capacity

Statewide Information System Description

Since February 1998, Department of Child Safety staff have used the Children's Information Library and Data Source (CHILDS) Statewide Automated Child Welfare Information System (SACWIS) to document the status, demographic characteristics, location, and goal for every child in foster care. CHILDS supports Hotline functions, initial assessment/investigation, child welfare appeals, case management, adoption, eligibility determination, staff management, provider management, and payment processing. The system also provides on-line help, policy documentation, court documents and forms, key case event alerts, and other mechanisms necessary to support the delivery of children's services.

CHILDS is available statewide to DCS staff in all local offices and has more than 3,000 registered users. Service providers and other agencies are granted access to CHILDS using the secure Citrix system. Case management service providers, the Office of the Attorney General, the Administrative Office of the Courts (particularly FCRB and juvenile justice), and tribal social service agencies with title IV-E agreements are provided access designed specifically for their needs. CHILDS employs separate region, unit, and placement codes to differentiate between families served by the Department and those served by other state agencies. CHILDS is a SACWIS compliant system that conforms to SACWIS security standards.

CHILDS training for staff, tribes, and contracted providers is critical to the success of the system. CHILDS trainers provide an initial, one-day, new-employee orientation to familiarize staff with CHILDS. New employee training covers system navigation, e-mail usage, and DCS Specialist core training using the ongoing case management and investigation windows. Specialized training is presented to staff, tribes, and contracted providers for provider maintenance, payment processing, and case notes entry. Upon request, CHILDS trainers provide refresher courses, one-on-one training, and specialized trainings. Additional classes are developed as needed when system modifications are migrated to production. User training, Missing Mandatory Data alerts, data field edits, and ongoing review of data error reports are the basis of an effective system to ensure data accuracy. The DCS Regional Automation Liaisons (RALs) also have an important role in training new staff and providers when system changes and enhancements are implemented.

The CHILDS Project measures success by its ability to capture the data necessary to respond to the evolving needs of its users and maintain SACWIS compliance. CHILDS enhancements and modifications are approved via a steering committee and prioritized accordingly. The number of enhancements and modifications being approved at this time are few as the Department is prioritizing changes for Guardian, the new CHILDS replacement system. Trainings are coordinated through the Child Welfare Training department. CHILDS continues to conduct quarterly system modifications. Deployments typically include six to ten system changes. System changes are assigned a priority based on the urgency of federal and state legislation, the schedule for Operating Advance Planning Document Updates (submitted to the federal government annually), Governor and Director directives, and recommendations from process improvement workgroups.

The Department has completed the first year of the Comprehensive Child Welfare Information System (CCWIS) design and initial implementation, to replace CHILDS with a modern system. On July 24, 2017, the Department will launch the mobility application that allows case managers to access and update certain case information and forms while in the field. This mobile application will be available to all ongoing and investigation DCS Specialists. The system platform will be installed during the third quarter of CY 2017, and the Department will build the functional modules over the following two years. These modules will

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include intake, assessments, case management, permanency, provider management, and financial management over the following two years.

Statewide Information System Assessment

System Requirement: Statewide Information System

The state is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

The Department's Statewide Information System was rated strength and achieved substantial conformity during the 2015 Child and Family Services Review. The Department's statewide information system, CHILDS, is functioning to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, goals, and placement of every child who is (or within the immediately preceding 12 months, has been) in out-of-home care. CHILDS is available to caseworkers, supervisors, managers, administrators, and others, statewide. The system is fully operational and available at all times, except in brief periods of routine maintenance. Information about each child's removal status, location, demographic characteristics, and permanency goal is readily available and easily accessible to administration and field staff.

CHILDS includes components to increase data quality, such as interfaces with other state agency information systems to collect and confirm the accuracy of case participant demographic information. For example, an interface with the statewide Family Assistance Administration (FAA) system allows CHILDS to inquire about participants receiving services such as Temporary Assistance to Needy Families (TANF). This interface allows verification of household member names, dates of birth, family's address, and other information that is obtained and verified during eligibility determination processes by the FAA. As another example, CHILDS uses the Finalist program from Pitney Bowes, which increases address accuracy.

CHILDS was found to be SACWIS compliant in November 2006. CHILDS was determined to meet federal SACWIS requirements at the time, which include collection and retention of the information included in CFSR item 19. CHILDS was also found to be in substantial conformity during the CFSR Round 3, according to the December 2015 CFSR Arizona Final Report. The Department is working to replace CHILDS with a new system, which will be CCWIS compliant.

The Department's Adoption and Foster Care Analysis and Reporting System (AFCARS) files include data extracted from CHILDS, such as the removal status, demographic characteristics, location, and goals of every child in foster care. AFCARS data compliance reports provide the number of records with missing data. The Department's FFY 2016B and 2017A AFCARS submissions were in compliance with the AFCARS standards for determining compliance in the six-month submission. The Department has an open AFCARS Assessment Review Improvement Plan and is working towards completing those tasks. The FFY 2017A data quality report provided the following error rates on AFCARS elements that are pertinent to Statewide Assessment Item 19:

FC-06 Date of Birth:	0 missing records
FC-07 Sex:	7 missing records of 22,688 (0.03% failing)
FC-08 Race:	0 missing records
FC-09 Hispanic Origin:	0 missing records
FC-18 First Removal Date:	0 missing records

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FC-20 Last Discharge Date:	0 missing records, 17 internal consistency errors of 21,158 (0.08% failing)
FC-21 Latest Removal:	0 missing records, 19 internal consistency errors of 22,688 (0.08% failing)
FC-41 Current Placement:	772 missing records of 22,688 (3.40% failing)
FC-42 Out of State:	1,036 missing records of 22,688 (4.57% failing)
FC-43 Most Recent Goal:	441 missing records of 21,158 (2.08% failing)

“Missing records” means that the data is not entered in the field from which the AFCARS data is extracted; it does not mean that the data is unknown to the Department. For example, every child’s placement is known to the Department; 723 children did not have current placement data entered into the placement fields in CHILDS, but the placement information can be found in the case file and CHILDS narrative documentation.

2. Case Review System

Case Review System Description

The Department’s policies and procedures require written case plans that address all the federally required elements be developed for all children who are the subject of a case open for more than sixty days, and that these case plans be developed with family and child input. Case plan staffings, TDMs, CFTs, and other meetings provide facilitated opportunities to engage family members in decisions and other aspects of case planning.

The Department’s case plan includes sections that address the child’s physical and mental health and educational needs, describe services and supports to enable the out-of-home caregiver to meet the child’s needs, and describe the independent living plan for youth age sixteen or older. The case plan format prompts DCS Specialists to consider the full range of needs and necessary services, particularly to address children’s special needs and well-being outcomes.

Staff are trained about the need to provide case plans to the court, Foster Care Review Board (FCRB), and the assigned CASAs. Case plans are to be attached to reports to the court, and discussed at court and FCRB hearings. The Department’s court report outlines require the DCS Specialist to provide information about various aspects of the case plan, such as the permanency goal, services to the parents to support reunification, placement of the child, services to the child, and visitation with parents and siblings.

Periodic review requirements are met through juvenile court hearings and FCRB meetings. FCRBs are comprised of citizen volunteers whose primary role is to advise the juvenile court on progress toward achieving a permanent home for children involved in a dependency action and placed out-of-home. FCRB hearings invite all interested parties to participate and provide input into the progress of the case and their involvement. FCRB reports and recommendations are sent to the juvenile court judge, who reviews the reports and considers the recommendations at the time of the next review hearing on the case.

Permanency hearings are held within twelve months of the child’s initial removal from the parent or guardian, within six months if the child was younger than age three at the time of removal, or within thirty days of the disposition hearing if reunification services were found to be contrary to the child’s best interest and not ordered. Subsequent permanency hearings are held at least every twelve months thereafter, as long as the child remains in out-of-home care. At the hearing, the court determines the child’s permanent plan and orders a specified period within which the plan must be accomplished. The court also enters findings as to whether reasonable efforts have been made to finalize the permanent plan and the facts that support this finding. As permitted in state law, permanency hearings are at times consolidated with review hearings

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for effective workload management, and findings of reasonable efforts to finalize the permanent plan are made at these consolidated hearings.

Department policy requires that the Department file a motion for the termination of parental rights (TPR) when the child's permanency goal is adoption. The Department assigns this goal when adoption is in the child's best interest and sufficient grounds for TPR exist. Department policy provides a description of ASFA TPR requirements and exceptions to these requirements (including documentation of a compelling reason), and requires that the Department file a motion to terminate the parent-child relationship for all children in out-of-home care as specified in the Adoption and Safe Families Act. For children who are initially placed in out-of-home care under a voluntary placement agreement, the first 60 days in out-of-home placement is not considered in calculating the cumulative time in out-of-home care for TPR purposes.

Foster parents, pre-adoptive parents, and relative caregivers of dependent children are to receive notification and an opportunity to be heard in reviews and hearings held with respect to children in their care. FCRB staff have access to CHILDS so they are able to retrieve reports and contact information for caregivers and other team members requiring notification. In addition, state policy requires that the records provided to the caregiver at the time of placement include a copy of any minute entry setting a future dependency or delinquency hearing involving the child, and a copy of the most recent FCRB report if the initial review has been held. The FCRB reports contain the date of the next FCRB hearing.

State law also provides that a child who is the subject of a dependency, permanent guardianship, or TPR proceeding has the right to be informed of, attend, and be heard in any proceeding involving dependency or TPR. The child's guardian ad litem or attorney must provide this notification to the child. The child further has a right to meet with his/her CASA.

The state's CASA Program plays a vital role in dependency cases, ensuring the needs and best interest of the child are considered by the judge and other team members. Where appointed, CASA advocates meet with all interested parties, including family and relatives, in order to provide the most accurate information and recommendations to the court. CASA reports are disseminated to the juvenile court and the assigned DCS Specialist to describe the CASA's activities and recommendations to the Court. CASAs continue to be invited to and attend DCS staffings and CFT meetings on their children's cases, offering input and opinions on needed services and case planning.

The Courts are also attentive to the need for team members, particularly out-of-home caregivers and youth, to receive notice and an opportunity to be heard in hearings held with respect to dependent children. Arizona statutes require the court to provide notice of Periodic Review Hearings to interested parties, and require that foster parents, pre-adoptive parents, and relative caregivers be provided notice of and the right to be heard in all dependency proceedings with respect to the child. The FCRB is especially diligent in encouraging caregiver participation in reviews. The same FCRB Program Specialists who facilitate the boards generate the notices, because they know the interested parties who should be invited. Notices are generated in English and Spanish and contain a website address where youth can send their thoughts and concerns, which are then forwarded to the appropriate board.

Case Review System Assessment

System Requirement: Written Case Plan

The State provides a process that ensures that each child has a written case plan, to be developed jointly with the child's parent(s), that includes the required provisions.

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System Measures: The percentage of cases in which the agency 1) developed the initial permanent case plan according to required timeframes, if applicable during the period under review, 2) maintained a written case plan that was no more than 6 months old, and 3) reassessed and revised the case plan when a change in permanency goal was considered or there was a significant change in case circumstances, if applicable during the PUR (PICR Item 9.D.)

The Department's Practice Improvement Case Review (PICR) generates statewide data on the timely development of written case plans and the involvement of mothers, fathers, and children in the development of those plans. See *Section IV: Assessment of Outcome Achievement*, CFSR Item 13 for state case review information related to involvement of children and parents in case planning. Cases are reviewed each month in each region, statewide. PICR results and practice trends are distributed agency-wide, and are discussed with DCS Specialists and Department of Child Safety Supervisors throughout the year to gather information related to barriers and issues contributing to the measured practice, and generate ideas and momentum for improvement.

In order for a case to be rated as a strength for timely case plan development, all of the following must be true during the entire three month review period, if applicable:

- the initial case plan was developed within 60 days of the child's removal from the home or case being identified to receive voluntary in-home services;
- the subsequent case plans were developed no later than six months from the development of the prior case plan; and
- the case plan was updated when a change in permanency goal was being considered.

The majority of cases reviewed had an initial case plan developed; however, the initial case plan may not have been developed within 60 days, or the subsequent case plan may not have been reassessed within the six-month timeframe. Cases are rated as needing improvement if case plan development is one day or more overdue.

The Department has identified timely case plan development and involvement of parents and children in case plan development as areas for improvement. This area was also rated as an area needing improvement during the Arizona 2015 CFSR Round 3. See *Section IV: Assessment of Outcome Achievement* for PICR data related to parent and child involvement in the case planning process. Also see *Section VII: Progress Implementing the Goals, Objectives, and Interventions* for information related to improvements made in the area of improving ongoing workload, and *Section VI: Update to the Continuous Improvement Plan* for information regarding family engagement activities included in the Department's Program Improvement Plan.

System Requirement: Periodic Reviews

The state provides a process for the periodic review of the status of each child that includes the required provisions no less frequently than once every 6 months, either by a court or by administrative review.

The occurrence of periodic review hearings for each child no less frequently than once every six months was rated strength during the Arizona 2015 CFSR Round 3. In Arizona, report and review hearings, initial permanency hearings, permanency hearings, FCRB hearings, and administrative reviews all meet the requirements of periodic review hearings, and therefore are counted as such. Each of these hearing types includes a comprehensive discussion of the case status, including the child's safety, the continuing necessity

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for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress toward mitigating the need for out-of-home care. Permanency hearings additionally include discussion to determine the child's permanency plan. An administrative review is an internal review process that can substitute for an FCRB meeting when the FCRB is unable to conduct a review within required timeframes.

The Arizona Department of Child Safety monitors compliance with the periodic review requirement using AFCARS data. An AFCARS file is extracted from CHILDS every month, and includes the date of the most recent periodic review hearing within the removal episode for children who had been in out-of-home care for more than seven months at the time of discharge or the period end date. The hearing date is only extracted for periodic review hearings (report and review hearing, initial permanency hearing, permanency hearing, FCRB, and administrative review). This data shows that of all the children in care on September 30, 2016, who had been in care more than 7 months, the percentage who had a periodic review hearing in the six months prior was 86%. (Source: AFCARS Report 43)

Data quality issues include lack of complete or timely data entry. Furthermore, the AFCARS data extraction program only identifies the date of the five hearing types that are clearly periodic review hearings. If a review hearing is held jointly with another hearing type (such as when a report and review hearing is held jointly with an initial dependency hearing), and the employee documents the hearing as a type other than one of the five periodic review types, the hearing date will not populate to the AFCARS file. These data quality issues reduce the percentage of children with a timely hearing recorded in CHILDS. Given the AFCARS data confirms that 86% of children had a periodic review hearing and the data quality issues can only result in underreporting, the Department is able to confidently report that more than 86% of children in care for seven months or more have had a periodic review hearing in the past six months.

System Requirement: Permanency Hearings

The state provides a process that ensures that each child in foster care under the supervision of the state has a permanency hearing in a qualified court or administrative body that includes the required provisions no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

The occurrence of permanency hearings for each child no later than twelve months from the date the child entered foster care and no less frequently than every twelve months thereafter was rated strength during the Arizona 2015 CFSR Round 3. The Arizona Administrative Office of the Courts (AOC), Court Improvement Program, provided the following statewide data: Of all children who were the subject of a dependency petition filed in FFY 2015, 96.2% had a permanency hearing held within twelve months of the petition being filed. This data was obtained by the Arizona AOC from each county court system's juvenile court database. The AOC's Court Improvement staff reported that there are no known data quality issues. County courts are known to enter permanency hearing data routinely, based on court minute entries.

System Requirement: Filing for Termination of Parental Rights

The state provides a process for filing for termination of parental rights (TPR) proceedings in accordance with required provisions.

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Timely filing of termination of parent rights petitions and documentation of compelling reasons was rated an area needing improvement during the Arizona 2015 CFSR Round 3, and is included in the Department's PIP.

The Department's PICR instrument includes questions to determine how well the agency is functioning related to timely filing of TPR motions in accordance with Adoptions and Safe Families Act (ASFA) provisions. Practice is determined to meet the required provisions if (1) the Department filed or joined a motion to TPR by the time the child has been in out-of-home care for 15 months to the day, (2) the child was placed with a relative and the agency pursued guardianship, or (3) a compelling reason to not file a motion for TPR was documented in the child's written case plan. The date at which the child had been in care for 15 months is calculated from a start date of the child's dependency adjudication to the first parent or 60 days from entry into out-of-home care, whichever is earlier. Time in runaway status is not included. Of the 82 applicable cases reviewed during CY 2015, 56% of the cases were rated strength.

To improve the timely filing of TPR motions and the documentation of compelling reasons, these topics are often discussed with field staff during Practice Improvement Case Review feedback meetings. As part of the SFY 2017 PIP activities, the Department developed Practice Guidelines entitled *Exploring Adoption for Timely Permanency*, and held a Quality Conversation to begin to address the need for staff training related to TPR and compelling reasons. The new CCWIS system, which will replace CHILDS, will include improved functionality of the case plan window, prompting documentation of a compelling reason in all applicable cases. Please see *Section VI: Update to the Continuous Improvement Plan* for information related to efforts included in the PIP to affect improvement in this area of practice.

System Requirements: Notice of Hearings and Reviews to Caregivers

The state provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have a right to be heard in, any review or hearing held with respect to the child.

Notice being provided to foster parents, pre-adoptive parents, and relative caregivers of children in foster care related to upcoming hearings and their right to be heard was an area needing improvement during the Arizona 2015 CFSR Round 3. This rating was based on information shared during stakeholder interviews that a uniform process is needed in order to provide the required notification.

The Department's PICR instrument includes a question to assess whether the out-of-home caregivers were given notice of, and invited to attend, court hearings and FCRB hearings. Eighty-three percent of the 169 applicable cases reviewed during CY 2016 were rated strength in relation to this question.

Arizona Revised Statutes require that the court provide notice of review hearings and the right to participate in the proceeding to the child's foster parents, shelter care facility or receiving foster home, physical custodian where the child resides or has resided within the last six months, and any person who has filed a petition to adopt or who has physical custody pursuant to a court order in a foster-adoptive placement. Furthermore, the petitioner (most often the Department) must provide the court with the names and addresses of all foster parents, shelter care facilities, and receiving foster homes who are entitled to notice pursuant to this statute.

DCS policy supports this practice area by directing the DCS Specialist to give the out-of-home provider a copy of the minute entry setting a future dependency or delinquency hearing involving the child as part of the mandatory placement packet upon placement of the child. Also, the monthly *Child and Caregiver Visitation Field Guide* and documentation template prompts the DCS Specialist to review with the child and out-of-home caregiver the date and time of upcoming court hearings.

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Each county court and agency region determines its process for notifying out-of-home caregivers of hearings and the right to be heard. Information gathered from each county court and agency region indicates that the following methods are used:

- In Maricopa (review hearings only), Pima, Pinal, Graham, Coconino, Gila, Cochise, Navajo, and Yuma Counties the agency is required to provide current placement information to the court at the time of the initial hearing, prior to subsequent hearings using a form with addresses that is either attached to the court report for the hearing or provided at the time of the move between hearings, and whenever there is a placement change that requires a change of physical custody order from the court. The court then notifies the required out-of-home caregivers of the upcoming hearing by mailing a notification letter or the last minute entry with the date of the next hearing. In these counties, the DCS Specialist may also inform the out-of-home caregiver of upcoming hearings during in-person or telephone contacts.
- In Maricopa (other than review hearings), Mohave, Greenlee, Santa Cruz, Apache, and Yavapai counties, the court does not provide notification to the out-of-home caregivers and directs the DCS Specialist to do so. In these counties, the units develop methods for notification. In some units the secretary sends letters to the foster parents based on a court calendar provided by the court. Several of these form letters were viewed and were found to contain the date and location of the hearing. Some, but not all, contained a statement about the caregiver's right to be heard. In other units, the DCS Specialist notifies the out-of-home caregiver during monthly home visits or by telephone.
- In a few counties, the juvenile court judge asks during the hearing if the out-of-home caregivers are present. If they are not, the judge asks the DCS Specialist if the caregivers were notified of the hearing and why they are not present.

3. Quality Assurance and Quality Improvement Systems

Quality Assurance and Quality Improvement Systems Description

The Department's Office of Quality Improvement includes six units whose roles contribute to one or more stages of the Continuous Quality Improvement (CQI) cycle, and together provide the means to solve problems with a methodical and evidence-informed approach.

- *The Office of the Ombudsman* – The Office of Ombudsman receives and addresses complaints from family members, foster parents, and other concerned citizens. In addition to the quality assurance function in individual cases, the Ombudsman contributes to CQI by aggregating complaints to identify and define problems that may need to be systemically addressed.
- *The DCS Safety Analysis Review Team* – The Safety Analysis Review Team is responsible for tracking all child fatality and near-fatality reports made to DCS for the purpose of releasing information to the public as governed by A.R.S. § 8-807 (F.2.). This involves research to determine if the fatality or near-fatality meets the criteria for posting on the Department's website. Additionally, this unit reviews all critical incident cases (which include fatality and near fatality reports) received by DCS in order to identify and analyze systemic issues and generate recommendations for improvements. The Systemic Critical Incident Review is a formalized process comprised of a robust analysis of the case including a thorough review of CHILDS documentation, the hard file, staff debriefings, mapping of systemic influences on case decisions, and utilization of a scoring tool to identify trends and formulate considerations to DCS

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leadership. This unit also participates in the Arizona Child Fatality Review Program, and tracks and monitors other high profile cases, to assist with agency coordination, communication, and decision making, as well as to provide support for department personnel in situations that generate a high level of public visibility. Members of the unit conduct training and feedback to field staff regarding identified problem areas. Additionally, this unit contributes to continuous improvement by identifying problems and gathering information on specific cases so that trends can be systemically addressed.

- *The Practice Improvement Unit* – This unit leads the Child and Family Services Review and conducts qualitative Practice Improvement Case Reviews of investigation, in-home service and out-of-home cases, and processes at the Hotline. These activities assess the quality of services and the effectiveness of processes and systems by measuring achievement of safety, permanency, and child and family well-being outcomes, and implementation of related practices. Practice Improvement (PI) Specialists are located across all of the Department’s five Regions, and conduct feedback meetings to coach staff and gather information about root causes of identified problems. This unit identifies problems and gathers information to inform the analysis of those problems.
- *The Field Resources and Policy Unit* – This unit develops policies and procedures for the Department based on state and federal laws and rules, as well as best practice standards. The Field Resources and Policy Unit coordinates with other units within the Office of Quality Improvement to ensure policies and procedures are updated when a need is identified, provides information sessions to staff when a significant policy change is made, and is available to answer questions and provide guidance to the field related to policy and procedures. In addition, this unit provides first-hand and programmatic support to the Department’s Young Adult Program and kinship caregivers.
- *The Protective Services Review Team (PSRT)* – The Protective Services Review Team provides notification to persons who have been alleged to have abused or neglected a child and about whom the Department proposes to substantiate a finding in the Central Registry. The PSRT receives and processes questions and appeal requests from parents, guardians, custodians, or adult member of the victim’s household who disagree with a proposed substantiated finding of abuse or neglect. The PSRT unit conducts a review of the proposed substantiated findings to ensure the incident fits the statutory definition of abuse or neglect, and ensures the related documentation needed to support the finding has been gathered and is contained within the file. The PSRT also provides notification to all parents, and alleged parents, when a petition has been filed with the Juvenile Court based on allegations of abuse or neglect. A parent’s due process is provided for by the Juvenile Court in these cases. The PSRT unit is also available to DCS staff to provide assistance as needed. PSRT staff are considered subject matter experts when testifying at administrative hearings on behalf of the agency.
- *The Program Development Unit* - The Program Development team is responsible for the oversight of the development, implementation, and maintenance of particular programs and services within the Department to create long-term sustainable change that will transform Arizona's child welfare system. Using an implementation science approach, the team 1) designs and enhances new and existing programs; 2) conduct readiness assessments and activities for implementation; 3) initiates and monitors implementation; and 4) manages fidelity and outcome monitoring of the new and existing programs or services. The fidelity and outcomes monitoring process is a structured method for reviewing, observing, and measuring the overall practice to ensure it is aligned with the intended purpose of the program or service model. It allows for technical assistance to be provided as information and data is gathered and analyzed. Further, evidence is gathered for continuous quality improvement of the program and service. Current and prior initiatives worked on by the unit

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include a child welfare practice model, an alternative response system, evidence-based programs within the title IV-E waiver goal of reducing children in congregate care, Arizona Families FIRST, Building Resilient Families, In Home Services Program, Parent Aide and Supervised Visitation Services, Healthy Families Arizona, Team Decision Making, and Targeted Permanency Staffings.

The Department's Office of Continuous Improvement contributes to the process improvement efforts using a Lean Practitioner who facilitates Kaizen events to help improve the department's functioning. More information related to these efforts is provided later in this section.

The Department has also implemented the DCS Management System, which incorporates the issues, strategies, goals, and performance measures in DCS's SFY Five-Year Strategic Plan (2016-2020). It is a "living" plan which adapts as necessary, and is aligned with the most current Strategic Plan. It is a "sense and respond" system built around a counter-measure culture. The DCS Management System has two interrelated components: continuous improvement and sustainability. The system emphasizes the development and adherence to standard work processes and seeks to continuously improve previous gains. The DCS Management System has six core principles that drive improvement and sustainability: (1) People Development, (2) Standard Work, (3) Leader Behaviors and Standard Work, (4) Tiered Accountability, (5) Problem Solving, and (6) Visual Management.

DCS management continually identifies and resolves issues to achieve continuous improvement in providing care to children in DCS custody, using a consistent approach across improvement efforts. Methods and tools include the Breakthrough Project / Initiative (aka "A3 Report"), the Kaizen1 Event Pre-Planning Form, and Kaizen Newspaper. The A3 Report encapsulates the problem and solution. It captures the purpose, current situation, strategy, milestones, responsibility and deliverables for the improvement being sought. It shows data and root cause analysis, as well as specific progress towards improvement. Kaizen events are attended by the owners and operators of a process, and use process tools to: (1) gather operators, managers, and owners of a process in one place, (2) collect information upon which to build continuous improvement priorities, (3) map the existing process, (4) improve on the existing process, and (5) solicit buy-ins from all parties related to the process.

DCS's method for sustaining improvement consists of developing plans and performance measures. DCS implements a number of tiered accountability and visual management tools, including "Data Charts," "Scorecards," "Huddle Boards," and "Counter-Measure Sheets." These tools include aggregate data and target goals. DCS monitors its performance using the Data Charts, Scorecards, and Huddle Boards. When an issue or problem arises, such as failure to achieve a target goal, the issue or problem is identified in a countermeasure sheet and an "Action to be Taken" is developed. It also identifies an "Owner" assigned to address the issue or problem and a due date schedule to track the actions being taken to address the issue or problem.

Standard processes and procedures are necessary elements of a working environment that promotes accountability and continuous improvement. Standard investigation and case management processes are tested in Model Field Offices where they are refined and then rolled out to offices statewide. A single, tested statewide process will increase consistency of outcomes. Standard processes and procedures are developed in teams that can solve problems and adapt to the daily challenges through the utilization of standard tools, process adherence, performance management, and leadership at all levels.

Quality assurance and quality improvement functions are also embedded within some service programs and occur within the case management process through clinical supervision, external case-specific reviews, and the use of administrative process data. The quality of services provided by the Department is also reviewed through external audits conducted by the federal Department of Health and Human Services and Arizona's Office of the Auditor General. The Department monitors the results of these audits and ensures corrective actions are implemented to improve services when a need is identified. Furthermore, the Department has

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a quality improvement system to collect, analyze, and disseminate quantitative and qualitative outcome and process data, so that stakeholders and decision-makers can make informed decisions, develop effective change initiatives, and monitor the results of system change.

The Department's current quality improvement system meets each of the five CQI functional components described in ACYF-CB-IM-12-07.

- *Foundational Administrative Structure* - Administrative oversight of the Department's Quality Improvement System is provided by the Office of Quality Improvement. The Department's policy and procedures manual describes statewide practice standards. The Department's implementation of key practices and achievement of related outcomes are measured statewide through data reports and the Department's Practice Improvement Case Review (PICR). The state will not implement the use of the federal Onsite Review Instrument (OSRI) as part of the state's ongoing CQI process. The PICR is closely aligned with the OSRI, with the majority of the questions and rating standards being identical. The PICR has additional items related to supervisory decisions and functions, and the period under review for the state reviews is three months, which allows the Department to monitor current practice, and identify practice changes more timely. The inclusion of the supervisory item allows the Department to monitor clinical supervision practices, as these are seen as critical to supporting consistent application of the Department's practice standards across regions and units.

The Department's Policy Unit, Child Welfare Training Institute (CWTI), and Practice Improvement Unit communicate regularly to discuss current trends and improvement opportunities, and to identify strategies for improving systems, practice, and outcomes. In particular, this team uses quality and trend information to identify adjustments to training, policy, or practice improvement procedures. Practice standards are discussed to ensure they are interpreted correctly and communicated consistently to field staff.

- *Quality Data Collection* – Administrative data is collected through CHILDS. Instructions for data entry are included in the Department's *Policy and Procedures Manual* and CHILDS user guides. CHILDS includes edits and notifications to prevent data errors and remind staff about data entry requirements. The Central Office Reports and Statistics Unit provides AFCARS Data Quality Utility and other error reports to the Regional Automation Liaisons so they can identify and correct data errors. The Data and Technology Administration, including the Reports and Statistics Unit, provides technical assistance to region and Central Office personnel to increase data accuracy. Automation Liaisons in each region identify and facilitate correction of data errors.
- *Case Record Review Data and Process* - The PICR provides a method to identify strengths, areas needing improvement, and contributing issues in Arizona's child welfare system. Central Office staff from the Practice Improvement Unit review a random sample of initial assessment, in-home service, and out-of-home cases from each region to measure the rate of outcome achievement and gauge current practice related to the Department's safety, permanency, and well-being standards and goals. Review of initial assessment cases focuses on the documentation of the thorough safety assessment. Review of in-home and out-of-home cases is limited to Department goals that cannot be measured through CHILDS or other quantitative data, and areas requiring improvement for which qualitative information is needed. Using the PICR process, the Department:
 - identifies practices and systemic factors that enable or hinder positive safety, permanency, and well-being outcomes for children and families;
 - provides Department management, committees, and workgroups with information to identify and initiate improvement activities;

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- provides an opportunity for direct service and management staff to learn from peers; and
- identifies training needs for direct service and management staff.

Randomly selected cases are reviewed from each region each month, with the exception of some of the smaller regions. Regions carrying a higher proportion of the statewide caseload have a higher percentage of cases in the annual case review sample. The annual sample includes at least two cases from each unit in the state, with adjustments for mixed or partial units. Approximately 160 initial assessment cases, 260 in-home and out-of-home cases, and 600 hotline communications are reviewed each calendar year. The Department has eight dedicated Practice Improvement Specialist positions and one Senior Practice Improvement Specialist who assists to review cases when there is a vacancy at the regional level.

Out-of-home cases involving youth 16 years of age or older and children free for adoption are included in each annual sample by reviewing cases from all specialized units who serve these children. Additional cases representing these special populations appear in the full random sample of out-of-home cases in regions that do not have specialized units. The sample includes in-home cases from all specialized in-home units and from all units within the region for those that do not have specialized in-home units.

All cases are reviewed using the Initial Assessment Practice Improvement Case Review instrument, the In-Home and Out-of-Home Practice Improvement Case Review instrument, or the Practice Improvement Communication Review instrument. Case reviewers apply the guidance provided in the PICR Reviewer's Guides to complete the PICR instruments, evaluating practice and outcome achievement in each case. Practice Improvement Case Reviews are completed by a PI Specialist or another person approved by the Practice Improvement Administrator. All PICR reviewers are trained by the Central Office Practice Improvement Unit. All PI Specialists and other reviewers must have direct service child welfare experience.

Reviewers must make concerted efforts to gather all necessary information so that each review measures the family's experience and outcomes, not simply the thoroughness of the documentation. Reviewers must read all pertinent information in CHILDS and review the hard copy record if it might contain information to clarify or fill gaps in the CHILDS documentation. During the preliminary review, the reviewer seeks to fill gaps in the information documented in CHILDS by reviewing the case file and communicating with the assigned DCS Specialist or supervisor by phone or e-mail. The PI Specialists must make a concerted effort to complete interviews with the out-of-home caregiver, at least one parent, and youth age 14 or older involved in the in-home case, or who is identified as the target child for review. Additional interviews are conducted when necessary to fill gaps in the information or to obtain a complete understanding of the family's experience and case outcomes.

The Central Office Practice Improvement Unit maintains PICR Reviewer's Guides that provide comprehensive instructions for completing the PICR instruments. All reviewers must refer to and follow the instructions in the guides when conducting case reviews. The PI team consults with policy, training, and field staff to clarify unclear practice standards that contribute to the lack of inter-rater consistency. The Practice Improvement Unit updates the PICR Reviewer's Guides as indicated once clarification is received.

Case review accuracy is a prerequisite for effective improvement planning. The Department's *Quality Improvement System Procedures and Training Manual* describes procedures to ensure the accuracy of case review processes. The PI Specialist reviews the completed instruments to verify all applicable items and sub-questions have been completed, the case facts recorded on the

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instrument confirm and support the answers and ratings, and all items have been answered in accordance with the practice standards described in State policy and the PICR Reviewer's Guides. A member of Practice Improvement management conducts a second level quality assurance review of a sample of the cases reviewed by each PI Specialist. The second level review includes a review of the CHILDS documentation of the selected cases to confirm the results of the initial review, and could include a conversation with the initial reviewer and/or the assigned DCS Specialist or supervisor for additional information when needed. If the quality assurance review indicates that cases are not being accurately reviewed, the second level reviewer meets with the PI Specialist to discuss methods for ensuring all the cases are accurately reviewed. Additional training on accurately conducting case reviews is provided if a need is identified.

- *Analysis and Dissemination of Quality Data* – The DCS Management System includes analysis and dissemination of data through the use of scorecards, huddle boards, and countermeasure sheets. Data monitored on a regular basis include field operation data such as number of open reports, out-of-home population, use of congregate care, and caseload size. Agency-wide and strategy deployment data is also monitored including data related to implementation of improvement processes, such as the SAFE Model improvement and the title IV-E Waiver Demonstration Project.

Region and Central Office staff also analyze data through administrative data reports relevant to the Department's safety, permanency, and well-being goals. These data reports include key performance indicators on the business intelligence data dashboard, databases on a data server (accessible by all regions), and hard copy reports. Data in these reports is typically available at the region, county, section, unit, worker, and child or case level. Pre-designed tables and charts are available to track results over time, where applicable. The Reports and Statistics Unit consults with the Department management to identify the need for new or updated data reports. Examples of current reports include:

- Investigations Open More Than 60 Days
- Timely Reunification
- Re-Entry Absence
- American Indian/Alaskan Native Full Indian Data
- DCS Reports Open and Closed
- Hotline Communication Dashboard
- Report Response
- CPSS Monthly Contact
- Overdue Reports
- Case Plan Compliance
- Timely Adoption

The Reports and Statistics Unit creates and submits Adoption and Foster Care Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS) and National Youth in Transition Database (NYTD) files according to the federal requirements. In addition, each month the Reports and Statistics Unit creates a twelve month dataset that contains all the AFCARS foster care elements and additional elements that allow analysis at the region, county, field unit, case manager, and child levels.

The Department continues to be a Chapin Hall Multistate Foster Care Data Archive (FCDA) member. Chapin Hall at the University of Chicago provides a State Data Center web tool with longitudinal data. In addition to the multistate data website, Chapin Hall provides a state specific website with elements defined by the state. This allows the state to view the data with definitions familiar to the state, and more similar to AFCARS definitions and categories. Department staff use

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the FCDA's web tool to produce statewide and county level longitudinal permanency and placement data on children served in out-of-home care.

The Office of Quality Improvement (OQI) conducts data analysis related to the CFSR outcomes and issues identified by the Department's executive administrators. Two members of the OQI have been trained through the Chapin Hall Advanced Analytics course. In addition, each region employs one or more Automation Liaisons who analyze practice and outcome data, and create reader-friendly reports for staff and stakeholders.

The Reports and Statistics Unit also publishes the *Child Welfare Reporting Requirements* semi-annual report that is available to the public on the Department's internet site. This report contains data about the number and type of child abuse and neglect reports received, the number and type of reports assigned for investigation, the number of DCS investigations that are open at the time of the report, the number and findings (substantiation decision) for completed investigations, the number of children entering care, the number and placements of children in out-of-home care, the number and type of exits from out-of-home care, the number of foster home licenses and closures, the number and characteristics of children with a permanency goal of adoption, and time in care to reach milestones in the adoption process.

- *Feedback to stakeholders and decision-makers and adjustment of programs and process* - Distribution and discussion of quality improvement information, including case review results and quantitative data about practice trends and outcomes, occurs within all regions. At the region level, the PI Specialist meets with DCS Specialists and Supervisors from the units whose cases were reviewed to share observations and practice trends, and discuss methods for improvement. The PI Specialist may provide individualized case specific feedback to field staff when a need is indicated by the case review results or when requested by the DCS Specialist or DCS Program Supervisor. PI Specialists also attend region management and/or supervisor meetings to discuss practice and outcome trends.

The OQI works with DCS leadership to collect and disseminate data on systemic issues, to improve administrative and local decision making, and strategic planning. The Reports and Statistics Unit and the regional Automation Liaisons ensure timely distribution of quantitative data reports. Reports on the Department's business intelligence dashboard are refreshed on a weekly or daily basis depending on the type of data provided. Other reports are produced monthly, or more often when necessary to facilitate data correction or meet other needs.

The Department's *Semi-Annual Child Welfare Reporting Requirements and Semi-Annual Financial and Program Accountability* reports are available to the public on the Department's internet site. Additionally, the Department publishes numerous reports required by Arizona statute. The reports include, but are not limited to, data on Independent Living, housing, kinship care, financial, staffing, title XIX expenditures, and benchmarks reducing the backlog. Data is also distributed to stakeholders within committees, at topical meetings, and upon request. The data and statistical information provided through the Department's semi-annual reports are used by community advocates, legislators, and other policy makers and partners to advocate for system improvement. The Department has also engaged with stakeholders to consolidate data reports and identify metrics that inform outcome and performance measures, based on a recent legislative requirement. These consolidated reports improve the clarity, usability, and timeliness of DCS data reporting. The Monthly Operational, Workforce, and Financial Report consists of data tables that track frequently used operations, workforce, and financial metrics. The Operational Report includes key metrics for monitoring agency process improvement, including metrics from the program areas of intake, investigations, out-of-home care, permanency, prevention, and support

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services. The Demographics Out-of-Home Population Report includes demographic and placement information for all children in DCS custody. The Workforce Report is a continuation of monthly workforce data reported in the Monthly Staffing Report, which provides vacancy, new hire, and separation data by job type.

Department leadership uses field staff input, data analysis, PICR results, and external evaluations to inform the selection of improvement goals and strategies. Department leadership may form a program or process improvement team to further analyze the area needing improvement, identify improvement strategies, and monitor the completion and effects of those strategies. These teams use a continuous quality improvement approach and usually include field staff and specialists in the program area. When appropriate to the area being addressed, external stakeholders are included in the team or consulted during the information gathering and analysis phases. Such stakeholders might include youth, parents, resource parents, tribal social service organizations, juvenile court judges or administrators, contracted provider agencies, other State agencies, and local community leaders. The Department seeks to engage a broad array of partners in program and process improvement.

In May 2014, the Arizona Legislature and Governor Brewer approved into law a new Community Advisory Committee, which has broad membership including, but not limited to, representation from the following: child advocacy, individuals with experience in child welfare, medical providers, law enforcement, schools, American Indian tribes, FCRB, faith-based organizations, and the Courts. The Committee continues to be active, and is required:

1. to inform the Department, analyze current law and policy, and make recommendations to improve the ability of the Department to increase the safety of children, respond to child maltreatment, and ensure the well-being of and timely permanency for children who are referred to and involved in the child welfare system;
2. for collaboration among state, local, community, tribal, public, and private stakeholders in child welfare programs and services that are administered by the Department; and
3. to improve communication between mandatory reporters and the Department.

Quality Assurance and Continuous Quality Improvement Systems Assessment

Systemic Requirement: Quality Assurance System

The state is operating an identifiable quality assurance system that is (1) in place in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services, (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures.

The Department of Child Safety's quality assurance (QA) and continuous quality improvement (CQI) system received an overall rating of strength during the 2015 CFSR Round 3. This system meets the five systemic factor requirements in the following ways:

Operating in the jurisdictions where the services included in the CFSP are provided

The Department's QA and CQI system is centrally administered and operating in all jurisdictions of the state. The Department's CQI functions are administered by the Office of Quality Improvement, described above. As stated above, the Practice Improvement Unit performs essential CQI functions, including qualitative case reviews. Cases are reviewed from almost every region monthly, according to a schedule that ensures cases are reviewed from each field unit annually. In 2016, the Practice Improvement Unit

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reviewed 163 initial assessment and 264 in-home service or out-of-home care cases. The Practice Improvement Unit began conducting qualitative reviews of the work completed at the Hotline during SFY 2017. In SFY 2017, approximately 190 communications received at the Hotline were reviewed using this new review process.

Adherence to the standards set by statute, rule, policy, and procedure is also monitored through internal and external quality assurance processes, such as:

- quality assurance review of all hotline communications about child maltreatment that are not categorized as Department of Child Safety reports for investigation;
- Protective Services Review Team (PSRT) review of proposed substantiated findings of abuse and/or neglect to ensure the incident fits the statutory definition of abuse or neglect and the related documentation is accurate and sufficient to meet the legal standard for substantiation;
- in-depth PSRT review of appealable reports when the alleged perpetrator requests a hearing;
- court hearings, especially periodic reviews and permanency hearings, which allow juvenile court judges to review all aspects of the service plan to ensure that reasonable efforts are being made and to resolve issues that prevent the child from living at home or achieving permanency;
- FCRB hearings conducted within six months of out-of-home placement and at least every six months thereafter to determine whether reasonable efforts have been made and to recommend actions that need to be taken by the DCS Specialist and other members of the service team;
- worker and case specific CHILDS data reports provided to supervisors, managers, and administrators, statewide, to provide information on case specific application of standards, such as timely entry of after-investigation findings and monthly case manager contacts with children;
- supervisory case reviews conducted to monitor compliance with policy, ensure accurate data entry, and improve employee performance; and
- review of AFCARS data quality reports to identify and correct missing data and other data entry errors affecting the state's AFCARS submissions.

Has standards to evaluate the quality of services

Practice and service standards from intake to permanency are defined through federal law, state law, and DCS policy. These standards are compiled in the Department's policy and procedure manual, available at www.dcs.az.gov. Department process and outcome measures are based on federal requirements (such as the federal CFSR data indicators) and state policy. For example, the Department's data dashboard includes a measure of timely entry of investigation findings, which is measured against the timeframes set by Arizona statute. In addition, Practice Improvement Case Reviews (PICR) are conducted using standardized instruments with detailed instructions based on the standards described in law and policy. PICRs of initial assessment cases evaluate the collection of information to inform risk and safety assessment; the analysis of risk and child safety; the sufficiency of safety planning to control safety threats; and the accuracy of decisions related to substantiation, service provision, and case closure. PICRs of in-home service and out-of-home care cases evaluate safety, permanency, and well-being outcomes using an instrument that is closely based on the federal CFSR on-site review instrument.

Identifies strengths and needs of the service delivery system

The Department identifies strengths and needs through the PICRs, analysis of administrative process and outcome data, and other means. PICR results are aggregated to identify strengths and areas for improvement at a state and local level. Administrative data on the data dashboard shows performance variance across time and jurisdictions. Data is shared and discussed with internal and external child welfare partners to identify priorities for improvement and root causes.

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Strengths and needs in the service delivery system are also identified through process improvement projects. The Department recognizes the importance of identifying best practices that eliminate inefficiencies and redundancies to continually increase the quality and timeliness of the agency's work. The Department continues to develop staff to assist all areas of the agency in:

- identifying and implementing process improvements using Lean and other methodologies to develop consistent, measureable, efficient processes and standards;
- implementing a management system to maintain and oversee ongoing compliance to improved processes and standards; and
- creating a culture of innovation and waste elimination throughout the workforce.

The Department plans to better provide for the safety and well-being of vulnerable children in Arizona while maximizing the resources allocated to the Department by using process improvement methodologies. Such process improvement methodologies have already yielded significant benefits in the Department's intake operations, in reducing the number of open investigations, and reducing the number of children in out-of-home care. The Department's Office of Continuous Improvement is continuing the process improvement efforts using a Lean Practitioner who is facilitating Kaizen events to help improve the department's functioning. A Kaizen event is a gathering of people, including front-line staff who map current processes, identify process waste (re-work, wait time, over-processing, etc.), and design improved process work flow. Kaizen events allow those who know the work best to participate in process mapping and process improvement design and implementation, which yields the highest value improvements and enhanced employee engagement. Recent or upcoming Kaizen workgroups include:

- Bed management Kaizen- The number of children entering care had increased over the last several years and there was no supporting data that could inform the Department of Child Safety as to the specific placement options available. A Kaizen event was held to develop a comprehensive bed management process that will enable DCS to facilitate a child's placement into the least restrictive appropriate setting.
- Contracts Kaizen- The Department of Child Safety did not have a documented standard process to write, execute, oversee and maintain contracts for services rendered on behalf of DCS. In August of 2016, DCS a Kaizen event was held to create and implement a documented standard process that defines process owners and clarifies the process continuum of SOW development, Vendor Compliance/Performance Management, and Service Authorization in which both vendors and DCS are held accountable through contracts and internal departments impacted.
- OCWI Kaizen- A Kaizen event was performed to develop an assessment process for the Office of Child Welfare Investigations (OCWI) in May 2017. The Kaizen event expanded OCWI initial responsibilities allowing all OCWI investigators to assess, respond to or investigate all criminal conduct allegations.
- Value stream mapping of the Foster Care Process Kaizen- In July 2017, a Kaizen event session will be held to value stream map the entire foster care system to include paid & unpaid foster families, paid foster home providers, and children as they navigate the foster care process. The goal of the Kaizen event is to map out the entire foster care process and create a strategic plan in order to improve the foster care experience for all stakeholders.

Provides relevant reports

Reports to inform QA and CQI processes are published and distributed internally and externally. For example:

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- Annual statewide PICR results are aggregated and distributed following verification. PICR results are also distributed to local field units and sections each month during feedback meetings facilitated by employees of the Practice Improvement Unit.
- Data dashboard reports are available to administrative and supervisory staff statewide, and are updated weekly.
- Safety and permanency outcome data reports are available to internal staff and external partners at <https://dcs.az.gov>.
- Many data reports are available to internal staff and external partners at <https://dcs.az.gov>. Reports on this site include the Child and Family Services Plan (CFSP), the Child and Family Services Annual Progress and Services Reports (APSR), the Semi-annual Child Welfare Reporting Requirements reports, annual Housing Assistance Program reports, annual Kinship Foster Care reports, annual Arizona Citizen Review Panel reports, and several others.

Evaluates implemented program improvement measures

The Department evaluates the success of its implemented program improvement measures through the federal CFSP process, the CFSR, review of administrative data, continual review of practice through the Practice Improvement Case Reviews, and program-specific quality assurance processes. The Department's progress is also measured through external evaluations and oversight. For example, in SFY 2015, Chapin Hall at the University of Chicago conducting a legislatively mandated independent evaluation under contract with the Arizona Office of the Auditor General. The purpose of this evaluation was to "1) examine Arizona's current child safety system and consider best practices to improve the delivery of services in the state, and 2) provide consultation on the effective establishment of the new Department of Child Safety with a focus on implementation challenges" (State of Arizona, Office of the Auditor General, Request for Proposals from Qualified Consultant). The resulting report was published on June 26, 2015, and the Department included the findings and recommendations in the SFY 2016 improvement strategies. According to the February 2017, Chapin Hall follow-up report and cover letter, DCS has "undertaken a concerted and strategic effort to implement the recommendations" made in the 2015 Chapin Hall report. Chapin Hall also indicated, "DCS has clearly established a set of priorities that are well-thought out. This has included the prioritization of certain problems (the hotline, CPS investigations, child safety, and the so-called backlog) as well as certain locations (i.e., those where the challenges facing the Department were most acute). The Department is also making better use of evidence to guide decision-making and to understand when adjustments to strategies are warranted."

The Department also uses administrative and case review data to evaluate progress in rapid CQI cycles within particular projects. For example, the Department has been evaluating and focusing improvement efforts related to the number of open investigation reports. Administrative data has been used to identify the problem and monitor the improvements to close reports as appropriate. Current data demonstrates substantial improvement. In April 2015, the total number of open reports reached a peak of 33,245. As of June 19, 2017, there were 5,632 open reports statewide, and the investigation "backlog" is considered to no longer exist.

4. Staff and Provider Training Description

See the *Arizona Staff and Provider Training Plan for FFY 2018* submitted separately with this APSR.

5. Service Array and Resource Development

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Description of the Child and Family Services Continuum

The Department provides an array of accessible and individualized services designed to support the permanency provisions for children and families in sections 422(b)(10) and 471 of the Social Security Act, and the provisions for promoting safe and stable families in section 432(a) of the Act. Services are provided to children and families following an assessment of safety, risk, and the family's strengths and needs. Judicial review of the Department's efforts to prevent removal and achieve reunification or another permanency plan occurs in accordance with the requirements of section 471 of the Act. Services are available to prevent placement in out-of-home care, support reunification, or when necessary, achieve permanency through adoption, guardianship, or another planned permanent living arrangement. Available services, including the following, have been described in Section II of this report:

- Healthy Families Arizona Program
- Child safety assessment, risk assessment, case management, and permanency planning
- In-home service continuum
- Parent aide
- Parent skills training
- Arizona Families F.I.R.S.T. substance abuse treatment program
- Housing assistance
- Behavioral health services, including referral to the title XIX behavioral health services
- Family team meetings, such as Team Decision Making and the behavioral health system's Child and Family Teams
- Out-of-home placement and placement supervision
- Kinship caregiver identification, assessment, and support
- Subsidized Guardianship
- Adoptive home identification, placement, and supervision
- Adoption Subsidy
- Independent Living and Transitional Independent Living services, including skills development, subsidy, young adult transitional insurance, and educational vouchers
- Comprehensive Medical and Dental Program for youth in out-of-home care
- Referral to community and faith-based resources

Services are provided directly by Department staff or through provider contracts, referrals to community resources, engagement of the faith-based community, and collaborations with educational entities, juvenile justice agencies, and Arizona's title XIX behavioral health managed care system. Contracts are awarded through a competitive solicitation process that includes input from community stakeholders. Responses to the solicitation must address the required tasks that are to be provided as part of the service. The submitted proposals are evaluated for experience and expertise of the responder, proposed service methodology, and rate of conformance to the submittal requirements.

The Department continues to collaborate with other human service agencies at both the administrative and case level. The Department is involved in extensive programmatic and administrative collaborations to ensure that children and families are served in the most integrated manner possible. Some examples include:

- The Arizona Children's Executive Committee, including the Training Subcommittee
- Arizona Families F.I.R.S.T.
- Licensing and Contracting Stakeholder Meetings

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- Partnerships with State Universities
- The Court Improvement Program
- The Pima County Court and Community Collaborative to Support Families committee

The Department coordinates title XIX medical eligibility with the Arizona Health Care Cost Containment Administration and title XIX behavioral health service provision with the Department of Health Services/ Division of Behavioral Health Services. The Department coordinates its child welfare services with many other federally funded programs administered within the Department of Economic Security (DES). Title IV-E eligibility and TANF child-only eligibility for children placed with permanent guardians or relatives is coordinated with the TANF program. The DES/Division of Child Support Services assists the Department to locate missing parents and is sometimes able to provide documentation of paternity. Child care services for child welfare clients and certain foster parents are coordinated with the Department of Economic Security's Child Care Administration, as is the referral process to the State's Part C program under IDEA, the Arizona Early Intervention Program for children involved with the Department.

Extensive and continual collaboration occurs between the Department and AHCCCS/DBHS. The Department has also partnered with Arizona's Department of Education to develop educational services for youth in out-of-home care and to coordinate for potential Early Head Start and Head Start placement for children involved with the Department. More information about collaboration to support child mental health assessment and treatment services and child educational services is located in Section III.

Co-location of staff from agencies serving the same families has proven an effective means to coordinate services. Examples of co-location occurring across the state include the following:

- DCS Investigative DCS Specialists or OCWI staff are co-located with law enforcement and other agencies in child advocacy centers in Maricopa, Pinal, and Pima counties, and a unit of OCWI staff is co-located at the Peoria Police Department.
- Regional Behavioral Health Agencies (RHBA) and Arizona Families F.I.R.S.T. (AFF) contract with service providers to provide services to DCS families in the community. In Maricopa County, AFF contracted service providers are co-located at five DCS offices and behavioral health providers are co-located at ten DCS offices. The colocations include behavioral health high needs case managers (HNCM) who assist DCS staff with coordinated service delivery to families served. In all counties of the state, field staff may contact dedicated RBHA liaisons who can assist and advocate for children and parents if barriers or problems with services surface.
- Maricopa and Pima Counties have Department staff co-located at their county court buildings. Two court liaisons are placed at the Pima County court. DCS liaisons are placed in each of the Maricopa County Juvenile Courts, and are part of a team comprised of liaisons from juvenile probation, juvenile court administration, and the RBHA. Their goal is to reduce the number of dependencies and delinquencies filed in Maricopa County. Two Cradles to Crayons units are located very near one of the court houses in Maricopa County, allowing frequent communication and coordination with court staff, and convenience for families being served by both the Department and the court. The Juvenile Probation Department is working with the Department to co-locate squads of probation officers in both regions of Maricopa County, to allow frequent communication and coordination of youth involved in the Crossover Youth Program.
- Staff from DCS and the DES/Division of Developmental Disabilities (DDD) are co-located in some areas. In Pima County, DDD staff are co-located at the Multi Service Center in central Tucson to allow for greater collaboration on cases where DCS and DDD are both working with a family

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and/or child. This Multi Service Center also houses staff from Adult Protective Service, Child Support Services, Child Support Services Attorney Generals, the Jobs Program, FAA, and Vocational Rehabilitation Services Administration. DCS and DDD staff are also co-located in one office within the Southwest Region, seven offices in the Northern Region, and six offices in the Southeast Region. Many of these offices house staff from other state agencies as well.

- The Family Drug Court (FDC) in Pima County provides intensive case management and judicial oversight to parents with alcohol and drug problems. Since its inception in 2001, Family Drug Court graduates have experienced a high reunification rate with their children. DCS Specialists are co-located at the Pima County Juvenile Court to provide intensive case management to families enrolled in Family Drug Court. FDC also partners with the Easter Seals Blake Foundation (Child-Parent Psychotherapy and Incredible Years) and Terros (Strengthening Families) to pair Recovery Support Specialists with each parent, conduct trauma screenings, and emphasize family-centered treatment. Each family's progress in FDC is tied to the stage of reunification, starting with unsupervised visits once the parents establish consistent compliance. As of May 2017, the average reunification rate for all families who participate (not just graduates) is above 78%, with a reactivation rate under 3%. For graduates of FDC, the reunification rate is 98%.
- Pima County has partnered with Tucson Medical Center to co-locate one Department of DCS Specialist at the facility to allow for immediate response to reports of abuse or neglect, and improved communication and information sharing between medical staff and the Department. Also, OCWI has a dedicated work space at the Phoenix Children's Hospital for staff to work when at the hospital responding to reports.

Service Array Assessment

System Requirement: Array of Services

The state provides an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families as well as the individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency. The state ensures that these services are accessible in all jurisdictions covered the CFSP.

The state provides an array assessment, treatment, safety, and permanency services as described in *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being Outcomes*.

The Department is expanding the availability of in-home services to allow more children to remain safely with their parents or support least restrictive settings while in out-of-home care. The Department is expanding the availability of the SENSE and Building Resilient Families Programs to more counties. Updates to the Department's safety assessment and intervention model (SAFE AZ) will provide a decision-making framework for developing in-home safety plans to achieve reunification as soon as it is safe, feasible, and sustainable. The Department is also expanding its title IV-E waiver demonstration projects, Fostering Sustainable Connections, to increase the number of children who can be safely served in-home or in a relative's home by engaging with children in congregate care and their families.

The Department's Program Development team continually assesses sufficiency and outcomes of the Department's available services. The Program Development Unit oversees the development, implementation, and maintenance of programs within the Department to create long-term sustainable change. This team gathers information related to the need for new or revised services, and makes

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recommendations to DCS management. The Unit also conducts fidelity and outcome monitoring of new and existing programs. The fidelity and outcome monitoring process is a structured method for reviewing, observing, and measuring a practice to ensure it is aligned with the intended purpose of the program or service model.

During SFY 2016 2,505 families received intensive in-home services, 624 families received moderate in-home services, and 1,248 families received reunification services.

The Department is in the process of restructuring the client services contracts and contract oversight to better achieve desired outcomes and incentivize providers to meet the established goals for each service offering. The Department is receiving technical assistance from Harvard Kennedy School of Business Government Performance Lab to further develop performance-based contracts that focus on key success metrics and to more closely align expectations of providers and their success criteria with the desired child welfare outcomes. Additionally, through technical assistance provided by the Capacity Building Center for States, the Department will staff and develop a more robust contracting oversight process that more closely monitors contract compliance, while working in conjunction with programmatic fidelity monitoring to ensure services are successfully deployed.

System Requirement: Individualizing Services

The service array can be individualized to meet the unique needs of children and families served by the agency.

Arizona provides a wide array of services, as described above and in Section III, Programs and Services to Achieve Safety, Permanency, and Well-Being Outcomes. The majority of services are provided based on an assessment of the children's and family's unique needs. The Department is working to improve data collection to better assess the sufficiency of the service array and to identify opportunities for improvement, including greater ability to individual services.

6. Agency Responsiveness to the Community

System Requirement: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

In implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 31: how well is the agency responsiveness to the community system functioning statewide to ensure that the state engages in ongoing consultation with tribes, consumers, service providers, foster care providers, juvenile court, and other agencies. See Section II for a description of the collaborations and the types of participants with whom the Department regularly engages and consults.

System Requirement: Coordination of CFSP Services with Other Federal programs

The State's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

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Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 32: how well is the agency responsiveness to the community system functioning statewide to ensure that the state's services are coordinated with services or benefits of other federal or federally assisted programs serving the same population. See Section III for a description of the Department's coordination of CFSP services with other federal programs.

7. Diligent Recruitment of Foster and Adoptive Homes

The Department continues its long history of active and diligent recruitment, including general recruitment, child-specific recruitment, targeted recruitment, and collaboration with community and faith-based organizations. Examples of efforts made during SFY 2017 include:

- Diligent Recruitment efforts continue as a partnership between the Department and Home Recruitment Study and Supervision (HRSS) Contractors. Requests for general and targeted recruitment plans are issued by the Department. Plans are reviewed and approved by DCS staff. Once completed, HRSS Contractors submit a report detailing the number of people who responded as a result of the plan, as well as the number of families who began training and became licensed. Contractors submit updates at six and twelve months.
- The 2016 partnership between the Department, the Department of Public Safety, and Fieldprint for fingerprinting services continues to provide more convenient printing locations and more than 32 printing locations statewide. Not only are prospective foster and adoptive parents much more able to find a convenient location at which to be fingerprinted, the use of Fieldprint has also resulted in a significant reduction in processing time, from up to six weeks to three to five days. Further, the error rate for manually processed fingerprint clearance cards has dropped from 20% to less than 1%.
- DCS staff attend the ICWA Placements Project Workgroup, which includes monthly meetings and membership from five Arizona tribes and Casey Family Programs. The purpose of this workgroup is to increase recruitment and to retain Native American homes, as well as work with OLR to reduce barriers to tribally licensed families and reduce duplication of foster home licensing studies. Three contracted agencies have joined the work group during SFY 2017 to assist in the efforts to recruit Native American Families.
- The Department implemented statewide child specific recruitment in July 2015. Prior to this change, referrals were accepted from only Maricopa and Pima Counties. There are currently five Child Specific Recruitment providers covering, whose combined efforts cover the entire state of Arizona.
- *The Foster and Adoptive Oversight Workgroup* was established in April 2016. The workgroup currently meets on a quarterly or semi-monthly basis, and participants include community members, Casey Family Programs, Southwest Human Development, the Children's Action Alliance, foster parents, adoptive parents, mental health providers, and the Arizona Senate Liaison. The workgroup was established to provide guidance and expertise on the needs of, and preferred communication methods to, foster/adoptive/kinship families and group homes on the provision of behavioral health services to children involved with DCS who are served by Mercy Maricopa Integrated Care, a behavioral health service provider in Maricopa County.
- The Children's Heart Gallery (CHG), which was developed by Department staff and is currently completely maintained within the Department, features children and youth who are the most challenging to place and brings together many community volunteers, including photographers, hairstylists, and others in support of these children. The online presence of the CHG seeks families

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from across the U.S., as well as within Arizona. Beginning in 2016, the Department has offered licensed foster parents two hours of training credits for volunteering at the CHG photo shoots. Foster parents spend the day with children who are free for adoption with no identified placement. This allows foster parents to spend time with children who may be outside of their current licensing parameters, thus encouraging parents to expand their licensing preferences. It also allows foster parents and children to meet in a lower stress setting with the hopes that a connection may be made or that the parents may know of someone else who may be interested in adopting the child.

- The number of newly licensed foster homes statewide has increased from 774 in the six-month period ending July 31, 2015, to 985 in the six months ending July 31, 2016. The Department had 5,000 licensed homes as of March 31, 2017. There were 11,405 bed spaces in these homes, including 3,124 spaces that contractors reported to be unavailable for placements. Reasons for this include, but are not limited to: beds held for respite, readiness assessment by the contractor, specific high needs of a child currently placed in the home, beds held for a sibling coming into care, foster parents' need for temporary reprieve from placements, and investigations or corrective action plans. The Department has been working to improve processes to identify bed capacity and availability. The Bed Management Unit examined 'bed hold' definitions, restricted beds, and bed status. Additionally, this unit is working to gain a better understanding of the needs of the Department when addressing the consistency and accuracy of how the Department collects information on the usable contracted beds.
- The number of homes that closed their licenses offset the large number of new foster homes that recently became licensed. The Department is conducting an in-depth analysis of foster home closures, and with guidance from the National Resource Center for Diligent Recruitment (NRC-DR) at AdoptUSKids is developing a statewide retention strategy.
- The Department is continuing active efforts in supporting kinship foster caregivers so foster children placed in their care thrive. DCS is also enhancing efforts to inform kinship foster caregivers about the option of becoming licensed as foster parents. The Department, with the assistance of the NRC-DR, is developing a needs assessment survey to assess the special needs of kinship families and ways to enhance customer service to kinship placements. The survey is expected to launch in late 2017.

Policies that Limit, Ban, or Restrict the Recruiting of Diverse Foster and Adoptive Families

	African American	American Indian	Asian	Caucasian	Hispanic	Other	Total
Arizona Foster Families	654	118	100	2,628	1,192	1	4,693
	14%	3%	2%	56%	25%	0%	
Arizona Children in OOH Care	2,696	1,432	172	6,293	6,371	1,020	17,984
	15%	8%	1%	35%	35%	6%	

Data as of September 30, 2016, sources: AFCARS and Quick Connect.

The Department has no bans, restrictions, or limitations related to licensing of foster or adoptive families based on race, ethnicity, religion, or sexual orientation. The Department recognizes that children enter

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foster care with their own cultural background, which influences their behavior, beliefs, and world views. Because children benefit when foster parents respect and are supportive of their cultural differences, the Department has developed a well-rounded approach to recruit foster and adoptive families who reflect the ethnic and racial diversity of the children in the state for whom foster and adoptive homes are needed. DCS staff began working with Harvest of Hope to recruit African American families. Other foster home recruitment campaigns have been completed through contracted agencies, under the approval and supervision of DCS. Approved activities to promote diversity among resource families included:

- multiple campaigns aimed at recruiting LGBTQ parents, including events with three gay comedians preceded by a presentation by current foster/adoptive parents;
- several campaigns directed to recruiting the American Indian population, including events at powwows and rodeos;
- outreach promoting children free for adoption through Vacation Bible School activities at all Southern Baptist Churches across Arizona.

For additional information, see the *Arizona Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention Plan for FFY 2018*.

Section VI

Update to the Continuous Improvement Plan

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The Arizona Strategic Plan

The Arizona Department of Child Safety is committed to becoming a national leader for child safety through a well-run, efficient, and effective organization based on best practices. Creating and maintaining a world-class child welfare agency is a journey that cannot be accomplished alone. A key focus of the Department has been to strengthen communication and engagement across the state in an effort to keenly identify areas where the Department and its partners can collectively move towards improved child safety, permanency, and well-being outcomes.

The Department's SFY2017 Strategic Plan addressed areas identified through stakeholder input and external evaluations, such as those communicated to the Department through the CFSR Round 3 Final Report Chapin Hall Independent Review published in June 2015. The Department's SFY2017 Strategic Plan addressed recommendations from the Chapin Hall Independent Review to "establish and use clear safety assessment protocols and better standardize processes at the hotline and investigations," "address the backlog of cases that has accumulated at the front door of the system," and "expand in-home services, and pay for the expansion with savings that accrue from reductions in foster care caseloads."

The Department's SFY 2018 strategic plan is a continuation of the efforts, and includes the following five goals that either resemble the themes for improvement that were identified through the CFSR, or address critical underlying conditions:

- Goal 1: Improve timeliness to permanency
- Goal 2: Increase the placement of children in a family like setting
- Goal 3: Improve employee retention
- Goal 4: Develop and implement the agency IT infrastructure
- Goal 5: Develop implementation strategy for Behavioral Health services

Due to the significant improvements in workload and workforce capacity during SFY 2017, the SFY 2018 strategic plan has a focus on assessment consistency, service quality, and family engagement.

The Arizona SFY 2018 Strategic Plan includes performance measures and objectives to guide and measure improvement related to the five goals. The performance measures and objectives are as follows:

- Increase the percentage of children achieving permanency in 12 months
 - Complete training for investigations and ongoing; implement SAFE AZ tools
 - Implement statewide field standardization
 - Targeted permanency activities to reduce the number of children in out-of-home care
 - Expansion of prevention and intervention services and supports
- 1) Decrease the number of placement moves and 2) increase the percentage of care days spent in a family like setting
 - Refine and implement improved foster family recruitment process
 - Implement a standardized statewide placement process
 - Improve supports to foster care givers
 - Refine and implement improved partnerships with foster care providers
 - Further expand Fostering Sustainable Connections IV-E Waiver Project
- Reduce agency-wide employee turnover
 - Refine and implement employee "on boarding" experience
 - Define and implement leadership development program for all people leaders

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- Establish a culture of safety and support for DCS staff
- Refine and implement an employee engagement strategy
- Complete 100% of IT implementation plan
 - Successfully deploy the mobile solution statewide, including field background checks
 - Design and implement safety assessment model in Guardian
 - Implement a data quality plan for Guardian
 - Implement the “Cloud First” strategy
- Complete 100% of implementation strategy including legislation plan
 - Development of a complete integration assessment, transition plan and recurring costs analysis, including legislative change requirements

Child and Family Services Review Program Improvement Plan

The draft PIP was submitted to the Children’s Bureau on April 5, 2016, and finalized in January 2017. The Department has completed most of the key activities listed in the PIP, and has engaged with the Children’s Bureau to identify additional activities to achieve the PIP goals. See Section VII for a description of the strategies and activities included in the PIP, and progress completing these activities.

The PIP Measurement Plan includes the following indicators, all of which will be measured through review of 65 cases annually, using the federal On-Site Review Instrument. The Department is currently reviewing cases to establish a baseline, which will be used to establish improvement goals.

- Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment
- Item 3: Risk and Safety Assessment and Management
- Item 4: Stability of Foster Care Placement
- Item 5: Permanency Goal for the Child
- Item 6: Achieving Reunification, Guardianship, Adoption, or OPPLA
- Item 12: Needs and Services of Child, Parents, and Foster Parents
- Item 13: Child and Family Involvement in Case Planning
- Item 14: Caseworker Visits with Child
- Item 15: Caseworker Visits with Parents

Title IV-E Improvement Requirements

The Department is continuing focused efforts on documenting the receipt of, and response to, requests for Central Abuse and Neglect Registry background checks for newly hired direct service staff at group homes. While the Department has consistently maintained a system in place for notifying group homes when a new group home employee has a substantiated report of abuse or neglect on the Department’s Central Registry, the Department can improve consistency in notifying group homes when one of their new employees has no history of substantiated reports of abuse and neglect. The Department has developed and implemented new policy in this area so that timely responses can be provided to the group home providers.

NYTD Improvement Requirements

The Department was not in compliance with NYTD reporting standards for the period ending September 30, 2016 and will participate in an on-site NYTD review in February 2018.

AFCARS Improvement Requirements

The Department’s most recent AFCARS audit was in 2009. Areas for improvement were identified at that time, therefore the state initiated an AFCARS improvement plan (AIP) with the Children’s Bureau. This

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2009 AIP is still in effect because additional requirements have been added each year, based on the state's AFCARS submissions. Currently, the pending data quality issue is related to the ability to report same sex marriages in AFCARS. This issue will be resolved with the implementation of the state's new CCWIS system. The Department continues to communicate with the Children's Bureau to address the remaining items.

Section VII

Progress Implementing the Goals, Objectives, and Interventions

Child and Family Services Review Program Improvement Plan Progress

The Department has completed well over half of the CFSR PIP activity and continues to complete activities as scheduled. The following describes the Department's progress implemented each strategy, as of June 2017.

1. Strategies and Key Activities to Improve Child Safety Assessment

Safety Outcome 1; Safety Outcome 2; Systemic Factor-Service Array; Systemic Factor- Foster/Adopt Parent Licensing, Recruitment, and Retention

See strategy 3.1 for information on how the Department will refer families to the right services at the right time to help them succeed, so that waitlists are further reduced and services are available when needed to prevent removal and reentry.

1.1 Reduce average investigation caseload so that DCS Specialists have more time to complete comprehensive safety assessments

- 1.1.1 Continue to use a contracted staff augmentation model to complete and close investigations, so that the investigation backlog is reduced.
Projected Completion Date: January 31, 2017
- 1.1.2 Implement a data monitoring process that includes at least quarterly review of the total number of open reports for investigation, the percentage of reports that close within 60 days of receipt at the Hotline, and the percentage of reports that close within 90 days of receipt at the Hotline.
Projected Implementation Date: February 28, 2017 (two completed quarters)
- 1.1.3 Develop and implement a protocol on preparation and transfer of caseloads when a DCS Specialist separates from the Department, so that completed activity is documented and investigative work does not need to be redone.
Projected Implementation Date: September 30, 2016
- 1.1.4 Develop and implement procedures for assigning an ongoing caseworker at the time of the preliminary protective hearing in dependency cases, so that work related to case planning and placement stability is completed by the ongoing DCS Specialist rather than the investigating DCS Specialist, so that investigators are available to respond to new incoming Hotline reports.
Projected Completion Date: December 31, 2016

All activities for strategy 1.1 are complete and the strategy has been fully implemented. Contracted staff assisted with the completion of open investigations. The data monitoring process has been occurring for over a year, and continues. Protocols for early transfer of cases to an ongoing unit, and for transferring cases when an employee leaves the Department have been implemented. Due to these activities, and the persistent efforts of DCS Specialists and Supervisors, the number of open reports reduced from a high of over 33,000 to 5,632 on June 19, 2017.

1.2 Implement a policy and/or procedure that defines a specific time frame for completing face-to-face contact with children who are the subject of a report of child abuse or neglect

- 1.2.1 Obtain information from the Capacity Building Center for States about best practices and common practices related to face-to-face contact timeframes during investigations.

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Projected Completion Date: September 30, 2016

- 1.2.2 Develop and review draft procedures with staff and stakeholders to gain consensus and support for the new procedures.

Projected Completion Date: February 28, 2017

- 1.2.3 Communicate the procedures through addition to the policy and procedures manual, discussion at supervisor meetings, and inclusion in supervisory case record review guides.

Projected Completion Date: March 31, 2017

All activities for strategy 1.2 are complete and the strategy has been fully implemented. A policy related to face-to-face contact timeframes with victim children during investigations was developed and implemented to ensure timely assessments of child safety are completed. The Administrative Case Record Review-Investigations supervisor guide was updated to ensure supervisory oversight of this new policy.

1.3 Develop and implement practice guidelines, tools, and/or training to improve application of the Department's safety and risk assessment model, so that there is greater consistency in decisions about when in-home services can be provided and when safety threats require removal

- 1.3.1 Modify the state SACWIS/CCWIS data system to more thoroughly guide and document safety and risk assessments.

Projected Completion Date: July 31, 2017

- 1.3.2 Develop and implement standard procedures on when a Considered Removal (pre-removal) Team Decision-Making (TDM) meeting can be held rather than an Emergency (post-removal) TDM.

Projected Completion Date: June 30, 2017

- 1.3.3 Enhance and implement policy and procedure for the use of short-term protective action plans or safety plans as an option to control safety threats pending a Considered Removal TDM.

Projected Implementation Date: June 30, 2017

- 1.3.4 Update Arizona's safety assessment procedures, forms, supporting documents and initial core training using technical assistance from the Capacity Building Center for States, child welfare peers from other jurisdictions, and/or Action for Child Protection (for example, revise policy and procedure to better define present danger versus impending danger, and to better describe circumstances where an in-home safety plan is appropriate to control safety threats and prevent removal).

Projected Completion Date: September 30, 2017

- 1.3.5 Finalize and train staff on the *Child Safety Intervention Discussion Guide*, designed to lead the supervisory consultations about safety at key decision points during the life of the case.

Projected Completion Date: September 30, 2016

- 1.3.6 Make available an advanced skill-based workshop/training for supervisors and APMs on conducting thorough safety and risk assessments.

Projected Completion Date: June 30, 2017

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- 1.3.7 Implement coaching on safety assessment and safety intervention, for designated staff, to build a cadre of experts within DCS.
Projected Implementation Date: September 30, 2017
- 1.3.8 In consultation with court and legal system partners, develop and provide educational opportunities to judges and attorneys on the Department's safety and risk assessment model as it applies to removal, reunification, and other permanency decisions, so that Department employees, judges, and attorneys have a shared understanding of safety assessment and safety intervention (for example, definitions of unsafe, conditions for in-home safety interventions, and conditions for reunification).
Projected Completion Date: September 30, 2017

Many of the activities for strategy 1.3 are complete or in process. DCS has initiated modifications to the state SACWIS/CCWIS data system to more thoroughly guide and document safety and risk assessments. Policy has been updated to include standard procedures on when a Considered Removal (pre-removal) TDM meeting can be held rather than an Emergency (post-removal) TDM. Updated policies, procedures, forms, training, and supporting documents are being drafted and finalized through the SAFE AZ model renovation efforts, with technical assistance from Action for Child Protection. All investigative case managers and supervisors are receiving a five-day training, and all ongoing case managers and supervisors are receiving a two day training related to the SAFE AZ model renovation during June and July 2017. This training is activity-based in order to develop advanced skills, building upon the safety and risk assessment knowledge already possessed by staff. Program Managers are also receiving the training to ensure consistent knowledge of and applicable of the safety model. Collaboration has occurred with court and legal partners related to the SAFE AZ Model renovation to ensure consistent knowledge of and application of the safety model. The Arizona Juvenile Courts have been receiving technical assistance from the Capacity Building Center for courts, and have selected the SAFE AZ Model renovation as their primary improvement project. The courts have developed a SAFE AZ training plan for judges, attorneys, and other court personnel such as CASAs to ensure all court partners are aware of and support decisions made using the revised safety assessment model.

1.4 Implement improved and/or expanded kinship search and foster family recruitment processes, so that more children are placed immediately or quickly in kinship or foster homes, so that children do not stay in DCS placement centers

- 1.4.1 Implement a process to monitor statewide data on the number of children who stay in DCS placement centers or offices for more than 24 hours.
Projected Implementation Date: June 30, 2017 (two completed quarters)
- 1.4.2 Through support from Casey Family Programs, provide training and coaching on Family Finding to the Department's Family Engagement Specialists and others to be determined.
Projected Completion Date: September 30, 2016
- 1.4.3 Implement procedures for kinship search using Family Finding techniques, to be conducted by Family Engagement Specialists and others to be determined.
Projected Implementation Date: September 30, 2016
- 1.4.4 Implement Life Long Connections Team Decision Making meetings for children in shelter care and non-behavioral health group homes; so that children currently in shelter or group home placements move to a parent, kinship, or foster home; so that shelter and group home placements are available when children need them; so that children do not stay in DCS offices.

Projected Implementation Date: September 30, 2016

- 1.4.5 Receive technical assistance from the National Resource Center for Diligent Recruitment on data tracking, market segmentation, geo-mapping, and foster family engagement to increase foster parent recruitment and retention, and implement at least one strategy recommended by the final report.

Projected Implementation Date: July 31, 2017

Many of the activities for strategy 1.4 are complete or in process. DCS Administration is monitoring the number of children who stay at DCS placement centers and DCS offices for more than 24 hours prior to being placed in a relative, foster or group home. TDM facilitators, Family Engagement Specialists, permanency case managers, PI Specialists, ASU staff, Casey Family Program staff, and DCS Program Development staff participated in an eight-hour overview training on family finding presented by Bob Friend from Seneca Family Agencies. Additional skill building and consultation has been provided since that time to Family Engagement Specialists and permanency case managers. Consultation will continue to be provided as needed for family engagement specialists and supervisors. Procedures have been implemented for kinship searches using Family Finding techniques. Kinship searches are conducted by Family Engagement Specialists located at the Phoenix and Tucson title IV-E waiver demonstration sites. Life Long Connections TDM meetings for children in shelter care and non-behavioral health group homes have been implemented at the title IV-E waiver demonstration sites so that children currently in shelter or group home placements move to a parent, kinship, or foster home quickly. This will decrease the use of congregate care, and allow shelter and group home placements to be available when children need them who have not been matched with a relative or non-relative placement. DCS has received technical assistance from the National Resource Center for Diligent Recruitment, and began the implementation of enhanced new foster parent orientation and training.

2. *Strategies and Key Activities to Improve Family Engagement*

Permanency Outcome 2, Well-being Outcome 1, Systemic Factor-Case Review System

In addition to the strategies and key activities identified below, the Department is implementing strategies to reduce average investigation and ongoing caseloads so that DCS Specialists have more time to spend with parents, children, and other family members to engage them in the planning and decision-making that affects them.

2.1 **Develop and implement practice guidelines that describe family engagement techniques at key practice points from the first knock on the door through permanency, so that there is system-wide consensus on the practice standards, and written guidance for reference and training**

- 2.1.1 Conduct research on evidence-based, evidence-informed, and best practices to improve family engagement in each of the areas listed in 2.1.3.

Projected Implementation Date: January 31, 2017

- 2.1.2 Engage with stakeholders to develop the practice guidelines listed in 2.1.3, so that there is a shared understanding of the practice guidelines among child welfare system partners (parents, youth, state agency, courts, attorneys, contracted provider agencies, foster parents, etc.).

Projected Completion Date: February 28, 2017

- 2.1.3 Develop and distribute practice guidelines on the following topics: involving incarcerated parents, conducting quality contacts with parents, parenting time (parent-child visitation),

preserving the child's connections, and maintaining the relationship of the child in care with his/her parents.

Projected Completion Date: April 30, 2017

- 2.1.4 Complete the first series of *Quality Conversations* webinars to review the practice guideline topics listed in 2.1.3 with staff, answer questions, and receive feedback to improve the practice guidelines documents.

Projected Completion Date: June 30, 2017

- 2.1.5 Incorporate each of the practice guidelines listed in 2.1.3 into initial or advanced DCS Specialist training (which includes the family engagement training referenced in 2.2.1 and 2.2.2), and into Supervisory Case Progress Discussion Guides to an appropriate degree.

Projected Completion Date: June 30, 2017

- 2.1.6 Develop and distribute a practice guideline pertaining to initial assessments that includes family engagement techniques.

Projected Completion Date: December 31, 2017

All but one activity for strategy 2.1 is complete. DCS has developed and distributed practice guidelines related to involving incarcerated parents, conducting quality contacts with parents, parenting time (parent-child visitation), preserving the child's connections, and maintaining the relationship of the child in care with his/her parents. The practice guidelines provide best practice tips and suggestions related to the specific topic with a focus on family engagement techniques. At least one Quality Conversations webinar has been held for each practice guideline topic to review the practice guideline and allow staff to discuss and ask questions about the implementation of the practice areas. Each practice guideline has also been incorporated into DCS Specialist and/or supervisor new hire training. The practice guideline related to family engagement techniques during initial assessments will be finalized during the second half of CY 2017 along with the SAFE AZ renovation finalization.

2.2 Provide training on family engagement techniques to DCS Specialists

- 2.2.1 Continue to implement a full day family engagement training during the Ongoing Case Manager Academy.

Projected Completion Date: September 30, 2016 (Established for more than 6 months)

- 2.2.2 Expand the family engagement training to current ongoing and investigation field staff.

Projected Completion Date: March 30, 2017

- 2.2.3 Develop and provide training on case planning for ongoing DCS Specialist field staff, including how to engage parents and youth in the development of the case plan.

Projected Completion Date: December 31, 2017

Many of the activities for strategy 2.2 are complete or in process. Family engagement training has been developed and incorporated into DCS Specialist new hire training. This training is also provided to current ongoing and investigative DCS Specialists. The family engagement training focuses on engagement skills to be used with parents who are involved with the Department. A training related to case planning, including information related to engaging children and parents in the case planning process, has been developed and incorporated into DCS ongoing Specialist new hire training. This training will also be offered to current ongoing staff during SFY 2018.

2.3 Develop advanced family engagement skills among a cadre of employees that will include, at minimum, TDM Facilitators, Family Engagement Specialists, Placement Coordinators, Practice Improvement Specialists, and trainers; so that they can model and coach these skills for DCS Specialists, Supervisors, and other DCS employees

- 2.3.1 Through support from Casey Family Programs, provide training and/or coaching on family engagement (with parents, youth, and other family members) to the Department's Family Engagement Specialists, Placement Coordinators, Team Decision-Making Facilitators, Practice Improvement Specialists, and trainers.
Projected Completion Date: September 30, 2017

The activity for strategy 2.3 is complete, and continues through and beyond the PIP completion date. Family Engagement Specialists have received training and coaching from a family engagement expert. Coaching sessions continue on an as needed basis. TDM facilitators and PI Specialists also attended a two-day training on family engagement during SFY 2017.

2.4 Implement procedures to 1) require that a TDM meeting is held for cases where a child's removal has occurred or is being considered, and 2) increase the percentage of considered removal (pre-removal) TDMs, so that parents are involved early in a meeting facilitated by a DCS employee who is trained in family engagement techniques, and family engagement practice is modeled for DCS Specialists

- 2.4.1 Implement new or updated procedures and standard processes for considered removal and emergency removal TDMs.
Projected Implementation Date: January 31, 2017
- 2.4.2 Develop and implement a tracking mechanism to monitor the number and type of TDMs held.
Projected Implementation Date: December 31, 2016
- 2.4.3 Develop and implement methods to measure fidelity of TDM delivery to the established procedures and to measure family engagement outcomes such as family member attendance rates and family member satisfaction.
Projected Implementation Date: December 31, 2016

All activities for strategy 2.4 are complete and the strategy has been fully implemented. Updated procedures and standard processes for considered removal and emergency removal TDMs have been developed. Standard work has been developed for TDM staff that includes monitoring and fidelity of the process. DCS developed and implemented a tracking tool to monitor the number and type of TDMs held, and the TDM manager drafts monthly reports that includes this information. DCS has developed and implemented methods to measure fidelity of TDM delivery to the established procedures, and to measure family engagement outcomes such as family member attendance rates and family member satisfaction.

3. *Strategies and Key Activities to Improve Quality Assessment of Needs*

Well-Being Outcome 1, Well-Being Outcome 3, Systemic Factor – Service Array

In addition to the strategies and key activities identified below, the Department is implementing strategies to reduce average investigation and ongoing caseloads so that DCS Specialists have more time to spend with parents and children, to engage with them in a comprehensive assessment of needs.

See strategy 1.3 for information on how the Department will improve application of the Department's safety and risk assessment model, so that families' needs are accurately assessed, so that individualized case plans are developed based on the identified safety threats and risks.

3.1 Develop and implement practice guidelines and service approval procedures so that families are referred to the right services at the right time to help them succeed, and so that waitlists are further reduced and services are available when needed to prevent removal and reentry

- 3.1.1 Develop and implement service approval procedures for Supervisor, Assistant Program Manager, or Program Manger approval by service type, level, or timeframe.
Projected Completion Date: September 30, 2016
- 3.1.2 Conduct research on evidence-based, evidence-informed, and best practices to guide the most effective use of the services listed in 3.1.4.
Projected Completion Date: January 31, 2017
- 3.1.3 Engage with stakeholders to develop the service-related practice guidelines listed in 3.1.4, so that there is a shared understanding of the practice guidelines among child welfare system partners (state agency, courts, attorneys, contracted provider agencies, foster parents, etc.).
Projected Completion Date: February 28, 2017
- 3.1.4 Develop and distribute practice guidelines on the following topics, to describe standards for referring families to the right services at the right time and family engagement techniques to encourage parents' success: drug testing, parenting time (parent-child visitation), parent aide services, psychological evaluations, after-care planning, and parent readiness for change.
Projected Completion Date: April 30, 2017
- 3.1.5 Complete the first series of *Quality Conversations* webinars to review the practice guideline topics listed in 3.1.4 with staff, answer questions, and receive feedback to improve the practice guidelines documents.
Projected Completion Date: June 30, 2017
- 3.1.6 Incorporate each of the practice guidelines listed in 3.1.5 into initial or advanced DCS Specialist training and/or Supervisory Training, as appropriate to the topic.
Projected Completion Date: June 30, 2017

All activities for strategy 3.1 are complete and the strategy has been fully implemented. DCS has developed and implemented a service approval matrix, which standardizes the procedures for service approval at the Supervisor, Program Manager, or Program Administrator level, based on the service type, level, or timeframe. Practice guidelines related to drug testing, parenting time (parent-child visitation), parent aide services, psychological evaluations, after-care planning, and parent readiness for change have been developed and published. The practice guidelines describe standards for referring families to the right services at the right time, and family engagement techniques to encourage parents' success. At least one Quality Conversations webinar has been held for each practice guideline topic to review the practice guideline and allow staff to discuss and ask questions about the implementation of the practice areas. Each practice guideline has also been incorporated into DCS Specialist and/or supervisor new hire training.

3.2 Develop practice guidelines related to DCS Specialists' evaluation of children's general needs

- 3.2.1 Conduct research on evidence-based, evidence-informed, or best practices to improve the evaluation of children's general needs.
Projected Completion Date: May 31, 2017
- 3.2.2 Engage with stakeholders to develop practice guidelines related to the evaluation of children's general needs.
Projected Completion Date: May 31, 2017
- 3.2.3 Develop and distribute practice guidelines on the evaluation of children's general needs.
Projected Completion Date: June 30, 2017
- 3.2.4 Incorporate the practice guidelines referenced in 3.2.2 into initial or advanced DCS Specialist training and/or Supervisory Training and/or Supervisory Case Progress Discussion Guides, as appropriate to the topic.
Projected Completion Date: July 31, 2017

All but one activity for strategy 3.2 is complete. DCS has developed and published a practice guideline related to the assessment of children's general needs. This practice guideline assists and prompts the DCS Specialist to evaluate if the child in out-of-home care has needs other than those pertaining to medical, dental, educational, and behavioral health, which may contribute to poor well-being outcomes. This practice guideline will be incorporated into the appropriate training sessions during July 2017.

3.3 Develop practice guidelines related to DCS Specialists' assessment and monitoring of medical needs and services for children in out-of-home care

- 3.3.1 Conduct research on evidence-based, evidence-informed, and best practices for DCS Specialist assessment and monitoring of children's medical needs and services, including prescription medications, annual medical exams, and semi-annual dental exams.
Projected Completion Date: September 30, 2017
- 3.3.2 Engage with stakeholders to develop practice guidelines related to the assessment and monitoring of children's medical needs and services.
Projected Completion Date: September 30, 2017
- 3.3.3 Develop and distribute practice guidelines on DCS Specialist assessment and monitoring of children's medical needs and services.
Projected Completion Date: October 31, 2017
- 3.3.4 Update the monthly child contact field guide and documentation template to prompt DCS Specialists to ask about children's prescribed medications and oversight by a medical professional.
Projected Completion Date: January 31, 2017

One activity for strategy 3.3 is complete and fully implemented. DCS has updated the monthly child contact guide and documentation template to prompt DCS Specialists to inquire about children's prescribed medications and oversight by a medical professional on a regular basis. The development of a practice guideline for the thorough assessment and monitoring of children's medical needs and services will begin during the first quarter of SFY 2018.

4. Strategies and Key Activities to Improve Permanency Planning

Permanency Outcome 1, Statewide data indicator- Permanency in 12 months for children entering foster care, Systemic Factor – Case Review System

In addition to the strategies and key activities identified below, the Department is implementing strategies to reduce average investigation and ongoing caseloads so that DCS Specialists have more time to spend with parents, children, and other family members to engage them in permanency planning and decision-making that affects them; and so that DCS Specialists, Supervisors, and the court system are more able to be attentive to each child's progress toward timely permanency.

See the strategies and key activities in areas 1 and 2 for information on how the Department will improve safety assessment, safety intervention, and family engagement, so that accurate safety assessments are made and applied to permanency planning decisions, and so that family members are engaged in permanency planning and the decision-making that affects them, so that safe permanency is achieved more quickly.

See strategy 3.1 for information on how the Department will refer families to the right services at the right time to help them succeed, so that waitlists are further reduced, so that services are immediately available to families, so that permanency is achieved more quickly.

4.1 Develop and implement practice guidelines related to timely filing of Termination of Parent Rights (TPR) motions and compelling reason assessment and documentation

4.1.1 Engage with stakeholders to develop the practice guidelines listed in 4.1.2, so that there is a shared understanding of the practice guidelines among child welfare system partners (state agency, courts, attorneys, contracted provider agencies, foster parents, etc.).
Projected Completion Date: March 31, 2017

4.1.2 Develop and distribute practice guidelines on timely filing of TPR motions and compelling reason assessment and documentation.
Projected Completion Date: April 30, 2017

4.1.3 Hold a *Quality Conversations* webinar related to timely filing of TPR motions and compelling reasons assessment and documentation, to review the practice guidelines with staff, answer questions, and receive feedback to improve the practice guidelines documents.
Projected Completion Date: May 31, 2017

4.1.4 Incorporate the practice guidelines referenced in 4.1.2 into initial or advanced DCS Specialist training and/or Supervisory Training and/or Supervisory Case Progress Discussion Guides.
Projected Completion Date: June 30, 2017

All activities for strategy 4.1 are complete and the strategy has been fully implemented. DCS developed and distributed a practice guideline related to timely filing of TPR motions and compelling reason assessments and documentation. This practice guideline reminds and prompts DCS Specialists to consider concurrent planning activities when the prognosis for reunification is poor, and provides guidance on timeframes and situations in which it may be appropriate to consider an alternative permanency goal for the child. A Quality Conversations webinar was allowing a review of the topic and staff discussion. The practice guideline has been incorporated into DCS Specialist and/or supervisor training.

4.2 Implement case review processes to develop action plans to achieve permanency as quickly and safely possible

4.2.1 Review ongoing caseloads to identify cases where the children can return home now, cases that would benefit from a targeted permanency staffing (see 4.2.2), and cases with complex issues that are delaying permanency.

Projected Completion Date: December 31, 2016

4.2.2 Hold targeted permanency staffings for children in out-of-home care who are identified through the case review described in 4.2.1 as likely to benefit from this staffing, to develop action plans to achieve reunification or another permanency plan as quickly as safely possible.

Projected Completion Date: September 30, 2017 (practice established for more than six months)

4.2.3 Employ a permanency expert to review cases with complex issues that are delaying permanency, develop plans to achieve permanency in these cases, and identify systemic barriers to timely permanency.

Projected Completion Date: September 30, 2016 (employment established for more than three months)

The activities for strategy 4.2 are complete, and continue through and beyond the PIP completion date. DCS staff have conducted a review of all ongoing caseloads to identify cases where children could safely return home at the time of the review, cases that would benefit from a targeted permanency staffing, and cases with complex issues that were delaying permanency. DCS staff held a number of targeted permanency staffings to facilitate a discussion about, and develop a plan to, ensure timely permanency for children in out-of-home care. DCS staff trained contracted staff from Southwest Human Development to facilitate the meetings in Maricopa County. DCS hired a permanency expert in March 2016 who continues to be employed with the Department to review cases identified as having complex issues that are delaying permanency, and develop a plan including efforts that to achieve permanency for the children.

Department of Child Safety SFY 2017 Strategic Plan Progress

In addition to the improvement efforts and accomplishments documented above as part of the CFSR PIP, DCS also made improvements implementing all three SFY 2017 strategic plan objectives. These strategic objectives were selected with a goal of being responsive to immediate needs while continuing to build systems to ensure sustainability and success over the long term.

Strategic Objective 1. Avoid historic 10%+ out-of-home population growth through improving safety decisions, targeted activities, and prevention work

The Department has achieved this strategic objective, observing an actual reduction in the out-of-home care population. The out-of-home population peaked at 19,044 children in February 2016, but steadily decreased to 16,902 as of March 2017 (Source: *Child Welfare Reporting Requirements Semi-Annual Report*). Activities that contributed to this improvement include reductions in the service referral waitlist so that families receive necessary services more timely, improvements to child safety assessments, permanency case review activities, and other activity described throughout this report.

Strategic Objective 2. Maintain fiscal responsibility

The Department has instituted practices to achieve and maintain fiscal responsibility, such as reduced use of overtime, effective fleet management, consolidation of office space and facilities, reduced use of costly congregate care, and many other activities to reduce waste and ensure agency funding is used in the most effective way to achieve the best possible outcomes for children and families.

Strategic Objective 3. Improve employee retention

See *Section IV: Assessment of Outcome Achievement* for information on Human Resource activities that occurred during SFY 2017 to improve employee retention.

Staff Training, Technical Assistance, and Evaluation

See the Department's *Staff and Provider Training Plan for FFY 2018* for information on training in support of the goals and objectives in the CFSP, and an explanation of how the training activities are designed to support the goals and objectives in the plan.

Arizona continues to receive technical assistance from the National Resource Center for Diligent Recruitment to implement market segmentation to improve foster home recruitment marketing strategies. Current improvement strategies include the development of a revised on-line foster parent orientation and new foster parent training curriculum.

The Department continues to receive technical assistance from the Capacity Building Center for States to improve the Department's relationships with American Indian tribes. Throughout SFY 2017, the Department received assistance including research, on-site consultation, and bi-monthly program support calls. Since January 2017 the CBC has provided three on-site planning sessions in collaboration with the Inter-Tribal Council of Arizona. These planning sessions and bi-monthly support calls have provided an opportunity to develop an informal strategic plan for the DCS Tribal Liaison that will help strengthen the relationship between the Department and Arizona's tribal communities. CBC technical assistance will continue during SFY 2018.

The Department has implemented the Fostering Sustainable Connections project, which is the state's title IV-E waiver demonstration project and includes an evaluation component. The Department has partnered with Arizona State University to conduct this evaluation of the impact of evidence supported practices and other strategies on reducing the use of congregate care. The Department continues to receive technical assistance from the Capacity Building Center for States related to the waiver. This support has included how to continue to apply implementation science during the roll out of initial implementation into multiple offices, while ensuring tools and procedures are in the place to sustain Fostering Sustainable Connections.

The Department is receiving coaching from the Capacity Building Center for States on the application of implementation science within the SAFE AZ Renovation project.

The Department is receiving technical assistance from Harvard Kennedy School of Business Government Performance Lab and the Capacity Building Center for States to restructure the client services contracts and develop a more robust contract oversight process. See *Section V: Assessment of System Performance* for additional information.

Section VIII

Consultation and Coordination with Tribes

Arizona's Five Year Plan (2015-2019) identified the following five objectives related to the Indian Child Welfare Act:

ICWA Objective 1: Increase ICWA Units or Specialized DCS Specialists throughout the state to consistently use best practices when working with American Indian children and families.

ICWA Objective 2: Update ICWA initial training and develop advanced ICWA training for DCS Specialists statewide.

ICWA Objective 3: Increase and improve data collection on American Indian children placed out-of-home and subject to ICWA, including the ability to report quarterly data on the number of children identified as American Indian, the number of children subject to ICWA, the number of agency notices sent to Tribes, and the number of children placed per placement preference.

ICWA Objective 4: Maintain updated department policy and forms related to elements of ICWA: Identification, Notice to Tribes, Placement Preferences, QEW, and Active Efforts.

ICWA Objective 5: Develop mechanisms of Quality Assurance for ICWA cases.

The Department's progress in addressing all of the above objectives is provided throughout the following narrative:

Coordination and Collaboration with Tribes

Department staff work closely with Arizona's tribal counterparts throughout the year. Communication and consultation between the state and tribes are essential, especially in the areas of contract management, policies and procedures, Inter-Governmental Agreements, and Indian child welfare case-related issues.

The Arizona Department of Child Safety (DCS) meets quarterly with the tribal nations of Arizona and in cooperation with the Inter Tribal Council of Arizona (ITCA), to obtain input on DCS efforts in reference to the CFSP and APSR. The Inter Tribal Council of Arizona is a non-profit organization that represents 21 of the Arizona tribes, not including the Navajo nation. These meetings include a variety of topics and are considered by the Department to be official tribal consultation. All Arizona tribes are invited to participate, and a conference call line is available for those unable to travel to the meetings, located in Phoenix. Between July 2016 and January 2017, the position of Intergovernmental Tribal Liaison was filled for only three months, creating the need for other DCS staff to fill the communication and consultation role. Since January 2017, the position of Intergovernmental Tribal Liaison has been filled and there are active efforts in place, such as the quarterly tribal consultation meetings, to ensure that tribal input is obtained and that information regarding the Department's improvement efforts is shared.

During SFY 2017, DCS met with the Arizona tribes and in collaboration with ITCA on September 29, 2016, February 1, 2017, and April 27, 2017 to discuss a variety of topics including but not limited to policies and procedures, Indian child welfare case related issues, training opportunities, and other matters deemed important by the tribes, other state agencies, and the Department. Typically ten to twelve tribes are represented at these meetings, either in person or by telephone.

In addition to the official quarterly tribal consultation meetings, the Department regularly meets with the Urban Indian Coalition which is hosted by the Phoenix Indian Center. Phoenix, Tucson, and Flagstaff combined have one of the largest urban Indian populations in the United States with individuals and families representing well over a hundred different tribes. These meetings occur monthly and the Department has participated in several over the past year.

On a yearly basis, the DCS Tribal Liaison will be conducting site visits to all 21 tribes in Arizona. The purpose of these site visits is to maintain a strong relationship between DCS and tribes, share information and updates, and discuss any specific cases that involve tribal members. The Department is committed to ensuring that all of Arizona's tribes have equal access to the Department, despite the challenge posed by travel and geographical challenges. This diversity includes one tribe located at the bottom of the Grand Canyon, the Havasupai tribe only accessible by helicopter, mule, or via a 16 mile hike, and tribes located on the Utah, Nevada, California, New Mexico and Mexican borders. Since January 2017, site visits have been completed with the Ft. McDowell Yavapai Nation, Salt River Pima Maricopa Indian Community, Gila River Indian Community and the Yavapai Prescott Indian Tribe. The DCS Tribal Liaison plans to meet with the remaining tribes by the fall of 2017.

In the past year, the DCS has made significant improvements to the way the Department collaborates with Arizona's 21 tribal communities. The Department recognizes the importance of tribal collaboration and has worked diligently, since becoming a standalone agency, to fulfill the obligations that were outlined in Executive Order 2006-14 that states in part that "All Executive Branch agencies shall develop and implement tribal consultation policies to guide their work and interaction with federally-recognized Tribes in Arizona" and "shall designate a member of their staff to assume responsibility for the Department's implementation of the tribal consultation policy and to act as the principle point of contact for tribal issues." Pursuant to this Executive Order, the Department finalized the Arizona DCS Tribal Consultation Policy on May 17, 2017.

The Department also has an Inter-Governmental Agreement (IGA) with the Navajo Nation. The IGA specifies that DCS will meet quarterly with the Navajo Nation to discuss items of mutual interest. During SFY 2017, these meetings occurred on September 5, 2016 at the Navajo Nation, December 12, 2016 at a Phoenix DCS Office, and March 13, 2017 at a Phoenix DCS Office.

The Department also has 16 contracts with tribes for various reunification, prevention, or support services including eight contracts for Family Support, Family Preservation and Family Reunification Services; four contracts for Specialized Substance Abuse Treatment services; one contract for Comprehensive Services Development; one title IV-E IGA; one ICWA IGA; and one consultation contract. The Department has contracts for Family Preservation, Family Support and Family Reunification Services with the following tribes: Colorado River Indian Tribes, Gila River Indian Community, Navajo Nation, Quechan Indian Tribe, Pascua Yaqui Tribe, San Carlos Apache Tribe, Salt River Pima Maricopa Indian Community and the White Mountain Apache Tribe. The Department has contracts for substance abuse treatment services with the following tribes: Fort Mojave Indian Tribe, Pascua Yaqui Tribe, White Mountain Apache Tribe, and the San Carlos Apache Tribe.

The Department has continued to discuss with other tribes throughout Arizona the possibility of establishing a formal IGA or Memorandum of Understanding that would include, but not be limited to investigation protocols, data and information sharing, and compliance with ICWA.

Additional tribal collaboration activities that occurred during FFY 2017, and continue into FFY 2018 include the following:

- The Department contracts with the Inter-Tribal Council of Arizona, Inc. (ITCA) for consultation, technical assistance, and liaison services to twenty-one tribal governments in Arizona. The ITCA disseminates information to tribal leadership, facilitates a forum for public comment, and provides policy analysis to promote tribal leadership's awareness of child welfare matters and understanding of federal and state policies.

- The Department, ITCA, and Arizona State University's Office of American Indian Projects partnered in the delivery of ICWA training seminars and tribal child welfare academies that were delivered to tribes and other interested parties throughout the year. The Department continues to participate in planning and workgroups that will bring this resource to the tribes each year.
- In addition to the quarterly meetings facilitated by ITCA, the Department continues to hold quarterly Tribal/State ICWA Liaison Workgroup meetings. These meetings are geared towards individuals in tribal communities that are responsible for ensuring ICWA compliance for their tribal community. All tribes are invited to participate as well as other relevant state agencies, community programs/agencies, and DCS staff.
- The Department continues to participate in the Arizona State, Tribal, and Federal Court Forum and the Indian Child Welfare Act Committee of the Arizona State, Tribal, and Federal Forum by Co-Chairs Judge Kathleen Quigley of the Pima County Juvenile Court and Judge Kami Hart of the Gila River Children's Court. The Department will participate in the annual State, Tribal, Federal Court Forum conference to be held during SFY 2018.
- The Department is active with the Phoenix Indian Center and participates in the Urban Child Welfare Sub-committee. This sub-committee includes representatives from Phoenix Indian Center, the Department's Foster Care Program, the ICWA Specialist, contracted foster home recruitment licensing agencies, and Casey Family Programs.
- Tribal social workers continue to be invited to and participate in TDM, case plan, and CFT meetings during which case specific consultation and decisions are made.

The Department will make available, upon request, a copy of the 2018 APSR to all 21 tribes of Arizona. A letter will be sent out, upon completion and submission of the 2018 APSR, to all tribal leadership notifying them of the availability of the document. The annual APSRs are also posted on the DCS public website for tribes, and any other community members to view.

Monitoring ICWA Compliance

The Department monitors ICWA compliance in several ongoing ways. The Department funds and supports three full-time dedicated ICWA related positions, the Intergovernmental Tribal Liaison, an Indian Child Welfare Specialist position, and a Qualified Expert Witness (QEW) Coordinator. The Indian Child Welfare Specialist position is dedicated to ICWA policy and practice compliance, and the QEW Coordinator provides technical assistance throughout the state and ICWA case monitoring functions.

The Department's Tribal Liaison meets regularly with tribal communities and leadership to consult and review the progress made toward ICWA compliance, and the timely and appropriate delivery of Indian child welfare services. In addition to the regularly scheduled meetings referenced above, the Tribal Liaison is available to speak and consult with tribal communities at any time.

The Department utilizes data reports to track tribal identification and placement preferences. In addition, the Office of the Attorney General provides the Department with ICWA case data from their automated system on a monthly basis. Reconciling the data from both agencies allows both systems to increase ICWA compliance and the ICWA element of "identification." The Department continues to have two dedicated

ICWA case management units in Maricopa County, the largest county in the state, who provide case management to ICWA families exclusively.

Since the Department's new Tribal Liaison was hired in January 2017, the Department continues to utilize goals for improving ICWA compliance based upon recommendations made in a previously conducted study by Casey Family Programs entitled *Indian Child Welfare Examination of State Compliance in ICWA*. Goals for improving ICWA compliance are also based upon ongoing discussions and recommendations from the Tribal/State Indian Child Welfare Workgroup, and a review of the Indian Child Welfare Act by the Office of the Attorney General and the Department's Indian Child Welfare Specialist. Future continued efforts may also include recommendations made in the *States' Consultation and Collaboration with Tribes and Reported Compliance with the Indian Child Welfare Act: Information from States' and Tribes' 2015–2019 Child and Family Services Plans* report published by the Children's Bureau in December 2015.

The Department continues to implement plans for statewide efforts to improve the collection of data necessary for monitoring ICWA outcomes for American Indian children. Collection of sufficient data will allow the Department to better analyze ICWA compliance and to identify best practices to achieve positive outcomes for American Indian children and families. The quarterly Tribal/State ICWA Liaison meetings are an important communication venue for reviewing and implementing the ICWA goals of Arizona's Child and Family Services Plan.

As stated in the CFSP, the benchmarks associated with each objective will be updated every year with input from the tribes, the Department's DCS Specialists, and information gathered through the quality assurance process. Although all objectives have activities in progress, during the past year, compliance with ICWA objectives and benchmarks have been given high priority by the Department. The Department continues to work toward implementing the goals and objectives contained in the report.

Identification

In June 2017, there were 1,315 American Indian children in out-of-home care. Of these children, 59% had a permanency goal of reunification with parent, principal caretaker, or relative; 28% had a permanency goal of adoption; 74% were in a family-like setting, with 49% of the family-like settings being relative placements (Source: OOH Database, run date 6-3-17).

The Department recognizes that "identification of tribal affiliation" is essential for providing legal notification and locating extended family members as potential out-of-home caregivers. The juvenile court assists by asking, at the beginning of certain court hearings, if any party has reason to believe that any child who is the subject of the proceeding is covered under the Indian Child Welfare Act.

Department policy directs staff to ask every family during the investigation of child abuse and neglect if the family or child has any American Indian heritage or descent. The Department's "Notice of Duty to Inform" and "Temporary Custody Notice" also prompt Department staff to inquire as to tribal identification.

Department challenges with identifying American Indian heritage include the following:

- Department staff indicate that some parents may be reluctant to disclose tribal information during their initial interviews as they do not want their tribe or their extended family to know that they are involved in an alleged child abuse or neglect investigation.
- There are times when Department staff do not document sufficient information regarding the family's tribal affiliation, and times when an immediate child enrollment inquiry with a tribe cannot be made.

- Many tribes require a birth certificate, social security card, and family tree to seek information regarding enrollment eligibility and extended family information. Since this information is many times lacking in the initial stages of the child abuse and neglect investigation, the process for obtaining these documents results in a delay in verifying an ICWA case. The Department and the Office of the Attorney General are working closely to obtain the resources needed for cross-referencing ICWA case data (data matching), at minimum quarterly and ideally monthly.
- The State SACWIS system does not identify all American Indian children because field staff do not consistently gather and enter the child's tribal affiliation into the designated data fields.

Notification

Arizona's notification process is initiated through the Office of the Attorney General. When a case is identified as potentially ICWA eligible at the time the dependency petition is filed with the court, the dependency petition indicates this information. After the Office of the Attorney General receives the signed temporary custody order from the court, a notification to any identified tribe or the BIA is sent through certified mail, accompanied with the petition and the court order. The Department continues efforts to determine if ICWA applies to the case at the first court hearing. The Office of the Attorney General and the Department diligently work to determine if ICWA services are needed prior to the next court hearing.

The Office of the Attorney General's service matrix reminds the clerk of the court that the tribe, parent, and/or BIA must receive notices at least ten days before the court hearing. If that does not occur, the clerk advises the Office of the Attorney General to seek a continued hearing so that the parent, tribe, and/or BIA has adequate time to prepare for the hearing. After court hearings, attorneys provide their support staff with a "post-hearing sheet" so that any service or other follow-up matters are handled after the court hearing without waiting for the court to issue the minute entry.

The Department's Practice Improvement Case Review (PICR) in-home/out-of-home tool continues to be used to monitor timely notification to the tribe. The percentage of cases where the tribe was provided timely notification for cases reviewed in CY 2016 was 88% (of 24 applicable cases).

Through the notification process, tribes are made aware of their right to intervene and assert their jurisdiction. Additionally, the Department held two training sessions on the new ICWA updates for tribes and DCS staff. During these trainings the right of tribes to intervene and assert their jurisdiction was highlighted.

Placement preferences of American Indian children in foster care, pre-adoptive, and adoptive homes

ICWA requires placement preferences in a specific order of preference. When an identified American Indian child is removed from a parent, every effort is made to follow the placement preference criteria. Placement with a maternal or paternal family member and extended family member who is willing and able to provide care for the child is always a priority when working with American Indian child. The biggest challenge continues to be the lack of available homes in state and tribal communities compared to the number of children needing placement.

In December 2016 BIA issued new guidelines for implementing ICWA, including the 2016 updates. These guidelines included information on "placement preferences." A review of the guidelines revealed that no significant changes were needed to DCS policy in reference to making ICWA placements. Prior to placing an American Indian child in a non-American Indian foster home, the Department gives placement preference for an American Indian child as follows (unless the child's tribe has a different order of placement preference established): placement with child's extended family; a foster home licensed,

approved, or specified by the child's tribe; an American Indian foster home licensed or approved by an authorized non-American Indian licensing authority; and an institution for children approved by an American Indian tribe or operated by an American Indian organization.

With regard to an adoptive placement for an American Indian child, unless the child's tribe has a different order of adoptive placement preference, the Department gives placement preference to a member of the child's extended family, with other members of the child's American Indian tribe, or with other American Indian families. The new BIA guidelines address the issue of "good cause to deviate from the order of placement preference." Arizona continues to lack a sufficient number of licensed foster homes including American Indian foster and adoptive homes. As described in the AZ Foster and Adoptive Parent Diligent Recruitment Plan, efforts have been made and continue to be made to recruit and retain ICWA qualified foster and adoptive homes.

The Department's Practice Improvement Case Review (PICR) in-home/out-of-home tool continues to be used to monitor ICWA placement preferences. The tool contains questions, which mirror the CFSR review tool, related to placement of the child in accordance with ICWA placement preferences. Data from the last two years shows roughly 80% to 90% of cases reviewed showed the American Indian child was placed or concerted efforts were made to place the child in accordance with ICWA placement preferences.

According to the FFY 2016 AFCARS file, 43% of all American Indian children served were placed with a relative foster family or on a trial home visit with a parent.

Active efforts

The BIA 2016 Guidelines define active efforts as "affirmative, active, thorough, and timely efforts intended primarily to maintain or reunite an Indian child with his or her family." The Department makes every effort to ensure that case managers actively pursue all available resources and services for children and families identified as applicable to ICWA. Examples of resources and services include substance abuse assessments, mental health services, and child care. Additionally, the Department's Tribal Liaison provides resource information to all DCS staff for culturally appropriate care and services which include, but are not limited to:

- Phoenix Indian Center,
- Native Health,
- Native Connections,
- Native Americans for Community Action (Flagstaff),
- Tucson Indian Center,
- Indian Health Services, and
- Various contacts within tribal communities for traditional medicine.

The Department policy manual includes the same definition of active efforts used by the BIA 2016 Guidelines. DCS policy further indicates, "Active efforts to reunify an Indian child with his or her family must involve assisting the parent or parents or Indian custodian to access and participate in services necessary to achieve the behavioral goals in the case plan. Active Efforts must be tailored to the needs of the parents and child." Active efforts are to be tailored to the circumstances of the case and may include:

- conducting a comprehensive assessment of the circumstances of the Indian child's family, with a focus on the safe reunification as the most desirable goal;
- identifying appropriate services and helping the parents overcome barriers, including actively assisting the parents in obtaining such services;

- identifying, notifying and inviting representatives of the Indian child's Tribe to participate in providing support and services to the Indian child's family and in family team meetings, permanency planning, and resolution of placement issues;
- conducting or causing to be conducted a diligent search for the Indian child's extended family members and contacting and consulting with extended family member to provide family structure and support for the Indian child and the Indian child's parents;
- offering and providing available and culturally appropriate family preservation strategies and facilitating the use of remedial and rehabilitative services provided by the child's Tribe;
- taking steps to keep siblings together whenever possible;
- supporting regular visits with the parents or Indian custodians in the most natural setting possible as well as trial home visits of the Indian child during any period of removal, consistent with the need to ensure the health, safety and welfare of the child;
- identifying community resources including housing, financial, transportation, mental health, substance abuse, and peer support services and actively assisting the Indian child's parents or, when appropriate, the child's family, in utilizing and accessing those resources;
- monitoring progress and participation in services;
- considering alternative ways to address the needs of the Indian child's parents, and when appropriate, the family, if the optimum services do not exist or are not available; and
- providing post-reunification services and monitoring.

Arrangements made with tribes related to responsibility to provide child welfare services

In general, when a report is received at the Arizona Child Abuse Hotline related to an American Indian child living on a reservation, the Hotline forwards the reported abuse or neglect information to the appropriate tribe for assessment and service provision. If the alleged abuse is related to an American Indian child who resides off a reservation, DCS is responsible for the assessment and service provision. If the child is taken into DCS custody, or a dependency petition is filed, DCS provides notification to the tribe, allowing the tribe to intervene, if desired. If the tribe chooses to take jurisdiction of the dependency matter, it is the tribe's responsibility to provide child welfare services and protections for the children. If the tribe declines to take jurisdiction, DCS continues to provide these services.

The DCS policy and procedure manual directs the DCS Specialist to determine if the Department has jurisdiction to complete the investigation by considering the following:

- If the child is an Indian child and resides and is currently located on the reservation, the Department does not have jurisdiction and the case must be referred back to tribal social services.
- If the child is not an Indian child or does not reside/is not domiciled on the reservation but is currently located on the reservation, contact the tribe to allow access to the child to complete the investigation.
- If the child resides or is domiciled on the reservation but is currently located off the reservation, the Department may have jurisdiction. Continue assessing the immediate health and safety of the child unless an immediate removal is necessary to prevent severe harm to the child.

Update regarding discussions with Indian tribes regarding Chafee Foster Care Independence Program (CFCIP)

Arizona tribes continue to work with local contracted Independent Living Program (ILP) providers to access foster care and ILP services for eligible American Indian youth. ILP teams present information to tribes throughout the state and provide services to tribal youth, both on and off reservation.

See Section XII, Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report, "Consultation with Tribes," for additional information related to the Independent Living Program's Tribal Community Engagement activities.

Title IV-E of the Social Security Act

The Department continues to assist and mentor Arizona tribes in developing their own Title IV-E Programs. During SFY2017, DCS has worked with the Salt River Pima Maricopa Indian Community in developing the Eligibility Module for their Title IV-E Program. DCS sent the tribe materials from the State's 1996 AFDC State Plan, the 1996 AFDC Needs Standards and Household Composition budgetary thresholds, Arizona's definitions for deprivation of parental support, and other policies and procedures necessary for making bona-fide Title IV-E eligibility determinations. DCS also provided information to the Title IV-E consultant with whom the tribe has contracted.

The Department continues to mentor the Navajo Nation in their efforts to strengthen and enhance their Title IV-E Program. DCS and the Navajo Nation have had a long-term relationship with regard to Title IV-E. The Navajo Nation assisted DCS during Arizona's 2016 Title IV-E Federal Review by providing two staff to serve on the State's Review Team. DCS issued Certificates of Appreciation to these staff, signed by the DCS Director. DCS and the Navajo Nation's Title IV-E Supervisors continue to converse regarding eligibility cases, issues, and policy clarifications.

The Navajo Nation has also received consultation from Arizona State University's School of Social Work in relation to the development of a tribal BSW/MSW Title IV-E stipend program. When fully developed and federally-approved, this Title IV-E Stipend Program will supplement the Navajo Nation's approved Title IV-E plan for Foster Care Maintenance and Administration. The Navajo Nation also presented a workshop at the 2017 National Title IV-E Roundtable conference, hosted by ASU's Center for Child Well-Being which was held in Phoenix.

DCS has informed the above-mentioned tribes of our Title IV-E case transfer policy for those children who are initially determined Title IV-E eligible while under placement and care responsibility of the State, and subsequently transfer jurisdiction to the tribe. DCS will forward all eligibility documents to the tribe, allowing the tribe to continue Title IV-E for those children initially determined eligible by the State.

Update on planned changes to laws, policies, procedures, communications strategies, or trainings to improve compliance with ICWA that the state has developed in partnership with tribes

The BIA's updates to ICWA were published in December 2016. There were no DCS policy changes or Arizona law updates required by these updates.

The Department attempted to present at the Tribal Caucus during SFY 2017; however, the legislative session ended prior to the opportunity to present the DCS updates related to the designated ICWA positions and planned tribal outreach.

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In January 2017, the Department's Intergovernmental Tribal Liaison attended the Indian Nations and Tribes Legislative day at the Arizona State Capitol. During future legislative days, the Department plans to have a greater visibility and presence, possibly in the form of a training, public forum, or information sharing.

During SFY 2016, the Department drafted a Qualified Expert Witness policy to ensure the Department and tribal partners have documented information about this federal requirement and the Department's procedures for implementing it. The Department plans to obtain input from the Arizona Tribes as part of the finalization of this new policy during SFY 2017.

Section IX

Child Welfare Waiver Demonstration Activities

Arizona's title IV-E waiver demonstration project, Fostering Sustainable Connections, seeks to reduce length of stay in congregate care settings, and length of stay in out-of-home care overall, for children who are placed in congregate care settings at the start of the demonstration or who enter congregate care during the demonstration. To do so, the Department strives to improve engagement with these children and their families through family/fictive kin searches, engagement activities, and by conducting a targeted Team Decision Making (TDM) meeting called Life Long Connections. In addition, Arizona supports the action plans created in partnership with the family/fictive kin through the availability of in-home reunification, placement stabilization, or other needed services. Recognizing congregate care can be an important time-limited therapeutic service for some children, the intention of the demonstration project intervention is to reintegrate children into a family setting as soon as appropriate. In consideration of each child's safety and well-being, this may include reunification with a parent, placement with kin or fictive kin, or placement with a licensed foster family.

The title IV-E waiver demonstration project includes: (1) DCS Family Engagement Specialists who identify and locate relatives and kin who are important to the children for emotional support and possible placement, (2) expansion of the current TDM process to identify and transition youth who are placed in congregate care into family-like settings, and (3) increase in the availability of in-home, behavioral health, and other community services to assist with transitioning the children to less restrictive placements and support any kinship placements identified.

The desired outcomes of Fostering Sustainable Connections are as follows:

- increased number of family/fictive kin available;
- improved engagement and connections fostered to support the children;
- enhanced involvement of family/fictive kin in decision making;
- expedited identification of needs and strengths for children/family;
- increased children and family/fictive kin supports through natural and in-home services;
- increased percentage of children in congregate care settings who are placed in family settings;
- decreased length of stay in congregate care;
- increased rates of exit from congregate care;
- increased reunification and legal permanency;
- improved stability with life-long supports and connections; and
- improved child social/emotional well-being.

Arizona's title IV-E waiver demonstration project supports the state's achievement of the Child and Family Services Review outcomes related to timely permanency, placement with relatives, preserving connections, family involvement in case planning, and providing for the social/emotional well-being of children.

Initial implementation began on July 1, 2016 in two Maricopa County DCS offices that have some of the largest concentrations of children in congregate care. Since that time, expansion has included two other sites, one in Pima County and another in Maricopa County. Current expansion includes two more offices in Maricopa County, where readiness activities are being conducted in order to allow for initial implementation to begin in July 2017. Furthermore, the Department has on-boarded five new Family Engagement Specialists through a contracted provider that will work with the two offices identified to begin initial implementation in July 2017, and additional offices as identified. Further expansion will occur through FFY 2019.

From July 1, 2016, through May 31, 2017, the Family Engagement Specialists have worked with 72 children in Maricopa and Pima counties; 40 (55.6%) have been closed from Fostering Sustainable Connections while 32 (44.4%) remain actively open. Of the 40 children that have been served and closed, 14 (35%) have been placed with relatives, three (7.5%) were placed in a less restrictive family-like setting, and eight (20%) are pending placement with relatives. Innovative Family Finding activities have included

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62 interviews with the children, 13 connectedness maps, one eco map, two genograms, 31 mobility maps, nine safety circles, and seven trees of life. Database searches have been conducted through the DCS Family Locate Unit, Lexis Nexis, Seneca, White pages, Zaba Search, and social media. These activities also identified an additional 70 family members and other individuals as supports for the children. Upon working with the children and their family/fictive kin, services put in place included 11 referrals for behavioral health services, four families connected to receive income support, and 14 linked to community-based services.

Together with the title IV-B funding that Arizona maximizes each year, flexible title IV-E dollars from the demonstration project will help Arizona support the goals of:

- keeping families together;
- protecting and promoting the welfare of all children;
- preventing the neglect, abuse, or exploitation of children;
- supporting at-risk families through services that allow children, where appropriate, to remain with their families or return to their families in a timely manner;
- promoting the safety, permanence and well-being of children in foster care and adoptive families; and
- providing training, professional development, and support to ensure a well-qualified workforce.

Section X

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During SFY 2017, the Department used a portion of Arizona's five-year CAPTA Basic Grant funds to fund the Arizona Citizen Review Panels, room and board for a Supervisor Summit for all supervisors across the state, personal services and employee related expenses. Also, CAPTA funds were used for a portion of the Arizona Child Abuse Hotline salaries, which assists the Department to improve intake, assessment, screening, and investigation of reports of child abuse and neglect.

Arizona Citizen Review Panels (CRPs)

Arizona continues to maintain active and diverse membership in the three CRPs located throughout the state. During FFY 2017, the Central Arizona Panel had 17 community members, the Northern Arizona Panel had eight community members, and the Southern Arizona Panel had five community members. These community panel members have professional experience in the following areas: child abuse prevention, social services, child and family advocacy, education, mental and behavioral health care, legal systems, and domestic violence.

During 2015, the Arizona CRPs conducted a review of their organizational structure resulting in a number of reforms. As a result of this analysis, the panels each selected a topic area for focus, allowing the time and energy spent by the panels to have increased effectiveness and impact on the outcomes for children involved with the child welfare agency. The Department plans to work collaboratively with the panels and focus on enhanced efforts to improve in the focus areas selected by the panels, which are:

- policies, procedures, and best practices related to parent-child visitation (parenting time) for children birth to three years of age, who are placed in non-relative out-of-home care homes;
- policies, procedures, and best practices in identifying substance exposed newborns that come to the attention of DCS beginning with the Child Abuse Hotline; and
- best practices in identifying and assessing children who are suffering from medical neglect.

The Arizona Citizen Review Panel published the 2016 Annual CRP Report around June 1, 2017, and the Department submitted a written response to the CRP report around June 20, 2017.

Amendments to CAPTA made by P.L. 114-198, the Comprehensive Addition and Recover Act of 2016 (CARA)

Update on Steps Taken to Implement CARA; Changes to Laws, Policies, or Procedures; and Multi-disciplinary Outreach, Consultation, and Coordination

Concerns nationwide about the opioid epidemic have led to initiatives in Arizona to curb fatalities attributable to opioid overdose.

Lead by Governor Ducey's Office, Arizona has several initiatives/legislation, including:

- The appointment of The Substance Abuse Task Force in February 2016;
- Legislation requiring the review of the Controlled Substance Prescription Monitoring Program Database by medical practitioners prior to the prescribing of controlled substances in an effort to deter doctor shopping, and promote appropriate prescribing (SB 1283);
- Legislation that allowed pharmacists to dispense Naloxone to prevent deaths from opioid overdose (HB 2355);
- Partnership with Walgreens to promote safe disposal of medications, opiates and other leftover prescription drugs;
- An Executive Order limiting the first fill of opioid to 7 days where the state is the payer;

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- Governor issuance of a letter to the American Medical Board and Arizona Board of Osteopathic Examiners requiring all physicians in Arizona to complete Continuing education in drug addiction;
- An Executive Order making treatment for addiction more accessible for inmates by giving them the opportunity to enter a pilot program for addiction; and
- The investment in substance abuse programs in Arizona high schools.

CMDP has been active in the implementation of processes and procedures to address the effects of opioid use in children coming to the attention or in the custody of DCS. AHCCCS has implemented and directed limitations to opioid prescription fills for all Medicaid health plans, and CMDP has implemented these limitations. CMDP requires prior authorization of all long acting opioids and has fill limits on short acting opioids. CMDP also monitors opioid utilization in attempt to identify children who may be at risk for developing an opioid use disorder, and refer them to appropriate services. CMDP identifies and provides case management and tracking for children diagnosed as a substance exposed newborn.

CMDP, along with other community stakeholders, collaborate with ADHS via participation in the Arizona Prescription Drug Misuse and Abuse Initiative Health Care Advisory Team. The goal of this team is to address the opioid epidemic and discuss possible approaches at a statewide level. CMDP also participates in Arizona's Statewide Taskforce on Preventing Prenatal Exposure to Alcohol and other Drugs. This taskforce is working to create SEN Guidelines and Insurance Plans Best Practice Guidelines.

On June 5, 2017, Governor Ducey declared a State of Emergency in Arizona due to the opioid overdose epidemic. ADHS has been authorized to coordinate the Public Health Response, which will target:

- enhanced surveillance;
- emergency rule making for opioid prescribing and treatment within health care institutions;
- development of guidelines to educate healthcare providers on responsible prescribing practices;
- development and provision of training to local law enforcement agencies on proper protocols for carrying, handling, and administering Naloxone in overdose situations; and
- the reporting on findings and recommendations, including additional needs and response activities and preliminary recommendations that require legislative action to the Governor by September 5, 2017.

In response to the state of emergency declaration, ADHS has proposed standing orders for any Arizona licensed pharmacist to dispense Naloxone to any individual and an enhanced surveillance advisory, which includes:

- required reporting of
 - suspected opioid overdoses
 - suspected opioid deaths
 - neonatal abstinence syndrome
 - naloxone doses administered in response to suspected opioid overdose or death
 - naloxone doses dispensed
- patient tracking if necessary
- information sharing
- specimen testing and coordination.

CMDP has participated in the implementation of the response to the State of Emergency through participation in the Arizona Prescription Drug Misuse and Abuse Initiative Health Care Advisory Team, which is working on aspects of the Public Health Response. CMDP has also participated in Governor's Goal Council 3's Opioid Conference, which is a collaborative effort between regulatory boards and

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agencies in partnership with stakeholder communities to combine and expand mutual efforts to address the epidemic. CMDP has also initiated outreach to physicians for children in out-of-home care to educate them on the requirements of reporting, treatment, and education required by the State of Emergency.

DCS staff from CMDP, the Field Resources and Policy Unit, and the Office of Prevention, have been attending the Neonatal Abstinence Syndrome Learning Collaborative, a group sponsored by AHCCCS. The Department has reached out to this Collaborative to share the expectations of CARA and the development of new DCS policy, including plans for safe care, which DCS is referring to as Infant Care Plans. The Collaborative includes members of several RBHAs, ADHS, AHCCCS, substance abuse treatment providers, and National Council on Alcoholism and Drug Dependence. The Collaborative plans to increase the membership of the Collaborative to include OB/GYN representatives, AZ Academy of Pediatrics, the Perinatal Trust, and hospital social workers.

DCS has created an Infant Care Plan form, and implemented policy regarding the assessment of substance exposed newborns to comply with CARA. The DCS policy mandates:

- DCS shall investigate all reports alleging that a newborn has been prenatally exposed to alcohol or a controlled legal or illegal substance;
- DCS shall collaborate with health care professionals and local substance abuse assessment and treatment providers, to assist in the investigation, assessment, and delivery of quality services for infants who have been prenatally exposed to alcohol or a controlled legal or illegal substance, and their families;
- DCS shall develop an Infant Care Plan for newborns who were prenatally exposed to alcohol or substance use by the mother, and children up to one year old diagnosed with Fetal Alcohol Spectrum Disorder.

The DCS procedures further direct DCS Specialists to conduct a Family Functioning Assessment, to include gathering information concerning the medical condition of the newborn, discharge instructions, recommendations for follow-up medical care, and observations of health care professionals regarding the parental responsiveness to the newborn. This information is to be used to assist in the safety assessment decisions, and the development of the Infant Care Plan in Arizona. Procedures also direct the DCS Specialist to contact the child's health care professional to verify all follow-up medical appointments have been scheduled and/or attended and potential impacts of breast feeding.

The DCS procedures also direct the DCS Specialist to develop an Infant Care Plan by actively involving the parents/caregivers, the infant's health care professionals, the parent/caregiver's substance abuse treatment services providers, out-of-home care providers, and supportive adults identified by the parent/caregiver. The Infant Care Plan describes the services and supports that will be provided to ensure the health and well-being of the infant, and addresses the substance abuse treatment needs of the parent/caregiver. Each plan addresses the following areas:

- substance abuse treatment needs of the parents/caregivers;
- medical care for the infant;
- safe sleep practices;
- knowledge of parenting and infant development;
- living arrangements in the infant's home;
- child care; and
- social connections.

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If a case involving a substance exposed newborn is opened for ongoing services, the DC Specialist will oversee the implementation of the Infant Care Plan by observing, discussing, and assessing the child's status indicators and participation with the health care providers during monthly in-person contacts with the child and the child's caregiver. If a parent has been referred to substance abuse treatment or other services, the DCS Specialist will oversee the sufficiency of the services by observing, discussing, and assessing the parent's progress and participation in services during monthly in-person contacts with the parent and through communication with the parent's service provider(s).

DCS procedures direct the DCS Specialist to review and reassess the Infant Care Plan during case plan staffings, Child and Family Team meetings, and whenever there is indication that the child's health or health care needs resulting from prenatal substance exposure have changed. The DCS Specialist will update the Infant Care Plan if indicated and distribute the parent/caregiver and other team members.

If a case involving a substance exposed newborn closes at the investigation phase, DCS procedure directs the DCS Specialist to review the Infant Care Plan with the protective parent, guardian, or custodian, the child's health care provider, the parent's substance abuse assessment or treatment provider (if applicable), other services providers (e.g. Home Visitors), and any other adults who have a role in the plan, to determine that each person is able and willing to consistently and reliably implement the actions described in the Infant Care Plan. During the aftercare planning discussion with the parents and caregiver's, the DCS Specialist will discuss and provide a copy of the Infant Care Plan.

State's Efforts to Align Policy, Practice, and State Law with Amendments to CAPTA made by P.L. 114-22, the Justice for Victims of Trafficking Act of 2015 (JVTA)

Public Law (P.L.) 114-22, the Justice for Victims of Trafficking Act (JVTA) of 2015, amends the CAPTA state grant program to add new state plan requirements and modifies the definition of child abuse and neglect. Specifically, the amendments to CAPTA require states to:

1. Consider any child who is identified by a state as a victim of sex trafficking or severe forms of trafficking as a victim of "child abuse and neglect" and "sexual abuse". A state may apply the trafficking portion of the definition to a person who has not attained age 24.
2. Implement provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims as defined in the Trafficking Victims Protection Act of 2000.
3. Train child welfare workers about identifying, assessing, and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters.
4. Collect and report, to the maximum extent practicable, the number of children who are victims of sex trafficking as part of NCANDS.

DCS actively monitors state and federal child welfare legislation. House Bill 2238, which was signed by Arizona's Governor Ducey on April 18, 2017, and becomes effective on August 9, 2017, revises Arizona law to include "sex trafficking" in the definition of abuse and neglect in A.R.S. §8-201. The deferred implementation date has delayed the Department's ability to fully implement the provisions of the JVTA by May 29, 2017, necessitating a PIP.

DCS currently has the authority to assess all Arizona Child Abuse Hotline communications involving known or suspected sex trafficking where the alleged perpetrator is identified as a parent, guardian, or

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custodian, or the child is in the Department's legal custody. DCS is also currently authorized by its service coordination statute (A.R.S. § 8-457) to "arrange, provide and coordinate programs and services that protect children and may provide programs and services that achieve and maintain permanency on behalf of the child, strengthen the family and provide prevention, intervention and treatment for abused and neglected children." Implementation of the revised definition of abuse or neglect in A.R.S. §8-201 will allow the Department to assess hotline communications involving known or suspected child sex trafficking victims when a parent, guardian, or custodian is *not* an alleged perpetrator and the child is *not* in the Department's legal custody.

DCS has developed training and data collection methods, and will continue to enhance and refine these as the activities described in the PIP are implemented. Additional training will be developed for Hotline Specialists who must accurately identify and categorize communications involving children known or suspected to be victims of sex trafficking, and for DCS Specialists and behavioral health providers who will assess the communications to identify the service needs of the involved children and their families. DCS will develop data submission procedures after receiving final direction from the Children's Bureau.

The Department's current policies and procedures will continue to apply to all DCS Child Abuse Hotline communications that involve known or suspected child sex trafficking where the alleged perpetrator is a parent, guardian, or custodian; or a parent, guardian, or custodian is alleged to have neglected the child, leading to the child becoming a victim of sex trafficking. These Hotline Reports are assigned for a DCS investigation, thereby requiring in-person contact with the child and parents, a comprehensive safety assessment, safety intervention or referral to community services as indicated by the assessment, and an investigation finding of substantiated or unsubstantiated. Based upon recent and ongoing conversations with Arizona law enforcement entities, the Department believes that nearly all hotline communications alleging child sex trafficking will be Hotline Reports and assigned for a DCS investigation, or will involve a child already in the care and custody of DCS.

DCS is collaborating with AHCCCS, to develop and implement new policies and procedures for assessment of hotline communications that allege a child has been a victim of sex trafficking, but do not meet the State's definition of a DCS Hotline Report for a DCS investigation. Avoiding a traditional DCS investigation in these circumstances will be less intrusive and disruptive for these alleged victims and their families. A victim-centered, trauma-informed approach to linking sex trafficked youth with mental health services is an optimal way to help children and families recover. Such a process is also in alignment with the Department's goal of engaging families, and the JVTA's aim of ensuring that sex trafficking victims receive comprehensive services.

For additional information, please see the *Justice for Victims of Trafficking Act Program Improvement Plan* submitted with this APSR, which outlines the steps that have already been completed, and those necessary to achieve full compliance with the JVTA by no later than June 30, 2018.

The School of Social Work at the University of Arizona launched a Sex Trafficking Help website (www.sextraffickinghelp.com) in June of 2016. The website provides information regarding agencies throughout Arizona that serve victims of sex trafficking. Services are trauma-focused and victim-centered.

In May 2015, the Department began offering Youth Sex Trafficking training for field staff through the ASU Office of Sex Trafficking Intervention Research. The curriculum includes the federal definition of sex trafficking of minors, risks and protective factors, types of sex trafficking and traffickers, sex trafficker recruiting techniques, warning signs exhibited by the child victims, medical and mental health service needs of sex trafficked children, and contact information for statewide services. This course is mandatory for all DCS Specialists. Trainings were in-person until March 2017 when an online version of the training was made available. To date, over 1,300 DCS staff have been trained. DCS representatives regularly participate

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in quarterly Sex Trafficking and Vulnerable Youth (STAVY) meetings during which topics such as barriers to preventing and treating youth sex trafficked victims and increasing community service capacity and problem solving are discussed. DCS also participated in the development of the Arizona Guidelines for Developing a Regional Response to Youth Sex Trafficking, published by the Arizona Human Trafficking Council in June 2016. These guidelines are intended to aide jurisdictions across Arizona to develop multidimensional teams to serve youth victims, as well as convene community stakeholder groups to raise awareness of youth sex trafficking and build community capacity to respond.

For more information on how the Department has incorporated the assessment and service delivery for victims of sex trafficking, see *Section XI, Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report*.

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Section XI

Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report

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Program Annual Progress Report

The following information is submitted to serve as the annual progress report for state fiscal year 2017. This report contains information on services provided, as outlined in Program Instruction ACYF-CB-PI-17-05 dated April 10, 2017.

The Department of Child Safety (DCS) is the responsible State agency administering the Title IV-E Program. The Department will administer the Chafee Foster Care Independence Program (CFCIP) under sections 471, 472, 474, 475, and 477 in Title IV-E of the Social Security Act; Title I, Improved Independent Living Program, Public Law 106-169, Foster Care Independence Act of 1999; and the Education and Training Vouchers Program (ETV) under purpose 6 of Section 477(a). Arizona's CFCIP is hereafter referred to as the "Young Adult Program" or "YAP." The Department will cooperate with national evaluations of the effects of the programs implemented to achieve its purposes as required under Section 477(b)(2)(F).

SFY 2017 Accomplishments and SFY 2018 Planned Activities

I. Transition to self-sufficiency

- a. Reduce case manager workload through lower caseloads and increased number of specialized (YAP) case managers.
- b. Increase housing options through increasing youth participating in the Independent Living Subsidy Program (ILSP), and create short term housing for 18+ youth who experience placement disruptions and increase the array of independent and semi-independent housing.
- c. Improve planning process by integrating an effective planning tool into the planning process (such as the "transitioning youth index", Foster Club Transition Plan, "passport" or other tool), and starting the transitional planning process earlier in a youths life (i.e. reviewing the schedule for use of the Team Decision Making-TDM model).
- d. Improve Community Education through involvement of foster and group homes in life skills training and educating community providers on the options and opportunities for older youth in care.
- e. Improve access to services by ensuring youth begin receiving formal skills training at age 16, enhance the array of supports and services available and ensure youth with severe mental health needs receive a timely SMI determination.

The Department has worked and implemented strategies to assist in lowering caseloads for DCS Specialists. Efforts included simplifying and providing clarity on related policies, streamlining required procedures, and providing increased training and informational workshops. During CY 2016, the DCS YAP Specialists in Maricopa County saw an average of a 35% decrease in case load size.

Maricopa and Pima counties maintain specialized units of staff who serve only youth identified as "likely to age out", while the rural counties typically identify one or more (as needed) DCS Specialists to manage the services for eligible youth in their counties, with the exception of the Northern Region, where a Young Adult Program (YAP) unit was established during CY 2015. The Maricopa County YAP units have been split into 3 separate offices across the county. This move will allow YAP units to interact with other specialized and ongoing units to encourage the exchange of program specific information to better serve all youth in the county. Arizona continues to struggle with vacancy and turnover and is working diligently to produce and implement strategies to fill positions and retain qualified staff. In addition to the location change, the units have been organized as members of a "Permanency Section" that additionally includes other specialized units to include adoptions, Indian Child Welfare Act (ICWA), and "permanency planning" units that manage cases of children who have special challenges attaining permanency due to more extreme

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behavioral health (and other) needs.

The majority of youth age 18 and older who remain in out-of-home care (on a voluntary basis) are living "on their own" through participation in the Independent Living Subsidy Program (ILSP); however, some youth have more intense needs and require continued supervision through a group care living placement. A point in time count notes 123 youth age 18 or older continuing to reside in a group home placement, a 28% increase from the year prior. The ILSP has again shown an increase in participation over the last year. Comparing SFY 2016 to 2017, the number of youth participating in the subsidy program during the year increased 14%, from 782 to 892.

Work continues to improve the "Age of Majority" TDM process and the preparedness of facilitators, youth, and others to participate. In 2016, the TDM facilitators were trained on supports and services available through the young adult program, and provided with a newly developed YAP flyer for use during TDMs for older youth. The Department has additionally tailored the Foster Club Transition Toolkit to meet Arizona's case planning needs and integrated this tool into the DCS Policy and Procedures manual. Training and education on the toolkit began in the spring of 2016 and continues to be an ongoing process. This includes emphasizing with stakeholders the importance of all team members being active in their role to assist and support youth in identifying transitional needs, and advocating for those needs by securing and monitoring necessary services.

In an effort to improve the Behavioral Health services available to youth in care, a centralized Behavioral Health (BH) Unit has been created. Two Behavioral Health Clinical Supervisors (BHCS) who are behavioral health professionals (hold an active license with the AZ Board of Behavioral Health Examiners) oversee a team of clinically credentialed staff. The new BH Unit oversees and strengthens the coordination of care efforts for children in out-of-home care with severe mental health needs. The BH Unit advocates and works with the behavioral health providers to make clinical decisions using a Trauma Informed Care approach that produces best outcomes for youth.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary transition activities (as identified in the individual case plan) and to support activities and materials needed for the annual statewide youth conference and other local events, as determined by the YAP. Funding will also be used to support youth involvement in other activities identified by the State Youth Advisory Board (or a local regional board) which may include in-state or out-of-state travel to participate in transition conferences and region-based youth gatherings.

Related data:

- Comparing CY 2015 to CY 2016, the total number of youth participants decreased slightly from 1,941 in CY 2015 to 1,931 in CY 2016. This number excludes the Transitional Independent Living Program (TILP).
- The number of eligible youth enrolling in AHCCCS through the Young Adult Transitional Insurance (YATI) program decreased in CY 2016 to 578 from the previous average of 700 youth per year. This decrease is due in part to youth who are on runaway status being unavailable to complete the enrollment process at age 18. Despite this decrease, over 1,500 youth who reached the age of 18 while in foster care or who exited care at age 18 or older, will benefit from the YATI program due to the continued support of the Medicaid expansion allowing this benefit to age 26.
- Program youth continued to benefit from the ILSP with the total number of participants increased from 782 in SFY 2015 to 892 in SFY 2016, a 14% increase. The number of youth participants for

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the first 8 months of SFY 2016 is 712, and is expected to increase prior to closure of the state fiscal year.

- 46% (880 of 1,931) of youth served participated in independent living skills training through the state contract provider during the year. Youth can also participate in skills training as a service of behavioral health and through school or community based programs.
- 69% (147 of 213) of discharged youth participated in independent living skills training prior to exiting care. This is a 3% increase from CY 2015.

II. Education, training, and services necessary to obtain employment

- a. Improve skill development and enhance training opportunities by ensuring youth have appropriate educational assessments and are provided with opportunities to develop “soft skills” such as how to keep a job, respond to authority, rules and direction, and time management, etc. Ensure youth have the means to participate in workforce readiness and paid employment by supporting transportation including supporting more youth to participate in driver’s education programs.
- b. Increase the availability of practical applications such as internships (paid and unpaid), job shadowing / ride along opportunities, and engage employers willing to work with youth in foster care, providing incentives for volunteering.
- c. Increase support of employment through improved connections with local employment offices, childcare resources, vocational rehabilitation, and employers willing to work with youth who have criminal justice histories.

The Arizona Friends of Foster Children Foundation (AFFCF) continues their support of a career development program, “Keys to Success” which began in 2014. The goal of the program is to provide youth with the opportunities to engage in meaningful employment that aligns with their short and long term career goals. By providing individualized employment readiness activities/opportunities, youth will gain valuable work history and experience that will enable them to achieve financial stability.

The Keys to Success program increases opportunities for youth by providing them with intensive, individualized career exploration and planning, as well as educational and employment development services. Based on the premise that success can only be achieved through the identification of goals, the program provides each youth with a Career Development Specialist (CDS) who facilitates an in depth career exploration and planning process. Following completion of this work, ensuing sessions between the youth and CDS focus on development and acquisition of short and long term career goals. Youth also work with an Employment Development Specialist (EDS) who engages with them once a career goal has been established.

The CDS and EDS work with the youth and their team in order to develop a career, education, and employment development plan. This is articulated in the youth’s Individual Service Plan (ISP) and includes the following goals:

- Long term Career
- Education (short, intermediate, long term)
- Employment (short, intermediate, long term)
- Independent Living /Personal Development (short, intermediate, long term)

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The ISP is a person center process that outlines strategies and action steps that will be required for the youth to achieve goals and the individuals/services/agencies that will be involved in assisting. Services are implemented in full partnership with each youth's team, which may include any combination of a DCS case manager, therapists or mental health counselors, Independent Living Specialists, CASAs, and GALs. This collaboration ensures youth are being provided all the resources and supports available to them and removes barriers to goal achievement. Youth are recruited directly from where they live in foster families, group homes or other facilities, through partnerships with a wide variety of organizations that provide services to this population, and through the program's partnership with DCS. Eligible youth are between the ages of 16 and 21, reside in Maricopa County, and do not have a documented serious mental health illness.

The results of initial and ongoing assessments help program staff assist youth with the creation of well-defined, achievable goals which include steps for reaching them as well as measurable benchmarks along the way. This information is incorporated into the participant's ISP. The process of developing the ISP is led by the youth and is the written details of the supports, activities, and resources required for her/him to achieve personal goals. The ISP is developed to articulate decisions and agreements made during this person-centered process of planning and information gathering. The general welfare and personal preferences of the youth are the key consideration in the development of this tool. Individual goals are monitored through ongoing review and update of the ISP and are used to evaluate the success of the individual program participants and the program. This method of evaluation serves a dual role of program evaluation and youth empowerment.

In 2016 Keys to Success has been focusing on developing new and innovative partnerships with colleges and vocational programs that provide post-secondary education and/or occupational training and skill development opportunities to youth in the program. An example of this work is the Keys to Success Course that will be hosted at Mesa Community College and Phoenix Community College over the summer. The course has been designed with input from Keys to Success and Bridging Success (an on-campus support program at Arizona State University and the Maricopa Community Colleges) to tailor it to meet the unique needs and circumstances of youth in the foster care system. This is intended to be an early college experience, and youth enrolled will secure 3 college credits upon completion. The purpose of this course is to increase participant self-efficacy in the areas of academic, occupational, and college success skills via the development of educational and career pathways through an early college, summer bridge program model.

Keys to Success has also recently developed a partnership with the organization Opportunity, Community, and Justice for Kids (OCJ) to provide youth in the Keys to Success program with a career coach. The career coach makes a three-month commitment to a youth (ages 16 to 24) to help that youth advance his/her professional goals and personal development. By becoming part of the network of adults and community members who care about him or her, the career coach can help the young person develop and reach positive career and personal goals. This commitment is not limited to the three months, and a longer-term relationship is encouraged and supported.

In January 2016, Keys to Success implemented a new database in order to more effectively track service delivery, as well as program outcomes. Information tracked and reported includes characteristics and demographics of youth served, and outcomes for each youth as well as for the program as a whole. In 2016, 107 new youth were enrolled in the Keys to Success program. The most recent quarter outcomes reported the following:

- 87% of youth completed career exploration and planning services within 90 days of intake;

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- 89% of youth gained in skill or aptitude as demonstrated by increased scores on basic skills assessments or acquisition of certification of course credits;
- 86% of employment ready youth secured entry level employment; and
- 92% of youth employed maintained employment 90 days or longer.

All program services and ISP monitoring are offered for a minimum of a year, but may extend until the youth is age 24 or has secured his/her long term ISP goal(s). Monitoring during this time has the following purposes:

- Assure that needed services are being provided.
- Verify that the service plan is being properly carried out and to what effect.
- Assist with problems that arise.
- Maintain the youth/CDS and EDS relationship.
- Provide encouragement and nurture the youth's motivation to achieve the goals set.

This monitoring focuses on three questions: 1) are the services called for by the ISP being delivered, 2) are services having the desired result, and 3) do the services seem to be sufficient? The conclusions reached through monitoring may require a modification of the ISP and the provision of new or additional services. In 2016, the sponsoring agency, AFFCF, assumed the provision of financial incentives for participating youth.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary employment activities which may include the purchase of necessary tools, uniforms or other work required clothing, and other items or incentives as determined by the YAP.

Related data:

- 40% of the youth currently in the Young Adult Program (age 17 and older) are employed or participating in employment related training;
- 43% (93 of 214 reporting employment statuses) of discharged youth were employed or participating in employment related training at the time of discharge; and
- 17% (37 of 213) of discharged youth who were not employed at the time of discharge had been employed in the past.

III. Prepare for and enter post-secondary training and educational institutions and vouchers for education and training, including postsecondary education

- a. Maximize each youth's opportunity for success by ensuring the availability of supportive services such as study skills curricula, assistance obtaining part time jobs while in school, on campus mentoring/support programs, assistance in obtaining services necessary to achieve stability in housing and mental health services.
- b. Institute the use of assessments to target readiness, aptitude and interest inventories to ensure youth are entering post-secondary programs appropriate to their abilities and interests.

The Department is an active participant in the Bridging Success Joint Community Advisory Council. The Council is comprised of various administrative staff from Arizona State University (ASU), the Maricopa County Community College District (MCCCD), and various supportive community agencies. The

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Advisory Council came together for the purpose of developing strategies and supports to assist youth transitioning into Community College and the University and to offer continuing support and resources to the youth to assist in retention and graduation.

The Bridging Success Initiative at the Maricopa Community Colleges and ASU exists to ensure that students who have experienced foster care can access a college education and complete their degree or certificate program. These programs serve students by ensuring they have the resources and support needed for educational, interpersonal, and vocational success. The staff of these programs work directly with students to coach them through the process of degree attainment as well as working with a variety of college staff and faculty to ensure students are connective with supportive personnel across campuses.

The Maricopa Community Colleges launched a pilot program at Phoenix College in the fall of 2016 that provided a high-touch coaching model for supporting students who have experienced foster care. Ten staff members from Phoenix College received training to be certified coaches in an evidence-based model for serving this population. The coaches meet with students regularly to ensure they are receiving the support and assistance needed to be successful at college completion, and to feel confident in their abilities outside the classroom. The pilot program served over 60 students during the first year. With the success of the program during the first year, plans are in progress to expand the program to Mesa Community College in the fall of 2017.

During the 2016-2017 school year, the Bridging Success Coordinator at the Maricopa County Community College District continued to successfully strengthen key communication lines with designated foster advocates at each of the Maricopa Community Colleges in order to directly assist foster care youth in transitioning from high school to their chosen Community College.

The ASU Bridging Success has had another eventful year, with a number of activities and events designed to:

- expose foster youth to the idea of a post-secondary education,
- facilitate the process of applying to and paying for college, and
- Supporting students from foster care once they attended classes at one of the four campuses (or online).

In August 2016, ASU held its second Bridging Success Early Start with a cohort of 32 students from foster care. Bridging Success employed two MSW and two BSW interns to act as coaches during the academic year and connect more than 400 students to resources and supports both on campus and with community partners. Students received coaching via one-on-one sessions, text, email, instant messaging and through weekly group lunches hosted by interns. At the beginning of the spring 2017 semester, ASU had enrolled approximately 650 students who identified on their FAFSA as having been in the child welfare system. Pending final analysis of the 2016-2017 school year, Bridging Success projects a retention rate of approximately 80% for Early Start students from the two cohorts. The goal for the 2017-2018 academic year is to expand the number of students in the cohort from 32 to 40.

During the last year, the efforts of the Maricopa County Education Service Agency (MCESA) have focused on the Opportunity Youth Initiative, to re-engage youth age 16 through 24 who are not currently enrolled in school or employed. Multiple opportunities exist for eligible youth to participate in support services. Advertised enrollment events are communicated to DCS Specialists and others working with eligible youth through established listservs.

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In May 2016, Governor Doug Ducey signed HB 2665, legislation that includes provisions to establish and fund a statewide expansion of FosterEd, Arizona's Pima County demonstration program. HB 2665 establishes the Foster Youth Education Success Fund and authorizes a \$1,000,000 appropriation in FY 2018 from the General Fund as well as a dollar for dollar match of state funds with philanthropic funds up to \$500,000. The state implementation team consisting of representatives from the Department, education and the courts, continues to oversee the completion of the pilot program as well as the statewide roll-out. FosterEd (a program of the National Center on Youth Law) identified Maricopa County as the initial roll-out site with the balance of state to follow. FosterEd is in the process of refining its national model with implementation in Maricopa County slated for August 2017.

Vouchers for education and training, including post-secondary education are available through the Education and Training Voucher Program (ETV) and Arizona Tuition Waiver (ATW). The ATW is limited to applicants attending one of the three state universities or one of the many community colleges throughout the state. The ATW is not available to students attending out of state schools or private schools including vocational programs. The ETV provides vouchers for youth attending accredited universities, community colleges and post-secondary training programs, both in-state and out of state, as well as private, for profit and non-profit, schools and vocational based programs. Efforts continue to increase the number of students accessing the ETV. The contract with Foster Care to Success was extended for an additional period of time (through September 2017) during which a continued review of the related scope of work will occur and options considered that will produce an increase in the number of engaged students.

Financial incentives funded through the Chafee grant will continue to be used to provide materials, incentives and support youth involvement in necessary post-secondary preparation activities as identified by the YAP. (Note: Chafee funds are **not** approved for the costs associated with attending post-secondary education and training institutions, as funding for these costs may only be accessed through the ETV.)

Related data:

- 75% of youth age 18 and older participating in the YAP who were still in an out-of-home placement were enrolled in or completed a college or trade school after completing high school or obtaining a GED versus 24% of former foster youth participating in aftercare services.
- In school year 2015-2016, 400 students received ETV vouchers. School year 2016-2017 showed an increase to 467 vouchers issued as of May 19, 2017.

IV. Personal and emotional support through mentors and the promotion of interactions with dedicated adults

- a. Increase efforts to help youth identify persons with whom they may develop lifelong connection through the creation of community based activities such as community service/volunteer projects where youth may interact with positive adults in a "natural" setting.
- b. Develop staff resources to dedicate time to engage, train and support alumni and community members as mentors/supports for youth.

The Community Advisor is an integral part of the Independent Living Subsidy Program. These persons are dedicated adults, drawn from each participating youth's natural support system. The Community Advisor provides information and ongoing support throughout the youth's participation in this program. When a youth is unable to identify an advisor may receive assistance from their DCS Specialist or an agency such as Aid to Adoption of Special Kids (AASK) and Arizona's Children Association, to engage this support.

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The DCS contractor of life skills training and support, Arizona's Children Association, has worked to enhance their Mentoring program, "THRIVE." The THRIVE Mentor Program is a one-on-one mentor program that matches volunteer mentors to adolescents involved with Independent Living Services. Mentees are in the process of aging out of foster care and are in need of permanent connections with positive adults in their communities.

Thrive recruits and trains mentors to be well versed in the needs of young adults who are in the process of transitioning out of foster care. A successful match positively contributes to the adolescent's personal, social and educational growth. Youth are matched at 16 or 17 years of age and matches are maintained for up to two years. Currently, 51 youth are being served across six counties, with 36 youth matched with a mentor and 15 youth pending a mentor match or currently in the matching process. In 2016, Thrive supported a total of 54 mentor relationships.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary mentoring activities as identified by the YAP.

Related data:

- The number of youth reported to be involved with a community advisor or mentor increased slightly from 816 in CY 2015 to 829 in CY 2016.

V. Financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age

- a. Increase affordable housing opportunities by creating/enhancing relationships with local public housing authorities, community housing programs, and transitional housing programs, and provide short term housing opportunities through the use of hotel vouchers and rapid rehousing programs.
- b. Improve access to behavioral health and peer support by involving representatives of adult behavioral health in transition planning and developing specialized providers for working with transitional age young adults and support groups for transitioning youth.

Through its contractor, Arizona continues to provide "aftercare" services and financial support for post-secondary pursuits through the TILP and ETV. Any legal resident of Arizona under the age of 21, who was previous in any state, county or tribal (federally recognized) foster care system at age 16 or older, may receive services. This includes youth who exited to kinship permanent guardianship, adoption, and reunification at age 16 or older.

Arizona youth continue to be provided the option of continuous out-of-home care and supervision through the Department to age 21. These youth are currently case managed by DCS Specialists. Youth are strongly encouraged to participate in this voluntary service. Youth who choose to not participate at age 18, or choose to exit this service after age 18, may "re-enter" this service any time prior to the age of 21. The out-of-home care service may not extend beyond a youth's 21st birthday.

DCS continues to make efforts in meeting the specific housing needs of older youth in care, including youth who are 18 and older, and who need semi-independent housing. Active efforts have been made to identify youth who would benefit from Family Unification Program (FUP) vouchers, and work with them to locate appropriate housing. The DCS TILP contractor also has access to "flex funds" whereby immediate needs (such as a hotel voucher) may be purchased for a particular youth, based on the youth's needs and available resources.

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Also noted in Section I is the effort to improve Behavioral Health services offered to youth in care through the establishment of a centralized Behavioral Health (BH) Unit. The new BH Unit oversees and strengthens the coordination of care efforts for children in out-of-home care with severe mental health needs. The BH Unit ensures clinical decisions are made using a Trauma Informed Care approach that produces best outcomes for youth. Youth continue to experience difficulty accessing adult mental health services in a seamless manner. A number of workgroups are in progress to examine the issues and to review and improve existing protocols within the Regional Behavioral Health Authority (RBHA) system. Behavioral health transitions are also emphasized in the aforementioned Age of Majority TDM gatherings as well as in the CFT.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary transition activities and may include honorariums, gift cards or other items necessary to promote positive transitions to adulthood, as identified by the YAP.

Related data:

- The number of youth age 18-21 participating in continued voluntary foster care on the last day of the FFY 2016 reporting period showed a slight decrease from 878 to 870.
- Of young adults age 18-21 who discharged in FFY 2016, 58% participated in continued voluntary foster care at least two months past the 18th birthday prior to discharge:
 - 28% remained in care to age 21
 - 11% exited care during their 20th year
 - 19% exited care during their 19th year
 - 42% exited care during their 18th year.
- 228 former foster youth and tribal foster care youth (current or former) were served through the TILP contract provider in CFY 2016. (No significant increase over the 227 youth served in CFY 2015.) Efforts continue to identify youth eligible to participate in this service through outreach to homeless youth programs, post-secondary institutions and other community based programs where youth may apply.
- 400 students received ETV vouchers in school year 2015-2016). School year 2016-2017 showed an increase to 467 vouchers issued as of May 19, 2017.
- 87% of young adults were enrolled in a health plan by the end of the reporting period, versus 80% at the beginning of the reporting period (an increase of 7%).
- 67% of young adults served maintained or moved into stable living situations at the end of the reporting period, a 3% decrease from the beginning of the reporting period.
- 53% of young adults were living on their own (in independent housing) by the end of the reporting period, a 5% increase from the beginning of the reporting period.

VI. Services to youth who left foster care for kinship guardianship or adoption after turning age 16 or older.

Youth exiting foster care at the age of 16 or older for kinship guardianship or adoption are eligible to receive services through the TILP, ETV and the ATW. Arizona's Children Association has identified they served 18 youth in TILP from June 1, 2016 to December 31, 2016 who were adopted or placed into a permanent

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guardianship at age 16 or older. The Department and the Arizona's Children Association are working together to increase stakeholder knowledge of the availability of this service to youth adopted or placed into permanent guardianship (from the state foster care system) at age 16 or older.

VII. Opportunities to engage in age or developmentally-appropriate activities

Program youth, including youth who identify as Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) are encouraged to participate in age/developmentally appropriate activities as part of their independent living case plan. The DCS understands and advocates the importance of normalcy for all youth in out-of-home care. In addition to the use of Chafee dollars for various program incentives and youth specific needs (as outlined in the youth's individual case plan), funding and other resources for such activities comes from a variety of sources, including community based programs supporting prom attendance, graduation celebrations, and school trips, and community agencies such as the Pima Prevention Partnership and Arizona Friends of Foster Children Foundation.

Special attention is paid to identifying and supporting opportunities tailored to the needs and interests of LGBTQ youth as few opportunities exist in many communities. In 2017, the Department partnered with the Southwest Center for HIV/AIDs and other community sponsors to organize a "Standing Proud" conference. Approximately 25 foster youth identifying as LGBTQ attended this inaugural event, held in May 2017. Workshops provided youth with education regarding safer sex, healthy relationships, stress management, as well as community resources specific to the LGBTQ population with a celebration of LGBTQ culture. The YAP plans for Standing Proud to become an annual event and include youth who identify as "allies" in addition to youth identifying as LGBTQ.

State policy contains policies and practice requirements to ensure youth who identify as LGBTQ have access to necessary services and supports, and to ensure DCS Specialists understand their responsibilities to ensure safety and necessary services and supports for LGBTQ youth in care. State policy specifically notes that the Department "shall make every effort to ensure a diverse array of services and resources are identified to assist teens to address their needs, including any special needs or concerns related to their sexual orientation and/or gender identity, and make efforts to determine if a youth has been or may be the subject to harm, discrimination, or any adverse act because of their perceived gender identity, gender expression, ethnicity, religious beliefs and/or sexual orientation." These policies/practices were developed in consultation with CWLA, Lambda Legal and the National Center on Lesbian Rights (NCLR) and integrated into the manual in 2008. Related information may be found in the following the DCS Policy and Procedures manual: <https://extranet.azdes.gov/dcyfpolicy/>

- Chapter 4 Out-of-Home Care, Section 4 Placement Needs of Children in Out-of-Home Care
- Chapter 5 Permanency, Section 35 Independent Living Services and Supports.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in age and developmentally appropriate activities, as determined by the YAP.

Related data:

- Four hundred-nineteen youth received funds for items to support their case plan in the areas of education, employment, vocational training and activities to build self-esteem and normalcy (age/developmentally appropriate activities).
- Sixty-seven youth additionally received a Savings Match at the time they exited care and services.

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National Youth in Transition Database (NYTD)

Opportunities for informing and analyzing NYTD data with community partners including youth, tribes, courts, and other stakeholders has occurred primarily during the Statewide Independent Living Coordinators quarterly meetings, and various Regional and Statewide Dependency trainings (attended by judges, attorneys, CASAs, foster parents, and others). NYTD data is presented in conjunction with other program information to update partners on the numbers of youth served, services provided and outcomes of youth served. Discussions include identifying service gaps, barriers to achieving positive outcomes (i.e. educational attainment, employment, permanent connections) and recommendations for improvement. Recommendations from youth and other stakeholders have resulted in adjustments to the stipend rate schedule for the Independent Living Subsidy Program, expediting re-entry for eligible youth, improvement to enrollment processes for youth entering life skills training and transitioning into the Young Adult Transitional Insurance (Medicaid to Age 26), and incentives and supports for youth pursuing post-secondary education and training.

Department case management staff continues to receive automatic alerts at designated intervals directing them to complete the “NYTD federal reporting window.” If information is not entered by the initial deadline, a second alert is received and additionally addressed to supervisory staff. The State Independent Living Coordinator communicates regularly throughout the year through emails and in person trainings, to remind field staff and managers of the importance of completing the NYTD Federal Reporting window. The Department Reports and Statistics unit continues to work closely with The State Independent Living Coordinator to monitor field compliance. The need for further training of all DCS staff on the NYTD has been identified and a mandatory CBT is being proposed, which would help to support the fields understanding of the importance of accurate data collection. Other efforts to improve the understanding of NYTD to DCS staff will be the recommendation of “Quality Conversations”. Quality Conversations is an internal training method the DCS is using to inform staff on current practice standards, guidance on how to implement new forms and procedures, and an opportunity for staff to ask questions and offer ideas in order to positively impact practice. Each conversation will provide an overview of the topic, and then allow time for questions and answers. Quality Conversations are additionally stored in a “shared drive” accessible to all staff.

The State Independent Living Coordinator continues to work directly with Department contract staff to ensure NYTD information is accurately collected and reported for youth receiving aftercare services, and with the Department Reports and Statistics staff to ensure record errors are identified and resolved prior to transmission. While efforts continue to collect outcome survey information from current and former foster youth, the Department has had difficulty reaching the required thresholds. Youth often do not respond timely, or cannot be located if they have exited care. The Department is considering options to improve the outcome survey return rate.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in NYTD activities and to support strategies identified by the YAP to improve NYTD data collection.

Involving the public and private sectors

The state involves the public and private sectors in helping adolescents in foster care achieve independence in a variety of ways. This includes ongoing partnerships with public agencies such as local workforce boards and federally funded Runaway and Homeless Youth Programs, as well as with private agencies such as the Arizona Friends of Foster Children Foundation which provides funding for an array of items and activities for youth in foster care (in addition to a scholarship program), the FosterEd Pilot Program

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operating in Tucson, Arizona, Keys to Success, an employment partnership, and an ongoing partnership with the national Jim Casey Youth Opportunities Initiative (JCYOI).

The JCYOI works in select states to improve policies and practices, promote youth engagement, apply evaluation and research, and create community partnerships to ensure that young people make successful transitions from foster care. Creating a range of opportunities for young people in transition to adulthood is the core work of the Arizona YAP and other public agencies. With the leadership and support of the Nina Mason Pulliam Charitable Trust, Arizona became a Jim Casey Initiative site in 2013. Children's Action Alliance (CAA) serves as the lead agency for the state's effort - the Arizona Youth Opportunity Initiative (AYOI). Subsequent to the forming of the Youth Adult Leadership Board, the Arizona Initiative adopted a new identity, "Fostering Advocates Arizona" or FAAZ.

Through the FAAZ and in partnership with the Community Advisory Board, the three-year Implementation Plan focused on improving outcomes for youth transitioning from foster care to independence has been in full force, targeting efforts in the following areas: permanence, education, employment, financial capability, housing, physical and mental health and social capital (mentors/dedicated adults). The FAAZ works not only to improve outcomes but to increase awareness of the needs of youth and young adults in foster care. In 2016 a "priorities and recommendations" document was published by FAAZ, outlining the following target areas:

- Normal adolescent experiences
- Enhanced screening and matching process for foster care placements
- A strong relationship with DCS Specialists
- Permanent placements with a family as a case plan priority
- Consistent access and enrollment in health care

Many of these areas are currently being addressed through training (Independent Living Specialist Certification, Ongoing Academy module on engaging youth in case planning, Chafee program workshops, Reasonable and Prudent Parenting Standard-RPPS, etc.) and education to state staff and stakeholders. Others, such as the recommendation to extend the Young Adult Transitional Insurance (Medicaid) to youth from other state foster care systems are under consideration by the state Medicaid program. The DCS will continue to work closely with FAAZ to implement recommendations throughout 2017. The following link provides more information on priorities and recommendations:

http://www.fosteringadvocatesarizona/wp-content/uploads/2016/02/AdvocacyBrochure_Web.pdf

In 2016, FAAZ maintained the following:

- A diverse, Young Adult Leadership Board as the primary voices and critical advisors for the Initiative in Arizona.
- A Community Advisory Board to work in collaboration with the Young Adult Leadership Board on Initiative priorities.
- The Opportunity Passport™ match-savings program.
- Trainings and presentations for young adults currently in Arizona foster care, educators and other community stakeholders on topics such as leadership, educational resources, youth-adult partnerships, program supports and services available to young adults, etc.

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- An Initiative outreach and communication plan.
- FAAZ Face Book page including a branding campaign and logo.
- A Health Care Toolkit that includes informational brochures and commonly asked questions and answers about health care coverage.

Accomplishments of the FAAZ Youth Leadership Board in CY 2016 also included:

- Shared experiences and needs at community convening, workshops, and panel discussions on topics impacting youth in foster care, including 26 presentations to 1083 attendees.
- Testified in the Arizona House of Representatives Children and Family Affairs Committee on the importance of normalcy in foster care and the needs for older youth in care that are essential for life success.
- Advocated and shared their stories to assist in the passage of SB 1341 Foster Children: Motor Vehicle Insurance, which allows minors at least 16 years of age who have taken a driver safety course and who are in foster care, the ability to buy auto insurance. The Young Adult Leadership Board met with state legislators to advocate on the behalf of eligible youth in foster care who wanted to obtain a driver's license. They saw that for young people learning to drive and getting a driver's license is not only a "rite of passage," it is an important step toward future educational success and employment security. On May 2, 2017, Governor Doug Ducey signed into law SB 1341, Foster Children; Motor Vehicle Insurance that will help youth in foster care get one-step closer to obtaining the tools they need to thrive in adulthood.
- Helped to create the new DCS Foster Home Licensing Rules providing invaluable input on what "normalcy" means for young people in foster care. They also informed content for required training on normalcy for an estimated 12,279 people, including foster families, group home staff, and licensing agency employees.
- Board members created and starred in an educational video on the Federal Strengthening Families Act and its impact on normalcy in Arizona Foster Care. The Video was shared with hundreds of individuals in trainings, workshops, and presentations as well as viewed 443 times on YouTube.

Additional accomplishments by FAAZ include:

- FAAZ actively advocated to streamline health care enrollment and outreach to young adults who have aged out of foster care. In 2017 a *Health Insurance For Youth Formerly in Foster Care: Focus on Medicaid Coverage in Arizona—The Good & The Bad: Recommendations For Improvement* was developed.
- Website growth rose to almost 20,000 page views. The Resource Library and FAAZ Blog were among the most visited sections in 2016.
- Implemented Opportunity Passport™ financial literacy and match-savings program and delivered 950 participant training hours on assets, money management and credit building.

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- Forty-one Opportunity Passport™ participants saved \$68,335 and were matched for a total of \$136,665 to purchase life-changing assets; \$3,256 for Credit Building, \$10,570 for Housing, \$9,074 for Education and Training, \$45,900 for Savings and Investments, and \$67,865 for Vehicles and Transportation.

Coordination with other federal and state programs for youth

Success in the coordination of the YAP with other federal and state programs for youth, abstinence programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs has largely been dependent on the availability of the service in a specific region/area and eligibility criteria for individual programs.

The state's IL Skills provider, as well as state staff, works together with the Arizona Workforce Connection to get youth enrolled in the programs offered. The YAP also informs state and contract staff on the availability of Rapid Re-Housing Young Adult Programs. Presentations from a variety of housing partners are provided to the YAP offices during the year.

Representatives of YAP continue to work with representatives of AHCCCS, the Department of Economic Security's Family Assistance Administration DES-FAA (the agency responsible for completing eligibility and maintaining assistance cases), and community advocates to coordinate the implementation of the Patient Protection and Affordable Care Act (ACA)(P.L. 111-148). Representatives have identified and problem solved issues, as well as discussed strategies to locate, inform and enroll former foster youth under the age of 26 (including youth aging out of Tribal foster care programs) into a Medicaid health plan. A DCS Central Office representative has additionally participated in the Tribal Foster Youth & Medicaid Workgroup, facilitated by the Inter Tribal Council of Arizona, to develop an expedited enrollment process (akin to the YATI process-see below) for eligible youth exiting a tribal child welfare program at age 18.

Arizona maintains the expedited enrollment process created under the YATI program, wherein eligible youth who reach the age of 18 while in the state foster care system are enrolled into a health plan of their choice the month in which the youth turns 18. Youth who exit care at 18 and older who have either never enrolled in a health plan (possibly due to being on runaway status at age 18 and not available to enroll) or whose coverage lapsed can also be enrolled/re-enrolled using this process. Over 1,500 youth who reached the age of eighteen while in foster care or who exited care at age 18 or older during the last year will benefit from the YATI program. DCS and DES-FAA have completed a recent revision of the expedited enrollment form to include alternate mailing addresses and opportunities for youth to select alternate means of communication as a strategy for increasing enrollment and reducing lapses in coverage which occur when recipients do not respond (due to loss of contact) to annual redetermination notices.

1. Homeless Prevention: The DCS does not currently contract with the Runaway Homeless Youth Act (RHYA) grantees in Arizona for transitional housing; however, DCS has a long-standing relationship with the grantee agencies as group care contractors (for foster youth) and as community providers of RHY services, transitional housing/living programs and/or behavioral health program providers. The DCS coordinates with grantees to identify Chafee eligible youth/young adults to refer to the aftercare service program (Transitional Independent Living Program). Department staff participate in both the Maricopa and Pima Continuums of Care (CoC). These CoCs oversee the administration of federal (HUD) housing dollars to Arizona's homeless programs. DCS continues a relationship with local housing authorities who are recipients of the Family Unification Program (FUP) housing choice vouchers and is in the process of updating existing MOUs. DCS is also currently working with the City of Tucson/Pima County PHA and

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City of Phoenix PHA to implement the new demonstration project (Family Self-Sufficiency Program extension to youth FUP recipients).

2. *Pregnancy Prevention*: Progress has occurred through YAP's work in collaboration with the ADHS Abstinence Education Programs. Grantees of the Abstinence Education Programs are required to provide services to foster care youth. This occurs through delivery of the programs in group homes, and through a partnership with the state's IL Skills contract provider. In 2017 the Tucson based Child & Family Resources agency hosted the *Redefining Safe* Conference to unite professionals working with systems-involved youth to ensure that "askable" adults are trained in trauma-informed approaches, positive youth development, and other topics. This conference covered what adults working in systems need to know to provide greater stability and help support continuity of care. The State IL Coordinator provided a workshop to educate professionals about the unique needs of youth experiencing foster care.

DCS in partnership with the Arizona Department of Health Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) established an annual event titled "Parent University" to provide education and training to pregnant and parenting foster youth. The 2016 event, held in September served approximately 60 youth and included workshops on sun safety, age appropriate play, life planning, and the process for establishing child support and legal custody orders. Both teen mothers and fathers were welcomed to the event, and received certificates of completion. The current year's event has been expanded to include a Parent University 101 (August 2017) with more basic parent information and skill building, including safe sleep, appropriate discipline and age appropriate play. In September 2017, the first "Parent U 102" will be held and cover more advanced material, building on topics covered at the 101 session. Parent U 102 will include how to choose appropriate child care and preschools, information on car seat safety as your child grows, and other child development topics.

Collaborate with governmental or other community entities on Human Trafficking

The Department continues to collaborate with the Arizona State University Office of Sex Trafficking Intervention Research (STIR) to create consistency in supporting victims of trafficking and those at risk of being trafficked. Efforts over the last year include:

- Implementation activities within the Department such as:
 - Face to face contact and sex trafficking related questions are now required after a child has returned to care after running away.
 - When sex trafficking is suspected this will be recorded and tracked in the CHILDS system.
 - For cases of children in DCS care identified as being trafficked, all cases are in compliance and were reported to law enforcement immediately. Several cases had a record of ads placed on backpage.com. Many of the cases involved substance use, sexual abuse, multiple problems within the family, and family conflict. High mobility rate is a challenge with runaway youth.
- Trainings of DCS Specialists:
 - Pre and post-test surveys are completed for all trainings.
 - 80 online trainings have been completed.
 - Analysis will be completed on the efficacy of in-person versus online trainings.
 - Generally, participant perspectives on trafficking changed after the training.
- Governor's Office implementation of Regional Multi-Disciplinary Teams:
 - Guidelines for regional response has been created. These guidelines include basic response and core values in responding to a sex trafficking situation.
 - The goal is to create a coordinated response effort, ideally with a coordinator in each county in Arizona, with a response team who can also train community members about trafficking.

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- Part of the purpose is to empower community members and provide tangible skills to use.
- Continued collaboration is necessary to address guidelines for protocols and resources.
- Continuation of the Sextraffickinghelp.com website, including the following usage:
 - 920 unique visitors in January
 - 620 unique visitors in February
 - 812 unique visitors in March
 - Agencies listed on the website are required to be trauma informed and victim centered.
 - Trainings are available to become trauma informed.
 - 48 agencies currently participate.
 - Changes and updates to the website occur when needed, and roughly once per month
- Project STARFISH: A School Sex Trafficking Awareness Project (McCain Institute):
 - Training for principals and teachers.
 - Fall 2017: Brochure for parents including what to look for, how to prevent sex trafficking, and seven action steps for getting help, paid for by the McCain Institute.
 - Meets Common Core State Standards Initiative.
 - Includes the Starfish Squad, which promotes “see something, say something” as an innovative way to get kids involved.
- Fifth Annual Sex Trafficking Summit in partnership with Tumbleweed, a local Runaway and Homeless Youth Program located in Phoenix:
 - TRUST and Tumbleweed will be the partners for the Summit located at the Salvation Army on Van Buren.
 - Held on Thursday, May 18th and Friday, May 19th. The first day consisted of Sex Trafficking 101, legal services, STAR group presentation, and a survivor panel.
 - The second day included a training on a new tool created in partnership with Tamara Rounds, LCSW and is based in attachment theory and motivational interviewing, with the purpose of providing service workers with intervention techniques to work with victims. Practice will take place through vignettes.
- Phoenix 1st Step Drop-In event held Saturday, April 29, 2017. Many agencies were available for trafficked and prostituted persons. Services available included mental health, medical and dental, hot food and food boxes, clothing, showers, laundry, and HIV/AIDS testing.
- Starfish Place will be opening in late October by the City of Phoenix, through HUD housing. There will be 15 units for sex trafficking victims and their children. Two case managers will be hired. Therapeutic services will be funded by ASU, medical services will be provided, holistic services, yoga, meditation, and a daycare center onsite, working on getting Head Start program initiated.

Arizona’s contractor of life skills training and aftercare services Arizona’s Children Association, has provided the following update on efforts around sex-trafficking education and prevention:

- In the five Northern (NAZ) counties, AzCA continues to ensure that staff provide every client with sex trafficking awareness skills training prior to discharge. Materials such as the Chosen video and materials have been purchased for use with the young adult population. In 2016 the Northern team served one client who was involved with sex trafficking. The training staff received allowed them to identify the risk factors and they worked to provide support and advocacy for the client. The Northern region continues work to improve how DCS and AzCA may collaborate to provide needed and ongoing support for clients involved in sex trafficking.
- In Southeastern (SEAZ) and Pima counties, prompts are incorporated in the psychosocial assessment to address concerns of sex trafficking. Staff have tools and resources to utilize with youth to assist them in not only being able to identify when a youth may be in danger of being

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trafficked but also to educate youth so they are able to protect themselves and prevent it from occurring.

- Pima County staff maintain a relationship with local non-profit Sold No More, which specializes in sex trafficking education and prevention. Pima County staff are also part of the Youth On Their Own, a community collaboration that focusses on efforts to engage Opportunity Youth. In 2016, AzCA identified a location for a drop-in center that will have Behavioral Health and Child Welfare services offered for transition age youth in Tucson. The site is slated to open in the winter of 2017.
- In the Central (CAZ) and Southwest (SWAZ) Regions, which include Maricopa (partial), Pinal, Yuma and La Paz counties, program staff are educated on the resources for homeless and marginally housed youth and priorities teaching sex trafficking prevention to the young adults. AzCA has a relationship with the Maricopa VICE squad who continues to provide staff with education about the “hot spots” such as group homes and malls within the greater Phoenix area. Additionally, AzCA maintains positive working relationships with Tumbleweed (multiple locations), Homepage and Dream Center who support much of the youth homeless population. Materials about the Transitional Independent Living Program are regularly distributed to shelters and various Group Homes throughout the valley.
- In Yuma, the Program Supervisor has ongoing communication with the shelter director at the only homeless shelter in Yuma County, Crossroads Mission. Fliers have been provided to the shelter and supervisor attended the shelter’s annual “Soup-er Celebration of Hope” and speaks with youth who have spent time in foster care. Yuma staff maintains a relationship with local Border Patrol and they present Sex Trafficking information to youth as well.

Training to address issues confronting adolescents preparing for independent living

Formal Training and informational workshops continue to be made available statewide to an array of community partners and stakeholders to educate on the issues confronting adolescents preparing for independent living. In 2016-2017 training/informational workshops were delivered to (and will continue in 2017-2018):

- Caregivers including foster parents, group care staff, kinship providers;
- Religious Organizations planning outreach to older youth in care;
- Court Staff including judges, attorneys and Court Appointed Special Advocates (CASAs);
- DCS field staff and managers (Region, Section and Unit level as well as 1:1 assistance and case consultation); and
- Agency partners including AJDC, County Probation, and education staff (high school and post-secondary level).

Members of the DCS Permanency and Youth Services (PYS) unit, including the state Independent Living Coordinator, Projects Specialist and Education Case Managers, continue to host informational workshops in Arizona’s five regions on a continual basis throughout the year. These workshops are attended by care providers including foster parents, CASAs, attorneys, judges and others, as well as DCS staff. The DCS PYS unit has also worked with the DCS Child Welfare Training Unit and Arizona State University to create a full day’s curriculum on engaging youth in the case planning process. This curriculum is part of the DCS CWTI Ongoing Academy and delivered four times per year to an audience that is comprised of 75% new case specialists and 25% “seasoned” specialists. The reception to the training has been positive, with staff reporting a better understanding of the needs of adolescent youth, as well as how to better communicate,

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for more successful case planning.

On July 18-19, 2017, the Arizona Department of Health Services will provide a biannual two-day professional training for DCS Case Specialists working with Adolescent youth with several workshops scheduled such as: Suicide Prevention (incorporating "13 Reasons Why"), Cultural Humility when Working with LGBTQ Youth, Beyond Binary: Current Opinions in the Care of Gender Variant Children and Youth, Teen Dating Violence, How you talk about what you do matters, Understanding social media in the context of adolescent development, Injury Prevention & Adolescents, and Crews'n Healthmobile: Serving Homeless and Runaway Youth.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in training activities and may include honorariums, gift cards or other items necessary to support youth involvement, as determined by the YAP.

Involve youth/ young adults in the CFCIP, CFSR, NYTD, and other related agency efforts.

Youth and young adults remain involved in agency efforts to improve services and supports primarily through involvement in the State Youth Advisory Board and local, Regional Youth Advisory Boards. These boards have been instrumental in securing youth participation in focus groups targeting efforts to improve both internal and external communication, as well as outcomes for youth measured by the CFSR. Additionally, the FAAZ Youth Leadership Board is available for consultation and has provided review and input into practice guides developed for DCS Specialists. Other strategies such as surveys, and small and large group youth forums occur each year in conjunction with the statewide Youth Conference and regionally as needed.

The state Independent Living Coordinator assists in coordinating youth forums (upon request) at the state and regional level. Youth input was utilized in finalizing the YAP formal program rules which became effective in January 2016, and in related policy and procedure guidance. The boards and the annual youth conference will also be accessed for assistance in designing strategies to improve youth response to the NYTD. Arizona has struggled with meeting required survey thresholds in part due to an inability to locate youth, as well as to youth being unresponsive to survey requests. The 2016 Statewide Youth Conference will provide an opportunity to gain additional input into successful strategies to improve survey participation rates.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in agency oversight and improvement and may include honorariums, gift cards, transportation assistance or other items, as determined by the YAP.

Consultation with Tribes

Benefits and services under the YAP and ETV are available to Indian youth in the state on the same basis as to other youth in the state. Tribal child welfare staff refers youth age 16 and older who have been identified as likely to reach the age of majority while in out-of-home care, directly to the contract service provider. Services available include life skills training and support, financial assistance to support specific transition needs outlined in the youth's individualized case plan and the ETV. Youth age 18 and older who were formerly in out-of-home care under tribal jurisdiction may self-refer to the Department contract provider for services through the aftercare program, which is the same process used by youth formerly in state foster programs. Department staff contacts tribal foster care staff directly to verify eligibility for

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services for all applicants. Tribal youth apply for the state ETV in the same manner as other applicants, through the online application at www.statevoucher.org.

The Department remains available to negotiate with any tribe that requests to develop an agreement to administer or supervise the CFCIP or an ETV program. To date, no tribe has made such request. The Department has hired a Tribal Liaison who is actively working to engage tribes and facilitate meetings with the state YAP. The DCS PYS unit and AZCA participated in a full tribal consultation held in June of 2015 facilitated by the DCS Director, in addition to a consultation with the Navajo Nation held this same month. Program information was presented followed by a brief question and answer session.

Over the last year, Arizona's contract provider had contact with the following tribal communities for the purpose of developing relationships, explaining Independent Living Services and coordinating service referrals for eligible youth. Efforts will continue over the next year to maintain, strengthen and build relationships with Arizona's Tribal communities. The YAP will continue to work with the DCS Tribal Liaison and the Inter Tribal Council of Arizona for assistance in engaging communities. AZCA reports staff attended the Arizona American Indian Behavioral Health Conference and Arizona's Children Association was recognized as a *Healing Sponsor*.

Arizona's Children Association regularly attempts to engage tribal communities and ensure that they are aware of the services available to youth and young adults involved with tribal foster care. Annually, AzCA sends a letter and referral information to all of the tribes in Arizona and those who have tribal lands near the Arizona State line. In addition to their annual outreach efforts, AzCA has provided the following updates of their engagement with tribal communities and tribal youth:

Northern Region: Coconino, Navajo, Apache, Mohave, and Yavapai counties.

In 2016, the Northern AZ team worked with youth with the following tribal affiliations:

- Navajo Nation (5)
- Fort McDowell Yavapai Nation (1)
- Yavapai-Apache Nation (1)
- Gila River Indian Tribe (2)
- Hualapai Tribe (1)
- Dual: Salt River Pima-Maricopa Indian Tribe and San Carlos Apache Indian Tribe (1)

Coconino County: AzCA has built a relationship with the Hopi tribe and has since received two referrals from the Hopi. AzCA has fostered a relationship with the tribe and they are aware of the services available for the youth currently in a Tribal Wardship. The Hopi tribe is also aware of TILP services for any young adults who previously discharged Tribal Social Services but may not have been involved with AzCA skills training services.

Additionally, AzCA hired an Independent Living Specialist in Tuba City. This staff is a member of the Navajo tribe and educates community members on the services AzCA can provide to youth and young adults. Presently, NAZ staff in Coconino County are serving:

- Hopi Tribe (2):
- Navajo Nation (7):
- Sioux Nation (1):

Navajo and Apache County: AzCA maintains contact with the Ft. Apache tribe but did not receive referrals in 2016. In December of 2016, AzCA provided a training and Power Point Presentation to the Navajo

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Nation Tribal Meeting at Native American Connections. After initial training and presentation maintained contact to provide electronic copies of all referral and consents.

Mohave County: AzCA has engaged with the Ft. Mojave tribe but has not received referrals in the last year. Another meeting will be scheduled with the tribe in the coming year.

Yavapai County: AzCA has engaged with Yavapai-Apache Nation and presented to Tribal Social Services about the programs. No referrals have been received.

Southeastern & Pima Regions: Gila, Graham, Greenlee, Santa Cruz, Cochise and Pima counties.

In 2016, the SEAZ and Pima teams worked with youth with the following tribal affiliations:

- Navajo Nation (1)
- Tohono O'odham (2)
- Pascua Yaqui (4)
- San Carlos Apache (1)

In July of 2016, the Program Director met with the San Carlos Apache Tribe. The Pima team provides materials and information to the Pascua Yaqui Community Center as well. Southeastern staff maintain contact with some Navajo Nation social workers because several youth from their tribal communities are located in Sierra Vista Arizona.

Central & Southwest Regions: Pinal and Western Maricopa counties.

In 2016, the CAZ and SWAZ teams worked with youth with the following tribal affiliations:

- Apache (1)
- Cocopah (1)
- Fort McDowell Yavapai Nation (2)
- Salt River Pima (1)
- Tohono O'odham (1)
- Gila River (2)
- Navajo (2)

AzCA has worked well with the Salt River Pima community and is contacted by the Tribe for presentations and speaking events. Recently AzCA was contacted by the Salt-River Pima Tribal Liaison to staff a booth at their community event. In April of 2016, emails were sent out to all tribal contacts for Tribes within Maricopa and Pinal County. Information regarding services for ILST/TILP was provided with an offer to present at any event or team meeting. AzCA also presented to members of the Fort McDowell community with follow-up correspondence regarding referral and consents, resulting in two referrals received. The Central Region continues to have a positive working relationship with Ak-Chin, Gila River and Salt River Tribes.

The Yuma team has ongoing communication with Cocopah Social Services. The Cocopah Tribe has prioritized reunification and guardianship and this has decreased the number of Cocopah affiliated youth served. The team met with the Tribe in March to provide information regarding the program and eligibility. Previously, outreach has been unsuccessful with the Quechan Tribe; however, a new ICWA specialist has been seeking resources for older teens and was provided information referral forms. A meeting was held and referral processes were discussed. Many youth involved with the social service program are not eligible as they are living at home, or are not wards of the court/tribe. Regional Leaders for the AzCA Independent Living Program will continue to build relationships with their area ICWA Coordinators in an effort to educate Tribal members and youth about opportunities available to them. Written materials will be disseminated to entities such as the Phoenix Indian Hospital, Indian Center, and each individual tribal community.

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Education and Training Voucher Program

Establish, expand, or strengthen the state's postsecondary educational assistance

Arizona makes vouchers available to residents of Arizona who were in foster care in any state or federally recognized tribe at the age of 16 or older, including youth who have aged out of foster care or who, after attaining age 16, have left foster care for adoption or kinship guardianship.

The Department contracts with the Orphan Foundation of America (dba Foster Care to Success) to operate the state's ETV Program. Current and former foster youth apply directly for the voucher by submitting an application online at www.statevoucher.org. Designated Department staff provides verification of former foster care status for all initial applicants. Verification is obtained through the electronic case file and for youth from other states and tribes, through direct contact with (other) state and tribal child welfare staff. Contract staff work directly with youth to ensure all necessary documentation is submitted prior to authorizing funding. Funds for tuition, school room and board and fees are paid directly to the institution. Funding for living expenses are distributed monthly directly to the student, based on the approved application and budget.

The Department contract further provides ongoing support to students through one on one contact with Foster Care to Success staff, care packages and involvement in supplemental support services (for struggling students). Department staff hold a teleconference with contract staff on a monthly basis (or as needed) to discuss progress and resolve issues/barriers to student success, and review and approve invoices on a monthly basis, monitoring the number and types of assistance provided to students. Efforts to increase the number of students accessing the ETV have been successful and will continue. The contract with Foster Care to Success was extended an additional year (through September 2017) during which time a review of the related scope of work will occur and options considered that will produce an increase in the number of engaged students.

Changes in how the ETV program is administered

There has been no change in how the Arizona ETV program is administered. The Arizona ETV continues as a contracted service with the Orphan Foundation of America dba Foster Care to Success.

See Attachment E Education and Training Vouchers for data related to ETV awards.

Performance Measures

YAP/ETV Goal 1: The percentage of youth age 18 and older in the Young Adult Program participating in the Independent Living Subsidy (ILS) Program will increase 5% or more annually.

- SFY 2015: 782 of 932 or 84%
- SFY 2016: 816 of 917 or 89%

YAP/ETV Goal 2: The number of former foster youth participating in the Transitional Independent Living Program services will increase 10% or more annually.

- CY 2015: 227 youth served
- CY 2016: 228 youth served (0.4% Increase)

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YAP/ETV Goal 3: The percentage of participants in the Independent Living Program (ILP) and Transitional Independent Living Program (TILP) who were enrolled in or completed a college or trade school after completing high school or obtaining a GED will increase 10% or more annually.

- CY 2015: ILP: 270 of 471 or 57%, TILP: 23 of 89 or 26%
- CY 2016: ILP: 280 of 526 or 53%, TILP: 16 of 94 or 17%

YAP/ETV Goal 4: The percentage of participants in the Independent Living Program and Transitional Independent Living Program age 17 and older who are employed will increase 10% or more annually.

- CY 2015: ILP: 585 of 1,462 or 40%, TILP: 103 or 227 or 45%
- CY 2016: ILP: 511 of 1,462 or 35%, TILP: 94 or 228 or 41%

SECTION XII

Updates to Targeted Plans within the 2015 – 2019 CFSP

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Foster and Adoptive Parent Diligent Recruitment Plan – Changes are reported in the separate document entitled *Arizona Foster and Adoptive Parent Diligent Recruitment Plan FFY 2018 Update*.

Health Care Oversight and Coordination Plan – Changes are reported in the separate document entitled *Arizona Health Care Oversight and Coordination Plan FFY 2018 Update*.

Disaster Plan - There were no disasters in SFY 2017. There were no changes to the Disaster Plan submitted with the FFY 2017 APSR.

Training Plan - Changes are reported in the separate document entitled *Arizona Staff and Provider Training Plan FFY 2018 Update*.

Section XIII

Statistical and Supporting Information

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CAPTA Annual State Data Report Items

Information on DCS Specialist Workforce

The Department of Child Safety (DCS) series positions are responsible for intake, screening, assessment, and investigation of child abuse and neglect reports.

The Agency uses a full spectrum of staff recruitment activities, including sponsoring or attending job fairs statewide; establishing relationships with educational institutions offering social work and related degree programs; and posting employment opportunities on Arizona's employment website, azstatejob.gov. Candidates apply online through the State's online job board website. A staffing analyst reviews the resume and qualifies the candidate as a DCS Specialist based on the established minimum qualifications. The staffing analyst then contacts all qualified candidates to provide information regarding the hiring process, including necessary documents. Pre-employment requirements include an online screening assessment that collects data to assist in identifying best fit candidates; an interview using the Hire for Fit assessment introduced in 2010; background checks including references, criminal history, DCS Central Registry, public records search; and other actions. Candidates must successfully meet all requirements before being offered a position.

The Department of Child Safety (DCS) has been engaged in several initiatives to help recruit and retain DCS staff, particularly the DCS Specialist and Supervisor positions. Key among these was a new position entitled DCS Specialist Trainee that was established for new hires for the first 22 weeks of employment. When the new employee successfully completes the 22 weeks of initial training, the DCS Specialist Trainee will be promoted to a DCS Specialist position which includes a nominal pay increase. The DCS Specialist will then be eligible for an additional pay increase after one year of service. This significant change in the structure of the salary schedule was implemented for Specialists as the Department believes that by providing these increases earlier in the first year of employment, employees who may leave employment due to a low salary may be retained. Instead of providing the initial salary increase at 12 months, the increase now occurs after 22 weeks with Specialists in good standing being able to reach maximum salary after one year and 22 weeks compared to the prior schedule of reaching maximum salary at 24 months from the date of hire.

The Department continues to offer a career ladder for case aides with five or more years of experience with DCS to promote into a DCS Specialist Trainee position, which brings staff already familiar with the child welfare system to areas of need.

Education and Qualifications

DCS Specialist Trainee - Grade 16, \$33,312.45: Master's or Bachelor's Degree from an accredited college or university; or five years of experience as a DCS Case Aide II in Arizona State Service

DCS Specialist - Grade 18, \$36,824.52: Master's or Bachelor's Degree from an accredited college or university and 22 weeks as DCS Trainee experience; or Master's degree in Social Work (MSW)/Bachelor's degree in Social Work (BSW) acquired through the DCS-ASU/NAU Title IV-E program

DCS Specialist - Grade 18, \$40,641.32: Master's or Bachelor's Degree from an accredited college or university and one year of experience as a DCS Specialist

DCS Program Specialist - Master's Degree or Bachelor's Degree from an accredited college or university and three years of DCS experience as a DCS Specialist

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DCS Program Supervisor - One year as a DCS Program Specialist, Master's or Bachelor's Degree from an accredited college or university and four years of DCS experience, or ASU/NAU Title IV-E MSW/BSW Degree and three years of DCS experience; or Master's or Bachelor's Degree from an accredited college or university and one year of DCS experience and three years of professional supervisory experience

DCS Program Managers - Master's or Bachelor's Degree in social work or closely related field from an accredited college or university and experience, appropriate to assignment, as a unit supervisor in a Child Protective Services agency

DCS Program Administrators - Master's or Bachelor's Degree in social work or closely related field from an accredited college or university and experience, appropriate to assignment, as a Program Manager in a Child Protective Services agency

Data on Education, Qualifications, and Training of Personnel

The following table provides the educational degrees for DCS Specialists and Supervisors who were employed on September 30, 2016, and who entered this data into CHILDS.

Degree	DCS Specialists	DCS Program Supervisor	Total Degrees	Percentage of Total
MSW	61	25	86	8.5%
Masters/Related	33	13	46	4.5%
Masters/Non-Related	15	7	22	2.2%
BSW	104	41	145	14.3%
BA/Related	493	101	594	58.8%
BA/Non-Related	86	32	118	11.7%
TOTAL	792	219	1011	100%

Demographic Information of Personnel

The following table provides the ethnicity, gender, age, and tenure of CPS Specialists and Supervisors who were employed on June 1, 2017 (Source: Human Resources Information Solution {HRIS} maintained by ADOA).

ETHNICITY	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
American Indian	1	25	2	28
Asian/Pacific Islander	7	26	2	35
African American	34	153	19	206
Hispanic	47	298	54	399
Caucasian	77	528	122	727
Unspecified	7	135	20	162

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TOTAL	173	1165	219	1557
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GENDER	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
Female	133	920	193	1246
Male	40	245	26	311
TOTAL	173	1165	219	1557

AGE	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
Under 30 yrs.	77	435	21	533
30-39 yrs.	42	328	82	452
40-49 yrs.	29	206	62	297
50-59 yrs.	15	148	40	203
≥60 yrs.	10	48	14	72
TOTAL	173	1165	219	1557

TENURE³	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
<5 yrs.	173	1086	180	1439
5-10 yrs.	0	50	26	76
11-20 yrs.	0	20	10	30
21-30 yrs.	0	6	2	8
>30 yrs.	0	3	1	4
TOTAL	173	1165	219	1557

Juvenile Justice Transfers

In some cases, it is determined that the youth’s needs are best met through a juvenile probation agency or the Department of Corrections and that services through the Department of Child Safety are no longer necessary. During FFY 2016, three children were transferred to the custody of the Arizona Department of Juvenile Corrections, Arizona Department of Corrections, or another state's correctional department at the time of exit from the foster care system.

These children were identified by creating from the State’s FFY 2016 AFCARS data a list of all children who were age eight or older at the time of their most recent entry into out-of-home care and had a removal end reason of “transfer to another agency.” A review of narrative case information identified the agency to which each child transferred. All three of these children were in the care and custody of the Department for at least one day during FFY 2016 before transferring to the sole custody of the juvenile justice or correctional agency.

Sources of Data on Child Maltreatment Deaths

³ This is tenure in the classification not tenure in state service.

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The number of child deaths reported in NCANDS and the CFSR Child Safety Profile includes the number of children with an after investigation substantiated finding of child death that was entered into CHILDS during the FFY (regardless of the date of the report or the date of the child's death). For example, if the child's death and the DCS Child Abuse Hotline report occurred in FFY 2014, but the substantiated finding was not entered into CHILDS until FFY 2015, the child would not be counted in the Child Safety Profile data or NCANDS in FFY 2014.

In addition to information received through the DCS Child Abuse Hotline, child maltreatment fatality data reported in NCANDS is informed by information from the Arizona Department of Health Services' Office of Vital Records, child fatality review teams, law enforcement agencies, and medical examiners' offices. The Child Fatality Review Committee, housed at the Department of Health Services, reviews all child deaths in the state, including all deaths that would be identified through the sources listed above. When a local Child Fatality Review Team identifies a death due to maltreatment that has not been previously reported to DCS, the Child Fatality Review Program notifies the DCS Child Abuse Hotline of the team's assessment. The Hotline determines if the information meets the statutory definition of a report for DCS investigation. Through this process, DCS receives information about all child deaths in Arizona that may have been caused by abuse or neglect.

The number of maltreatment fatalities identified by the Child Fatality Review Committee is substantially higher than the number reported to NCANDS because the Child Fatality Review Committee includes fatalities where maltreatment was believed by the team to have *contributed* to the child's death, and also considers child fatalities caused by an individual other than the child's parent, caregiver, or custodian. The data in NCANDS includes only those child fatality reports with a substantiated finding of child death or arrest of a parent for the death, which requires evidence of a *causal* relationship to meet the standard of proof, and that the death was caused by the child's parent, caregiver, or custodian. For example, if a baby dies due to complications at birth and the mother is known to have used drugs prenatally, the Child Fatality Review Committee may find that maltreatment (substance exposure) contributed to the child's death, but the Department would not be able to substantiate a finding of child death due to maltreatment unless a medical doctor provided an opinion that the child's death was caused by the mother's drug use. Furthermore, the Child Fatality Review Committee data includes deaths that occur outside of the State's jurisdiction, such as on an Indian reservation.

Education and Training Vouchers

See *Section XI, Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report* for information related to education and training vouchers.

Inter-country Adoption Act of 2000 (ICCA)

The ICCA seeks to ensure that inter-country adoptions are in the child's best interest and protect the rights of children, birth families, and adoptive parents involved in adoptions from countries subject to the Hague Convention on Protection of Children. The Act also improves the ability of the federal government to assist United States citizens seeking to adopt children from countries subject to the Convention. Children adopted from other countries who enter the Arizona child welfare system receive the same comprehensive services as any other child in out-of-home care.

Case information was reviewed for each child who entered out-of-home care during FFY 2016 and was identified in CHILDS as having been previously adopted. This review identified three children who entered out-of-home care in FFY 2016 and were the subject of an inter-country adoption.

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One child was adopted from an unknown orphanage in Ukraine. The child entered care due to dangerous and delinquent behavior that was unable to be managed by the adoptive parents. This child is actively involved in behavioral health services, has a case plan goal of independent living, and has been referred for independent living services. The adoption has not been dissolved.

The other two children were adopted from a unknown shelter in Guatemala and from an unknown orphanage in Haiti. The children are in the custody of Arizona Department of Child Safety due to behavioral health problems that could not be resolved. These two children continue to be in the custody of the Department, and services for the children and families have not yet resulted in their return to the adoptive parents. Neither of these adoptions have been dissolved.

Monthly Caseworker Visit Data

This data will be reported by December 15, 2017.

State Contact for the FFY 2018 APSR

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