



# **CHILD AND FAMILY SERVICES PLAN**

**Federal Fiscal Years 2020-2024**

*Department of Child Safety*  
STATE OF ARIZONA

**Submitted to:  
U.S. Department of Health and Human Services  
Administration for Children and Families  
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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 prevention services, child abuse and neglect investigations; child safety 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 several operational sections that report to the Department's Director:

- Field Operations
- Support Services
- Office of Child Welfare Investigations
- Office of Quality Improvement
- Office of General Counsel
- Legislative Affairs
- Information Technology
- Office of Accountability

Field Operations include:

- Five regions providing direct services for children and families
- Arizona Child Abuse Hotline
- Office of Prevention
- Placement Coordination
- Office of Communications
- Correspondence Control
- Learning & Development

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
- Audit Management Services
- Central Records Coordinating Unit
- Office of Continuous Improvement
- Foster Care Support and Post Permanency Support
- Interstate Compact on Placement of Children
- Statewide parent and relative locate services
- Adoption and resource home development and support programs
- Human Resources

The Office of Quality Improvement includes:

- Practice Improvement
- Practice, Program, and Service Development

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The Office of Accountability includes:

- Safety Analysis Review Team (Child Fatality and Near Fatality Review)
- Protective Services Review Team
- Field Resources and Policy Unit
- Ombudsman’s Office

***Regional Operations***

Arizona’s fifteen counties are divided into five regions. The Maricopa West, Maricopa East, and South Regions encompass the state’s largest urban areas. The Northwest and Northeast Regions are rural. The counties within each region are:

Maricopa East	Maricopa West	South	Northwest	Northeast
Eastern Maricopa	Western Maricopa	Pima	La Paz	Apache
		Cochise	Coconino	Gila
		Santa Cruz	Mohave	Graham
		Yuma	Yavapai	Greenlee
				Navajo
				Pinal

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 will continue to include three components: strategic planning, 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 activities so that improvement initiatives are supported and sustainable.

The Department employs a Statewide Committee Coordinator to support stakeholder engagement committees, primarily the Citizen Review Panels, a Youth Advisory Board, a Birth Parent Advisory Board, and the Community Advisory Committee. The coordinator's role is to:

- plan, support, and attend stakeholder committee meetings at regular intervals;
- identify dates and venues, and coordinate with the committee chair and/or members to develop an agenda;
- at the request of the committee, schedule presenters, prepare meeting materials, and ensure meetings are posted in accordance with public meeting law, if applicable;
- assist in the documentation of the meeting and encourage the committee to appoint a secretary to track action items;
- ensure committees have a clearly identified charge and assist with execution;
- identify focus areas or topics on which DCS desires feedback;
- ensure there is no unintentional redundancy among the different stakeholder committees;
- determine whether intra-committee collaboration is necessary and facilitate collaboration;
- assist committees with tracking and meeting reporting deadlines;
- research training and educational opportunities that may be attended by committee members to enhance the members' ability to serve on the council or committee;
- offer meaningful insight to DCS and the child welfare community, and
- actively recruit members on an as-needed basis and engage in continuous retention efforts.

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 Report*, *Monthly Operational and Outcome Report*, Child and Family Services Plans (CFSPs), and Annual Progress and Services Reports (APSRs) are available to staff and stakeholders on the Department's internet site.

***Strategic Planning***

The Department develops its strategic plans with consideration of available data and the advice and insights of numerous internal and external stakeholders. Court partners, current and former foster youth, parents who have or are receiving services from DCS, foster and adoptive parents, American Indian Tribes, advocacy groups, DCS staff, Casey Family Programs, and the Children's Bureau are among the many stakeholders that the Department consulted to inform the selection of goals and strategic initiatives in the CFSP for FFYs 2020 – 2024.

***Targeted Engagement Opportunities***

As specific topics and initiatives arise, the Department acquires input from relevant subject matter experts in the community. The Department utilizes an extensive group of stakeholders who participate in consultation activities to inform Department initiatives, including tribal representatives, community health center employees, court personnel, service providers, parents who received Department services, 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***

Stakeholder 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. When areas needing improvement are identified, plans are established to research the issues in depth and recommend solutions to the larger group. Outcomes from these meetings are then shared with Department leadership.

The following are some of the many committees and activities through which stakeholder input has been received to develop the CFSP, and will continue to be received during the CFSP period to update and implement the Department's strategic plans and other improvement efforts.

- *Youth Advisory Boards* –The State Youth Advisory Board (SYAB) focuses on obtaining input from youth who are currently in care or who are alumni of care, on the policy, procedures, and practices of Department. The mission of the board is to improve the experience of foster care for youth. The board currently has ten members, and continues efforts to identify additional members. The SYAB design also allows for the continuous activation of new local boards across the state, which will feed information into the SYAB. To inform the Department's SFY 2020 strategic plan and the CFSP, during SFY 2019 the SYAB provided input on the Request for Information (RFI) for new semi-independent living options for youth reaching the age of 18. As additional information about the RFI is obtained, it will be shared with the SYAB.
- *Community Advisory Committee* - In May 2014, Arizona Revised Statute 8-459 was signed into law, establishing requirements for a DCS Community Advisory Committee. This Committee has continued since that time, typically holding five meetings per SFY and having around thirteen members. The committee provides an opportunity for the Department and community stakeholders to collaborate with a goal of ensuring child safety, strengthening families, and achieving permanency for children. DCS has receives input from the committee related to yearly strategic initiatives and DCS policy and procedures. The committee provided input into the Department's SFY 2020 strategic plan and the CFSP by reviewing and providing input related to the Department's plan for an integrated behavioral health and medical system.
- *Parent Advisory Board* – The Parent Advisory Board is comprised of birth parents who have had past open cases with the Department. Currently, there are ten members on the board, and the board is actively recruiting additional members. The mission of the board is to actively collaborate with DCS in building strategic partnerships between birth parents and DCS staff, promote parent leadership development, and help expand the meaningful roles and voices of birth parents throughout the child welfare system.
- *The Office of Quality Improvement Projects Steering Committee* – The OQI Projects Steering Committee is attended by the Chief Quality Improvement Officer, OQI staff leading strategic initiatives, regional Program Administrators, and the Deputy Director of Field Operations. The committee meets monthly to provide guidance and feedback related to implementation readiness, progress, and impact.
- *The Arizona Citizen Review Panels* – The fundamental role of the CRPs is to evaluate the extent to which state child protection agencies are effectively discharging their child protection responsibilities in accordance with the State's Child Abuse Prevention and Treatment Act (CAPTA) Plan. The Community Advisory Committee serves as one of the three required Citizen



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Review Panels, and two other panels focus on topics important to and identified by the community and the Department. A joint strategic planning meeting was held in March 2019 and attended by the members of the two newly formed panels. The panels reviewed the CAPTA regulations related to Citizen Review Panels; received an overview of the DCS vision, mission, values, and practice principles; and learned about the current DCS strategic plan and initiatives. The first newly formed panel chose to focus on school participation and transition to adulthood for youth in out-of-home care age 14 and older. The second newly formed panel has chosen to focus on housing for youth transitioning to adulthood. This second panel is chaired by a foster-adoptive parent, and is scheduled to review DCS policy and speak with DCS permanency staff about current casework practice. The two new panels have been connected with the DCS Youth Advisory Board members, and receive information and feedback directly from youth involved with or previously involved with DCS.

- *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 reviewed by one of the 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 the DCS. The DCS representatives bring expertise on the causes and signs of child maltreatment; answer questions regarding agency policy, protocol, and practice; and provide information about prior Department 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. The goal of the Child Fatality Review is to reduce preventable child fatalities through systematic, 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 Statewide Fatality Prevention Committee* - During SFY 2019, the Department developed the Statewide Fatality Prevention Committee to coordinate and create a statewide plan to prevent child maltreatment deaths. The committee plans to meet on a quarterly basis, and includes community stakeholders such as representatives from Prevent Child Abuse Arizona; Department of Health Services; Maricopa County Superior Court; the Governor's Office of Youth, Faith, and Family; First Things First; hospitals; Arizona Health Care Cost Containment System; a nurse consultant; tribal liaisons; and the Arizona Chapter of the American Academy of Pediatrics.
- *Prevention Advisory Collaborative (PAC)* – The Prevention Advisory Collaborative (PAC), funded by the Community-Based Child Abuse Prevention (CBCAP) grant, was developed to increase parent leadership and provide feedback to the Department related to initiatives and improvement activities. The collaborative is made up of parents from the community, a former foster youth, kinship providers, and parents who are former DCS clients. The insights provided by PAC members have increased DCS's understanding of how the community reacts to various prevention efforts and allows the Office of Prevention to adjust strategies accordingly.
- *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

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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 committee's recent focus on kinship care contributed to the inclusion of support for kin caregivers as an activity in the DCS SFY 2019 and 2020 strategic plans and this CFSP. Recent committee focus on kinship care has contributed to support for kin caregivers included in the DCS SFY 2020 strategic plan and CFSP. For example, legislation was passed during 2019 to allow permanent guardians to apply to become adoptive parents for the child in their care and receive adoption subsidy, the AHCCCS enrollment process for children under a guardianship was streamlined, guidelines for waiving non-safety related foster home licensing requirements for kinship caregivers were created, and to allow the \$75 per month per child kinship stipend to be provided without the need for an application or consideration of the caregiver's income.

- *The Arizona Council of Human Service Providers Child Welfare Committee* – The Arizona Council of Human Service Providers is a 501(c)6 organization that represents agencies throughout Arizona providing behavioral health, substance abuse, child welfare, and juvenile justice services. The Arizona Council includes 99 member agencies located throughout the state who employ over 23,000 staff, operate over 700 facilities, and serve over one million people annually. 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, counselling, and other child welfare and behavioral health services. Department staff participate in quarterly community forums attended by Council members to update the members on ongoing issues and initiatives.
- *The DCS Office of Tribal Relations/ITCA/Tribal-Urban Partnership* – The Partnership was formed in 2017 when the ICWA Liaison Meetings and Inter-Tribal Council of Arizona meetings were combined with DCS' work with the Capacity Building Center for States and ITCA. The partnership meets at least quarterly. Membership includes representatives from DCS, DES, Native Health, and Arizona's 21 tribes; and meetings are typically attended by eight to ten tribes. The meetings are informational in nature. Based on a presentation or discussion, a group may be formed to pursue a specific goal or objective. For additional information on the Department's consultation activities with the state's American Indian Tribes, see *Section VII: Consultation and Coordination with Tribes*.
- *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. The Department's Chief Quality Improvement Officer continues 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 CFSP, 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

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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. The Department 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 tribal social service agencies, the juvenile court, Casey Family Programs, and the Department. The meetings are held quarterly. The ICWA Committee has discussed and shared information on topics such as proposed legislation, ICWA training for Department staff, expert witness testimony, and ICWA Court.
- *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 and substance abuse treatment providers, attorneys, Department representatives, and Court Appointed Special Advocates (CASA) meets monthly or quarterly to address system issues, learn about local resources, and gain greater knowledge of the unique needs of maltreated infants and toddlers.
- *Collaboration with the Juvenile Justice system* - The Department partners with Juvenile Justice administrations on critical topics facing the two systems, including serving those youth who “crossover” between the two systems, offering placement array options to the juvenile justice systems to limit the unnecessary entry into foster care, and increasing data sharing to better analyze and design services for youth.
- *Home Recruitment Study and Supervision (HRSS) Semi-Annual Executive Meetings and Quarterly Statewide HRSS Services Meetings* – The HRSS meetings provide relevant information and updates to the provider community, including DCS data as it relates to the strategic plan and other initiatives or improvements being made. Topics of discussion that support the CFSP goal of increasing the placement of children in a family-like setting include the online orientation for foster parents, changes to the DCS website that provide information to foster and adoptive parents, agency resource communication with foster parents, and foster parent training opportunities. The HRSS Executive meeting participants include the DCS Director, DCS Deputy Director of Support Services, and executive level staff of the HRSS agencies. The Quarterly HRSS meeting participants include Department managers and HRSS management team representatives. The needs and concerns of the provider agencies are discussed, and feedback from the provider agencies on a variety of topics is received.
- *The KIDS Consortium (Maricopa County) and FACT (Pima County)* – The KIDS Consortium and FACT are comprised of groups of foster care and adoption agencies that work together to educate their communities about the need for high quality, caring, foster and adoptive parents. DCS’ participation and collaboration with this consortium supports the CFSP goal of increasing the placement of children in family-like settings.
- *Collaboration with University Partners* – The Department has worked closely with the Arizona State University (ASU) School of Social Work since 1978. This partnership is governed through an Interagency Services Agreement that incorporates a variety of components into an integrated

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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. To support the CFSP goals, ASU is currently partnering with DCS to develop the curriculum for the upcoming Guardian trainings, and to evaluate the Fostering Sustainable Connections title IV-E waiver demonstration project and the Maricopa County Juvenile Court Cradle to Crayons program.

- *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 focuses efforts to increase the number of foster care youth who graduate from high school and experience a positive education experience. FosterEd provides educational champions to support the long-term success of students, and engages positive youth development principles to build strong connections. Representatives from the FosterEd program continue to provide input and feedback to the Department by participating in Independent Living Coordinator meetings, and the Bridging Success advisory board.
- *Arizona Substance Abuse Partnership (ASAP)* – 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 focuses on solutions to the critical substance abuse problems facing Arizona.
- *The Behavioral Health Planning Council* – Required for the Community Mental Health Services (CMHS) Block Grant, this community-based group advises the State in planning and implementing a comprehensive community-based system of behavioral health and mental health services. The Council has approximately 20 members, including parents of children who have a severe emotional disturbance, seriously mentally ill consumers, and representatives from the Department of Education, Department of Corrections, the Department of Child Safety, 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.
- *Quarterly Service Delivery for Foster Children* - This workgroup is attended by leaders from AHCCCS, the Regional Health Authorities, DCS, and CMDP, and focuses on identifying and addressing system issues in the delivery of behavioral health services to children in out-of-home care.
- *Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs (The SEN Task Force)* – The Department co-chairs this task force, which 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 the needs of substance exposed newborns and their parents. Task force members include Department staff, CMDP staff, and community stakeholders representing the Department of Health Services, hospitals, and pediatricians. The task force continues to grow in membership and has developed regional task forces in several counties throughout Arizona to address local needs of pregnant and parenting families with substance exposed newborns.

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- *Safe, Healthy Infants and Families Thrive (SHIFT)* - The SHIFT collaborative was developed after the Maricopa County Superior Court was selected, in April 2018, to be one of the fifteen nationwide demonstration sites by the Quality Improvement Center for Collaborative Community Court Teams. The demonstration sites are to design, implement, and test approaches to meet the requirements of CARA, including infant care plans. The collaborative meets monthly and includes representatives from the court, DCS, AzEIP, St. Joseph's Hospital, Hushabye Nursery, and Community Medical Services Partnership.
- *The Interagency Leadership Team (IALT)* – This team is a collaboration between the Department of Health Services, First Things First, the Department of Child Safety, 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 visiting prevention programs such as Smooth Way Home, Healthy Start, Healthy Families, Parents as Teachers, and Nurse Family Partnership are also discussed and coordinated during IALT meetings, with a goal of reducing or preventing child maltreatment.

#### *Stakeholder Collaboration in the Development of the Child and Family Services Plan*

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. 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. The Department has developed and published yearly strategic plans since 2015, with consideration of input gathered from internal and external stakeholders through interviews, focus groups, and surveys. Insights and recommendations from the workgroups and committees described above were considered when identifying the strategic priorities and objectives included in Arizona's *Child and Family Services Plan (CFSP)* and the Department's SFY 2020 strategic plan. The Department of Child Safety's strategic plans are available on the Department of Child Safety's internet site, at <https://dcs.az.gov/>.

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 Round 3 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 were implemented during CY2016 and CY2017. The consultation with employees and external stakeholders that occurred during the CFSR informed the strategies and key activities identified in the PIP. As of May 2019, DCS met all required data improvement goals related to the Round 3 CFSR PIP. The Children's Bureau confirmed all required data targets and key activities of the PIP were completed and has released DCS of all potential financial penalties associated with the Round 3 CFSR. Arizona is the first state to complete the Round 3 CFSR process. The goals and strategies included in this CFSP continue to support outcomes of focus within the CFSR PIP process, including safety assessments, timely permanency, family engagement, and child well-being.

The Department continuously gathers and considers stakeholder input that informs the Department's development and implementation of its strategic goals, objectives, and activities, including those described in this CFSP. For example:

- DCS held a series of foster parent focus groups and initiated a foster family survey to gather input

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from licensed foster families to improve the foster parent initial orientation sessions. These efforts resulted in the development of an online foster parent orientation, which allows prospective foster parents to take the orientation at a convenient time and location. Ensuring the licensing process is clear, simple, and convenient will increase the number of licensed home, helping to achieve the goal of more children placed in a family-like setting.

- The Community Advisory Committee reviewed and provided input related to the Department’s plan for an integrated behavioral health and medical system, which is expected to improve well-being and permanency outcomes for children in out-of-home care.
- The Children’s Action Alliance Child Welfare Committee reviewed Arizona’s child welfare laws, policies, resources, and practices related to kinship care, and has contributed to DCS administrative changes and advocacy with the legislature and community. Legislation was passed during 2019 to allow the kinship stipend to be provided at a rate of \$75 per month per child without the need for an application or consideration of the caregiver’s income. This increase may allow more children to be placed in kinship foster homes and achieve permanent guardianship instead of remaining in the state’s custody.

Additional examples of stakeholder involvement in the identification of strategic goals and objectives is described in *Section V: Child and Family Services Plan FFYs 2020 – 2024* and throughout this report.

# **Section III**

## **Assessment of Outcome Achievement**

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In addition to the Department's CFSP and strategic plan goals indicated above, the Department 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 final report 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 and NCANDS data files. 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.
- *Semi-Annual Child Welfare Report* – This report was previously published by the Department on a FFY schedule; however, during CY 2018, the reporting schedule was changed to a calendar year reporting schedule. Data is primarily extracted from CHILDS, as close as possible to the date of report publication. The report is due September 30<sup>th</sup> (covering the prior January through June) and March 31<sup>st</sup> (covering the prior July through December) of each year.
- *The Monthly Operational and Outcome Report* – This report consists of data tables that track frequently used operations, workforce, and financial metrics. The Monthly Operational and Outcome 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 services.
- *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 investigations; in-person contacts with children, parents, and out-of-home care providers; child removals and exits; 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 period under review for each PICR is approximately three months. Upon completion, the review instruments are provided to the case



manager, supervisor, Program Manager, and Supervision Coach. 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. Data reports are generated a minimum of once per year, and this information helps the Department 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 IV: Assessment of System Performance*.

The Department's 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 behavioral health expenditures, out of home care population, open reports, and benchmarks reducing the backlog. Data is also distributed to stakeholders within committees, at topical meetings, and upon public information requests. 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's previous efforts to engage stakeholders to consolidate data reports were successful and identified metrics that inform outcome and performance measures. These consolidated reports have improved the clarity, usability, and timeliness of DCS data reporting.

## **1. Case Volume and Workforce Resources**

The Department will continue to monitor DCS Specialist workload and 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 DCS Supervisor positions. These and other efforts have had a demonstrably positive effect on workload. Statewide caseloads during the third quarter of SFY 2019 were approximately 13 investigation reports per investigator, 7 to 16 cases for dedicated in-home workers, and 11 to 35 children in out-of-home care per ongoing worker (Source: DCS Quarterly Benchmark Progress Report).

Arizona has maintained a lower rate of children removed per 1,000 during recent years, and will continue to monitor the entry and exit rates of children in care. As of May 22, 2019, 13,380 children age 0 to 17 were in out-of-home care in Arizona (Source: Monthly Operational and Outcome Report, May 2019).

The Department continues to focus on hiring and staff recruitment. To support this effort, the Department will implement or continue the following statewide strategies during the CFSP period.

- The revised interview process, including new interview questions and written assessment, will continue into the CFSP period. As part of this new process, the hiring supervisors are included in the selection of the employees whom they will directly supervise, and interviews are conducted at the office in which the vacancy exists.
- After reviewing and analyzing the exit surveys provided by DCS Specialists leaving DCS services

in SFY 2019, the Department learned the majority of staff terminated employment with DCS due to low pay. Because of this information, DCS advocated for and was provided funds to increase the salary for many field positions at the end of June 2019. The positions that received this raise include Case Aides, Program Specialists, DCS Specialists, and Program Supervisors.

- At the end of June 2019, the Department restructured the DCS Specialist series classifications in an effort to retain DCS Specialists. Upon the successful completion of the 22 weeks of initial training, the DCS Specialist Trainee is promoted to a DCS Specialist. The DCS Specialist will then be eligible for a pay increase after one year, and a final pay increase two years later.
- DCS will begin providing the Predictive Index results to the direct supervisors of staff in SFY 2020, which will help the supervisor to have knowledge about how the employee best learns and receives supervision.
- The efforts to review and improve the supervisor recruitment process will continue into the CFSP period. Similar to the work that was done for the DCS Specialists, the desired competencies and attributes of a successful supervisor were identified and interview questions were developed accordingly. In addition to the new interview questions, pre-requisite training and testing has been identified and will be required in order for employees to interview and be considered for promotion. The project team also recommended utilizing the Predictive Index assessment performance tool and developed a profile for a successful supervisor. The profile will be used in conjunction with all other selection process components to hire the most qualified candidate.
- The Department will continue to implement the Supervision Coach Program to support field staff and increase job satisfaction. The coaches conduct individual and group coaching with Program Managers and Program Supervisors through direct observation of practice to develop proficiency, self-efficacy, and consistent application of the safety assessment model.

The Maricopa West Region offers a pilot peer mentoring program for DCS Specialists to build leadership capacity, increase retention, and increase opportunities for career development. Peer mentors are assigned to a new or existing DCS Specialists, and assist the employees with skill development and learning opportunities specific to his or her job duties. The peer mentor does not carry a caseload; however, is often assigned as primary case manager on the cases of the new employee being mentored. An assessment is completed at the end of the predetermined mentoring time, including recommendations related to continued support if the assessment indicates additional skill development is required.

## **2. Safety Outcomes 1 and 2**

This section describes administrative data and case review measures on safety, and the 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 (95% of cases rated strength). 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 (Source: Business Intelligence Dashboard, CHILDS)

FFY 2018: 93.95% (of 47,500 reports)

The Department's report response rate has been consistently improving over the past five years, increasing from an on-time response rate of 60.3% of reports in FFY 2014 to nearly 94% of reports in FFY 2018. The most recent data indicates continued improvement. Of the 15,285 reports received from October 2018 through January 2019, 94.76% received a response within the state policy timeframe (Source: Business Intelligence Dashboard, CHILDS extract date 3-23-19).

CFSR Item 1 was identified as an area to address in the 2015 Arizona Round 3 CFSR Program Improvement Plan (PIP). The Department's CFSR PIP case review data from cases reviewed during the months of June 2018 to May 2019 and July 2018 to June 2019 indicates the PIP improvement goal for CFSR Item 1 was met. The Department continually monitors data and practice on timeliness of initial response via scorecards and visual process adherence tools that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

CFSR National Data Indicator: 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, January 2019, Risk-Standardized Performance)

FFY 2016: 5.8%

DCS data indicates 6.58% of victims of substantiated maltreatment during CY 2017 were victims of another substantiated report within 12 months. This percentage decreased from 7.3% for SFY 2016 (source: DCS Context Statistics and Outcome Data report). This DCS data is not risk-standardized and is the actual observed data. 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 National Data Indicator: 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 9.67 or less (Source: CFSR Data Profile, January 2019, Risk-Standardized Performance)

FFY 2016: 4.44

DCS data indicates the rate of children with a substantiated report per 100,000 days of out-of-home care was 3.59 for CY 2017 (source: DCS Context Statistics and Outcome Data report). This DCS data is not risk-standardized and is the actual observed data.

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, and serve children in the home when safe to do so) will be 95% or more (Investigation PICR Questions Item 1F and Item 7C)

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 Department's CFSR PIP did not require case reviews related to CFSR Item 2.

PICR results indicate that when a child is determined to be unsafe in the parents' home, sufficient safety plans are usually developed. The PICR also evaluates the quality of the safety actions and written safety plan. Together, these two elements indicate that DCS is 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 in, or return to, his or her home.

CFSR Item 3: Risk and Safety Assessment and Management

The percentage of investigation cases in which the agency took sufficient actions to control present or impending danger will be 95% or more (Investigation PICR Questions Item 1E and Item 7B)

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 Questions A1-3 and B1-7)

CFSR Item 3 was identified as an area to address in the 2015 Arizona Round 3 CFSR Program Improvement Plan (PIP). The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 3 was met as of February 2018. The Department continually monitors data and practice on safety assessment and management via scorecards and visual process adherence tools that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

In order for a case to be rated as a strength on the In-Home and Out-of-Home PICR, all of the following must be true during the entire three-month review period, if applicable:

- a thorough initial safety assessment was completed timely;
- ongoing safety assessments were completed timely;
- ongoing safety assessments included thorough information gathered including safety of the child and progress of the parents related to safety threats 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.

PICR results indicate that when a child is determined to be unsafe in the parents' home, sufficient safety actions are typically taken to control present or impending danger. The majority of cases reviewed received a safety assessment and had a plan for ensuring the child's safety; 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 discussions 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 will continue to identify and implement strategies to improve safety related processes and safety outcomes, including Arizona's renovation of the Department's safety assessment process, the Supervision Coach Program, and the implementation of the updated safety assessment model (SAFE AZ). See *Section V: Child and Family Services Plan FFYs 2020-2024* 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 information resulting from these measurement methods. Many of the Department's measures match those used in the 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 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 Item 4: Stability of Foster Care Placement

CFSR National Data Indicator: 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, January 2019, risk-standardized performance)

FFY 2018: 3.91

DCS data indicates children who entered care in CY 2018 experienced a placement move rate per 1,000 days of out-of-home care of 3 (source: DCS Context Statistics and Outcome Data report, May 2019). This DCS data is not risk-standardized and is the actual observed data. Arizona is performing better than the CFSR national standard for placement stability. According to the January 2019 CFSR data profile, Arizona's risk-standardized performance is that of all children who entered care in FFY 2018, the rate of placement moves per 1,000 days of out-of-home care was 3.91, 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 4 was identified as an area to address in the 2015 Arizona Round 3 CFSR Program Improvement Plan. The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicates the PIP improvement goal for CFSR Item 4 was met as of October 2018. The Department continually monitors data and practice on placement stability via scorecards that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

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)

CFSR Item 5 was identified as an area to address in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 5 was met as of June 2018. The Department continually monitors practice on selection of permanency goals through the Practice Improvement Case Review process.

PICRs 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.

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 National Data Indicator: 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 42.7% or more (Source: CFSR Data Profile, January 2019, risk-standardized performance)

FFY 2016: 31.5%

DCS data indicates 33.9% of children who entered care in CY 2017 and remained in care for eight days or longer, discharged to permanency within 12 months of entering care (source: DCS Context Statistics and Outcome Data report, May 2019). This DCS data is not risk-standardized and is the actual observed data.

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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, January 2019, risk-standardized performance)

FFY 2018: 56.8%

DCS data indicates 61.7% of children who were in care on the first day of CY 2017 and had been in care between 12 and 23 months discharged to permanency within 12 months of the first day (source: DCS Context Statistics and Outcome Data report, May 2019). This DCS data is not risk-standardized and is the actual observed data.

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, January 2019, risk-standardized performance)

FFY 2018: 42.3%

DCS data indicates 45.4% of the children who were in care on the first day of CY 2017 and had been in care for 24 months or longer discharged to permanency within 12 months of the first day (source: DCS Context Statistics and Outcome Data report, May 2019). This DCS data is not risk-standardized and is the actual observed data. 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 January 2019 CFSR data profile, Arizona's risk-standardized performance is that of all the children in care on the first day of FFY 2018 who had been in care continuously between 12 and 23 months, 56.8% had discharged to permanency within 12 months of the first day, exceeding the national standard of 45.9% or more. Of children in care on the first day of FFY 2018 who had been in care for 24 month or more, 42.3% discharged to permanency within 12 months of the first day, 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.

CFSR Item 6 was identified as an area to address in the 2015 Arizona Round 3 CFSR Program Improvement Plan. The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 6 was met as of February 2018. The Department continually monitors data and practice on timeliness of permanency via scorecards that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

Practice Improvement Case Reviews reveal there are opportunities to improve the timely achievement of permanency for children within 12 months of removal, including having quality in-person contacts with each parent monthly and initiation of parent locate searches for parents whose whereabouts are unknown.

CFSR National Data Indicator: 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 8.1% or less (Source: CFSR Data Profile, January 2019, risk-standardized performance)

FFY 2016: 5.5%

DCS data indicates of the children who entered care during CY 2016 and discharged to reunification, live with relative, or guardianship within 12 months, 10.4% re-entered care within twelve months from the date of discharge (source: DCS Context Statistics and Outcome Data report, May 2019). This DCS data is not risk-standardized and is the actual observed data. Arizona has achieved the CFSR goal for re-entry within

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12 months of exit to reunification, live with relative, or guardianship in the last three data reporting years. According to the January 2019 CFSR data profile, Arizona’s risk-standardized performance is that of all the children who entered care in FFY 2016, and exited to reunification, living with a relative, or guardianship, 5.5% re-entered care within twelve months. The national standard is 8.1% 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 75% or more. (AFCARS)

9/30/18: 62%

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 85% or more.<sup>1</sup> (AFCARS)

9/30/18: 82%

On September 30, 2018, 62% of cases with sibling groups in care had all siblings placed together, and 82% 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, or when placement together would be unsafe. The target goals are set at 75% and 85% in recognition that placement of siblings together is not always in the children’s best interest.

The Department’s CFSR PIP did not require case reviews related to CFSR Item 7.

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 are 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).

The Department’s CFSR PIP did not require case reviews related to CFSR Item 8.

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 2018: 93%

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<sup>1</sup> 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.



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 2018: 44%

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. Ninety-three percent of American Indian children exited to permanency before age 18 during FFY 2018, and the percentage of American Indian youth living with a relative or parent was 44% in FFY 2018 (Source: AFCARS Report 43).

PICRs indicate that compliance with the ICWA requirements typically occurs. Of the cases reviewed in CY 2018, sufficient inquiry to determine whether the child may be a member of, or eligible for membership in an Indian tribe occurred in roughly 78% of the cases; timely notification to the tribe in 100% of the cases; and child placement in accordance with ICWA placement preferences or concerted efforts in 100% of the cases.

The Department's CFSR PIP did not require case reviews related to CFSR Item 9.

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 age birth to 17 in out-of-home care on December 31, 2018, 42.9% were placed with a relative (Source: Semi-Annual Child Welfare Report). Arizona's percentage remains higher than the national percentage. The Kids Count data center website (<https://datacenter.kidscount.org/>) indicates that nationwide, 32% of foster children were placed with relatives in 2016. PICRs 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 roughly 71% 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.

The Department's CFSR PIP did not require case reviews related to CFSR Item 10.

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)

PICRs show 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, extracurricular activities, and meetings.

The Department's CFSR PIP did not require case reviews related to CFSR Item 11.

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. The Department's CFSP includes improvement strategies to reduce time to permanency and increase the placement of children in family-like settings. See *Section V: Child and Family Services Plan FFYs 2020-2024* 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 information resulting from these measurement methods. Many of the Department's measures match those used in the 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 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 14 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 14 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 8 B2 & 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)

PICRs have found that the children's needs were assessed and services were provided in roughly 77% of cases reviewed. Although there are opportunities for improvement in this area, foster and kinship

placements interviewed during PICRs often report that they are pleased with the support they receive and that the child's and the placement's needs are promptly addressed by the DCS Specialist.

PICRs have indicated that provision of sufficient services to meet a parent's known needs is a stronger practice area than the assessment of 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 parents, including incarcerated parents and parents who have not been involved with their children.

CFSR Item 12 was identified as an area to address in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 12 was met as of February 2018. The Department continually monitors data and practice on assessing and providing for the needs of the family through the Practice Improvement Case Review process.

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 Item 9A)

The Department's PICRs generate statewide data on the involvement of mothers, fathers, and children in the development of those plans. The PICRs conducted during CY 2018 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 conversations 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 by seeking the child's input into case planning topics.

CFSR Item 13 was identified as an area to address in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 13 was met as of May 2018. The Department continually monitors data

and practice on the involvement of the family in case planning through the Practice Improvement Case Review process.

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)

The CY 2018 PICRs found 86% of the cases reviewed contained evidence of sufficient frequency of in-person visits between the child and the assigned DCS Specialist. At times, other DCS Specialists, DCS Supervisors, Program Specialists, and Case Aides conducted additional 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 March 23, 2019) shows that the statewide average contact rate by the assigned DCS Specialist or another person (such as the supervisor or case aide) was 97.75% for CY 2018. This data excludes children whose most recent placement was out-of-state, in-home, parent/guardian, missing child, 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 at least one contact per month and the percentage of contacts that include conversations about topics such as permanency planning, services, needs, etc.

CFSR Item 14 was identified as an area to address in the 2015 Arizona Round 3 CFSR Program Improvement Plan. The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 14 was met as of April 2018. The Department continually monitors data and practice on case manager visits with children via scorecards and visual process adherence tools that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

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. Practice can be improved by having high quality conversations with parents related to their needs, services, caregiver protective capacities, and the status of their children.

Data retrieved from the Department's Business Intelligence Dashboard (data current as of May 11, 2019) shows that the statewide average contact rate by the assigned DCS Specialist or another person (such as the supervisor or case aide) was 67% for CY 2018. Region scorecard data also indicates DCS Specialist contacts with parents ranged from 65% to 72% in the first nine months of SFY 2019.

CFSR Item 15 was identified as an area to address in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 15 was met as of February 2018. The Department continually monitors data and practice on case manager visits with parents via scorecards and visual process adherence tools that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

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)

PICRs completed during CY 2018 found 94% of cases reviewed were rated strength in relation to the educational needs assessment of the child and 85% of cases were rated strength in relation to necessary education services being provided, or if the agency made concerted efforts to advocate for services through the educational system.

The Department's CFSR PIP did not require case reviews related to CFSR Item 16.

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 were true during the entire review period, if applicable:

- timely EPSDT or other comprehensive medical examinations,
- timely dental examinations,
- appropriate services provided for any physical or dental health needs 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

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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.

The Department’s CFSR PIP did not require case reviews related to CFSR Item 17.

State Medicaid audits continue to indicate CMDP’s 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. CMDP is evaluating health care data to determine accuracy of the data and programming fidelity.

In addition to the performance data below, 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.

**CMDP Acute-Care Measure Performance – contract year ending (CYE) 2016 (10/1/15-9/30/16)\***

Measure	Minimum Performance Standard (MPS)	Denominator	Numerator	CMDP Performance	All Arizona Medicaid Average
Children's Access to Care (12 - 24 months)	93%	949	933	98.3%	92.1%
Children's Access to Care (25 months - 6 years)	84%	3,045	2,838	93.2%	85.4%
Children's Access to Care (7 - 11 years)	83%	1,067	1,024	96%	90.6%
Children's Access to Care (12 - 19 years)	82%	1,261	1,209	95.9%	88%
Well Child Visits (3-6 years)	66%	2,344	1,657	70.7%	61%
Adolescent Well Care Visits	41%	2,730	1,864	68.3%	39.2%
Annual Dental Visits (2-20 years)	65%	8,419	5,721	68%	58.6%
Plan All-cause Readmission	TBD	0	0	n/a	11.2%
Developmental Screening in the 1 <sup>st</sup> 3 Years of Life	TBD	2,178	654	30%	23.7%
Chlamydia Screening in Women	63%	327	172	52.6%	47.4%
Use of Multiple Concurrent	TBD	51	1	2%	0.8%

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Antipsychotics in Children and Adolescents					
Well Child Visits in the 1 <sup>st</sup> 15 Months of Life	65%	719	349	48.5%	57.7%
Ambulatory Care: ED Visits	TBD	212,467	9,002	42 (per 1,000 MM)	56 (per 1,000 MM)
Inpatient Utilization-General Hospital/Acute Care-Total Inpatient	TBD	212,467	2,871	13.5 (days per 1,000 MM)	27.6 (days per 1,000 MM)
Inpatient Utilization-General Hospital/Acute Care-Maternity	TBD	76,159	158	2.1 (days per 1,000 MM)	8 (days per 1,000 MM)
Inpatient Utilization-General Hospital/Acute Care-Surgery	TBD	212,467	972	4.6 (days per 1,000 MM)	11.9 (days per 1,000 MM)
Inpatient Utilization-General Hospital/Acute Care-Medicine	TBD	212,467	1,741	8.2 (days per 1,000 MM)	10.5 (days per 1,000 MM)

\*Data provided by AHCCCS. The above table is the most recent data available. MM=member months

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)

The 2018 PICRs found 89% of cases reviewed were rated strength in relation to the assessment of the mental/behavioral health of the child and 84% were rated strength in the provision of mental/behavioral health services. Many children did not require behavioral health services during the period under review or were receiving the necessary services.

The Department’s CFSR PIP did not require case reviews related to CFSR Item 18.

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 V: Child and Family Services Plan FFYs 2020-2024* for information about the Department’s current activities to improve safety outcomes and processes.

# **Section IV**

## **Assessment of System Performance**

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## **1. Information System**

### *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, investigation, child welfare appeals, case management, adoption, eligibility determination, staff management, provider management, and payment processing. The system also provides online 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 VMware Horizon 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 through a prioritization process. The number of enhancements and modifications being approved at this time are few as the Department is prioritizing changes for Guardian, which will replace CHILDS. CHILDS continues to conduct quarterly system modifications. 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 is in process of developing Guardian, the Comprehensive Child Welfare Information System (CCWIS), to replace CHILDS. In the first quarter SFY 2018, the Department launched the mobility application that allowed case managers to access and update certain case information while in the field. The second release launched in the second quarter of SFY 2018, which allowed DCS Specialists to access certain forms while in the field. This mobile application is available to all ongoing and investigation DCS Specialists. The installation of the infrastructure requirements for the platform product Microsoft Dynamics Customer Relationship Management was completed in the fourth quarter of SFY 2017. Microsoft, as the selected technical integrator, started the design, configuration, and development of Guardian in the first quarter of SFY 2019. Microsoft and DCS have plans to create modules for intake, assessments, case

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management, permanency, provider management, eligibility, and financial management. During SFY 2019, the team has completed the development and testing of the intake module and is currently configuring and developing functionality for assessment, case management, and permanency. In addition, design work has started for financial management, eligibility, and provider management. Guardian is being developed and tested iteratively, will be deployed at the beginning of SFY 2021, and will be fully implemented before the end of the CFSP period.

*Statewide Information System Assessment*

Systemic Factor Item 19:           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 Round 3 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 includes the collection and retention of the information included in CFSR item 19. As described above, the Department will implement a new system during the CFSP period, 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 2019A AFCARS submissions was in compliance with the AFCARS standards for determining compliance in the six-month submission. The Department's AFCARS submissions will continue to improve with the development of the new CCWIS, Guardian.

The Statewide Assessment Item 19 requires states to have in place a statewide information system to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care. The FFY 2019A data quality report provided the following error rates on AFCARS elements that are pertinent to Statewide Assessment Item 19:

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FC-06 Date of Birth:	0 missing records
FC-07 Sex:	3 missing records of 17,979 (0.02% failing)
FC-08 Race:	0 missing records
FC-09 Hispanic Origin:	0 missing records
FC-18 First Removal Date:	0 missing records
FC-20 Last Discharge Date:	0 missing records, 14 internal consistency errors of 16,776 (0.08% failing)
FC-21 Latest Removal:	0 missing records, 16 internal consistency errors of 17,979 (0.09% failing)
FC-41 Current Placement:	396 missing records of 17,979 (2.20% failing)
FC-42 Out-of-State:	737 missing records of 17,979 (4.10% failing)
FC-43 Most Recent Goal:	217 missing records of 16,776 (1.29% 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, based on Practice Improvement Case Reviews conducted on a monthly basis, every child’s living arrangement is known to the Department; 396 children did not have current placement data entered into the placement field in CHILDS, but the placement information can be found in the case file and CHILDS narrative documentation. The Department periodically utilizes data reports to identify and correct data missing in CHILDS. For example, a weekly placement report is sent to the Regional Automation Liaisons, who work with the DCS Specialists and supervisors to enter missing placement data.

## **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 within sixty days of a child’s removal from the home or identification that a family will receive in-home services, 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 health, 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 transition to adulthood plan for youth age fourteen 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 provided to the court, and discussed at court and FCRB hearings. The Department’s court report requires 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. 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.

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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 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 recommends and the court assigns this goal when adoption is in the child's best interest and 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 to enable retrieval of 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 the immediate 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, TDMs, 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

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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*

Systemic Factor Item 20: Written Case Plan

The case review system is functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions.

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 CFSR PIP did not require case reviews related to CFSR Item 20. However, the Department implemented strategies resulting in improvements in the number of families having a written case plan and in the engagement of families in case plan development.

The Department's PICRs generate statewide data on the timely development of written case plans. Cases are reviewed each month in each region, statewide.

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 ordered by the court.

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

The timely development of the initial case plan is monitored using the DCS Management System. Between July 2018 and April 2019, the monthly regional timely completion rate ranged from 89% to 99%, with the majority of the months at 95% or higher.

The region scorecards also track the total percentage of timely case plan development, including the initial case plan and subsequent case plans. Between July 2018 and April 2019, the timely completion rate was typically 92% or higher, with many of the months reaching the 95% goal.

Systemic Factor Item 21: Periodic Reviews

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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, and FCRB hearings all meet the requirements of periodic review hearings, and therefore are counted as such. Each of these hearing types include a comprehensive discussion of the case status, including the child's safety, the continuing necessity 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.

The Arizona Administrative Office of the Courts (AOC), Court Improvement Program, conducted a review of 530 cases statewide from February 2017 to November 2018. This review found that 99% of the applicable cases reviewed (413 of 417 applicable cases) had a periodic review at least once every six months. The AOC's Court Improvement staff reported that there are no known data quality issues.

DCS 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, and FCRB). This data shows that of all the children in care on September 30, 2018, who had been in care more than seven months, the percentage who had a periodic review hearing in the six months prior was 88%. (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 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 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 88% 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 88% of children in care for seven months or more have had a periodic review hearing in the past six months.

**Systemic Factor Item 22: 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 data based on the Round 7 Operational Review completed from February 2017 to November 2018 on a sample of 530 cases statewide:

- 87.5% of children (7 of 8 applicable cases) had a permanency hearing within 30 days of the

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- disposition hearing, if a goal other than reunification was ordered,
- 92.2% of the children (166 of 180 applicable cases) who were under the age of three at the time of removal had a court hearing within six months of removal, and
  - 95.4% of the children (125 of 131 applicable cases) who were age three or older at the time of removal had a court hearing within 12 months of removal.

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.

Systemic Factor Item 23: Termination of Parental Rights

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

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 was 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. Areas for improvement include the initiation of timely motions for TPR and consistent documentation of the compelling reasons to not file for TPR within the child's case plan, when applicable.

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. Also, 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.

Systemic Factor Item 24: 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 that occurred during the period under review. During the 2018 PICRs the percentage of applicable cases rated strength was 84%.

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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.

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 Department 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. In other units, the DCS Specialist notifies the out-of-home caregiver during monthly home visits, by e-mail, or 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.

Judicial officers receive training to ensure notification and participation of OOH care providers in court hearings. Judicial officers are instructed to do the following at dependency hearings:

- Determine whether notification was effectuated to foster parents, shelter care facility, receiving foster home, pre-adoptive parents or a member of the child's extended family with whom the child has been placed.
- Allow foster parents, shelter care facility, receiving foster home, pre-adoptive parents or a member of the child's extended family with whom the child has been placed and/or identified as a possible placement an opportunity to be heard.



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- Enter orders requiring DCS, if a party, to ensure foster parents, shelter care facility, receiving foster home, pre-adoptive parents, and a member of the child’s extended family with whom the child has been placed are notified of any future proceedings.

**3. Quality Assurance System**

*Quality Assurance and Quality Improvement Systems Description*

The Department includes seven 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. § 8-807.01. 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 to identify trends and formulate considerations to DCS leadership. This unit also participates in the Arizona Child Fatality Review Program for Maricopa County, 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, oversees the CFSP process, 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. In February 2019, the PI Unit began conducting Active Case Supports, which provide real-time coaching related to information gathering and safety decisions during some of the most complex investigations. Practice Improvement Specialists are physically located in four of the Department’s five Regions.
- *The Field Resources and Policy Unit (FRPU)* – This unit develops program and administrative policies and procedures for the Department based on state and federal laws and rules, as well as best practice standards. FRPU is also responsible for the development of agency administrative rules. FRPU coordinates with others within the Department to ensure rules, policies, and procedures are updated, 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. The policy team also provides program expertise for kinship services and supports,

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the Young Adult Program, Healthy Families Arizona, and tribal relations.

- *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 DCS Central Registry. The PSRT receives and processes questions and appeal requests from parents, guardians, or custodians who disagree with a proposed substantiated finding of abuse or neglect. The PSRT unit conducts a quality assurance 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. After a parent’s due process is complete, PSRT enters the finding, which may result in the person being placed on the DCS Central Registry. 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 Office of Continuous Improvement* – The Office of Continuous Improvement contributes to process improvement efforts using Lean Practitioners that install DCS Management System elements, coach to increase proficiency in standard tools, and support Kaizen events to help improve the Department's functioning.
- *The Office of Quality Improvement* – The Office of Quality Improvement (OQI) generates, gathers and analyzes data on case management process, quality, and outcomes to identify practice strengths and needs, strategic interventions, and progress. OQI applies implementation science and DCS Management System tools and processes to design, implement, evaluate, and innovate programs and services, including internal and contracted programs and services. Examples of these services and programs include Team Decision Making, Fostering Sustainable Connections, SAFE AZ (safety assessment model), and the Supervision Coach Program. OQI provides project management of strategic initiatives, such as the current initiative to improve services and outcomes for youth served in out-of-home care at age fourteen or older. OQI also supports the Department’s advisory committees, including Citizen Review Panels, the Birth Parent Advisory Board, and the Youth Advisory Board.

The Department continues to utilize the DCS Management System, which is a “sense and respond” system built around a counter-measure culture. The DCS Management System has seven core principles that drive improvement and sustainability: (1) People Development, (2) Leader Behaviors and Standard Work, (3) Culture of Safety, (4) Visual Performance Management, (5) Problem Solving, (6) Standard Work and Visual Process Adherence, and (7) Tiered Connectivity and Accountability. The system emphasizes the development and adherence to standard work processes and seeks to continuously improve upon previous gains. Methods and tools include the Breakthrough Project / Initiative (aka “A3 Report”), the Kaizen1 Event Pre-Planning Form, and Kaizen Newspaper. The A3 Report 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 sustains improvements using tiered accountability and visual management tools, including data charts, scorecards, huddle boards, A2s (a problem solving tool), and counter-measure sheets. DCS monitors its performance using the data charts, scorecards, and huddle boards. When an issue or problem arises, such as performance below a target goal, the issue or problem is identified in a counter-measure sheet and an action to be taken is developed and assigned an owner and due date.

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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 local offices where they are refined and then rolled out to offices statewide. A single, tested, statewide process increases consistency of outcomes and allows evaluation of process effectiveness. 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 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 further 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.

The Department's 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 administrative data reports, scorecards, and case reviews conducted by OQI.

The Department's Office of Quality Improvement and Policy, Ombudsman, Learning & Development, and Practice Improvement Units discuss trends and improvement opportunities, and 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 Case Review standards. 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 and other error reports to the Regional Automation Liaisons so they can identify and correct data errors. The Information 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 investigation, in-home service, and out-of-home cases from each region throughout the year 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 investigation cases focuses on the documentation of a 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:

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- identifies practices and systemic factors that enable or hinder positive safety, permanency, and well-being outcomes for children and families;
- provides management, committees, and workgroups with information to identify and initiate improvement activities;
- 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 Practice Improvement Unit will conduct approximately 350 Active Case Supports, 84 PICR investigation reviews, 125 PICR in-home and out-of-home reviews, 390 Hotline reviews, and targeted case reviews on topics of interest during CY 2019. The Department has eight dedicated Practice Improvement Specialist positions responsible for conducting the various case reviews, as well as other tasks to monitor, inform, and support practice. All PI Specialists must have direct service child welfare experience.

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 an 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. The PI team consults with policy, training, and field staff to clarify unclear practice standards that contribute to the lack of inter-rater consistency. A member of the Practice Improvement management conducts a second level quality assurance review of a sample of the cases reviewed by each PI Specialist.

- *Analysis and Dissemination of Quality Data* – The DCS Management System includes analysis and dissemination of data through the use of scorecards, huddle boards, and counter-measure sheets. Data monitored on a regular basis include field operation data such as number of open reports, information gathering and quality documentation, out-of-home population size, use of congregate care, child placement changes, reunification timeliness, and caseload size. Agency-wide and strategy deployment data is also monitored, including data related to implementation of improvement processes such as the SAFE AZ 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 and databases on a data server. Units of analysis may include region, county, section, unit, caseworker, case and/or child. Tables and charts track results over time, where applicable. Examples of current reports include:

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

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- Case Plan Compliance
- Timely Adoption

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 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. Each region employs one or more Automation Liaisons who gather, correct, and disseminate data.

The Reports and Statistics Unit publishes the Semi-Annual Child Welfare Report and the Monthly Operational and Outcome Report that are available to the public on the Department's internet site. These reports contain operational data, such as DCS Specialist turnover, total reports received, and number of children in out-of-home care; demographic data about children in out-of-home care; staffing data, financial data, and more.

- *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.

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 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.

Department leadership uses field staff input, administrative data, PICR results, and external evaluations to inform the selection of improvement goals and strategies. Department leadership may form a team to identify root causes and improvement strategies, and monitor the completion and effects of those strategies. When relevant, 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.

*Quality Assurance and Continuous Quality Improvement Systems Assessment*

Systemic Factor Item 25:           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.

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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. As described above, the Department's QA and CQI systems meet all of the federal CFSR standards: operates in jurisdictions where the services are provided, has standards to evaluate the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures.

**4. Staff Training**

Systemic Factor Item 26: Initial Staff Training

The staff and provider training system is functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions.

The Department's initial staff training received an overall rating of strength during the 2015 CFSR Round 3. The Department continues to meet the requirement to provide initial staff training that includes the basic skills and knowledge required for the DCS Specialist position, as described in the Staff and Provider Training Plan FFYs 2020-2024 submitted with this CFSP.

DCS Program Supervisor Core Training is also provided by L & D and described in the Department's training plan. DCS currently employs 235 Program Supervisors. As of May 2019, 84% of all Program Supervisors had completed Supervisor Core training. Another 10% were still within the six-month timeframe allowed to complete Supervisor Core training, and 6% were past the timeframe to complete this requirement. The Department has a plan in place to ensure the remaining 16% of Program Supervisors complete Supervisor Core training.

Systemic Factor Item 27: Ongoing Staff Training

The staff and provider training system is functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

The Department's ongoing staff training received an overall rating of area needing improvement during the 2015 CFSR Round 3 because, at the time, the Department did not have a statewide tracking system to monitor compliance with required trainings. Since 2015, DCS has implemented an automated Learning Management System (LMS), Tracorp, to collect and monitor data on the number of staff who require initial and advanced training, and their completion of the training. LMS allows participants to register for training sessions, and allows administrators to generate rosters showing registered individuals and lists of those who completed the various courses.

Also, individual employees have access to their own records and can view these records to determine what trainings have been completed. L & D has a Mandatory Training Packet available for all DCS employees that provides instructions on how to use the LMS as well as what courses are required at what points in their career.

The Department believes staff training supports a strong and healthy workforce and leads to positive outcomes for children and families. The following data summarizes some of the initial and ongoing trainings provided during SFY 2018.

- From July 2018 to June 2019, 565 Specialists registered for DCS Specialist Core classroom

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training. From July 2018 to May 2019, 301 Specialists completed Specialist Core classroom, and another 49 are anticipated to be complete by the end of June 2019.

- From January 2019 to June 2019, 12 Specialists fully and successfully completed the Specialist Trainee Learning Track, which includes core classroom training, 80% or higher on four quizzes, 80% or higher on all CBTs, two Field Activity Guides, one Post Core Activity Guide, and an 80% or higher on the Final Test.
- During SFY 2019:
  - 709 employees attended DCS 101
  - 127 Case Aides registered for Case Aide Core classroom, and 71 completed Case Aide Core classroom
  - 151 contracted Parent Aides attended Parent Aide Core classroom
  - 68 Supervisors registered for Supervisor Core classroom, and 53 Supervisors completed Supervisor Core classroom
  - 23 Specialists attended Hotline Core classroom
  - 262 Specialists registered for Advanced Academy, and 85 Specialists completed Advanced Academy
  - 57 employees attended the Family Engagement training
  - 129 employees attended Advanced Joint Investigations
  - 26 employees attended Team Decisions Making for Facilitators
  - 366 employees attended the 2018 Leadership Summit
  - 620 employees participated in the online Court Authorized Removal webinar
  - 129 employees participated in the Young Adult Program computer based training

Based on the Department’s assessment of the current functioning of the available training, the following strategies are planned to continue to improve DCS staff knowledge and application of policy and procedure.

- The Department will continue to implement and improve the Supervision Coach Program, including fidelity monitoring through direct observation and an assessment using a proficiency scale, and quarterly reviews and adjustments of the Supervision Coach’ Individualized expert Development Plans (IEDP). The coaches will also support the leaders in creating their own IEDPs with the intent that all levels of leadership have ownership of their learning and support to achieve their goals.
- The Department will continue to update the Supervisor Training Academy, with expected implemented in SFY 2020. All supervisors will begin training on their first day in the supervisor position. The first week will consist of CBTs and classroom training on the following subjects: Administrative Supervision, Supervision Basics, and Culture of Agency and Human Resource Training. The goal of this updated training academy is for new supervisors to successfully demonstrate agency approved leadership competencies and perform leader standard work tasks.
- The DCS SFY 2020 Strategic Plan includes efforts to improve employee retention through enhanced supervision. The Department will develop and implement a new training entitled “Day 1 as a New DCS Supervisor.” The training will include a new field supervisor knowledge assessment evaluation and study guide, standardized onboarding process for new supervisors, and an on-the-job training experience for new field supervisors. Another strategy included in the strategic plan is related to implementing a coaching model for Supervisors and Program Managers.

Systemic Factor Item 28: Foster and Adoptive Parent Training

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The staff and provider training system is functioning statewide to ensure that training is occurring for current or prospective foster parents, adoptive parents, and the staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

The Department's foster and adoptive parent training received an overall rating of strength during the 2015 CFSR Round 3. The Department continues to ensure foster and child care institution staff complete initial and ongoing training to satisfy licensing requirements.

For complete information about the Department's initial, ongoing, and foster and adoptive parent trainings, see the *Arizona Staff and Provider Training Plan for FFY 2020-2024* submitted separately with this CFSP.

## **5. Service Array**

### *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 VI and other areas 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
- Psychological evaluations



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- Supervised visits
- Transportation
- Building Resilient Families
- SENSE
- Drug testing

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 including the following:

- The Department is working closely with federal Administration for Child and Families Systems Professionals in assuring the new Comprehensive Child Welfare Information System (CCWIS) allows for Child Welfare Contributing Agencies to enter and access case information for which they are responsible. Automated "portals" for information entry and sharing will increase data quality, data completeness, and data timeliness for case record documentation.
- State legislation was enacted during the current legislative session that will facilitate the future integration of behavioral health services for children in out-of-home placement under the Department's Comprehensive Medical and Dental Program. This integration will facilitate the coordination of health care services (medical, dental, and behavioral health) for these children.
- The Department continues to collaborate with WIC representatives to improve services to DCS involved families. Coordination includes resource information sharing and clarification that all children in DCS custody under the age of five qualify for WIC.

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 Specialists or OCWI staff are co-located with law enforcement and other agencies in child advocacy centers in Maricopa, Yuma, 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) service providers are co-located with DCS staff in each Maricopa County office. AFF staff are also housed at the Casa Grande and Apache Junction offices. Behavioral health high needs case managers are also co-located in several DCS offices, and assist DCS staff with coordinated service delivery to families served.
- Maricopa and Pima Counties have Department staff co-located at their county court buildings. One court liaison and one administrative assistant are placed at the Pima County Juvenile 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

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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.

- Arizona State University MSW program child welfare training units are housed in DCS offices in Tucson, Phoenix, and Apache Junction, and a Northern Arizona University BSW child welfare training unit is housed in a DCS office in Flagstaff.
- Several DCS units in Pima County are co-located at the Multi-Service Center in central Tucson to allow for greater collaboration on cases where DCS and Department of Economic Security (DES) are both working with a family and/or child. Agencies housed at this Multi-Service Center include the Department of Developmental Disabilities, Child Care, Adult Protective Services, Employment Administration, Child Support Services, Attorney General, Jobs Program, FAA, and Vocational Rehabilitation Services. In other areas of the state DCS and DES staff share separate sections of an office building including Nogales and some Maricopa County locations.
- Since its inception in 2001, the Family Drug Court (FDC) in Pima County provides intensive case management and judicial oversight to serve dependency-involved parents affected by substance abuse and their children. FDC uses a coordinated, trauma-informed, family-centered, evidence-based, multi-system approach in attaining lasting permanency by ensuring child safety, providing comprehensive treatment through which improved parenting capacity, family functioning, and child well-being are achieved. A fundamental aspect of FDC's operation is the successful incorporation of peer support through staff Recovery Support Specialists who have the unique role to provide additional support and accountability for the parents. FDC collaborates with DCS to co-locate DCS ongoing case managers at the Pima County Juvenile Court Center alongside the FDC team. Having a co-located specialized DCS unit promotes positive outcomes for the families that FDC serves. Family Drug Court graduates have experienced high reunification rates with their children while maintaining a low re-entry rate.

The family drug court program in Maricopa County, initially known as Dependency Treatment Court, is a collaboration between the Juvenile Court, Terros Health, and DCS. The program began in 2012 at the Durango Juvenile Court in Phoenix. In 2013, the program was expanded to the Southeast Facility Juvenile Court in Mesa. In 2016, the name was changed to Family Treatment Court (FTC), and shortly after DCS court liaisons were hired and co-located at the court houses. FTC is a problem solving court that holds parents accountable to their substance abuse treatment and sobriety. FTC is designed to improve outcomes for parents who have dependency court involvement and an allegation of substance abuse. The program involves frequent hearings before a judicial officer who helps motivate and provide accountability to parents as they work toward sobriety. FTC has experienced significant success for those parents who complete the entirety of the program. The reunification rate is in the 90<sup>th</sup> percentile for graduates of the program, 60<sup>th</sup> percentile for voluntary withdrawals, and 30<sup>th</sup> percentile for unsuccessful discharges.

- DCS has partnered with Tucson Medical Center and University Medical Center-Banner in Pima County, and Phoenix Children's Hospital in Maricopa County, to co-locate one DCS Specialist at each facility to allow for improved communication and information sharing between medical staff and the Department.

*Title IV-B Funding*

The following are funded in part by title IV-B, subpart 1 federal grants:

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- intake/Child Abuse Hotline; and
- administration costs, including planning activities, service coordination, preparation for or follow-up to service delivery, indirect costs associated with procurement, payroll processing, personnel functions, management, maintenance and operation of space and property, data processing and computer services, accounting, budgeting, and auditing.

The following services, supports, and efforts are funded in part by title IV-B, subpart 2 federal grants:

- contracted in-home family preservation, reunification, and support services;
- respite care for pre-adoptive placements;
- portions of the Home Recruitment, Study, and Supervision contract;
- education training vouchers; and
- caseworker retention.

*Payment Limitations*

The Arizona Department of Child Safety did not expend any FFY 2005 title IV-B, subpart 1 funds (federal or state match) for the purposes of child care, foster care maintenance, or adoption assistance payments.

The FFY 2017 state and local share expenditure amounts for the purposes of title IV-B, subpart 2 are the following:

- protective services \$74,463,400
- crisis intervention (family preservation) \$7,350,000
- prevention and support services (family support) \$7,579,396
- time-limited family reunification services \$4,749,895
- adoption promotion and support services \$3,175,000

*Service Array Assessment*

Systemic Factor Item 29: 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 Department's service array was identified as an area needing improvement during the Round 3 2015 Child and Family Services Review because, at that time, there were gaps in accessibility of some services and wait lists for others. Since 2015, the Department has implemented strategies to improve the availability of services statewide and substantially reduced wait lists. The Department created a statewide service matrix to standardize the service referral and authorization process and address service referral issues, including service wait lists. The Department has reduced wait lists for in-home services from 207 families in June 2015 to 51 families in June 2019, parent aide services from 412 in June 2015 to 152 in June 2019, and supervised visits from 169 in June 2015 to 116 in June 2019. The length of time in which a family remains on a wait list has also been reduced.

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

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The Department's Office of Quality Improvement and Fidelity & Compliance Services Unit assess the sufficiency and outcomes of the Department's contracted service array. Together, they oversee the design, implementation, and maintenance of services and programs in order to continuously improve service participation and effectiveness increasing caregiver protective capacity, stability of children's living arrangements, and child well-being. The Department has been working with the Harvard Kennedy School of Business - Government Performance Lab and the Capacity Building Center for States to implement an active contract management process to focus on key success metrics, and closely align expectations of providers and their success criteria with the desired child welfare outcomes. Active Contract Management principles have been implemented to monitor, review, observe, and measure that practice is aligned with the intended purpose of the program and service model. Monthly, quarterly, or semi-annual meetings are held with each contract's service providers to review fidelity and outcome data, and identify actions to improve the accessibility and benefit of services to families. The Fidelity & Compliance Services Unit conducts fidelity and outcome monitoring of new and existing programs to generate data that is shared with providers to guide for quality improvement. The Office of Quality Improvement analyzes fidelity and outcome data, identifies evidence-based programs and promising practices, and recommends adjustments to program design when indicated to improve engagement rates and outcomes. The Department developed a system during the reporting period to support and monitor its contracted provider community. Standard site visit processes have been implemented to help support and monitor provider performance. Provider meetings now utilize data as a main tool to help drive outcomes through contracted services and better connect services to the Department's practice models. Through Active Case Management, the Department has rebuilt relationships with providers, reduced the number of vendor performance issues, and improved service quality.

The Department has expanded its services to enable children to remain safely with their parents. The Department has expanded the availability of the SENSE and Building Resilient Families in-home service programs to allow more children to remain safely with their parents or support least restrictive settings while in out-of-home care. Updates to the Department's safety assessment and safety management model have provided a decision-making framework for developing in-home safety plans to achieve reunification as soon as it is safe, feasible, and sustainable. The Department also expanded its title IV-E waiver demonstration project, 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. During SFY 2018 1,846 new intensive in-home service referrals, 1,229 new moderate in-home services, and 1,105 new reunification referrals were initiated (Source: Monthly Operational and Outcome Report).

**Systemic Factor Item 30: Individualizing Services**

The service array and resource development system is functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency.

The Department's individualization of services was rated an area needing improvement during the 2015 Round 3 Child and Family Services Review mainly because, at that time, more services could be offered to families in languages other than English. Since that time, the Department has implemented strategies to improve the availability of services in other languages. For example, new language was added to service contracts to ensure the contractor is able to serve non-English speaking families. The Department has also updated its policies and procedures regarding limited English proficiency. The system for tracking and identifying vital documents has been improved so that forms and other documents that affect an individual's ability to make decisions about, or to participate in, a program are available in Spanish as well as English. Local office protocols were also revised to ensure staff in local offices are aware of how to access interpreter

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services for individuals with limited English proficiency. The Department's Audit Management Services completes an annual compliance review to ensure these processes are followed.

Arizona provides a wide array of services, as described above and in *Section VI: 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. Contracts for services include standard language that requires the contractor provide translation into a language familiar to the family member, provide culturally competent and relevant services, follow the Department's language policy, and follow the standard ADA and Civil Rights accommodations.

**6. Agency Responsiveness to the Community**

Systemic Factor Item 31: 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.

Systemic Factor Item 32: 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.

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 VI for a description of the Department's coordination of CFSP services with other federal programs.

**7. Foster and Adoptive Parent Licensing, Recruitment, and Retention**

Systemic Factor Item 33: Standards Applied Equally

The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 33: licensing standards applied equally.

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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 foster care with their own cultural backgrounds, 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.

The Department and agencies contracted by the Department to conduct recruitment and licensing have non-discriminatory fee structures. Any fees or procedures related to the foster and adoptive processes are the same for all families. There are no differences based on race, ethnicity, religion, or sexual orientation.

**Systemic Factor Item 34: Requirements for Criminal Background Checks**

The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure that state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

Arizona received an overall rating of area needing improvement during the Arizona 2015 CFSR Round 3 for Item 34: requirements for criminal background checks due to a delay in timely completion of foster home investigations. This area was also rated area needing improvement due to some foster children staying overnight in DCS offices while awaiting a placement. The Department addressed these concerns by eliminating the backlog of open investigations and creating fully equipped Welcome Centers in Pima and Maricopa Counties where children are cared for while awaiting a relative or foster home.

**Systemic Factor Item 35: Diligent Recruitment of Foster and Adoptive Homes**

The foster and adoptive parent licensing, recruitment, and retention system is functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 35: diligent recruitment.

The Department continues to recruit foster and adoptive families to care for children of all ages, with the most significant need continuing to be for teens, sibling groups, and children who have complex medical needs. The need for foster and adoptive families is estimated utilizing the Exhibit A report and Recruitment Estimator, and these reports are provided monthly to foster licensing agencies statewide. The Exhibit A report includes the number of homes that are in training, have been licensed, are active, and have closed their licenses. This report is used in conjunction with the Recruitment Estimator to project the need for homes in each region of the state. The information provided in the Recruitment Estimator report outlines the need for homes based on many factors, one being race. For additional information, see the Arizona Diligent Recruitment Plan for FFY 2020-2024 submitted separately with this CFSP.

**Systemic Factor Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements**

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The foster and adoptive parent licensing, recruitment, and retention system is functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Arizona received an overall rating of area needing improvement during the Arizona 2015 CFSR Round 3 for Item 36: cross-jurisdictional resources due to the state's SACWIS system not being able to provide data related to the number of children who are free for adoption. The Department is addressing this data issue through the development of a new CCWIS system, scheduled to be implemented in CY 2020.

# **Section V**

## **Child and Family Services Plan FFYs 2020-2024**



### ***Five Year Strategic Vision***

The Department’s vision is that children thrive in family environments free from abuse and neglect. The Department’s mission is to successfully engage children and families to ensure safety, strengthen families, and achieve permanency. The Department envisions a child welfare system that achieves this vision and mission through the following service delivery system components:

- Sufficient capacity to manage workload volume
- A management system that supports fiscal responsibility and standardizes planning, reporting, and accountability
- Partnerships with parents, young people, tribes, judicial and legal partners, prevention partners, behavioral health and treatment service providers, faith-based and community organizations, other child and family service programs, and Department staff for the development and implementation of effective programs and services
- An array of accessible and individualized prevention, intervention, treatment, family support, and family reunification services that are delivered timely and with fidelity to program design
- An out-of-home placement array, placement selection procedures, and caregiver supports that enable children to live with kin or other family-like settings, and include therapeutic settings for children with special physical or behavioral health needs
- Clinical case management practices and an array of accessible and individualized services that achieve successful transition to adulthood for children who are served in out-of-home care at age fourteen or older
- Clinical case management practices and an array of accessible and individualized pre- and post-permanency supports to achieve adoption or guardianship when reunification is not safe and in the child’s best interest
- Integrated medical and behavioral health services that achieve child well-being and support stability in children’s living arrangements
- Clinical practice standards for objective decision-making, including child safety assessment and family engagement practices that are consistently applied with proficiency
- Field operations supervisors and managers with demonstrated proficiency in safety assessment, clinical case management, a coaching mindset, creating a culture of safety and a learning environment, clinical supervision, and administrative supervision (using the DCS Management System)
- A learning and development program that provides the knowledge and skills to practice with proficiency and promotes learning throughout an employee’s career
- A modern information technology (IT) infrastructure that supports case management, fiscal responsibility, and data analytics
- A culture of safety that seeks to learn rather than blame, encourages problem identification and resolution, and supports workforce resilience

### **Goals, Objectives, Benchmarks, and Measures**

The following goals, objectives, and measures are identified in the Department’s strategic plan for SFY 2020, where they are titled Annual Objectives (goals) and Annual Initiatives (objectives). The Department maintains a *Strategy Deployment A3* that identifies benchmarks (key actions) for each objective and includes additional measures. Each objective/initiative has a governance structure and comprehensive project plan to plot milestones, monitor progress, and identify countermeasures when a barrier is identified or a target date missed.

**Goal 1: Improve timeliness to permanency**

<b>Objective 1.1: Standardize the referral and delivery of in-home case management</b>
1.1.1 Refine the transfer process from investigations to in-home
1.1.2 Standardize the process for in-home case management and service provision that includes structured criteria for determining when a case should open, and includes a process to fully engage a family in the development of their services plan
<b>Objective 1.2: Implement a clinical case management practice model</b>
1.2.1 Implement redesigned strength-based supervision processes and forms
1.2.2 Design, train, and coach to high quality contacts with parents and case plan staffings
<b>Objective 1.3: Increase successful transition to adulthood of all children 14+ while in foster care</b>
1.3.1 Increase engagement with youth 14 and older in youth centered case planning that includes, transition planning, emphasizing the importance of supportive adults and permanency
1.3.2 Enhance TDM process and staff training to better support youth’s preparation for adulthood planning
<b>Objective 1.4: Improve the timeliness and appropriateness of permanency goals</b>
1.4.1 Implement permanency planning consultations at seven months in care
1.4.2 Inform stakeholders about services available to youth who exit care before age 18
1.4.3 Inform stakeholders about guardianship as a permanency goal
1.4.4 Provide contracted support to families pursuing guardianship

*Rationale for Goal Selection:* When separation of children and parents cannot be prevented and it is necessary for the child’s safety to remove the child from the home, Arizona’s child welfare system aims to achieve reunification or another permanency goal as quickly as possible to provide the child safety, stability, security, and normalcy. Administrative data, case record review results, and input from child welfare partners indicate that length of stay and time to permanency can be reduced while maintaining child safety and preserving due process for parents.

- This goal builds on improvements made during Arizona’s CFSR Round 3 Program Improvement Plan related to timely permanency. The Department met CFSR Item 5: Permanency Goal for Child PIP goal in June 2018; and met CFSR Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement PIP goal in February 2018.
- The Family First Prevention Services Act sets a national vision for preventing out-of-home care by expanding the use of title IV-E funds for services to intact families whose children meet the reasonable candidate definition. The Department has received extensive communication from child welfare partners in support of in-home services to prevent out-of-home care, most notably during community forums hosted by Casey Family Programs and the Department and from child and family serving agencies. Certainly, parents most often desire to have their children remain in-home. The Department includes efforts to achieve the most timely permanency by preventing a child’s removal as within the scope of this goal.
- The Department’s entry rate per 1,000 children in the Arizona population has decreased, and the number of children served in-home increased starting in October 2018, without an increase in repeat maltreatment or re-entry rates. The Department desires to build upon these successes.
- In addition to achieving permanency by remaining with the parents as caregivers through in-home services, the Arizona child welfare system aims to reduce length of stay for children who enter out-of-home care and exit before their 18<sup>th</sup> birthdays. The January 2019 CFSR Data Profile indicates that of children who entered out-of-home care in FFY 2016, 31.5% exited to permanency (reunification, guardianship, or adoption) within twelve months of removal, which is lower than

the current national standard of 42.7%. This data is risk-standardized.

- Of children who entered care in CY 2017 and remained in care for eight days or longer, 33.9% discharged to permanency within 12 months of entering care (source: DCS Context Statistics and Outcome Data report, May 2019). This data is the actual observed data and is not risk-standardized.
- Of children who were in care on the first day of CY 2017 and had been in care between 12 and 23 months, 61.7% discharged to permanency within 12 months of the first day. Of children who were in care on the first day of CY 2017 and had been in care for 24 months or longer, 45.4% discharged to permanency within 12 months of the first day (source: DCS Context Statistics and Outcome Data report, May 2019). This data is the actual observed data and is not risk-standardized. Although the Department's FFY 2018 risk-standardized performance for both of these measures exceeds the national standards, timely permanency can further improve by achieving adoption or guardianship earlier for those children who cannot safely reunify with a parent.
- Timely permanency for youth age 14 or older served in out-of-home care is measured through the percentage who achieve permanency before age 18; and for youth who turn 18 in out-of-home care, the percentage who remain in care beyond age 18 and remain in care until age 19, 20, and 21. The Department has received input from young people and stakeholders that Department policies and procedures do not encourage young people to remain in care or reenter care.

*Rationale for Objective Selection:*

- Objective 1.1: *Standardize the referral and delivery of in-home case management* was identified in response to administrative data, DCS field operations staff input, and child welfare system partner input. Administrative data and service provider feedback indicated that the Department has capacity to serve more families through in-home contracted services. Staff and case review results identified an opportunity to improve decision-making guidance and practice consistency on referring a family for in-home case management and services. New procedures for in-home transfer, case management, and service provision were developed in a Kaizen event with DCS field operations staff and are now being piloted with weekly feedback from the pilot sites. The revised procedures place the decision to refer for in-home agency oversight with the investigating DCS Specialist, describe case types and criteria that require transfer, and require the in-home DCS Specialist to engage with the family to develop the service plan.
- Objective 1.2: *Increase successful transition to adulthood of all children 14+ while in foster care* was identified in response to case review findings, youth input, and child welfare system partner feedback. Case review results and youth input identified a need for greater involvement of youth in the development of individualized case/transition to adulthood plans and a practice model that encourages youth involvement and continued voluntary care after age 18. The Department facilitates a committee of internal and external stakeholders that developed and oversee a comprehensive project plan of strategies and actions to achieve this objective.
- Objective 1.3: *Implement a clinical case management practice model* was identified in response to case review findings and child welfare system partner feedback. Practice Improvement Case Reviews (PICRs) and Arizona's Round 3 CFSR found opportunities to improve the frequency and quality of in-person contacts with mothers and fathers, and to improve parent involvement in case planning. Both of these processes have a logical connection to timely permanency. Input from front-line and legal system partners, as well as Practice Improvement Case Review results, indicate an opportunity to improve application of the "in-home safety analysis" and "conditions for return"

procedures that are part of the Department’s safety assessment model. These procedures provide guidance for determining and communicating to parents what must change in order for the child to return home with an in-home safety plan to manage dangers while the parents continue in treatment services. Consistent application of these procedures would reduce time to reunification for children who can safely return home.

- Objective 1.4: *Improve the timeliness and appropriateness of permanency goals* was identified in response to administrative data, and input from staff and youth. Administrative and case review data indicates permanency can be achieved earlier for some children. The percentage of children who exit to guardianship is lower in Arizona than nationally. Given the high rate of kinship placements and the large American Indian population in Arizona, the Department identified an opportunity to increase the use of guardianship as a permanency outcome in the best interest of children. The Department has received and responded to input from tribal representatives and a child advocacy organization about the appropriate use of guardianship. In addition, youth and staff have reported misunderstandings about benefits available to former foster youth who exit at age 16 or 17, which may encourage some youth to remain in out-of-home care when they could return home or achieve permanency through guardianship or adoption. The Department is collaborating with service providers and the legal system to disseminate accurate information about the benefits available to these youth and the benefits of permanency.

*Objective Metrics and Targets:*

Metric	Five Year Target
Of all children who entered care in a 12 month period, the percentage that achieved permanency within 12 months of entering care (Source: Monthly Metrics report; June 2017 through July 2018 baseline: 42%, includes children in care for eight days or less)	44%
Of all children in care on the first day of a 12 month period who had been in care continuously between 12 and 23 months, the percentage that achieved permanency within 12 months of the first day (Source: Context Statistics and Outcome Data Report June 5, 2019; June 1, 2017 baseline: 61.2%)	63.2%
Of all children in care on the first day of a 12 month period who had been in care continuously for 24 months or more, the percentage that achieved permanency within 12 months of the first day (Source: Context Statistics and Outcome Data Report June 5, 2019; June 1, 2017 baseline: 47.1%)	49.1%

**Goal 2: Increase the placement of children in a family-like setting**

<b>Objective 2.1: Improve supports to kinship families</b>	
2.1.1	Develop a process and infrastructure to provide kinship providers with improved understanding, training, supports, and connectivity to services
<b>Objective 2.2: Improve the system-wide placement array for children in foster care (traditional, medical, DDD, behavioral health, and detention)</b>	
2.2.1	Define standard work and screening tools to identify the appropriate living arrangement for children
2.2.2	Create a measurement system for accurate real-time data on out-of-home care bed supply and demand
2.2.3	Implement improved processes to increase availability, and manage the daily supply and demand of all types of out-of-home placement

*Rationale for goal selection:* Consistent with the Department’s vision, Arizona’s child welfare system seeks a safe and permanent family for children who cannot safely remain in or return to their parents’ care.

The federal Family First Prevention Services Act communicates a national vision of family placement when removal cannot be prevented, and incentivizes this vision by limiting federal funding for the care of children in congregate care. Significant improvements have been made in reducing the number of children in congregate care in Arizona, and the percentage of children living in congregate care does not exceed the national level; still, administrative data and input from youth and child welfare partners have encouraged the Department to achieve further improvement in the placement of children in a family-like setting. In March 2019, 82.5% of children age 0-17 in out-of-home care were in a family-like setting. (Source: Monthly Operational Outcomes Report, May 2019). An analysis of Arizona’s out-of-home placement data identified a need for additional family-like settings for teens, sibling groups, and medically fragile children.

*Rationale for Objective Selection:*

- Objective 2.1: *Improve supports to kinship families* was identified in response to child welfare system partner input. Kinship caregivers and advocacy organizations have communicated that kinship caregivers can benefit from more information about the services available to them and easier access to those services.
- Objective 2.2: *Improve the system-wide placement array for children in foster care (traditional, medical, DDD, behavioral health, and detention)* was identified in response to observation that many of the children in congregate care today have special characteristics or needs that are best met by caregivers who are trained to meet those needs and in trauma-informed care. In addition, the Department is working with agencies to develop out-of-home living arrangements that meet the Qualified Residential Treatment Program requirements of the Family First Prevention Services Act and can serve these populations of children when they are best served in a QRTP.

*Objective Metrics and Targets:*

Metric	Five Year Target
Decrease the number of placement moves per 1,000 care days (Source: Context Statistics and Outcome Data Report. SFY 2019 baseline: 3.1)	2.9
Increase the percentage of care days spent in a family setting (Source: Context Statistics and Outcome Data Report. SFY 2019 baseline: 81.8%)	83.8%

**Goal 3: Improve employee retention through improved Supervision**

<b>Objective 3.1: Design and Implement the Supervision Coach program</b>
3.1.1 Select and train Supervision Coaches
3.1.2 Implement standard work for observation and coaching of the Supervision Coaches
<b>Objective 3.2: Define and implement training “Day 1 as a new Supervisor”</b>
3.2.1 Implement a knowledge evaluation on the safety assessment model for DCS Program Supervisors
3.2.2 Implement a hiring selection process and interview guide for new DCS Program Supervisors
3.2.3 Implement a standardized onboarding and on-the-job training experience for new field supervisors
<b>Objective 3.3: Implement infrastructure, tiered accountability, and standardization for proactive strength-based supervision</b>
3.3.1 Design and implement a standardized protocol, sustained through tiered accountability, which provides a structure for continued development of DCS leaders targeting various stages of supervision, from aspiring leaders to experienced leaders

*Rationale for Goal and Objective Selection:* The Department believes that DCS Program Supervisors and Program Administrators are the agency’s front-line quality assurance system, and that in order to perform this function they must be proficient in child safety assessment, clinical case management, clinical supervision and administrative supervision. This goal and related objectives focus on the competency implementation drivers or selection, training, and coaching to develop proficiency and fidelity of practice among Supervisors and Managers.

This goal and related objectives are expected to influence the number of children who experience timely permanency through modeling and coaching supervisors to hold frequent high quality clinical supervision discussions with DCS Specialists related to the assessment of parents’ needs, timely and appropriate service provision, and accurate decision-making related to reunification or the implementation of an alternative permanency goal.

As of May 2019, the Department had filled 1,271 (90%) of the 1,406 funded positions (source: DCS Quarterly Benchmark Progress Report 4QFY19).

*Objective Metrics and Targets:*

Metric	Five Year Target
Reduce agency employee turnover (Specialist Only) (Source: Monthly Agency Attrition Report, CY2018 baseline: 31%)	28%
Sustain or reduce Supervisor turnover (Source: Monthly Agency Attrition Report, CY2018 baseline: 12%)	12%
Percentage of leaders receiving coaching on a monthly basis	100%
Increase proficiency score of Supervision Coaches	3

**Goal 4: Develop and implement the agency IT infrastructure**

<i>Objective 4.1: Implement Guardian</i>
4.1.1 Develop a child-centered, user friendly technology solution that provides quality data and improved processes to support all DCS work for the safety of Arizona’s children

*Rationale for Goal and Objective Selection:* The Department’s Statewide Automated Child Welfare Information System (SACWIS) is more than twenty years old and no longer meets the Department’s needs. Internal and external stakeholders have communicated that the system is difficult to navigate, does not adequately support child safety assessment and decision making, does not sufficiently exchange data with other agency systems, and is not able to support the Department’s data analytics needs. The Children’s Bureau is encouraging development of modern IT systems by providing funding and oversight for Comprehensive Child Welfare Information Systems (CCWIS). Guardian is being designed with substantial input from field operations staff and the DCS Office of Quality Improvement so that Guardian will support core case management functions such as family functioning assessment, safety assessment, and case planning. In addition, the Department’s Reports and Statistics Unit and Chief Quality Improvement Officer have been involved in the identification of data reports and data warehouse design. Guardian implementation will be supported with comprehensive and individualized employee training. The Department has contracted with Arizona State University to conduct a training needs assessment and develop curriculum.

*Objective Metrics and Targets:*

Metric	Five Year Target
Complete 100% of IT implementation plan	100%

**Goal 5: Implement an integrated health plan**

<b>Objective 5.1: Develop and implement organization and processes that support quantifying and measuring delivery of EPSDT referral services</b>	
5.1.1	Define tracking mechanisms and a measurement system to capture EPSDT referrals
5.1.2	Define and implement EPSDT Coordinator positions responsible for outreach to physicians to ensure EPSDT referral services are identified and delivered per the child’s EPSDT plan
<b>Objective 5.2: Finalize and launch an Request for Proposals for BH-ASO model integration</b>	
5.2.1	Release an RFI to inform the RFP
5.2.2	Acquire a private sector vendor to provide a robust statewide physical and behavioral health network tailored to the unique needs of foster children

*Rationale for Goal and Objective Selection:* Arizona State Senate Bill 1375 required the Department, the Arizona Health Care Cost Containment System (AHCCCS), and the Department of Health Services (DHS) to conduct an analysis of the Behavioral Health service delivery system and deliver a report on the healthcare needs of children in foster care; current Arizona healthcare delivery system for children in foster care; record review results for foster and adoptive disruptions; healthcare delivery system design options; and recommendations. The report concluded that the Department should develop system infrastructure to transition to the Integrated CMDP Contracted Network Model.

A subsequent study of how to operationalize this recommendation was conducted and recommended that the Department should pursue a model where an Administrative Services Organization (ASO) would assist with network develop and oversight while CMDP/DCS manages the health plan’s quality management, utilization management, and medical management functions. The findings in these two reports, as well as continued stakeholder input, lead to development of this goal and objective 5.2.

The two reports are located at:

<https://azahcccs.gov/Members/Downloads/Resources/SB1375Report10-1-15.pdf>

[https://azahcccs.gov/Members/Downloads/Resources/AHCCCS\\_Analysis\\_of\\_an\\_Integrated\\_Health\\_Plan.pdf](https://azahcccs.gov/Members/Downloads/Resources/AHCCCS_Analysis_of_an_Integrated_Health_Plan.pdf)

Objective 5.1 was identified to support integrated health care by developing timely and accurate data on the delivery of EPSDT referral services. Although State Medicaid audits continue to indicate CMDP’s maintenance of high performance in all health care performance measures, and CMDP exceeded the statewide average in all of the nine performance measures, the Department desires to improve the rates of EPSDT referral services such as specialty provider follow up appointments. CMDP is evaluating health care data to determine accuracy of the data and programming fidelity. High quality data is necessary in order for CMDP/DCS to conduct its quality management, utilization management, and medical management functions.

From January to June 2019, 69% of the referrals made by a PCP at the time of the EPSDT well visit were confirmed to have occurred. Of those referrals verified as complete, 70% of the specialty visits occurred within 60 days of the referral (Source: EPSDT Specialty Referral Tracking huddle board, 8-19-19).

*Objective Metrics and Targets:*

<b>Metric</b>	<b>Five Year Target</b>
Percent of identified EPSDT referral services delivered (Source: EPSDT Specialty Referral Tracking huddle board, January-June 2019 baseline: 69%)	80%
Percent of identified EPSDT referral services delivered on time (within 60 days)	75%

(Source: EPSDT Specialty Referral Tracking huddle board, January-June 2019 baseline: 70%)	
Complete 100% of Administrative Services Organization (ASO) model integration	100%

***Primary Prevention***

In addition to the above goals, DCS has also developed a statewide fatality prevention plan, which includes the child welfare community’s collective efforts to reduce child fatalities and near fatalities from abuse and neglect. This fatality plan includes primary prevention efforts, such as the Safe Sleep Campaign, Child Abuse Prevention resource fairs, the “All Babies Cry” campaign, and the Teen Parent University. For additional information, see Arizona’s fatality prevention plan entitled *Prevention of Child Maltreatment Deaths in Arizona*, submitted with this CFSP.

***Staff Training, Technical Assistance, and Evaluation to Support the CFSP***

During the CFSP period, the state will continue to receive technical assistance from the Capacity Building Center for States related to the implementation of a statewide supervision coaching model, the development of provider contracts that allow for fidelity monitoring and evaluation of contracted in-home services, and the development and facilitation of youth and parent advisory boards. The Department will also continue to collaborate with Action for Child Protection to support training and development associated with the Supervision Coach Program, Active Case Supports, and fidelity of practice with the Department’s safety assessment model, SAFE AZ. At this time, the Department has not identified any additional technical assistance needs from the Capacity Building Center for States to support achieving the goals in this CFSP.

The Department has collaborated with Arizona State University (ASU) to conduct an evaluation of the impact of Fostering Sustainable Connections on reducing the use of congregate care. Preliminary data from the evaluation suggests a relationship between decreased restrictiveness of living environment and improved social/emotional well-being among youth. ASU’s evaluation of the program will continue into the CFSP period, including an analysis of case file review information to explore achievement of permanency and re-entry rates.

The Department is collaborating with Northern Arizona University (NAU) to conduct an evaluation of the impact of Substance Exposed Newborn Safe Environment (SENSE) program. NAU’s evaluation of the program will continue into the CFSP period.

***Training and Technical Assistance Provided to Counties and Other Local or Regional Entities***

Arizona has a state administered child welfare agency. The Department’s Central Office provides training and technical assistance to local entities and the community in support of the CFSP goals and objectives, including the following examples that will start or continue in this five-year CFSP period.

- The Department has several centralized units and employee positions that support safety assessment, clinical case management, and the services and programs provided directly to families by regional staff and contracted service providers. These units and employees provide fidelity monitoring, feedback for continuous improvement, training, and technical assistance to field staff and contracted service providers. For example:
  - The Permanency and Youth Services Unit provides feedback, training, and technical assistance to the Young Adult Program and the Fostering Sustainable Connections program.
  - A Team Decision Making Specialist provides feedback, training, and technical assistance



- to TDM leads and facilitators statewide.
  - A Permanency Specialist provides consultation on complex cases where permanency has been difficult to achieve.
  - Two Quality Coaching Managers provide fidelity monitoring, training, and technical assistance on safety assessment, clinical case management, and clinical supervision to Supervision Coaches in each region.
  - Two Lean Coaches provide fidelity monitoring, training, and technical assistance on administrative supervision to Supervision Coaches in each region.
  - Service Coordinators conduct site visits and provide training and technical assistance to contracted service providers, including in-home service, family reunification, parent aide, and other services.
- The Department has coordinated with Casey Family Programs and the Court Improvement Program to provide training and technical assistance on the Safety Guide, which is an American Bar Association publication written for the legal system that aligns with the Department's safety assessment model. This training and technical assistance will continue in this five year plan period to achieve greater fidelity of practice in the courts and the agency.
  - The Office of Quality Improvement will continue to provide project management, training, and technical assistance to support pilot projects, such as the current pilot testing proactive strength-based supervision procedures.
  - The statewide Independent Living Policy Specialists will continue to provide consultation and technical assistance to staff and contracted agencies serving young adults. This technical assistance includes annual meetings to develop competencies and identify systemic improvements necessary to achieve positive outcomes for these youth.
  - Training on selection of appropriate permanency goals, to include guardianship when it is in a child's best interest, will continue to be delivered to legal partners and other community members.
  - Training, fidelity monitoring and feedback will be provided to all YAP employees on the Youth Thrive model for working with young people in out-of-home care. The Department received technical assistance arranged through the Capacity Building Center for States to develop certified trainers in Arizona.
  - Individualized training and technical support will be provided to staff throughout the Department when the CCWIS, Guardian, is implemented.

# **Section VI**

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

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## 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 has provided funding to community-based Regional Child Abuse Prevention Councils (RCAPCs), which are located throughout Arizona, to increase the public's ability to strengthen families. Each Regional Council is comprised of volunteers who meet on a regular basis to plan events and distribute local resource guides. 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 and resources at <https://dcs.az.gov/services/office-prevention>, and at the Department's Facebook page "[AzCommunityResourcePage](#)". The Facebook page began in December 2018 and was created in collaboration with the RCAPCs. Posts include prevention events, parent information/ tips, and community resources.

The Councils are involved in numerous activities to support Child Abuse Prevention (CAP) Month, which occurs every April, and throughout the year. Each activity is tailored to suit the unique needs of the community, and includes the distribution of thousands of blue pinwheels throughout Arizona; proclamations from city, regional, and state governmental entities declaring April as Child Abuse Prevention Month; and distribution of thousands of pamphlets that educate the public about the effects of Adverse Childhood Experiences and the healing qualities of the Protective Factors. Councils also sponsor major events including kickoff breakfasts, luncheons, award dinners, prevention conferences, and trainings. They also engage in multi-media campaigns that include 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, DCS staff and stakeholders are encouraged to participate and actively support child abuse prevention.

During the CFSP period, the Department's Office of Prevention will continue to participate in resource fairs to collaborate and plan prevention efforts with leaders, stakeholders, child advocates, and members of the community.

During SFY 2019, the Office of Prevention focused on the expansion of the DCS Prevention Website and the [AzCommunityResourcePage](#) on Facebook. During the CFSP period, these efforts will continue, and resource information will continue to be available on the website and Facebook page related to the protective factors.

During SFY2019, DCS developed a plan and hired a consultant, Lecroy, Milligan and Associates (LMA), to assist in conducting a community prevention needs assessment to help guide RCAPC activities. The purpose of the needs assessment is to 1) identify prevention services and supports that make families stronger and gaps in Arizona in primary, secondary, and tertiary prevention services to support future contracts; 2) inform the Regional Prevention Councils in activities in local communities and inform the future contracts of these councils; and 3) share the needs assessment with external and internal stakeholders to inform their work around prevention services and next steps moving forward. In developing the parameters of the needs assessment, DCS consulted with the FRIENDS National Resource Center, and focus groups are being held around the state with parents and key informants in local communities. Additionally, data is being gathered from various sources including the ASU Morrison Institute Child Welfare Leadership Advisory Board, St. Luke's Annual Health Survey of AZ residents, and a survey of RCAPCs and key community stakeholders, such as the ACE Consortium members. The information will

be analyzed and used to create a logic model to guide prevention activities across the state and inform contracts for primary, secondary, and tertiary prevention services including the contracts of the RCAPCs.

### ***Adverse Childhood Experiences (ACE) Consortium***

The Department further promotes child abuse prevention through continued 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, schools, faith-based organizations, the Department, and other public agencies. The Consortium promotes ideas, policies, and practices that will reduce and prevent adverse childhood experiences (ACEs) and build resilience in individuals, families, and communities. The Consortium also supports and empowers the most vulnerable groups so they can reach their full potential, which benefits Arizona's communities, economy, and society as a whole. For additional information see the Consortium's website at <https://azaces.org/about/>. In addition, much of its cumulative work of presentations, pamphlets, studies, and TV interviews can be found at [www.asset.asu.edu/strongkids/](http://www.asset.asu.edu/strongkids/), which is sponsored by the one of the state's Public Broadcasting System Stations, Arizona PBS.

The Office of Prevention continues to use materials generated from the ACE consortium, along with information from Strengthening Families and other sources to conduct ACE/Protective Factor train-the-trainer workshops for new RCAPC members. The workshops, along with the Department's Prevention Facebook page, Coloring Book, and PSA strengthens the Office of Prevention's ongoing multi-media campaign. During 2018, the Department partnered with Physician Services, Inc. (PSI), a drug testing company serving Phoenix and Tucson, to develop a 30 minute prevention presentation that is played on TV monitors in the waiting rooms of the PSI offices in Arizona. The loop contains unique Arizona footage and uses a peer mentor model that encourages people to engage in healthy protective factor practices to strengthen their families. The video has been successful in engaging people at risk, as evidenced by viewers who have reached out to the peer mentors to ask for their advice. The resource video loop can be viewed at <https://dcs.az.gov/services/office-prevention>.

### ***The "Who Do You Trust With Your Child?" Campaign***

The "Who Do You Trust with Your Child?" campaign was initially launched in 2012. Complete with posters, a brochure, presentations, and a dedicated website, the campaign was created with a team that included the Arizona Broadcasters Association, Casey Family Programs, Child Crisis Center, ChildHelp, DCS, the Department of Health Services, Eight-Arizona PBS Educational Outreach, Phoenix Children's Hospital, Prevent Child Abuse Arizona, and Southwest Human Development. This campaign 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. 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. DCS sites throughout the state display posters and have ChildHelp Hotline brochures available. Community members and organizations also distribute brochures and posters, and are urged to place a link to the campaign website on their homepage and display the posters and brochures in locations where parents and caregivers will see them. The "Who Do You Trust with Your Child" brochure was also added to the DCS Infant Care Plan to share the message with more families.

### ***Prevention Advisory Collaborative***

DCS continues to recognize the importance of parent leadership in prevention efforts. To increase parent leadership and input, DCS developed a culturally diverse, quarterly parent advisory group called the Prevention Advisory Collaborative (PAC). This project, which began in 2018, is an ingrained practice for the Office of Prevention. The Collaborative's members have provided invaluable inspiration and suggestions to the Statewide Prevention Needs Assessment, various trainings, and the scope of work for the Regional Child Abuse Prevention Councils. Two members are featured in the Prevention Resource Video Loop and several members will be co-presenting with DCS at upcoming conferences. The presentations will focus on how parent advisors can improve engagement strategies with diverse populations.

### ***The Safe Sleep Campaign***

According to the Arizona Child Fatality Review, unsafe sleep environments claimed the lives of 83 Arizona infants in 2017. Ninety-nine percent of the Sudden Unexpected Infant Deaths (SUID) were deemed preventable by the review boards.

In response to the continued unsafe sleep fatalities in Arizona, DCS started the Safe Sleep Campaign and Baby Box Program in November 2016. The Safe Sleep Campaign focuses on training DCS Specialists and contracted providers to address safe sleep practices with families who have children under one year of age. The Safe Sleep Campaign includes the provision of baby boxes for families involved with DCS in need of a safe place for their infant to sleep. Along with the baby box, the parent participates in an online training, which is consistent with the recommendations for a safe infant sleeping environment from the American Academy of Pediatrics. The main message that is taught during the online training is the ABC's of safe sleep; baby sleeps safest alone, on their back, and in a crib. The Department has deployed 1,400 tablets that provide staff with the ability to show the online training to the family in conjunction with the safe sleep conversation. Since the start of the program, the agency has distributed hundreds of baby boxes to DCS offices across the state. Seven non-profit agencies contracted with DCS for In-Home Services and Building Resilient Families were also provided baby boxes. The Department has also developed policy that requires an Infant Care Plan be developed with the parents, to include information about safe sleep.

The DCS Office of Prevention also created a family testimonial video, featuring three families from Arizona who experienced a loss to Sudden Unexpected Infant Death (SUID). This video will be shared with the community via social media, community partner waiting rooms, the DCS Safe Sleep webpage <https://dcs.az.gov/Services/Safe-Sleep>, and other media outlets. The Office of Prevention presented a Safe Sleep workshop to 49 teen parents and their partners at the DCS Teen Parent University, and plans to hold a second annual Teen Parent University during SFY 2020.

### ***"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 tips for building Protective Factors, Child Abuse Prevention Month and activities across the state, the Family Unification Program (FUP), home visiting programs, nurse home visiting programs, safe sleep, teen resources, Postpartum Depression, holiday resources for families, Sesame Street in Communities, car seat safety, and domestic violence resources. 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. Resources and information from these emails are also shared via social media ([AzCommunityResourcePage](#) on Facebook).

### ***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 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 2018, 12 HFAz sites and 43 teams provided services to families living in 13 counties and 260 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
- 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 FY2018*, HFAz reached 4,330 families in FY2018. 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 2018, for families after twelve months in the program, include the following:

- Child Abuse and Neglect: 96.3% of participating families had no substantiated DCS reports.
- Substance Abuse: 94.6% of parents received a substance abuse screening.
- Child Development: 94.6% of children received timely developmental screens in their first year of life.
- Child Health: 92.4% of children received immunizations in the first year.
- Child Safety: 98.2% of parents lock up household poisons, 99.8% use car seats, and 93.2% 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, 47% of mothers were employed full time.
- Maternal Stress: Improvements in depression, parent/child behavior, parenting efficacy, personal care, mobilizing resources, problem solving, home environment, and commitment to parent role.

- Father of the Baby Involvement: At 12 months, 73.66% of fathers were assisting with childcare, and 69.1% of fathers were living in the home with baby.

### ***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, both internationally and in Arizona. 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.

During Child Abuse Prevention Month and throughout the year, DCS and its provider network distribute the Triple P top 10 tips. Additionally, at the urging of DCS, some of the In-Home Services, Parent Visitation, and RCAPC providers offer Triple P in their communities. The Department has recently been awarded a new grant to certify several more DCS providers in Triple P practices.

### ***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.

### ***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.

### ***The CarePortal***

An example of a faith based prevention collaboration is the CarePortal, which is an initiative coordinated by the Office of Prevention, and has grown to be active in five Arizona counties. The CarePortal connects DCS families to the local churches who want to serve their communities by providing basic goods and services to families in an effort to keep families together, reunify families, and support kinship placements. This is a secondary and tertiary prevention program, in as much as it serves families already involved with DCS, as well as young adults who are aging out of foster care. The CarePortal addresses a large range of needs, such as cribs, beds, furniture, home or car repairs, and assistance eliminating lice. The CarePortal began in Pima County in December 2015, and has expanded since that time to include Maricopa, Yuma, Yavapai, and Coconino Counties. The CarePortal hopes to continue expanding to other areas of the state during the upcoming years, and to enroll additional churches in the program to provide more support to families in need.

## **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 mail. 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 8:00 a.m. to 7:00 p.m. Concerns of abuse and neglect are received from a variety of sources including school personnel, law enforcement, parents, relatives, private citizens, social service professionals, 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 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.

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. The call abandonment rate hovers around 3%, and the speed of answer hovers around 30 seconds.

Two oversight positions were embedded at the Hotline to perform quality assurance reviews of Hotline decisions. One position reports to the Office of Quality Improvement, Practice Improvement Administrator, and the other position reports to the Office of Child Welfare Investigations. The Practice Improvement Specialist reviews a random sample of communications on a monthly basis and rates the accuracy of the intake screening decisions. The accuracy rate for both the intake screening decision and priority response time decision is consistently over 90%. The Office of Child Welfare Investigations Hotline Analyst reviews a random sample of reports each month that were coded as criminal conduct, indicating a felony crime against a child may have occurred, and rates the accuracy of the criminal conduct coding. The accuracy rate is consistently over 90%.

In the summer of 2019, the Hotline will deploy and begin using a new web-based workforce management solution for call forecasting, scheduling, and leave planning. The use of this solution will allow for the Hotline to monitor daily, weekly, and monthly call volumes, call distribution patterns, and call arrival patterns. This solution provides the Hotline the ability to plan for appropriate capacity when call volumes peak.

### ***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.

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. The first Family Functioning Assessment-Ongoing is to be completed by the DCS Specialist within 60 days of the child's removal or the opening of the case for ongoing services for any child indicated as unsafe. Reassessments are required at least every 90 days, and at other times in the case such as 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 and the assessment of the family's protective factors, 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 to enhance diminished caregiver protective capacities, strengthen family protective factors, and reduce the likelihood of future abuse or neglect. If there are safety threats to a child in the home, a safety plan must be implemented. State policy *does not* identify report substantiation as a factor in determining the level of required intervention.

The DCS Unit Psychological Consultation program allows DCS Specialists to staff cases with a psychologist who can provide guidance regarding mental health and substance abuse issues that may impact safety and permanency for children involved with DCS. The goals include 1) ensuring mental and behavioral health issues of caregivers and children are identified and addressed when assessing safety threats, selection therapeutic interventions, planning parenting time, planning for permanency, and selecting and supporting the child's living arrangement; 2) ensuring psychological and psychiatric evaluations are obtained when necessary, and timely, and that the questions posed for the evaluator are complete and appropriate; and 3) assisting DCS Specialists to identify the most pressing mental health issues, prioritize and sequence interventions, and determine needed positive behavioral change. During SFY 2019, DCS revised the unit psychological consultant service to expand availability statewide.

### ***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 in Pima and Maricopa Counties during many 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 units. 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 course of a field investigation, it is believed that criminal conduct is present and assistance from OCWI is needed.

The OCWI jointly investigates criminal conduct reports with law enforcement. Just as with DCS Specialists, OCWI investigators have the authority to protect children by taking temporary custody when a child's safety cannot be guaranteed. During SFY 2018, OCWI investigators began conducting the entire child welfare investigation, including child welfare functions following removal, such as identification of a living arrangement, filing dependency petitions, and writing the initial court reports. Prior to this

procedure change, OCWI investigators co-investigated the report with an assigned DCS Specialist who conducted the case management tasks. During SFY 2019, OCWI began providing support and advisory consulting statewide, as needed, on investigations not assigned to an OCWI investigator.

The OCWI continues to support the Department by providing joint investigation training throughout the state to DCS staff and community partners. An OCWI staff member is housed at the DCS Child Abuse Hotline. This position is responsible for quality assurance as it relates to the addition of the criminal conduct tracking characteristic to reports. This position also completes training for hotline staff related to criminal conduct allegations. The OCWI continues to be 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 (<http://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 and Yuma Counties, 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.

There are currently 21 advocacy centers in Arizona, located in Maricopa, Pima, Pinal, Navajo, Coconino, Yavapai, Mohave, Cochise, and Yuma Counties. There are memoros of understanding in place with La Paz, Apache, Gila, Graham, Greenlee, and Santa Cruz Counties to allow law enforcement and child welfare to utilize the near by centers as needed. In addition to the 21 centers, Yuma County has satellite offices in San Luis and Somerton, Navajo County has a satellite office in Holbrook, and La Paz County is in the process of developing a satellite office in Parker. These satellite sites allow the victims to receive services without having to travel long distances. Gila County and Apache County are served by a mobile unit that travels to the county when needed. The mobile unit offers the same services as the advocacy centers. Two new advocacy centers are scheduled to open in 2019, one in Globe (Gila County) and the other in Gilbert (Maricopa County). Conversations are being held related to the possible development of a center in Santa

Cruz County in the future. There are also advocacy centers in Arizona that have signed memos of understanding with Arizona Tribes to allow tribal law enforcement and child welfare to utilize the centers as needed.

DCS or OCWI is co-located in advocacy centers in Maricopa, Pima, Pinal, and Yuma Counties. The rural counties that do not have a formal advocacy center, have multidisciplinary teams (MDT) 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 or by centers that are members of the network, with plans to empower each county to facilitate their own MDTs.

### ***Superior Court Dependency Alternative Program***

The Pima County Superior Court implemented the Dependency Alternative Program in July 2015. This program allows for the adjudication of children to be diverted from a dependency petition and action, to a family law custody order in family situations appropriate for a modification of family law court orders to ensure the child's safety. For example, if one parent is not able to safely care for the child, but the other parent is, the court can modify or establish family court orders to allow the child to be cared for by the protective parent. The program has shown significant improvements in the way the court addresses these family situations, including a decrease in the amount of time the family is involved with the courts and DCS, reduced trauma for the family, and cost savings.

### ***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 2018, PSRT processed proposed substantiated findings and proposed substantiated findings pending dependency adjudication for 21,180 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.

## **3. Family Preservation, Family Support Services, and Family Reunification Services**

### ***In-Home Family Support, Preservation, and Reunification Services***

In-home children services are designed to support and enhance the family unit, preserve or reunify the family, and support and retain foster families so they can provide quality family-based settings for children in foster care. These supports are provided through a continuum of family-centered services that are comprehensive, coordinated, community-based, accessible, and culturally responsive. 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.

In-home services provided through the Department include Building Resilient Families; Family Preservation, including the Substance Exposed Newborn Safe Environment (SENSE) program; and Family Reunification

and Placement Stabilization. Family Preservation services include two levels: intensive and moderate. Families whose children are assessed as safe, but need assistance and guidance to strengthen family protective factors and reduce the change of future reports are referred to the Building Resilient Families service. Families can be referred to the reunification and placement stabilization services around the time of reunification, or to support foster and kinship placements. All types of in-home services are available within all of the regions across the state and are provided by contracted community-based agencies.

In-Home Service Program services include, but are not limited to, the following: crisis intervention services and/or counseling; comprehensive 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 or XXI services; 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.

#### ***Substance Exposed Newborn Safe Environment (SENSE) Program***

The 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. SENSE is a family-centered, strengths-based approach to serving families that provides home visiting services while holding parents accountable for healthy choices and behavioral changes. This program is designed to keep infants in their homes with their parents. 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 or other home visitor program, 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 is available to families in Maricopa, Mohave, Pinal, Cochise, Coconino, Yuma, Yavapai, LaPaz, and Pima Counties.

DCS holds SENSE statewide collaborator meetings quarterly with all SENSE providers. Collaborator meetings address training needs for providers, new legislation, and drug trends, as well as allow time for resource and information sharing. Collaborator meetings also involve discussions around fidelity and evaluation of the SENSE program.

During SFY 2019, DCS hired a nurse consultant to oversee the nursing assessments performed by the SENSE team nurses. This nurse consultant also provides technical assistance and training to the SENSE team nurses, and is also available to consult on cases with DCS field staff.

DCS collaborated with Arizona Health Care Cost Containment System (AHCCCS) to utilize the Opioid State Targeted Response 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. A trend identified based on the SENSE nursing assessment evaluations is the high rate of postpartum depression (PPD). Feedback from the nurse home visitors and the evaluator from Northern Arizona University (NAU) indicates a need for more focus on PPD. The Office of Prevention has begun to engage community partners providing PPD support and services in an effort to enhance access to services for mothers with PPD.

Over 1,380 babies have been born with Neonatal Abstinence Syndrome in Arizona since real-time data collection began on June 5, 2017. The Department has enhanced collaboration with SEN and Medication Assisted Treatment (MAT) providers to deliver best practice services to those working with families affected by Neonatal Abstinence Syndrome. This collaboration will be the focus of one workshop during the upcoming Strong Families Conference. Topics covered at the conference will focus on the importance of partnerships with home visitors and MAT providers to best serve families struggling with addiction to both legal and illegal substances and their substance exposed newborns.

For over a decade, DCS has been involved with the Statewide Substance Exposed Newborn Taskforce. In 2018, DCS began co-chairing the taskforce along with AHDS. The taskforce meets monthly to discuss and disseminate best practice recommendations for hospitals, OB/GYNs, health plans, and health and mental health providers. The taskforce offers free training and drug toolkits to providers in the community. During SFY 2018, the taskforce assisted DCS with the development of the Infant Care Plan and the National Governor's Association Neonatal Abstinence Syndrome Learning Lab Action Plan. The action plan was developed in January 2018 in conjunction with representatives from DHS; the Governor's Office of Youth, Faith, and Family (GYOFF); and AHCCCS. The plan established a coordinated approach to increase awareness and improve outcomes for families impacted by opioids and substance use during pregnancy. Arizona is in the process of developing a stakeholder group to build on the three objectives identified from the learning lab. The three objectives are coordination across state agencies to ensure buy-in and most effective response; increase the knowledge base of healthcare providers regarding screening, diagnosis, and treatment of opioid use disorders (OUD) in pregnant and postpartum women; and increase implementation of a family centered approach at all levels of care to screen women and link them to treatment and support services such as home visiting. The action plan was finalized and implemented during FFY 2019. This action plan is intended to change Arizona's response to interacting with women of child bearing age and pregnant women currently using substances in the areas of health and social services. The expertise of the Substance Exposed Newborn Statewide Task Force will be utilized to carry out the action plan goals and action steps.

CMDP has been active in the implementation of processes and procedures to address the effects of opioid use in children coming to the attention of 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 care management and tracking for children diagnosed as a substance exposed newborn.

DCS has addressed the Comprehensive Addiction and Recovery Act (CARA) legislation by developing Infant Care Plans. The Infant Care Plan is to be developed by DCS Specialist for all substance exposed newborns and is to be reviewed with the parent or caregiver at SENSE staffings, case plan staffings, and Child and Family Team meetings. The Infant Care Plans address substance abuse treatment for the parents, medical care for the baby, safe sleep environments, home safety, parenting skills, quality child care, and social connections for families.

The *Safe, Healthy Infants and Families Thrive (SHIFT)* collaborative was developed after the Maricopa County Superior Court was selected, in April 2018, to be one of the fifteen nationwide demonstration sites by the Quality Improvement Center for Collaborative Community Court Teams. The demonstration sites are to design, implement, and test approaches to meet the requirements of CARA, including infant care plans. The collaborative meets monthly and includes representatives from the court, DCS, AzEIP, St. Joseph's Hospital, Hushabye Nursery, and Community Medical Services Partnership.

DCS is also partnering with the Maricopa County Juvenile Court through a newly formed collaborative entitled *Safe, Healthy Infants and Families Thrive (SHIFT)*. The SHIFT collaborative was developed after the Maricopa County Superior Court was selected, in April 2018, to be one of fifteen demonstration sites by the Quality Improvement Center for Collaborative Community Court Teams. The demonstration sites are to design, implement, and test approaches to meet the requirements of CARA, including infant care plans. The collaborative meets monthly and includes representatives from the court, DCS, AzEIP, St. Joseph's Hospital, Hushabye Nursery, and Community Medical Services Partnership.

DCS collaborated with AHCCCS to utilize the Arizona Opioid State Targeted Response grant awarded in January 2019 to fund a statewide educational conference for healthcare professionals and stakeholders. The aim of the conference is to address the effects of substance exposure and trauma on infants; educate participants on ACEs and trauma informed care; review best practices related to the identification, referral, and treatment of these infants with a focus on appropriate infant and toddler mental health services; and conduct a needs assessment to identify barriers to implementation of best practices. The conference is scheduled to occur in September 2019, with a follow up conference planned for 2020 contingent upon further grant funding.

#### ***Parent Aide and Case Aide (Supervised Visitation Only) Services***

Both Parent Aide and Case Aide services are available statewide. In SFY 2018, the Department provided parent aide services to approximately 2,905 families and case aide services to approximately 5,379 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 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 provide family-centered substance abuse treatment and recovery support services to parents/caregivers whose substance abuse is a significant barrier to maintaining or reunifying the family. The overarching goals of the program are 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 individuals and families.

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 the Recovery Maintenance phase to manage relapse occurrences following treatment. Data from the most recent program evaluation indicates that AFF received 8,293 new referrals in SFY 2018. More than 92,900 individuals have been referred to the AFF program since its inception in March 2001 through June 2018.

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 some form of contact with 97.1% of the individuals referred in SFY 2018, with 90.6% of the individuals receiving outreach within one day of the referral. Sixty-one percent of all SFY 2018 referrals resulted in clients providing a Release of Information, signifying their voluntary acceptance of AFF services. The Department has enhanced oversight of the AFF evaluation process to increase data accuracy. Of those who participated in AFF services during SFY 2018, 15.8% successfully finished treatment, 17.1% were still in treatment at end of the SFY, and 67.1% unsuccessfully closed out of treatment.

In order to ensure continued quality of coordinated services, DCS program staff will continue to participate in quarterly meetings with AFF providers and conduct Quality Assurance site visits in collaboration with local DCS offices. The Department will continue to train DCS field staff on the AFF outreach, engagement, and referral processes in a collaborative effort to increase parental involvement and secure their acceptance of services. In addition, DCS will continue to work with the AFF evaluator to improve data reporting and analysis of the program. Other improvements planned for the CFSP reporting period include an updated AFF Policy and Procedure Manual, additional providers within each county, adding youth in out-of-home care to the population being served, and a revision of the AFF Scope of Work.

***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 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 2018:

- The Housing Assistance Program provided financial support for the reunification or permanent placement of 840 children within 323 families throughout Arizona, which is an increase of 140 children and an increase of 46 families compared to SFY 2017.
- The total amount expended statewide was \$440,504.68, about \$56,998 more than in SFY 2017.

In SFY 2018, the average length of stay in out-of-home placement prior to reunification was 320 days (10.50 months). An estimated \$6,039,319 would have been expended by the Department for foster care maintenance if the 840 children who benefitted from Housing Assistance during SFY 2018 had entered or remained in foster care. Based on the SFY 2018 Housing Assistance Program expenditures of \$440,504.68, there was a cost avoidance of \$5,598,813.92.

#### **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 family functioning 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 permanency goal. 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.

The DCS SAFE AZ SharePoint site contains documents that provide example 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 thorough

information gathering 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 diminished protective capacities within the home, maintain family relationships, and support timely achievement of the permanency plan. DCS Specialists 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 in-home safety analysis indicates the threats can be safely managed in the home under a safety plan. 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 emphasize 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 the 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. 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 planned permanent living arrangement (APPLA). Department policy prohibits 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.

### ***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 investigation. Within thirty days of a child's placement in out-of-home care, the Department must make efforts 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.

A designated case note type in CHILDS provides a standard location for documentation of efforts and information, and reduces potential duplication of efforts. From July 2018 to March 2019, the Family Locate Unit attempted to locate 6,243 people and obtained location information for 2,285 (37%) of the individuals. The Family Engagement Specialists, whose job duties include searching for relatives and kin in waiver project sites in Maricopa, Pima, and Pinal Counties, have access to person search software called Lexus Nexus. Other resources and databases used to search for relatives and kin include Seneca, White pages, Zaba Search, and social media.

The CSRA process, TDM meetings, and Child and Family Team meetings are used to identify caregivers, services, and supports to meet each a 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, unless the child is determined to be unsafe. 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.

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 VI: 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 promotes 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, 2018, there were 6,172 children placed in 3,765 kinship foster homes; 985 children were placed in licensed kinship homes and 5,187 were placed in unlicensed kinship homes. Of the 3,765 kinship homes, 539 were licensed and 3,226 were not licensed (Source: AFCARS Report 110).

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 December 31, 2018, 39.4% of children in out-of-home care in Arizona were in kinship placements, reducing the need for licensed family foster home beds by 5,430 children (Source: Semi-annual Child Welfare Report).

Arizona's percentage of placements with kin, which is above the 2016 national average of 32%, 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/afcarsreport25.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
- 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, Family Engagement Specialists, whose job duties include searching for relatives and kin, have access to person search software called Lexus Nexus. It is believed this software increases 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:

- Family Engagement Specialists identify and locate relatives and kin important to the children for emotional support and possible placement;
- expanded TDM processes identify and transition youth who are placed in congregate care into family-like settings; and
- increased availability of in-home, behavioral health, and other community services 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 June 2018 through April 2019:

- 48% of present danger TDMs were attended by a relative associated with the case,
- 53% of safety planning TDMs were attended by a relative associated with the case,
- 31% of placement stabilization TDMs were attended by a relative associated with the case
- 31% of reunification TDMs were attended by a relative associated with the case,
- 23% of permanency planning TDMs were attended by a relative associated with the case,
- 12% of age of majority TDMs were attended by a relative associated with the case, and
- 71% of life long connections TDMs were attended by a relative associated with the case.

Of the 5,226 children discussed during present danger and safety planning TDMs that resulted in a decision the child would enter or remain in out-of-home care, a relative or kinship placement was identified for 57%.

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 through a contract with the Department. Approximately 185 home studies are conducted per month. Contracted 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. From May 2018 through May 2019, 221 waivers were granted. Ninety-six of these waivers were granted to grandparents or great-grandparents. Eighty-five of the waivers were for single child placements, with the remaining waivers provided to kin caring for sibling groups. Four waivers were denied as they were related to safety issues such as bars on bedroom windows or pools with no fence and very young children.

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 will continue 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.

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 “Kinship Stipend” for children placed with unlicensed relatives, without consideration for the caregiver’s income;
- 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. CMDP provides outreach to caregivers when children are first placed in their home that includes assistance with appointment scheduling, follow up with specialty health care providers, referrals to other community/agency resources, and care coordination with caregivers and health providers for children/youth with special health care needs. Caregivers receive contact information so they may contact CMDP Member Services should any issues/concerns arise or simply need to know what their rights are in accessing services for the children/youth in their care. 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.

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. Caregivers can also email questions to a general delivery mailbox, [Kinship@azdcs.gov](mailto:Kinship@azdcs.gov). 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 throughout the state. Other efforts to support kin placements include the following:

- The Southeast Region continued 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 County 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 Statewide Placement Administration was formed in 2017 and primarily coordinates requests for licensed placements for children in out-of-home care. This administration also supports kinship caregivers by providing or directing kin to tangible resources including emergency food, clothing, beds, and infant care items. This referral service has provided assistance to struggling kinship caregivers to help resolve barriers to maintaining children in their homes. The Statewide Placement Administration includes three Kinship Specialists to provide outreach and support to kinship caregivers in Maricopa County and plans to expand to other counties as positions become available.

The two Maricopa County Regions and two Northern Regions utilize case aides, where available, to assist in providing outreach and support to kinship families.

In 2018, the Department expanded the DCS Warmline Support to be available to all kinship families to provide easier access to information and assistance setting up benefits such as TANF, DES child care, and the Kinship Stipend Program. The Guardianship Services Contract was also launched in 2018 to focus on providing information, education, consultation, training, support, and outreach to caregivers who are considering permanent guardianship as a permanency option. Kinship caregivers and youth receive education on all permanency options to allow an informed decision that is best for the family. Caregivers that move forward with permanent guardianship are provided with support to complete necessary paperwork and connected with community resources to assist with future needs.

In 2019, the Department launched a Kinship Navigator Pilot program that is currently serving three offices in Maricopa County. The pilot assists unlicensed kin caregivers with navigating the many systems involved when a child is in the custody of the Department and placed in their home. The contracted provider delivers similar supportive services as those offered to licensed caregivers by their licensing agencies. The intent is to keep children living with relatives in safe, stable, nurturing environments until their permanency goal can be achieved.

### ***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 1,184 ICPC requests for a home study of an Arizona family as a potential placement resource in FFY 2018, 281 less than the 1,465 requests in FFY 2017. In FFY 2018, Arizona made 2,081 requests to other states for home studies, which is 122 less than the 2,203 requests in FFY 2017. During SFY 2020, DCS will improve the tracking of ICPC referrals to include the timeliness of Arizona completing ICPC requests from other states.



## **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 permanent homes. These services provide placement of the child on the 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 social, emotional, physical, safety, and mental health needs of the child. Selecting a family that is able to meet the needs of the child is the primary consideration in the selecting 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 continue to collaborate on addressing disproportionality by specifically targeting recruitment within African American, Hispanic populations, and American Indian populations. Targeted recruitment also focuses on homes for older youth and siblings. The Department requests that the agencies recruit homes in specific geographical areas and provide recruitment estimators to contractors to assist in focusing recruitment strategies to specific counties in which the need is high. The estimator takes into account that some homes will close their licenses, that the pool of homes needs to be larger than the population of children needing placement, and that some child characteristics can be more difficult to match to foster families than others. This tool is an estimate to help inform recruitment efforts, and as such, unexpected changes are not able to be reflected in the tool.

Arizona uses an array of interstate resources in order to locate permanent homes for children across jurisdictional lines. These include internet resources such as Adopt Us Kids and Children's Heart Gallery; features on nationally syndicated programs; and monthly digital newsletters posted on the AZDCS.gov. Families with certified adoptive 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 also used adoption promotion and support funding for respite services.

### *Adoption Subsidy*

The Department continues to offer an Adoption Subsidy program, which 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 31,657 on March 31, 2018 to 33,447 on March 31, 2019, with 4,007 new special needs adoptions being subsidized in SFY 2018. The Department reimbursed \$5,365,300 of nonrecurring adoption expenses in FFY 2018. Of the 4,007 children who were adopted during SFY 2018, approximately 85% were covered under a title IV-E adoption agreement, and the remaining 15% 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 frequently asked 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 to coordinate services to meet the behavioral health needs of adoptive children. The Adoption Subsidy Behavioral Health Clinical Coordinator is 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 DCS field staff 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.

#### *Adoption and Legal Guardianship Incentive Funds*

The Department plans to provide the following services and supports to children and families using the Adoption Incentive Funds during the FFY 2020-2024 CFSP period:

- monthly adoption subsidy maintenance payments, and
- respite care.

The Department does not receive funding under the federal Legal Guardianship Incentive Program. The Department's guardianship subsidy program is a state funded program providing a monthly reimbursement to caretakers appointed by the court through an Arizona Revised Statutes Title 8 guardianship.

### *Adoption Savings*

The Department plans to provide and expand the following services and supports to children and families using the Adoption Savings Funds during the FFY 2020-2024 CFSP period:

- monthly adoption subsidy maintenance payments,
- respite care,
- transportation, and
- out-of-state residential treatment.

The Department will spend 30% of the savings on post-adoption services, post-guardianship services, and services to support positive permanent outcomes for children at risk of entering foster care. Two-thirds of the 30% will be spent on post-adoption and post-guardianship services. The Department continues to use the CB Method to calculate the adoption savings and has not made any changes to the calculation method since the prior submission. As the Department expands and implements initiatives, the lead time for the Department to fully leverage unspent adoption savings from previous years will be roughly three years, beginning in FFY 2020.

### *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 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 is a state funded program providing a monthly reimbursement to caretakers appointed by the court through a title 8 guardianship. 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 children for whom the subsidy is provided, are required to be in the care, custody, and control of the Department at the time the guardianship is granted. One year after the guardianship is granted, the court completes a paper review of reports submitted to the court to verify the child is still residing with the guardians. As of March 31, 2019 there were 2,905 children receiving guardianship subsidy with 1,710 families.

*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 the 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 a Preparation for Adulthood Plan for all youth age 14 and older, regardless of his or her permanency goal, and for young adults age 18 and older participating in continued care through a voluntary agreement. 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.

Department policy allows youth to continue to receive Department services and supports to 21 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, 18 through 20 years of age, who were in out-of-home care and in the custody of the Department while age 16, 17, or 18. 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 2017, 253 former foster youth received assistance from this program. During CY 2018, 209 youth were served. The Transitional Independent Living Program continues to do community outreach to identify and assist youth who would be eligible for the services.

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 DCS Program Managers, Program Supervisors, and Program Specialists.

The Department 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 Child and Family Team (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 Regional Behavioral Health Authorities have provided technical assistance to providers to implement the TIP Model to fidelity. DCS continues to collaborate with AHCCCS and the RBHAs to ensure this population receives the Seriously Mentally Ill (SMI)

determination when appropriate. AHCCCS has contracted with a single provider to manage the SMI eligibility process.

- Some child services continue to 21 years of age, when appropriate, including the TIP Model. This is supported by a special capitation rate for youth 18 to 21 years old. Transition Facilitators 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 17 to identify the need level and recommended service intensity. Those members with a score indicating a higher need, are assigned a high needs behavioral health case manager, also called a recovery coach, who has a low caseload and meets with the member weekly. 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 CMDP, DBHS, and AHCCCS, continues to evaluate Arizona's use of psychotropic medication for children in foster care. 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 was 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.

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 Program for Successful Transition to Adulthood and Education and Training Voucher Program State Plan*.

#### *Young Adult Transitional Insurance (YATI)*

Young adults who reached the age of 18 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 18 years of age. This program provides continuous health coverage until the age of 26, regardless of income. Over 600 youth who reached the age of 18 while in foster care or who exited care at age 18 or older during the last year will benefit from the YATI program due to the continued support of the Medicaid expansion to age 26.

### *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 23. In accordance with the current state Chafee Foster Care Program for Successful Transition to Adulthood, 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 16, 17, or 18;
- is 18 to 21 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 16 years of age or older; or
- was participating in the state ETV program at 21 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 Program for Successful Transition to Adulthood and Education and Training Voucher Program State Plan*.

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

### *Family-Centered Case Management*

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 Strengths and Risks Assessment 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 diminished protective capacities, 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 has been 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, which continues to be required for all DCS Specialists during their first year of employment. 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.
- 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, which continues to expand within the state. 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, 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 Break Activity Guides also include 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 Foster Parent College (initial foster parent training curriculum) for resource parents.
- The Department utilizes a series of Practice Guidelines that includes information on a specific topics 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 which focus on engagement include *Engaging Parents During the Investigation Process*, *Engaging Incarcerated Parents in Reunification Cases*, *Engaging Parents in Parent Aide and Supervised Visitation Only Services*, and *High Quality Parent Contacts*.

#### *Team Decision Making*

Team Decision Making (TDM) is a strength-based decision making process to address the safety, placement, and permanency of children. TDM meetings are a collaborative process involving an entire team of people, including DCS field staff and Supervisors, family (custodial and non-custodial parents, legal guardians, and adult siblings), family supports, community members, and partnering agencies, including tribal representatives when applicable. Children and their siblings age 12 and older are also invited if their level of functioning and the current situation permit their full participation. By engaging family members, youth, friends, and natural and paid supports in decision making and the identification of safe placement options and permanency plans, TDM meetings assist in achieving safety and permanency outcomes such as timely reunification, prevention of re-entry, placement with siblings and kin, visitation with parents and siblings, placement stability, planning for adulthood, and the identification of and preservation of the child's important connections. Team Decision Making provides an opportunity to improve child and parent involvement, including with absent or under-involved parents, identification of relatives for placement and/or support of the child, and identification of services to improve parental capacity to care for the child safely.

The Department utilizes several types of TDM meetings to meet the needs of the family situation. TDM meetings may occur when a child is found to be in present danger and has been removed from his or her family home (Present Danger TDM); when a child has been found to be in impending danger (Safety Planning TDM); when there is potential for placement disruption or an unplanned placement change occurs (Placement Stabilization TDM); when a parent has met conditions for return and a child can be transitioned from an out-of-home safety plan to an in home safety plan (Safety Planning TDM); when a child's permanency goal may need to change or a child may begin the reunification transition to their family (Permanency Planning TDM); when a child has been in care for an extended period of time and life-long kin/family connections or placement have been identified (Life Long Connections TDM); or when a youth is in need of a discharge plan upon their exit from care (including youth reaching the age of majority), or



when a youth has reached adulthood and wants to voluntarily remain in the Department's care until his/her 21<sup>st</sup> birthday (Age of Majority TDM). The process of developing a new TDM type (Needs Assessment TDM) is underway, and nearing completion. The focus of this TDM type will be to explore the current and future needs of youth age 14 and older in order to assist them in mapping out a clear path for their future, regardless of how they exit from care. The overarching goal of the Needs Assessment TDM is to successfully transition youth out of care prior to age 18, and for them to have a specific, realistic plan for how to succeed independently as young adults.

Specifically trained TDM Facilitators guide the teams to identify the current present or impending danger condition; explore opportunities and resources to prevent removal, re-entry, or to preserve a placement; discuss permanency options and transition planning; and plan for adulthood. In many cases, the family and team are successful in identifying 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, the family, and DCS Specialists work hand-in-hand toward shared goals of child safety, as well as selecting the safest, least restrictive placement for the child.

TDM meetings continue to be held statewide, in all regions and counties. From June 2018 through April 2019, 2,278 or 26% of TDMs were Present Danger TDMs, 3,321 or 38% were Safety Planning TDMs, 420 or 5% were Placement Stabilization TDMs, 1,466 or 17% were Permanency Planning TDMs, 603 or 7% were Reunification TDMs, 525 or 6% were Age of Majority TDMs, and 36 or 1% were Life Long Connections TDMs.

The Department continues to collect and disseminate data with regard to all TDMs, including the number of meetings by type, attendees, and child specific outcomes. From June 1, 2018 through April 30, 2019:

- 96.5% of present danger TDMs were attended by one or more parent, 52% were attended by a youth, and 47.5% were attended by a relative associated with the case;
- 97.5% of safety planning TDMs were attended by one or more parent, 48% were attended by a youth, and 52.5% were attended by a relative associated with the case;
- 58% of placement stabilization TDMs were attended by one or more parent, 75% were attended by a youth, and 30.5% were attended by a relative associated with the case;
- 99% of reunification TDMs were attended by one or more parent, 66% were attended by a youth, and 31% were attended by a relative associated with the case;
- 84% of permanency planning TDMs were attended by a youth, 70% were attended by one or more parent, and 23% were attended by a relative associated with the case;
- 93% of life long connections TDMs were attended by the youth, 47% were attended by one or more parent, and 71% were attended by a relative associated with the case; and
- 99.5% of age of majority TDMs were attended by the youth, 19% were attended by a parent, and 11/5% were attended by a relative associated with the case.

The total number of children discussed at all TDM types was 13,005. Of the total number of children discussed during all meeting types, relative placements were identified for 6,516, or 50%. It is important to note that 36% of all TDMs focus on children who are already in out-of-home care. Therefore, the data is focused on where children exit care.

The total number of children discussed at pre and post-removal TDMs was 9,925. Of those children, out-of-home placement (including 90 day voluntary foster care agreements) was recommended for 5,226 or 52%. Of the total number of children recommended for out-of-home placement, relative/kin placements

were identified for 2,959, or nearly 57%.

TDM management continues to monitor the use of TDMs during the investigation phase of casework to identify trends and improvement opportunities. The data has been helpful in identifying gaps of knowledge regarding TDM policy, procedure, and best practice exist in the field, and was used to revise the TDM Refresher training. The TDM Refreshers are mandatory for all field staff including Specialists, Program Supervisors, Program Managers, and TDM Facilitators. The Refreshers focus on reviewing updated TDM policy and procedures, as well as clarifying each of the roles and responsibilities associated with TDMs.

The Department utilizes a five-day TDM training curriculum for newly hired TDM facilitators. The Department also has regional lead positions that are dedicated to the support and supervision of TDM facilitators statewide, and a statewide coordinator position that focuses on implementing TDM initiatives statewide, providing technical support, refining data elements and collection, identifying and overcoming TDM program issues, determining continuing needs, and mentoring each of the regional leads individually and collectively. The Department has also developed standard work for TDM staff to improve model fidelity, ensure program consistency, and maintain effectiveness statewide. The standard work includes clearly defined roles of staff, work product timeframes, quality assurance processes, and data collection and dissemination procedures.

#### *Case Manager Face-to-Face 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 with children are also activities to improve assessment, service provision, and involvement in case planning.

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

data related to the frequency of child and parent contact with the assigned DCS Specialist is monitored using monthly scorecards. This 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 and have high quality conversations with verbal children.

The Department has worked to ensure 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, and at least 50% of the visits occur in the child's home. The Department met the federal standards in 2017, and has continued to meet the standards since that time.

During the CFSP period, DCS plans to use the federal Monthly Caseworker Visit Grant to fund DCS Specialist training, including training related to the implementation of the updated safety assessment model. The Monthly Caseworker Visit Grant will also be used to provide incentive compensation to DCS Specialists in an effort to reduce turnover and retain staff responsible for child safety assessments, 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 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, and relatives. 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, Juvenile Access Communication Exchange (JAX), 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. Embassies, U.S. Immigration and Customs Enforcement (ICE), and the Federal Bureau of Prisons in an effort to strengthen search efforts and results. From July 2018 to March 2019, the Family Locate Unit attempted to locate 6,243 people and obtained location information for 2,285 (37%) 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 demonstration project. Family Engagement Specialists, whose job duties include searching for relatives and kin in waiver sites within Maricopa, Pima, Pinal Counties, and one in the northern portion of the state 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 investigations. For 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, and 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 Program for Successful Transition to Adulthood 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 will continue across Arizona during the CFSP period. Recent and continuing examples of these efforts include the expansion of the FosterEd program; collaboration with the Arizona Department of Education to continue the implementation of the federal Every Student Succeeds Act and resolve issues related to school of origin, transportation, and other services; the creation of guides and pamphlets to inform youth and their caregivers about educational opportunities and financial aid; attendance at conferences and meetings to share and learn about additional resources; collaboration with colleges, universities, and organizations to increase the number of youth attending and succeeding in college; and speaking directly with youth and their caregivers.

The Department and its partners continually consult with youth to assess the effectiveness of the improvement activities and identify new goals and activities. See Arizona's Final Report 2015-2019 for additional information.

#### *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). 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. A small number of children are enrolled through an alternate AHCCCS health plan due to meeting diagnostic and function criteria for Arizona Long Term Care Services (ALTCS).

CMDP, in partnership with DCS Specialists and foster caregivers, oversees the provision of appropriate and quality health care services for the well-being of Arizona's children in foster care. Full coverage of medical and dental care is provided to all children placed in out-of-home care by the Department or in the custody of Arizona Office of the Courts/Juvenile Probation Offices and placed in a foster care setting. 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.

CMDP's Provider Network includes an 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 provider network, a child or youth in care may see any AHCCCS registered provider. There are over 74,000 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 out-of-home care. 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. 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.

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.

CMDP continues to utilize 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. As a result of the combined outreach efforts to initiate services in 30 days as well as follow up on the service provision after 120 days, CMDP has seen a marked increase in the number of claims that have been received, indicating more children are receiving the required services timely.

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.

#### *Children's Rehabilitative Services*

As of October 1, 2018, CMDP began benefit coverage for Children's Rehabilitative Services (CRS) to children and youth in out-of-home care with a CRS condition. The CMDP CRS Unit coordinates and provides the necessary clinical documentation to support the CRS qualifying condition(s) for submission to AHCCCS, who determines eligibility. For additional information, see the *Arizona Health Care Oversight and Coordination Plan*.

#### *Child Behavioral Health Services*

Meeting the behavioral health needs of children served by DCS continues to be the shared responsibility of the Department and AHCCCS. Arizona has a full array of covered behavioral health services for children in out-of-home care, including treatment services, case and care 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.

During the first portion of the CFSP period, behavioral health benefits for Medicaid eligible children in out-of-home care will continue to be provided through AHCCCS contracted Regional Behavioral Health Authorities (RBHA) that directly contract with AHCCCS. CMDP provides coverage for behavioral health services for children in foster care who are not eligible for AHCCCS coverage. American Indian children are served through the RBHAs or one of the five Tribal Regional Behavioral Health Authorities (TRBHAs) that have Inter-Governmental Agreements (IGAs) with the Arizona Department of Health Services (ADHS). 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.

The Arizona practice model for behavioral health is based on the "wrap-around" model and includes a Child and Family Team component. When children in care are enrolled in Arizona's behavioral health system, a Child and Family Team (CFT) is developed. The child's behavioral health services are monitored and coordinated through the CFT. The CFT model is used statewide to develop an Individualized Service Plan

(ISP) for behavioral health services for each child. As each child is unique and has different needs, the CFT may be composed of family members, DCS Specialist, CMDP staff, behavioral health service providers, and other child serving agencies and supports. Typically facilitated by a behavioral health case manager or other behavioral health staff person, CFTs are responsible for identifying the strengths and needs of children and families and for developing and monitoring treatment goals and tasks. Teams are responsible for obtaining appropriate behavioral health services, and may request services requiring a prior authorization (i.e. residential placement or psychological testing) that are subject to medical necessity determination by the RBHA.

Behavioral Health Services for all children in the Department's 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 Department's Behavioral Health Unit (BHU), within CMDP, provides consultation and technical assistance to DCS staff and other key stakeholders, and facilitates collaboration between the Department and the Behavioral Health System when barriers are present. The BHU provides coordination activities with the behavioral health system to provide all CMDP members with accessible, comprehensive behavioral health services.

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

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. The Department, foster parents, AHCCCS, local RBHAs, services providers, and other key stakeholders worked jointly to implement several key components of this law, which include the following:

- The DCS placement packet must be provided to the out-of-home placement provider immediately, and must include a 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.
- The out-of-home caregiver of a title XIX or XXI eligible child may contact the RBHA directly to request a screening and evaluation of the child.
- The out-of-home caregiver 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.
- If a title XIX or XXI eligible child in the custody of the Department moves to a different county because of the location of the child's out-of-home living arrangement, the caregiver may choose to have the child continue any current treatment in the previous county.



Additionally, the law 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.

#### *Psychotropic Medication Prescribing Oversight*

In recent years, there has been increasing federal and state oversight of psychotropic prescribing to children in foster care, to ensure psychotropic medications are used appropriately and safely. Efforts to reduce inappropriate prescribing of psychotropic medication include the following:

- AHCCCS has required that the RBHAs have oversight over psychotropic medication prescribing by psychiatric providers.
- Informed consent /assent for psychotropic medication procedures have been implemented.
- ADHS/DBHS implemented the practice guideline, *Psychiatric Best Practice for Children Birth to Five Years of Age*, in October 2009. AHCCCS practice guidelines encourage the use of psychotherapeutic interventions for young children with psychiatric diagnoses prior to a psychopharmacologic trial. Adoption and dissemination of practice guidelines to providers has occurred 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 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 a 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. As part of this process, CMDP members are referred to the appropriate behavioral health services.

#### *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 *Arizona Health Care Oversight and Coordination Plan*.

#### *Coordination with the Department of Economic Security, Division of Developmental Disabilities*

The Department of Economic Security (DES), Division of Developmental Disabilities (DDD) provides supports and services that help enable individuals with developmental disabilities to lead self-directed, healthy and meaningful lives. CMDP collaborates with the DDD to coordinate care for the children that qualify for the Arizona Early Intervention Program and enhance system provision of services. In addition,

CMDP staff serve on the Executive Committee of Interagency Coordinating Council for Infants and Toddlers. This council provides guidance and support to Arizona's Early Intervention system and processes in support of infant and toddler development. On a case by case basis, CMDP participates in care coordination of children in the DDD and DCS care to enhance coordination efforts and service provision.

#### *Integrated Service Delivery*

Arizona Senate Bill 1375 required DCS, in collaboration with the Arizona Department of Health Services (ADHS) and AHCCCS to determine the most efficient and effective health care delivery system providing comprehensive medical, dental, and behavioral health services for children and youth in foster care. The bill was released on October 1, 2015 and recommended the development of an integrated model.

In February 2018, AHCCCS hired Mercer Government Human Services Consulting to perform an independent analysis for the development and implementation of an integrated health plan for children in foster care. The analysis was designed to identify the operational and ongoing infrastructure requirements of an integrated health plan administered through CMDP. Using the proposed Administrative Services Organization (ASO) model, CMDP would retain clinical operations, which include prior authorization of services, medical management, and care coordination. CMDP would contract with an Administrative Service Organization to build and maintain a provider network. A Request for Proposal (RFP) is under development for anticipated release in calendar year 2019, to acquire an Administrative Services Organization for implementation scheduled for calendar year 2020.

#### *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 in the CHILDS system for possible future use.

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 and children age four and five with a prior history require a response time no longer than 48 hours, and victim children age four or five with no prior history 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. Age is one of five vulnerability factors considered when assessing the priority response time when a concern of abuse or neglect is screened in as a DCS report for investigation. 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.

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 available in Maricopa, Mohave, Pinal, Cochise, Coconino, Yuma, Yavapai, La Paz, and Pima Counties.

#### *Services for Children under the Age of Five*

There were 4,758 children under the age of five in out-of-home care on December 31, 2018, representing 37% of the total out-of-home population on December 31, 2018 (age birth through seventeen). (Source: *Semi-annual Child Welfare Report*)

Of children who were under the age of one and entered care for the first time in CY 2017, 27% exited to reunification within twelve months of entry and 33% exited to reunification by December 31, 2018. Of children who were age one through five and entered care for the first time in CY 2017, 38% exited to reunification within twelve months of entry and 47% exited to reunification by December 31, 2018 (Source: AZ Chapin Hall Data Profile, December 2018). 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 2015, 49% had exited to adoption by December 31, 2018. Of children who were age one through five at the time of first entry in CY 2015, 31% had exited to adoption by December 31, 2018 (Source: AZ Chapin Hall Data Profile, December 2018). 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, reports alleging a victim child age three or younger and children age four and five with a prior history require a response time no longer than 48 hours, and victim children age four or five with no prior history require a response time no longer than 72 hours. Likewise, child vulnerability, including the child's age and developmental status, 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 those children served in-home or in a community-based setting, 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 and Guidelines such as *Working with the Birth through Five Population, Children's Out-of-Home Services, Psychiatric and Psychotherapeutic Best Practices for Children: Birth through Five Years of Age, Family and Youth Involvement in the Children's Behavioral Health System, Unique Behavioral Health Services for Need of Children, Youth, and Families Involved with the Department of Child Safety, and Youth Involvement in the Children's Behavioral Health System*. 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 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 in counties across the state, 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 the reporting period related to DCS in-home services and the SENSE Program.
- The CMDP Chief Medical Officer provided trainings to judges, attorneys, medical students, and other groups during the reporting period on child abuse and neglect, substance exposed newborns, Adverse Childhood Experiences, toxic stress, and trauma, and the effects on development and subsequent behaviors of the child.

Safe Babies Court Teams (SBCT) is a national initiative of ZERO TO THREE that was adopted by Arizona's juvenile courts. It is referred to as Best for Babies in some Arizona counties and as Cradle to Crayons in Maricopa County. 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 family to protect children birth to three years of age from further harm due to maltreatment, and to address the trauma that may have come from being separated from their caregiver and placed 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 siloed 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).”<sup>2</sup>*

All 15 Arizona counties, and the Gila River Indian community, are engaged in addressing the unique needs of infants and toddlers involved in the dependency process through this approach, thereby improving child welfare related outcomes such as permanency, stability, and well-being.

The Maricopa County Juvenile Court implemented SBCT on July 1, 2011, under the title Cradle to Crayons (C2C). 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 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. The majority of referrals for children's services include 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.

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<sup>2</sup> <https://www.zerotothree.org/our-work/safe-babies-court-teams>

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 March 2018, 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 2014, kinship care providers (licensed and unlicensed) overtook family foster care as the most frequent initial placement type. Although the number of permanencies achieved within 12 months increased steadily through 2015, and the number of reunifications within 12 months have increased over the years compared to prior to 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.

The Maricopa Community Court Teams presented "Topic of the Month" discussions during the reporting period, including:

- Hushabye Nurse presentation on their program that serves infants who are withdrawing from opiates and supports provided to their caregivers,
- presentation on the 12 Components of the Zero to Three Safe Baby Court Team Model and discussion regarding "How are we doing in Maricopa County",
- Yoga Box: Healing through Mindful Movement,
- discussions regarding communication among systems and identifying barriers and strategies for increasing communication,
- SEN Infant Care Plans and the SENSE program,
- discussions regarding identifying language barriers and shared language amongst systems, and
- panel discussion on the differences and similarities between Team Decision Making Meetings, Case Plan Staffings, and Child and Family Team Meetings, and how these meetings facilitate communication between systems.

The Foster Parent College 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, learn how trauma affects children, 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 continued to provide training and technical assistance to counties developing Court Teams during the reporting period, 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.

The Infant Care Plan, in accordance with the 2016 federal Comprehensive Addiction Recovery Act (CARA) requirements for a Plan of Safe Care, is Arizona's version of the plans of safe care. The use of Infant Care Plans was implemented in June of 2017 and is required to be filled out for all substance exposed newborns. The plan closely follows the Protective Factors and addresses primary areas of need for the Substance Exposed Newborn and the identified caregivers. The Infant Care Plan has been updated to include infant mental health and the mental health needs of the caregiver in addition to the existing components of substance abuse treatment, medical care for infant, safe sleep, parenting and infant development, living arrangements, child care, and social connections. The Infant Care Plan is a document that must be created at the earliest point in the decision making about safety for the child, must be reviewed and updated monthly, and should be signed by parents and caregivers, and shared with the team that is working with the newborn and family. This network approach ensures all team members interacting with the family have the most current plan and are helping to monitor the plan.

Teen parents in out-of-home care often require additional resources specifically geared towards children birth to five years old. In response to the need for resources, the DCS Office of Prevention hosted a Teen Parent University in 2018 that was attended by 49 teen parents, both mothers and fathers. The teen parents were encouraged to bring a guest who provides support to them, so many had family members and friends attend the event as well. This daylong event included five workshops that focused on parenting young children: Baby Brain Development, Safe Sleep, Healthy Relationships/Co-Parenting, Well Baby, and Legal Information. A resource fair was also available, which included tables providing information about Arizona Family Health Partnership, Empowered Young Parents Program, Department of Health Services (DHS), Comprehensive Medical & Dental Program (CMDP), Department of Economic Security, Department of Education (Graduation Program), Eagles Pathway, Family Involvement Center, First Things First, Parent Partners Plus, Phoenix Children's Hospital-Car Seat Safety, Triple P Parenting, Water Safety programs, Rio Salado Community College, Southwest Human Development (Nurse Family Partnership and Parent Partners Plus), Teen Lifeline, and Arizona's Children Association. The teen parents were provided free baby items throughout the day, including a baby book which contained resources on parenting tips, safe sleep, home visitor programs, a tummy time and play time brochures, baby's physical development brochure, a "Birth to 5 Helpline" magnet, and a "Who do you trust with your child" brochure. Surveys were completed by all the teen parents and community agencies in attendance, and the feedback will be used to plan the next Teen Parent University planned to occur in 2019.

In response to the continued unsafe sleep fatalities in Arizona, DCS started the Safe Sleep Campaign and Baby Box Program in November 2016. The campaign focuses on training DCS Specialists and contracted providers to address safe sleep practices with families who have children under one year of age. The Safe Sleep Campaign includes the provision of baby boxes for families involved with DCS in need of a safe place for their infant to sleep. Please see *Section III: Assessment of Outcome Achievement* for additional information related to the Safe Sleep Campaign.

In order to influence timely permanency for young children, DCS policy requires a permanency hearing be held within six months of the child's initial removal from the parent or guardian, if the child was younger than age three at the time of removal. At the permanency hearing, the court will determine the appropriate permanency goal for the child. If the court finds TPR or permanent guardianship is in the child's best interest, the court will order a motion to be filed within ten days of the hearing.

#### *Efforts to Track and Prevent Child Maltreatment Deaths*

Child fatalities reported to NCANDS come through the Child Abuse Hotline call center and are recorded in the Arizona SACWIS. Arizona uses information received from the state's Department of Vital Statistics, Child Fatality Review Teams, law enforcement agencies, and the Medical Examiners' offices when reporting child maltreatment fatality data to NCANDS. The Child Fatality Review Teams review all child deaths in the state, including deaths that would be identified through the sources listed above. If a local Child Fatality Review Team identifies an unreported child fatality believed to be due to maltreatment, that information is communicated to DCS. Through this process, DCS receives information on all child deaths that may have been caused by abuse or neglect.

The number of child deaths reported in NCANDS and the CFSR Child Safety Profile is 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 2018, but the substantiated finding was not entered into CHILDS until FFY 2019, the child would be counted in the Child Safety Profile data or NCANDS in FFY 2019, rather than 2018.

The number of maltreatment fatalities identified by the Child Fatality Review Teams is substantially higher than the number reported to NCANDS because the Child Fatality Review Teams include 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 Team 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 Team data includes deaths that occur outside of the State's jurisdiction, such as on an Indian reservation.

During SFY 2019, the Department developed a statewide plan to prevent child maltreatment deaths. The development of the plan included input from community stakeholders such as representatives from Prevent Child Abuse Arizona; Department of Health Services; Maricopa County Superior Court; the Governor's Office of Youth, Faith, and Family; First Things First; hospitals; Arizona Health Care Cost Containment System; a nurse consultant; tribal liaisons; and the Arizona Chapter of the AAP. After a review of Arizona child fatality data, the team focused the statewide plan on the reduction of deaths of very young children. The plan includes efforts to improve outcomes for children born to teenage parents, reduce unsafe sleep fatalities, and improve outcomes for newborns exposed to substances in utero. Strategies contained within the plan include Active Case Supports, the Supervision Coach program, the Teen Parent University, the Safe Sleep Campaign, Infant Care Plans, the Substance Exposed Newborn Safe Environment (SENSE) Program, and community partnerships. For additional information, see Arizona's fatality prevention plan entitled *Prevention of Child Maltreatment Deaths in Arizona*, submitted with this CFSP.



# **Section VII**

## **Consultation and Coordination with Tribes**

### ***Coordination and Collaboration with Tribes***

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

The Arizona Department of Child Safety (DCS) meets quarterly with the tribal nations of Arizona in cooperation with the Inter Tribal Council of Arizona (ITCA), to obtain input on Department efforts in reference to its CFSP. The Inter Tribal Council of Arizona is a non-profit organization that represents 20 of the 21 Arizona tribes, all but the Navajo nation. The Navajo nation has an IGA with the Department that stipulates DCS shall meet quarterly with the tribe. Quarterly meetings include a variety of topics and are considered official tribal consultation. All Arizona tribes are invited to participate. Topics have included discussion of policies and procedures, ICWA case related issues, and training opportunities. 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, 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.

The DCS Intergovernmental Tribal Liaison continues to work with tribes in the areas of tribal outreach, training, ICWA compliance, and other special projects. DCS continues to employ an ICWA Specialist, whose role is to work with both DCS field staff and Tribal Social Services Departments to ensure the agency is in full compliance with ICWA.

On a yearly basis, the DCS Intergovernmental Tribal Liaison conducts 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 about each entities child welfare system, and discuss any specific child welfare 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 geography. This diversity includes the Havasupai tribe located at the bottom of the Grand Canyon, which is only accessible by helicopter, mule, or via a 16 mile hike; and tribes located on the Utah, Nevada, California, New Mexico, and Mexican borders. This regular contact with the tribal communities demonstrates DCS' commitment to fulfill the obligations outlined in Arizona Executive Order 2006-14, which 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, and updated the policy in November 2018.

The Department continues to have 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. This quarterly contact has occurred consistently for the past two years. The IGA is currently in the process of being updated, with an anticipated completion date in Fall 2019.

The Department has IGAs with tribes for reunification, prevention, or support services including three agreements for Family Support, Family Preservation and Family Reunification Services; three agreements for Specialized Substance Abuse Treatment services; and one agreement for Comprehensive Services

Development. The Department has agreements for Family Preservation, Family Support and Family Reunification Services with the following tribes: Navajo Nation, Pascua Yaqui Tribe, San Carlos Apache Tribe, and the Salt River Pima Maricopa Indian Community. The Department also has a comprehensive service agreement with the Navajo Nation.

The Department has continued to discuss with other tribes throughout Arizona the possibility of establishing a formal IGA or Memorandum of Understanding (MOU) that would include, but not be limited to, investigation protocols, data and information sharing, and compliance with ICWA. Currently there are five tribes working with DCS on an IGA or MOU.

Additional tribal collaboration activities that will continue during the CFSP period include:

- The Department contracts with the Inter-Tribal Council of Arizona, Inc. (ITCA) for consultation, technical assistance, and liaison services to twenty 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 DCS Tribal Liaison and ICWA Specialist continue to provide ongoing training for DCS Field Staff and tribal programs on a regularly scheduled basis. DCS also continues to collaborate with ITCA to provide a bi-annual ICWA academy for tribal and DCS staff. The DCS Tribal Liaison and DCS Learning and Development staff are in the process of creating an ICWA competency training for all DCS field staff.
- 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 toward 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 its Indian Child Welfare Act Committee that are chaired by 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 2019.
- The Department continues to collaborate with the Urban Indian programs located in Phoenix, Tucson, and Flagstaff. Coordination projects include community presentations, the recruitment of Native American foster homes, training of staff related to working with tribal communities, and ongoing training to DCS staff about the services and resources each agency provides to better comply with ICWA's active efforts requirement.
- In January 2018, 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.

- Tribal social workers continue to participate in TDM, case plan, and CFT meetings during which case specific consultation occurs and decisions are made.

The Department will email a copy of this FFY 2020-2024 CFSP to the Arizona title IV-B tribes upon approval of the report by the Children's Bureau. The website where the supporting plans can be viewed and downloaded will be included in the email. The reports 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 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 its automated system, monthly. Reconciling the data from both agencies allows both systems to increase ICWA compliance and the ICWA element of "identification."

The Department continues to set goals for improving ICWA compliance based upon recommendations in a study conducted by Casey Family Programs entitled *Indian Child Welfare Examination of State Compliance in ICWA*. Additionally, DCS received technical assistance from the Center for States related to capacity building and ICWA compliance, and this effort evolved into a DCS Tribal Advisory group, which will further enable DCS to receive input from tribes. Goals for improving ICWA compliance also continue to be derived from 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.

The Department continues statewide efforts to improve data collection for monitoring ICWA compliance and outcomes for American Indian children. Collection of sufficient data allows the Department to better analyze ICWA compliance and identify best practices to achieve positive outcomes for American Indian children and families. The Tribal Liaison, ICWA Liaison, community stakeholders, tribes, and the Center for States recently provided input and guidance into the development of the Department's future CCWIS system, Guardian.

The DCS Office of Tribal Relations meets at least once a year with Arizona's 21 tribes in their communities. During these site visits, a general discussion regarding DCS practice and policy, as it relates to ICWA and tribal relations, occurs. Conversations regarding mutual cases also takes place, including a discussion related to ICWA compliance. ICWA compliance topics include if the tribe was properly notified of legal proceedings; if the tribe has been included in case meetings such as case plan staffings, TDMs, CFTs, etc.; and if DCS has engaged in active efforts related to the placement protocol. Generally speaking, these conversations result in information suggesting DCS maintains a high level of compliance in its adherence to ICWA. In those instances where an issue is identified, an immediate plan of action is developed to ensure the deficient is addressed.

### ***Identification***

In April 2019, there were 1,192 American Indian children in out-of-home care. Of these children, 59% had a permanency goal of reunification or return to live with a relative; 28% had a permanency goal of adoption; 78% were in a family-like setting, with 52% of the family-like settings being relative placements (Source: OOH Database, run date 5-11-19).

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* forms 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.

### ***Notification***

The Office of the Attorney General initiates Arizona’s notification process. 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. At the first court hearing, the Department continues efforts to determine if ICWA applies to the case. 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 and out-of-home instrument continues to be used to monitor timely notification to the tribe. The percentage of cases reviewed in CY 2018 where the tribe was provided timely notification was 100% (of 11 applicable cases).

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

ICWA requires placement be considered and selected 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 who is willing and able to provide care for the child is always a priority when working with American Indian children. The biggest challenge continues to be the lack of available American Indian homes in state and tribal communities compared to the number of American Indian children needing placement.

In December 2016, the BIA issued new guidelines for implementing ICWA. 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. 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 and out-of-home instrument continues to be used to monitor ICWA placement preferences. The tool contains questions, which mirror the CFSR review instrument, related to placement of the child in accordance with ICWA placement preferences. Data from CY 2018 shows 100% of the 12 applicable cases were rated strength, indicating 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 2018 AFCARS file, 44% 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.

The Department continues to have two dedicated ICWA case management units in Maricopa County that provide case management to ICWA families exclusively, which helps to ensure ICWA compliance by focusing on providing support and services to ICWA families.

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

In general, when a report is received related to an American Indian child living on a reservation, the DCS Specialist or Program Supervisor will contact the appropriate tribe and provide the reported abuse or neglect information 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 child. 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, the Department contacts 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 and will continue assessing the immediate health and safety of the child unless an immediate removal is necessary to prevent severe harm to the child.

***Discussions with Indian tribes regarding Chafee Foster Care Program for Successful Transition to Adulthood***

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 IX: Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program*, “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. The Department provides tribes with documents needed when determining title IV-E financial eligibility and shares information about processes the state has in place to facilitate title IV-E eligibility determinations.

Three Arizona tribes currently have their own title IV-E programs approved by the Children’s Bureau. These tribes are the Navajo Nation, the Salt River Pima-Maricopa Indian Community, and the Pascua Yaqui Tribe. The Department has a case transfer policy in place for 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.

Arizona tribes that do not wish to have their own title IV-E programs may enter into an Intergovernmental Agreement with the Department for pass-through title IV-E funding providing the Tribe can assure compliance with all required title IV-E eligibility criteria. These criteria include financial, non-financial, judicial determinations, foster home and congregate care licensure, and AFCARS requirements.



# **Section VIII**

## **Child Welfare Waiver Demonstration Activities**

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**Child and Family Services Plan FFYs 2020-2024**  
**Section VIII: 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 were 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) increased 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.

Arizona's goals for FSC continue to be the following:

- Find meaningful and appropriate supports and connections for children in congregate care settings.
- Ensure professional team members support and encourage connections that have been identified through the Family Finding Model.
- Move children to a permanent, less restrictive placement if available and appropriate.

The FSC program has connected almost 500 children to 3,201 active family and community connections that the children may never have had without FSC. The program will continue as a referral based service, provided by a contracted community agency, implementing the lessons learned from the demonstration project in an effort to continue to support children finding their way back to families, active connections, and permanency.

During this title IV-E waiver project, FSC has demonstrated an ability to improve outcomes for children who have been placed in congregate care. Due to the FSC's success, the waiver team proposed to DCS leadership that the program continue in the DCS service array after the end of the waiver period. DCS leadership agreed with the proposal and FSC will continue as part of DCS' practices to support children exiting congregate care and finding permanent connections. Sustaining this program will support the Department's CFSP and SFY 2010 Strategic Plan goal of increasing the placement of children in a family-like setting.

# **Section IX**

**Chafee Foster Care Program for  
Successful Transition to Adulthood  
and Education and Training Voucher  
Program State Plan FFYs 2020 – 2024**

***Agency Administering Chafee***

The Department of Child Safety is the responsible State agency administering the title IV-E program. The Department will continue to administer the Chafee Foster Care Program for Successful Transition to Adulthood 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) of the Act. Arizona's Chafee Program is hereafter referred to as the Young Adult Program or YAP. A DCS specialized unit that serves youth in foster care at age 16 or older is hereafter referred to as a YAP unit.

The Chafee Certification indicates the Department will expend no more than 30% of the allotment of Federal funds for room and board for youth who left foster care because they attained 18 years of age, but have not yet attained 21 years of age. For the purpose of this plan, room and board is defined to include housing (direct rental assistance or related costs such as security or utility deposits), food, expenses of a child in the youth's care, personal care, clothing, and basic furniture and household maintenance items. Room and board is made available through the Department's program of continued foster care and through the program of aftercare services, called the Transitional Independent Living Program (TILP). The TILP provides an array of services and supports to legal residents of Arizona under the age of 21 years, who were previously in the custody of a state or tribal child welfare foster care program, in out-of-home care, at age 16 years or older.

The Department's Permanency and Youth Service (PYS) Unit provides oversight to the programs and agencies that provide Chafee services and supports. The Permanency and Youth Services Unit includes a Manager, a Statewide Independent Living Coordinator, an Independent Living Program Development Coordinator, two Statewide Education Specialists, and a Peer Mentor. The Unit works closely with leadership in the field to ensure that Chafee services and supports are provided to young people ages 14 and older. In 2018, the PYS Unit began quality assurance reviews on open DCS cases for youth ages 14 to 20. The PYS Unit will continue to deliver technical assistance regarding all services related to Chafee program delivery during the next five years.

***Description of Program Design and Delivery***

The Department will strengthen the Chafee program over the next five years by converting the current state funded voluntary foster care program to a title IV-E extended foster care program. The Department collaborated with community stakeholders and engaged Mainspring Consulting to complete a fiscal impact analysis on IV-E extended foster care in Arizona. As a result, Arizona is moving forward with plans to adopt IV-E extended foster care and proposed Senate Bill 1539, entitled Extended Foster Care, to the Legislature during the 2019 spring session. The bill was signed by the Governor in May 2019. The Department believes that the adoption of IV-E extended foster care will bolster the current state funded voluntary foster care program by offering additional financial support and administrative oversight, and will assist with the Department's strategic goal of improving outcomes for youth transitioning out of foster care to adulthood.

The Department partnered with various stakeholders to ensure that young people's voices are captured in the Chafee plan. The Independent Living Coordinator spoke with youth during the 2018 Annual Youth Conference to gather input regarding what types of services they felt would improve their transition to adulthood. The Independent Living Coordinator also met with young people at the local Maricopa County Youth Advisory Board and the Keys to Success Advisory Board to share progress made and gather ideas about needs for the five-year plan. The Independent Living Coordinator gathered information from the

Fostering Advocates Arizona Board through their facilitator and information was returned in a written response. The youth highlighted the need to continue work on creating positive relationships between young people and their DCS Specialists and out-of-home caregivers. They shared their desire to receive additional supports related to financial literacy and normalcy activities.

The Department started a project with the Capacity Building Center for States in 2018, entitled the Arizona Family Engagement & NYTD Support project. During the project, the Young Adult Consultant assisted the PYS team in identifying an approach called Youth Thrive that would complement the Department's use of the Protective Factors Framework and Strengthening Families as a risk assessment and aftercare planning model. Youth Thrive and Strengthening Families are initiatives of the Center for the Study of Social Policy and both promote protective factors for healthy development and well-being.

The Capacity Building Center for States encouraged the Department to utilize Youth Thrive, as it is a well-rounded approach to ensure young people have the protective and promotive factors of knowledge of adolescent development, social connections, cognitive and social-emotional competency, and concrete supports in times of need. The Youth Thrive approach teaches youth allies how to use a trauma informed practice lens and to shift from "what's wrong with you," to "what's happened to you and what's right with you?" As of April 2019, the Department has 23 trained Youth Thrive trainers and plans to train all YAP unit employees by August 2019.

The Department plans to increase the reach of Youth Thrive to all DCS Specialists, as the Department sees the value in ensuring that every DCS Specialist who has interactions with young people has the tools to help them reach their full potential. The Youth Thrive framework will be integrated into all services and contracts supported by the Chafee Grant. This will ensure Chafee funded supports represent a form of prevention services to help youth exit to permanency with the capacity and resources needed to make a successful transition to adulthood. As a component of the Department's project with the Capacity Building Center for States and the implementation of Youth Thrive, the Youth Thrive survey will be used as an assessment tool to evaluate the five protective and promotive factors for young people.

The PYS unit will continue to engage youth from across the state in the annual Statewide Youth Conference. The conference brings together youth to learn about program supports, resources, and services; form relationships with other youth experiencing care; and learn valuable life skills that can be utilized in their transition to adulthood. This is an important event that identifies topical issues facing all young people, not just those in foster care. The conference brings together youth and Department and contracted staff to learn and grow from each other.

The Department participated in the NYTD Federal Review in February 2018. During the review, the Department received valuable feedback and spent the next year planning and implementing processes to strengthen NYTD services and data collection. In April 2019, the Department and Arizona State University (ASU) finalized an agreement that will allow ASU to partner with the Department in developing a survey that is informed by youth voice, completing survey practices that will result in every 17 year old being surveyed in the baseline year FFY 2020, and developing a strategy to use the survey information to inform practices and policies within the Department's Chafee program. ASU will also develop, enhance, and administer the NYTD survey tool for the follow-up cohorts at age 19 and 21.

The Department has also started to complete tasks contained in an improvement plan that resulted from the NYTD Federal Review. The PYS unit conducted NYTD served training with all of the TILP and ETV contracted life skills providers during 2018. The PYS unit also met with all of the YAP units across the state and reviewed a newly developed NYTD services tool that assists the field in understanding how to

complete the CHILDS NYTD reporting screen. The Department is in the process of transitioning from a SACWIS system to a CCWIS system, and in doing so, improvements to NYTD data collection have been, and will continue to be, a focus until the CCWIS system is fully implemented.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary transition activities, as identified in the youth's individual case plan, as well as to support activities and materials needed for NYTD, the annual statewide youth conference, and other local events. Youth access funding by speaking with their DCS Specialists and identifying the unmet need. All funding is based on the individual's needs and the availability of funds. Funding will also be used to support youth involvement in other activities identified by the State Youth Advisory Board or a local regional youth board, which may include in-state or out-of-state travel to participate in conferences and region-based youth gatherings.

### ***Serving Youth across the State***

The Chafee program is administered in the same manner across the state for youth ages 14 to 20. The Department's policies and procedures are applicable to all regions of the state agency. Efforts to administer the program equitably across the state are enhanced by the Department's statewide Independent Living (IL) Coordinator meeting with regional IL Coordinators and contract staff at least quarterly. Data is collected, reviewed, and discussed during these meetings to identify internal barriers to service delivery, as well as to identify and discuss trends in service delivery and resolve areas of concern.

### ***Serving Youth of Various Ages and Stages of Achieving Independence***

The Department is transitioning from a state funded voluntary foster care system to a title IV-E extended foster care system, potentially by the end of CY 2019. The title IV-E extended foster care program will improve the current program by providing additional oversight to the case management processes for 18-20 year old youth. The Department plans to implement an internal administrative review that will allow a direct line of communication between administrative review staff and the PYS manager so needed system improvements can be made.

The young adult administrative review will include the young adult, the DCS Specialist or designee, an administrative review staff member, and any other individual the young adult wishes to invite. The administrative review staff member will serve as an independent party who is not responsible for the case management or delivery of services to the youth. The administrative reviews will occur for each youth participating in the extended foster care program and be held at least every six months. The purpose of the review is to examine the extended foster care plan for the youth and identify any potentially missing services and supports needed to assist the young adult in his or her transition to adulthood.

The Department has roughly 800 young people currently participating in the state funded voluntary foster care program. The Department believes a title IV-E extended foster care system will allow for more resources to improve young people's relationships with their DCS Specialists, which will increase the likelihood that they decide to continue in the extended foster care program.

An array of services are available to youth statewide. These services, along with the specialized case management in multiple counties, comprise the YAP. The YAP specialized case management units manage services for those older youth in care who are likely to reach age 18 while in out-of-home care. Youth 14 and older are eligible for YAP services, including a referral for participation in activities sponsored by agencies outside of the state foster care system, employment readiness training, job shadowing, volunteer

services, secondary and post-secondary education planning and support, counseling, and community mentor programs. Out-of-home care providers are encouraged, and in some instances contractually required, to teach basic life skills as part of every youth's normal daily routine.

Life Skill Training is individually tailored for youth with special educational, behavioral, or other needs. A variety of presentation methods and materials may be used to more effectively reach young people with low reading levels and cognitive deficits. Life Skills training is also a title XIX covered service. Youth with significant mental health needs are referred through the Child and Family Team for training through this resource. Youth eligible for services through the Division of Developmental Disabilities (DDD) are also served through the YAP and receive additional support from DDD staff who assist in navigating the DDD service delivery system, including securing enrollment in the Arizona Long Term Care System (ALTCS) for eligible youth. Most youth who are deemed ALTCS eligible are transitioned into that service system after turning 18, while youth who are DDD eligible but not ALTCS eligible remain on YAP caseloads and receive services on the same basis as other youth in the state. In some situations, a conservator is sought to assist in making financial decisions and providing oversight and support to youth with disabilities.

Young people have shared that they would like to see an increased focus in financial literacy, healthy relationships, and stable housing opportunities. The Department plans to include an additional financial literacy curriculum to an updated life skills contract in the next five years. The life skills contract will also include a larger emphasis on healthy relationships, peer-to-peer mentoring, family finding, and family planning. The Department also utilizes the services of other state agencies (including workforce and rehabilitation services), community organizations, volunteers, community mentor programs, and colleges and universities to expand opportunities for youth to gain experience and knowledge in support of their transition to adulthood.

The state provides aftercare services to legal residents of Arizona age 18 to 20 who were in any state or tribal foster care system at age 16 or older through the Transitional Independent Living Program (TILP). These former foster youth typically are living on their own, and no longer have an open service case with DCS or with another state's foster care program. TILP services are delivered through a community-based provider who assists youth to develop an individualized service plan. The service plan must identify goals specific to employment, education, life skills, and other areas necessary for the youth's transition to adulthood. Some financial support is available, dependent on the availability of resources, to assist youth to pursue education, employment, and therapeutic services. A TILP case specialist meets with the youth to discuss his or her needs and goals, and TILP services may be provided as often as needed, up to the youth's 21st birthday. Youth must actively participate in the service plan and understand their personal responsibility to the program in an effort to empower the youth and drive the plan.

Former Arizona foster youth, under age 21, who left care at age 18 or older and are in need of long-term case management and support services, have the option of returning to the State agency for these services, including transitional living support and the cost of foster care. Re-entry is facilitated through the contract provider of the life skills training service. In the next five years, and as changes are made in the delivery of the extended foster care program, Arizona will evaluate the re-entry process and streamline it to best meet the needs of youth.

The Department will evaluate extending Chafee services to age 23 as the implementation of the extended foster care system progresses. This will be an evolving process over the next five years as program participation, funding, and youth needs continue to be assessed.

### ***Collaboration with Other Private and Public Agencies***

The Department relies heavily on strong partnerships with private and public agencies in assisting young people in Arizona to have successful transitions to adulthood. The Department's Statewide Independent Living Coordinator continues to have bi-annual Independent Living Coordinator meetings, which have been extended to any community member that feels he or she can contribute to successful transitions to adulthood for youth experiencing care. Current collaborators include, but are not limited to, community colleges, state universities, Arizona Friends of Foster Children Foundation, Fostering Advocates Arizona, Workforce Innovation and Opportunity Act providers, Vocational Rehabilitation, Division of Developmental Disabilities, Department of Education, Arizona Department of Juvenile Corrections, housing authorities, homeless youth providers, behavioral health providers, and additional privately operated community partners.

The Department distributed a Request for Information (RFI) in March 2019 as the first step in developing a more robust transitional housing model for young people in Arizona. The Department plans to continue collaborating with contractors and community members to provide young people with unique and individualized housing options to meet different stages of development and support needs.

Community partners in Arizona all agree that developing and maintaining an array of housing options for youth experiencing care is a key part in assisting young people as they transition to adulthood. The next five years will include intentional discussions and planning relating to solving housing barriers for youth who have experienced foster care. The Department is committed to being a leader in these housing discussions and is working to identify solutions through the RFI.

### ***Determining Eligibility for Benefits and Services***

The Department requires a Preparation for Adulthood Plan, for all youth age 14 and older in out-of-home care, to ensure each youth has an opportunity to build the skills necessary for a successful transition to adulthood. This plan includes goals and activities focused on building self-sufficiency skills in areas such as personal care, home sanitation, workforce readiness, and other areas common to all adolescent youth. Youth 16 years of age and older in out-of-home care with a permanency goal of independent living (aka another planned permanent living arrangement/APPLA, emancipation) are referred for participation in the YAP. These youth receive services that include an array of activities and supports designed to promote self-sufficiency through enhancement of various life skills, personal assets (including financial assets), and the development of lifelong supports through connections with dedicated adults.

Administrative rules, drafted in 2014, were finalized in January 2016 and can be found in Title 21, Chapter 5, Article 2, Independent Living and Transitional Independent Living Programs. The rules provide clarification and guidance on eligibility criteria. DCS program policy includes requirements and procedures for advising youth of available services and supports, requirements to participate in the programs, and the right to appeal decisions made during the time they are under the supervision of and/or receiving services through the Department, including decisions related to any denial or termination of services. The Department website, <http://www.azdcs.gov/>, also provides links to an array of policy, program, service, and resource information, including contact information for various staff and programs.

TILP services are available to youth who have reached 18 years of age or older, are legal residents of Arizona, have not turned 21 years of age, and were formerly in any state or federally recognized tribal foster care program at 16 years of age or older. Youth who are legal residents of Arizona and who are residing out-of-state on a temporary basis, for the purpose of education or training for example, remain eligible for



services while temporarily residing out-of-state. Youth 18 years of age and older who become legal residents of another state may access Chafee-funded services available through that state.

### ***Cooperation in National Evaluations***

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) of the Act.

### ***Chafee Training***

The Youth Thrive training will be the main Chafee related training during the CFSP period. There are currently 23 trained trainers who will train all YAP Specialists in CY 2019. The Department has also developed a computer based training (CBT) for onboarding new YAP Specialists. The CBT was finalized in May 2019 and all current YAP staff will receive the training to improve consistency among staff. The CBT includes information on, but not limited to, Chafee, NYTD, ETV, protective and promotive factors, adolescent brain development, trauma informed care, case planning for older youth, natural supports, and transitional support services.

### ***Education and Training Vouchers (ETV) Program***

The Family First Prevention Services Act (FFPSA) amended the ETV program to extend eligibility to youth up until their 26th birthday, while placing a five-year limit on the total length of time a youth can receive an ETV voucher. The maximum annual amount of the voucher, \$5,000, and its purpose, to apply toward the cost of attendance at an institution of higher education, remain unchanged. Arizona's current program makes vouchers available to youth who left foster care for any reason at 16 years of age or older. The Department contracts with Foster Care to Success to operate the Department's ETV Program. Current and former foster youth may apply directly for the voucher by submitting an online application at [www.statevoucher.org](http://www.statevoucher.org). Designated Department staff verify former foster care status for all initial applicants. 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, based on the approved application and budget.

The Department's 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 to discuss progress and resolve barriers to student success, and review and approve invoices, monitoring the number and type of assistance provided to students. Additionally, internal meetings with finance staff are held to monitor expenditures.

The Department monitors the amount of financial assistance provided to students through monthly invoices and monthly budget reports that are reviewed by both financial administration and program staff. The Department contractor ensures the total amount of education assistance to a youth does not exceed the total cost of attendance (as defined in section 472 of the Higher Education Act of 1965), and does not duplicate benefits under any other federal or federally assisted benefit program per sections 477(b)(3)(J) and (i)(5) of the Act, and Attachment C.

Goals and outcomes of the ETV Program, as reflected in the Department contract, include:

- to spend 100% of ETV funds,

- 100% of ETV applications are processed within five business days of the completed application,
- 75% of approved and eligible applicants complete their funded course of study, and
- 80% of youth who received the ETV maintain at least the minimum required performance standard for the institution they are attending.

The Department has not made changes to increase the age of youth served by the ETV program to age 26; however, DCS has held meetings with stakeholders to discuss this change allowed by the FFPSA. During initial meetings, stakeholders expressed interest in the Department increasing the eligibility age to 26 in order to give young people a longer amount of time to engage in post-secondary programs with the support of ETV.

The Department continues to collaborate with College Success Programs throughout the state. Maricopa County community colleges and Arizona State University continue to partner with their respective Bridging Success programs. PYS members participate in the Advisory Committees that meet quarterly and include College Success Programs across the state such as College Depot, College Success Arizona, Fostering Success-University of Arizona, and FosterEd.

The Department's contracted ETV provider, Foster Care to Success, will continue to report the number of unduplicated ETVs awarded each school year.

Arizona continues to have a state tuition waiver for current and former foster youth, which waives the cost of tuition for youth who have experienced foster care at age 14 or older. The YAP will coordinate the development of additional goals, outcomes, and measurements for the state Tuition Waiver Program to the extent possible and appropriate for the program. Additionally, the Department's ETV contractor has developed a database to gather information on youth served through the state Tuition Waiver Program, including the number of youth served, basic demographics and characteristics of youth served, and funding approved per student, and will distribute reports to stakeholders on a regular basis.

### ***Consultation with Tribes***

Benefits and services under the YAP and ETV programs are available to American Indian youth on the same basis as other youth in the state. Tribal child welfare staff refer youth age 16 years and older 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 ETV. Youth 18 years and older who were formerly in out-of-home care under tribal jurisdiction may self-refer to the Department's contract provider for services through the aftercare program, which is the same process used by youth formerly in the state foster care program. Department staff contact tribal foster care staff directly to verify each applicant's eligibility for services. Tribal youth apply for the state tuition waiver in the same manner as other applicants, through the online application at [www.statevoucher.org](http://www.statevoucher.org).

The PYS unit and the Department's contract provider will continue to conduct outreach to Arizona's tribes to share information about services available, review the effectiveness of services provided, and coordinate services with available tribal resources. The Department contractor will continue to engage tribes and build relationships through in-person meetings and program presentations. Local contract staff work directly with tribal leaders, tribal youth, caregivers, and the assigned tribal case manager to create an individualized service plan for each youth served. The communication should result in an understanding of the youth's and tribe's perception of the family structure, acculturation or assimilation, customs and spirituality, and the view of youth living independently.

The Independent Living Program staff will continue to participate in the Inter Tribal Council meetings to share information with Tribal members and youth about available opportunities and services. Written materials will also be disseminated to entities such as the Phoenix Indian Hospital and Phoenix Indian Center. Effectiveness of service provision to tribal youth will be monitored through a variety of methods including regular satisfaction surveys of youth participating in services and assessments of individual achievement of service plan goals. Functional outcomes such as obtaining appropriate housing, maintenance of employment, and achievement of educational goals will be monitored. In addition, tribal youth will be invited to become active participants on the youth advisory boards. Through participation on these boards, tribal youth will have opportunities to provide direct feedback regarding the effectiveness of services, including the ability to have input into program development and improvement processes.

The Department was notified in December 2018 by the Capacity Building Center for States that the Salt River Pima Maricopa Indian Community (SRPMIC) was approved to provide title IV-E Chafee services. The Department and members from the SRPMIC met in January 2019 to begin discussions around programming and how the Chafee program is operated by the Department. The SRPMIC team will collaborate with the Department as they finalize plans for delivering their IV-E Chafee program.

The Navajo Nation also has an approved title IV-E plan or a title IV-E tribal/state agreement. To date, there has been no request to directly receive an allotment of Chafee funds. Any tribe that obtains such a plan or agreement shall be consulted on the option to receive directly from ACF a portion of the state's Chafee and/or ETV allotments to provide services to tribal foster youth (Section 477(j) of the Act).



## Arizona Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention Plan FFY 2020-2024 Plan

### *Characteristics of Children Needing Foster and Adoptive Homes*

The number of Arizona children in foster care continued to decline during SFY 2019, and the majority live with a kinship caregiver or licensed foster parent. The age and placement type of children in out-of-home care is displayed in the following table. All totals are point-in-time at the end of the data period shown.

Out-Of-Home Foster Care Population (0-17 years old) (by Child)	SFY 15	SFY 16	SFY17	FY18	March 2019
Total 0-17 in Out-of-Home Care	17,264	17,390	15,803	13,689	13,230
Unlicensed (Primarily Kinship)	7,532	7,425	6,473	5,544	5,186
Foster Care	6,685	6,900	6,466	5,783	5,715
Congregate Care - Shelter Care	353	359	235	113	90
Congregate Care - Group Home	1,682	1,886	1,745	1,500	1,465
Congregate Care - Residential Treatment	334	253	382	415	419
Independent Living	3	3	0	0	3
Runaway	309	368	321	278	262
No ID Placement	341	169	153	45	75
Parent Guardian (Trial Home Visit)	25	27	28	11	15
Out-of-Home Population (by Child)	FY 15	FY 16	FY 17	FY18	March 2019
0-12 months	1,467	1,472	1,365	1,152	1,224
1 years	1,598	1,570	1,342	1,187	1,143
2-3 years	2,408	2,510	2,148	1,827	1,797
4-5 years	2,010	2,009	1,823	1,563	1,505
6-8 years	2,968	2,825	2,406	1,988	1,860
9-12 years	2,887	3,088	3,003	2,517	2,364
13-17 years	3,926	3,916	3,716	3,455	3,337
Out-of-Home Foster Care Population (18-20 years old) (by Child) <sup>2</sup>	FY 15	FY 16	FY17	FY18	March 2019
Total 18-20 in Out-of-Home Care	817	897	832	827	806
Unlicensed (Primarily Kinship)	26	43	38	38	31
Foster Care	76	79	79	104	94
Congregate Care - Shelter Care	1	0	4	0	0
Congregate Care - Group Home	86	119	133	172	168
Congregate Care - Residential Treatment	88	117	64	43	32
Independent Living	482	492	476	453	461
Runaway	20	13	8	1	6
No ID Placement	36	32	30	11	14
Parent Guardian (Trial Home Visit)	2	2	0	5	0
Out-of-Home Population (by Child)	FY 15	FY 16	FY 17	FY18	March 2019
18-20 years	817	897	832	827	806

Source: Monthly Operational Outcomes Report, May 22, 2019

The Department continues to recruit foster and adoptive families to care for children of all ages, with the most significant need continuing to be for teens, sibling groups, and children who have complex medical needs. The need for foster and adoptive families is estimated utilizing the Exhibit A report and Recruitment Estimator, and these reports are provided monthly to foster licensing agencies statewide. The Exhibit A report includes the number of homes that are in training, have been licensed, are active, and have closed their licenses. This report is used in conjunction with the Recruitment Estimator to project the need for homes in each region of the state. The Recruitment Estimator examines the number of children currently in care by county, age, race, and specialized level of need. As stated directly on the Recruitment Estimator, "The results produced are estimates only, to be used for forecasting and do not guarantee placement of a child in a recruited home. Several assumptions have been made to arrive at the current estimates: (1) the average number of beds per foster home is 2; (2) certain groups are more difficult to place than others and the number of foster homes needed for those have been scaled up<sup>1</sup>; (3) due to data limitations, it is assumed that the current foster home placement proportionality will remain constant."

According to the February 2019 Department of Child Safety Recruitment Estimator, it was estimated that during the following twelve months, the Department will need to recruit 873 new homes for teens age 13-17, which includes those in sibling groups and those who have complex medical needs; 522 new homes for sibling groups of all ages; and 565 new homes for children with complex medical needs, including those who receive services through the Department of Developmental Disabilities (DDD). These estimates are designed to ensure that not only does the number of current licensed homes remain balanced by replacing homes that will close their licenses during the year, and that new homes meet the specific needs of children in care.

The Department also utilizes a census reporting form for group homes and shelters to monitor the number and characteristics of children in these congregate care placements. The census reports include information on every child placed in each facility, as well as any information related to special populations in which the facility specializes. The two centralized DCS placement units utilize this information to identify family foster homes for the children. The recently awarded contract for congregate care settings includes an incentive of \$1,000 to the congregate care provider for supporting the youth in transitioning to, and stabilizing in, a less restrictive living arrangement. This incentive is paid once the child has been placed in a less restrictive setting for a minimum of ninety days.

The information provided in the Recruitment Estimator report outlines the need for homes based on many factors, one being race. This helps drive recruitment efforts to provide homes that can reflect the racial makeup of the children in care as well as ensure homes that are culturally aware of the needs of the children. Recruitment campaigns such as *The Greatest Gift* use images of actual children in care, and that specific campaign showed two children of Mexican descent and one child who is a refugee from the Middle East. Additionally, the current recruitment campaign in use by the Department includes a request for Native American families by featuring an image of a woman and young girl wearing traditional jewelry/clothing, with the caption, "Foster Culture." On social media, this image includes the call to action, "Foster a respect for other cultures by keeping Native American youth connected to their heritage while in foster care."

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<sup>1</sup> This determination was made understanding preferences of new foster families, the average age of children placed in congregate care, and the growing number of children with special needs or siblings entering custody.

The February 2019 Recruitment Estimator projected a need to recruit 13 Caucasian families, 620 Hispanic families, 231 African American families, 308 Native American families, and 287 families who identify as “other” to meet the needs of children served in foster care.

The following chart provides information related to the race and Hispanic ethnicity of children in out-of-home care, age birth through 17, and of existing foster parents (both the applicant and spouse).

	<b>African American</b>	<b>American Indian</b>	<b>Asian or Pacific Islander</b>	<b>Caucasian</b>	<b>Hispanic</b>	<b>Unknown or other</b>
<b>AZ Foster Parents</b>	9%	1%	1%	54%	19%	16%
<b>AZ Children in OOH Care (birth to 17)</b>	16%	8.5%	1%	34%	33%	8%

Sources: OOH Database 5/11/19 and OLCR Active License Report 5/1/19.

### ***Number of Licensed Foster Homes***

In May 2019, Arizona had 4,079 licensed foster homes with a capacity of 9,199 beds. The Department’s bed capacity includes beds for which no child has been matched. The Department has identified that children are often not matched with an available foster home bed because the families are waiting for children with certain characteristics, such as age. New contracts for the licensing agencies will include incentives based on the age and special needs of children being placed in the foster home, rather than payment when the family first becomes licensed. This change will support licensing agencies to provide more hands-on support to families serving a more challenging population. The Department believes this strategy will increase the percentage of children in a family-like setting by incentivizing the placement of children in foster homes versus the licensing of the homes.

The Department’s Office of Licensing and Regulation (OLR) monitors the number of new licenses and closed licenses each month. In SFY 2019, OLR reported an average net reduction of 42 licensed foster homes per month. Of the families who chose to close their licenses in SFY 2019, the majority did so due to adopting a child, relocating out of state, and personal reasons such as divorce, pregnancy, and health concerns. Efforts to retain licensed foster homes have increased, including calling families who have chosen to close their licenses after adopting children to discuss their current needs, as well as future plans to become relicensed. Retention efforts also include appreciation certificates mailed to families who have been licensed for one year, five years, ten years, and 15 years.

### ***Diligent Recruitment Strategies and Activities***

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.

Diligent Recruitment efforts continue as a partnership between the Department and contracted agencies. The Department’s current campaign is geared toward recruitment of foster parents using print ads and social

media. Recruitment ads include images of people with captions that use “foster” as a verb, such as “Foster Self-Worth.” This campaign is a continuation of the latest style of recruitment materials, in which the Department provides recruitment materials and advertisements to the contracted agencies for use as their own recruitment tools with their individual agency logo. Agencies continue to have the option to create their own advertisements as well.

DCS compiles data from all inquiries through the campaigns to determine the effectiveness, as well as the cost associated with the recruitment of a family. This data helps the Department focus future formats based on those recruitment campaigns with successful track records. For example, a previous campaign entitled *the Greatest Gift* generated just over 200 leads. “Professionals” were the most responsive, with 104,300 impressions, or views of the ads, and 180 clicks on the ads. This is a 0.17% click through rate (CTR). Per the DCS contracted marketing agency, 0.08% is the average CTR for advertisements.

The Department continues to partner with the Department of Public Safety (DPS) and Fieldprint for fingerprinting services. With more than 32 printing locations statewide, prospective foster and adoptive parents are much more able to find a convenient location. In addition, nearly all Fieldprint locations use live-scan and the prints are electronically transmitted to the FBI and DPS. This continues to expedite the processing time. Previous methods took up to six weeks to issue the cards, while the current method takes between three and five days.

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

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 foster care with their own cultural backgrounds, 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. Other foster home recruitment campaigns have been completed through contracted agencies, under the approval and supervision of DCS. Some examples of approved activities to promote diversity among foster families include:

- multiple agencies set up booths to recruit LGBTQ families during various Pride celebrations across the state;
- a Baptist agency in Maricopa County created bookmarks featuring photos of children from the Children’s Heart Gallery as well as next steps for individuals who are interested in fostering/adopting, and these bookmarks were provided to Baptist churches across the state to hand out to their parishioners; and
- many recruitment agencies specialize in cultures or communities that families find relatable to their needs.

The Department and agencies contracted by the Department to conduct recruitment and licensing have non-discriminatory fee structures. Any fees or procedures related to the foster and adoptive processes are the same for all families. There are no differences based on race, ethnicity, religion, or sexual orientation.

**FFY 2020-2024 Goal: Increase the percentage of foster children in a family-like setting**

Goal Measure: 85% or more of all children age 0 to 17 in out-of-home care will be placed in a family foster home, which includes relative/kin placements and licensed foster homes.

Current Data: As of March 31, 2019, 82% of all children age 0 to 17 in out-of-home care were placed in a family foster home, which includes relative/kin placements and licensed foster homes (Source: Monthly Operational Outcomes Report, May 22, 2019).

To achieve this goal, the Department will use a multi-pronged approach that includes recruiting new family foster homes, while at the same time improving family foster home retention.

The Department has developed a new contract for the licensing agencies that is expected to be issued in the summer of 2019. This contract has been developed with the intention of providing better collaborative relationships between the multiple entities involved in foster care. Foster families will receive a higher level support from their agency when they foster children with higher levels of need or are believed to be a more difficult population to place, such as teenagers and medically fragile children. Agencies will also be expected to work closely with the Department on barriers to success for children and foster families but attending meetings and setting appropriate expectations for families.

DCS believes that family-based care is generally the most appropriate and healthy setting for children who cannot remain safely in their homes of origin. In these circumstances, family-based care is achieved through recruiting, retaining, and enhancing the knowledge and skills of kinship, foster, and adoptive families, prior to, during, and post child placement.

Arizona's foster care population and the capacity of licensed foster families continue to evolve as the trends of children entering and exiting care change. This requires continued maintenance and enhancement as the needs of the children in care evolve. The Department's goal is to continue improving the supports required to stabilize foster care living arrangements and assist foster families in navigating the child welfare system while caring for children placed in their homes.

The Department wishes to collaborate with all vested parties to facilitate the ability of foster/adoptive parents to provide care based on the specific needs of each child, to provide additional support services, to promote reunification and permanency, and to achieve placement stability.

**Recruitment Objective 1: Use foster and adoptive family input and an expansive array of best practices to recruit and retain foster and adoptive families.**

The following recruitment and retention strategies will be implemented or continue during FFYs 2020-2024.

- 1.1. Ensure effective and appropriate communication statewide with agencies that support foster and adoptive families, as well as directly with the families to establish collaborative partnerships and successful outcomes.***

The DCS Foster Recruitment and Retention Specialist will complete outreach with agencies and families. The Specialist attends AZ Kids Consortium (KIDS), Foster Adoptive Council of Tucson (FACT), and Foster Care Adoption Northern AZ (FAN) consortium meetings to communicate with



the agencies directly about both the Department and agencies' updates and needs. The Specialist uses these meetings as opportunities to address concerns and to ensure that the agencies have a channel to have their needs and the needs of the licensed families heard. The Specialist will communicate directly with families who are in need of assistance, including families who are experiencing challenges with the licensing process, families who have taken in children and need help with locating and utilizing services, and families who are on the verge of disruption and need support. The Department believes that this outreach and assistance will mitigate disruptions and license closure. In the upcoming five-year period, the Foster Support Team will develop and track the information received from these interactions, and create strategies to better serve foster parents and ensure that foster families have positive experiences with the Department and contracted agencies.

Kinship providers, licensed foster parents, community resource providers, and others will continue to have the option to call a toll free line, the DCS Warm Line, which is staffed by a member of the Department who can answer or research their inquiries. The Warm Line receives around 200 calls per week, with need ranging from families who need assistance with completing forms, to families who are applying to receive the Kinship Stipend. Calls to this line are answered Monday-Friday from 8am-5pm, and all voicemails are responded to the next working day. DCS responds to 100% of the voicemails that are left outside of business hours.

***1.2. Increase the effectiveness of the online orientation, increase viewership, and develop a methodology to better nurture leads so that more families complete the licensure process.***

The Department has developed and fully implemented an online orientation for prospective foster, kinship, and adoptive parents via collaboration with contract agencies throughout the state. This online orientation is comprised of five videos featuring a foster and adoptive parent, launched on March 15, 2018, and will continue to be utilized. In the first month of offering the online orientation, the first video of the series received more than 1,000 views, substantially surpassing the 401 people who attended an in-person orientation during the same period. Current monthly average viewership for SFY19 includes 228 people watching all five videos in English, and 14 people watching all five videos with Spanish subtitles. The goals of the on-line orientation curriculum are to provide consistent information throughout the state and strengthen the relationship between the Department and foster parents. The online orientation is available to families as soon as their interest in foster or adoption begins – they do not have to wait for the next available in-person session in their community. In addition, the on-line orientation provides rural communities more immediate and convenient access to information about the Department and foster parenting.

The Spanish version of the online orientation (videos with subtitles) debuted on the Department's website in late April 2018, and will continue to be available. Handout documents are also available in Spanish. The Department's website can be easily translated into Spanish using an embedded Google translate tool. The Spanish version of the videos was improved in October 2018, and they are now a playlist on YouTube, which allows the viewers to more easily watch the videos.

The Department will utilize feedback received from the implementation of the online orientation to modify the site and enhance viewership. Some suggestions have included making the series streamlined into one video, or only requiring specific segments of the current series of videos based on the family's goal. Another goal is to utilize graphics and technology to make the experience more interactive.

After watching the videos, viewers are prompted to complete an online inquiry for more information. During 2018, this inquiry form led to 6,600 emails and 1,163 phone calls. Two dedicated Department staff respond to the inquiries to help prospective foster families learn more about the licensure process, including providing information about local licensing agencies and an overview of steps required to become licensed.

Per the monthly Exhibit A pipeline chart, 11.6% of inquiries in SFY 2019 resulted in the person or family becoming a licensed foster home. The Department will explore the development of a system to increase the number of inquiries and nurture the leads along the pathway to licensure. This will include data on from where the lead was generated to determine the effectiveness of campaigns and licensing agencies collaboration with the Department.

The DCS Foster and Adoption Recruitment team has begun new tactics to nurture the leads that come in through email and phone calls. Formerly, the online inquiry form resulted in a response email; now the lead results in the email and a phone call from a DCS staff member who can answer questions and assist with navigation of agency selection. Additionally, a new matrix will be added to the DCS website in the fall of 2019, which will include detailed information on each licensing agency's characteristics, such as "serves Spanish speaking families," "licenses families for respite only beds," and "faith-based agency." This matrix will provide families with the ability to learn more about the agencies and select one that best meets their needs. Another plan for nurturing the leads is to monitor response times from DCS staff who respond to inquirers, and from agencies once inquirers have reached out to them. This will contribute to identifying a standard response timeframe that will be deployed based on the collected data.

**1.3. *Increase family-like placements for older youth and sibling groups, including recruitment of new families as well as building the capacity of existing foster families.***

The Department will continue to use a marketing firm to develop campaigns that address the needs identified in the Recruitment Estimator. The Department will study the success of each campaign and determine the most appropriate direction for future campaigns. For example, based on studies conducted by the Annie E. Casey Foundation, the Department decided to add a referral incentive during the teen focused campaign, *Foster a Future*, that is running over the summer of 2019. Data will be analyzed to determine if the incentive was successful, and a determination will be made related to the continuation of the incentive in future campaigns.

The most recent Recruitment Estimator calculation indicates that 873 new homes will need to be recruited for teens during the twelve-month period and 522 homes will need to be recruited for sibling groups. The Department's marketing campaigns have shown older youth, including the

*Change Two Lives* and *Foster a Future* campaigns. Sibling groups have been featured in ads for the *Foster a Future* Campaign, and children who are part of sibling groups were used in *The Greatest Gift* campaign. Moving forward, the Department plans to continue to focus marketing campaigns on the recruitment for homes for older youth and sibling groups. Incentives have been written into the newest contracts for foster licensing agencies, providing increased funding for homes licensed for older youth and higher needs children. Per the new contract, the families who care for older youth, sibling groups, and higher needs children will also have increased support from their licensing agencies,.

The Recruitment Estimator indicates 308 new homes with a Native American parent will need to be recruited, as Native Americans make up 9% of the current population of children in care, but only 2% of the available homes. Over the next five years, the Department will increase available American Indian homes in order to arrange care for children according to Indian Child Welfare Act (ICWA) placement preferences. In the *Foster a Future* campaign, an image was used of a Native American woman and child wearing traditional jewelry, with the caption, “Foster Culture.” In the month following the release of this image, three Native American homes inquired regarding becoming licensed to foster. Typical inquiries from this population averages less than one per month. The Department will continue to use Native American specific images in marketing campaigns. Additionally, the Department will work with professionals specializing in the ICWA to ensure cultural competency in the marketing campaigns and increase the number of ICWA families expressing an interest in foster care and ultimately becoming licensed.

The Department has a goal to recruit more foster families with an increased understanding that the children they foster are likely to return to their biological families, as the Department understands the importance of foster families working positively with biological families for the betterment of the children. Also, the Department will better highlight the successes presented at Reunification Day, an annual event that occurs in Maricopa each June, which Governor Doug Ducey designated “Family Reunification Month.” In the *Foster a Future* campaign, an image was created with a woman and child in a tearful embrace, with the caption, “Foster Reunification.” Interviews may be held with biological families who have reunified, and foster families who cared for the child and supported the child’s reunification, to create more awareness on the positive outcomes. The Department will begin this process by creating materials or guides to help both foster families and biological families engage in the implementation of shared parenting.

Included in the new licensing agency contracts is a requirement to complete a Family Support Plan. DCS created a template for the Family Support Plan, which is completed by the licensing specialist in conjunction with the family. This plan is a guide to promote conversations between families and their teams to assess strengths and needs, and for the teams to assist families with developing their skills to enable them to best meet the needs of the children in foster care in Arizona. The plan will be completed before a child is placed into the home, to ensure that the family has the skills necessary to provide a safe and supportive home for the child matched to the home. The plan was designed to include children currently living in the home as well, to help prepare for the successes and challenges of having a new child added to the family.

#### ***1.4. Explore ways to retain licensed foster families through increased partnership with licensing***

*agencies and by working directly with the foster families to provide supports and services.*

The Department plans to work with licensing agencies to improve the Arizona Families Thrive conferences hosted by the Department. At this time, the Department hosts three conferences each year with help from AZ 1.27 and the #LoveUp Foundation. The Department will continue to grow these partnerships to ensure success and growth of AZ Families Thrive. The Department will work with agencies to promote the events, leading to increased attendance and a better understanding of the families' learning interests. Another goal will be to tailor the events to ensure that more foster families are given trainings to assist in mitigating disruptions and preventing license closures. The Department intends to utilize information from Family Support Plans to give direction as to the best topics for keynote speakers and workshops.

The Department will utilize information learned from Retention Specialist outreach to better serve foster families and give them guidance through the complex child welfare system.

The DCS Recruitment Specialist will continue to partner with community organizations such as Foster & Adoption of Northern AZ (FAN), KIDS Consortium, and Foster Adoption Council of Tucson (FACT) to discuss and implement strategies to retain and support foster families. Information from the Recruitment Estimator is communicated quarterly via the DCS Recruitment Specialist, Recruitment Program Administrator, and/or Recruitment Supervisor attending the meetings of these agencies, and includes information related to the reasons for closed licenses.

The Department will implement Active Contract Management techniques with the new contracts awarded during the five year plan period. The techniques will include monitoring activities of the contracted agency by the Office of Licensing and Regulation, and quarterly reporting and performance measures, which will include child placement stability and ensuring that family's needs are supported and documented through the Family Support Plan.

***1.5. Provide support and assistance to maintain children in kinship care; recognizing and enhancing the support available to kinship families.***

The Department is continuing active efforts to support kinship foster caregivers so children placed in their care can thrive. The Department is also enhancing efforts to inform kinship foster caregivers about the option of becoming licensed as foster parents. Through licensure, kinship caregivers will be able to receive a monthly foster care payment to help offset some of the expenses of providing out-of-home care for one or more of their kin. Licensed kinship caregivers also receive the ongoing support of a contracted Licensing Specialist who visits the home at least quarterly and arranges supports such as respite and mentors. Of the 3,586 active kinship foster care providers, 467 were licensed, 1,529 are receiving the monthly kinship stipend of \$75 per child, and 1,590 were neither licensed nor receiving the stipend (Source: DCS Kinship Stipend huddle chart 5/11/19). The number of kinship foster care providers receiving the stipend will increase as of July 1, 2019, due to new legislation passed during SFY 2019 that allows the kinship stipend to be provided to all kin providers, regardless of the income of the kinship caregiver.

The Department employs six Kinship Liaisons who are housed in Maricopa and Pima Counties. The Kinship Liaisons meet with kinship families upon placement of the children, and work to connect the families to resources that help families with items such as clothes, safety items for the

children, and bedroom items including cribs and mattresses. The liaisons also connect families with community support groups that can assist them in their child welfare experience. In addition, the liaisons explain the Department, legal, and behavioral health systems, and make efforts to stabilize living arrangements to avoid changes .

The Department partners with Arizona’s Children Association (AZCA) to employ three Kinship Navigators for families. The Kinship Navigators engage in similar ways as the DCS Kinship Liaisons; however, the navigators focus on families served through three Maricopa County DCS offices with high rates of kinship placements. As the Department studies the outcomes from this pilot, determinations will be made as to the effectiveness and need for the continuation of the program.

**1.6. *Continue to utilize the Children's Heart Gallery to increase permanent connections for children.***

The Children’s Heart Gallery includes a website, mobile display, and other recruitment strategies that feature children in Arizona’s foster care system who are awaiting a permanent adoptive home. Child who are to be added to the gallery attend a photoshoot event along with many community volunteers, including photographers, hairstylists, and others, who support the children by providing makeovers and professional photos to be displayed through the gallery. The Department understands that families and individuals who are certified to adopt have varying preferences, including the child’s age and gender. Active efforts will be made to specifically invite families who are on the Adoption Registry to be guides to children at the gallery events that meet their desired preferences. By attending a Children’s Heart Gallery photoshoot, families and individuals will be given an opportunity to get to know a wide variety of children, and perhaps expand their preferences. This allows volunteers and children to meet in a lower stress setting with the hopes that a connection can be made or that the volunteers know of someone else who may be interested in adopting the child. The Department offers certified families and individuals who volunteer at a Children’s Heart Gallery photo shoot two hours of training credit to be applied to the hours required for license renewal.

The Department recently redesigned the Children’s Heart Gallery Website. The website is more interactive and provides families and community members with many ways to engage in the Heart Gallery. The Department will strive to increase people’s interest in volunteering at Heart Gallery events to create more opportunities and awareness. This will allow for children and families to meet in natural settings, without pressure, and provides an opportunity for children to highlight their strengths. The April 2019 photoshoot included 61 children, the largest population since its inception. The Department plans to increase the number of children in attendance, as well as the number of certified families signed up to guide children through the day.

Staff responsible for maintaining the Adoption Registry continue to look for ways to streamline and otherwise improve the process of inputting certified families into the online registry, and are examining how families are accessed from the Registry for adoption staffings statewide. This will help ensure all known families wishing to adopt a child are invited to Children’s Heart Gallery events.

**1.7. *Increase specialized recruitment for children whose characteristics create challenges to permanency***

The Department contracts with three agencies to conduct Child Specific Recruitment (CSR) services. CSR contracts are being redeveloped with a goal of utilizing new practices to locate family or kin placements for children in care. In addition, a Phoenix contractor is the recipient of a Wendy's Wonderful Recruiter grant from the Dave Thomas Foundation for Adoption. The grant is used to fund two recruiters at the community agency.

The Department has begun a collaboration with Voices for CASA to fund a CSR position in the Foster and Adoptions Recruitment team within the Department. This position is scheduled to begin in July 2019, and will focus solely on recruitment for children who meet the following characteristics: in DCS care for 18 months or longer, involved in the CASA program, no identified permanent placement, and legally free for adoption. Goals of this grant funded position include finding permanent connections and/or adoptive homes for children.

The Department plans to focus specifically on recruitment of homes for children who are age ten and under, have a permanency goal of adoption, and are currently living in congregate care. Actions to be taken include:

- examining barriers to placement, such as therapeutic recommendations related to the timing of placement in a family-like setting, and the creation of plans with the child's team to mitigate these barriers;
- improving communication with field staff about services available to locate family and kin placements for children, such as Seneca searches; and
- the creation of a system within the Department to improve work with families who inquire about becoming licensed or certified.

**1.8. *Continue active partnerships with faith-based and community organizations.***

Arizona continues to partner with many faith-based and community organizations across the state to support children in out-of-home care and their foster care providers. The DCS Community Liaison & Volunteer Program Manager works to create and highlight partnerships with the community. The Department frequently posts on various forms of social media to give appreciation to the community partners and volunteers who give their time, efforts, tangible items, financial support, etc., to create positive outcomes for children in care. The Department will continue to work with these community providers to ensure that children in care have access to a variety of groups that can support their interests and help them grow during their foster care experience. These partnerships will also benefit foster families, kinship families, and biological families in meeting their goals and assisting them in meeting the needs of the children in their care.

**1.9. *Develop cross-jurisdictional relationships to increase permanent connections for children.***

The Department continues to utilize [AdoptUSKids.org](http://AdoptUSKids.org) to connect children with prospective adoptive parents cross-jurisdictionally. Though contract agencies are responsible for adding

children to AdoptUSKids.org, in 2019 the Department increased its follow up with the agencies to ensure that information on all children featured on the site was up to date and correct. Photos taken at the Children's Heart Gallery photoshoots are available for the agencies to use when adding a child to AdoptUSKids.org. All inquiries on children featured on the website are responded to by staff within the Department.

The Interstate Compact on the Placement of Children (ICPC) Unit is currently implementing a new system, the National Electronic Interstate Compact Enterprise (NEICE). This national electronic system allows documents related to ICPC cases to be uploaded and available for the receiving state to view in as little as an hour. According to the Final Evaluation Report of NEICE prepared for the American Public Humane Services Association, when both the sending and receiving state use NEICE, the length of time from the beginning of the ICPC process to the receipt of the 100A packet decreased by approximately 45%.

Adoption Promotion funds continue to be available statewide to encourage and promote cross-jurisdictional adoptive placements. These funds can be used to cover unexpected costs that do not qualify as non-recurring adoption expenses. These funds facilitate visitations prior to placement and are used to assist prospective parents and children to build their relationship, ensuring the appropriateness of the placement prior to the finalization of an adoption. The funds are also used for visits with siblings and relatives living out of state or in other regions of Arizona.



## **AZ Health Care Oversight and Coordination Plan**

FFYs 2020-2024

The majority of children in Arizona’s foster care system receive health care coverage through the Comprehensive Medical and Dental Program (CMDP) within the Department of Child Safety (DCS). The 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 to be Medicaid eligible. Non-Medicaid eligible children are provided the same services with State of Arizona funding. A small number of children are enrolled through an alternate AHCCCS health plan due to meeting diagnostic and function criteria for Arizona Long Term Care Services (ALTCS). CMDP serves eligible children in foster care placed in Arizona, and serves those placed out-of-state until they are enrolled in a Medicaid program in that state.

The CMDP, in partnership with DCS Specialists and foster caregivers, oversees provision of appropriate and quality health care services for the well-being of Arizona's children in foster care. Full medically necessary coverage of medical and dental care is provided to all children placed in out-of-home care by the Department. This includes health care services such as, but not limited to, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services including immunizations, maternal and child services, oral health care services, prescription medication and pharmacy, emergency medical services and inpatient hospital services,

### ***Establishing a Medical Home and Services upon Entry into Care***

When a child enters out of home care, CMDP assigns the child to a Primary Care Provider (PCP)/medical home and a Primary Dental Provider (PDP)/dental home. These providers identify, evaluate, and treat newly identified or previously established health conditions. As part of its onboarding process, CMDP makes contact with caregivers when children are placed in their home or facility, and provides education regarding the importance of comprehensive wellness and preventative dental exams, assistance with identifying and establishing a PCP or medical home, and a PDP or dental home, assistance with appointment scheduling, referrals to other community/agency resources, and care coordination for children with special health care needs. Caregivers receive contact information so they may contact CMDP should any concerns arise or simply need to know what their rights are in accessing care for the children in their care. The DCS Specialist and out-of-home caregiver are responsible for ensuring necessary follow-up of recommended care.

Additionally, Arizona’s statewide protocol for children in care, indicates that within 24 hours of removal, children are referred for a Rapid Response evaluation. A Rapid Response is an initial in-home assessment, conducted by behavioral health providers, for children entering into DCS custody. Clinicians assess immediate needs and triage any crisis or trauma-related issues, including those related to removal or the reasons for removal. The Rapid Response includes a behavioral health assessment, a screening for developmental delays, immediate support to the child and out-of-home caregiver, and connection to ongoing services. A Rapid Response is to occur within 72 hours, or two hours for an urgent need, of the DCS referral. If during the assessment, a behavioral health need is identified, the first behavioral health service appointment must begin within 21 calendar days of assessment. Ongoing behavioral health services should be provided, at a minimum, of once a month, for at least the first six months after a child enters DCS custody.



### ***Transitioning Children and Youth from Out-of-Home Care***

CMDP works collaboratively with other AHCCCS (Medicaid) health plans to maintain continuity and quality of care for all children entering or exiting CMDP coverage. Children and youth with special circumstances may require additional or distinctive assistance during a period of transition. CMDP gathers relevant information on transitioning members and completes the AHCCCS Enrollment Transition Information (ETI) form for transmission to the receiving health plan during the time of enrollment change. Upon receipt of an ETI form from the relinquishing plan, CMDP staff review the information, address the needs of the incoming child, and assigns follow-up by DCS/CMDP as needed.

Medicaid eligible youth aging out of care are automatically enrolled in another AHCCCS (Medicaid) health plan for continuity of care. These youth are eligible for Medicaid up to age 26.

### ***Comprehensive Wellness and Preventative Dental Services and Specialty Follow up***

State policy requires a comprehensive medical examination that meets Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements within thirty days of a child's initial placement in out-of-home care, periodic EPSDT exams, and semi-annual dental exams.

The EPSDT is a comprehensive child health program of prevention, treatment, correction, and improvement of physical and behavioral health conditions for children. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in Federal Law 42 U.S.C. 1396d (a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening.

CMDP provides these services through its EPSDT program in accordance with AHCCCS requirements. CMDP ensures that members receive required health and nutrition screenings, including developmental and behavioral health screenings, in compliance with the AHCCCS EPSDT Periodicity Schedule and the AHCCCS Dental Periodicity Schedule.

CMDP's EPSDT Coordinators are responsible for reviewing all EPSDT Tracking Forms received from health care providers for completeness, quality of service, and care. If a program or specialty referral is identified on the EPSDT Tracking Form, the EPSDT Coordinator assists with coordinating the appropriate services. Communication is sent to the child's caregiver and/or DCS Specialist to notify them of the referral(s). The EPSDT Coordinator follows up with the child's caregiver until it is confirmed the child has attended the referral appointment.

CMDP also has oversight of these services through various mechanisms such as health utilization process reviews, prior authorization of services, concurrent hospitalization review, and ongoing quality and care coordination mechanisms.

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. 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.

### ***Children's Rehabilitative Services***

As of October 1, 2018, CMDP began benefit coverage for Children's Rehabilitative Services (CRS) to children and youth in out-of-home care with a CRS condition. CMDP has a unit comprised of two nurses,

a care coordinator, and a manager that provides care management and coordination of clinical health care services including but not limited to administering statewide AHCCCS mandated programs.

The CMDP CRS Unit coordinates and provides the necessary clinical documentation to support the CRS qualifying condition(s) for submission to AHCCCS, who determines eligibility. When a child is approved for the CRS designation, the CMDP CRS Unit develops and implements an Initial Service Plan (ISP) within 14 days of the notice of designation. The ISP is used to identify the child's health care needs and collaborate with the guardian/designated representative and others involved in the child's care. If a child is denied a CRS Designation, CMDP continues to be responsible for the delivery and coordination of all physical health services.

The CMDP monitors the 14 day timeline for developing the ISP. The child is required to be provided with the first provider service(s) for their CRS condition within 30 days of designation, and a comprehensive service plan is to be developed within 60 calendar days from the date of the first appointment. Also included in the monitoring is the coordination and communication to manage the transition of children who no longer meet CRS eligibility requirements.

CMDP CRS staff participate in Child Family Team (CFT), or Multi-Specialty Interdisciplinary Team (MSIT) meetings so that both the physical and behavioral health needs are represented in the treatment/care planning. This information/data is integrated into the service plan that becomes a working document that includes but is not limited to desired outcomes, community based resources, priorities, concerns, personal goals, and strategies.

### ***Behavioral Health***

Currently, behavioral health benefits remain through AHCCCS-contracted Regional Behavioral Health Authorities (RBHA). The three RBHAs directly contract with AHCCCS to provide behavioral health services for title XIX eligible children in out-of-home care. The CMDP provides coverage for behavioral health services for children in foster care who are not eligible for AHCCCS coverage.

American Indian children are served through the RBHAs or one of the five Tribal Regional Behavioral Health Authorities (TRBHAs) that have Inter-Governmental Agreements (IGAs) with ADHS. 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 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.

### ***Arizona Practice Model***

The Arizona Practice Model for behavioral health is based on the "wrap-around" model and includes a Child and Family Team component. When children in care are enrolled in Arizona's behavioral health system, a Child and Family Team (CFT) is developed. As each child is unique and has different needs, the CFT may be composed of family members, the DCS Specialist, CMDP staff, behavioral health service providers, other child serving agencies, and supports. Typically facilitated by a behavioral health case manager or other behavioral health staff person, CFTs are responsible for identifying the strengths and needs of children and families, and develop and monitor treatment goals and tasks, to include needs related to emotional trauma associated with the maltreatment and the removal from the home. Teams are responsible for obtaining appropriate behavioral health services and may request services requiring a prior authorization (i.e. residential placement or psychological testing) which is subject to medical necessity determination by the RBHA.

### ***The Behavioral Health Unit within CMDP***

The Behavioral Health Unit (BHU) continues to serve children in out-of-home care, statewide. The purpose of this unit is to provide consultation and technical assistance to DCS staff and other key stakeholders, and to facilitate collaboration between DCS and behavioral health providers when barriers related to behavioral health symptoms and/or treatment services are present. Activities of the BHU are summarized by coordination activities with the behavioral health system through:

- participation in CFTs;
- development of service plans;
- participation in professional staffings;
- participation in DCS Clinical Case Reviews (CCRs) for court orders requiring DCS to provide therapeutic out-of-home placements, and complex Non-Medicaid eligible youth;
- attendance at court hearings;
- participation in hospital staffings/discharge planning;
- addressing behavioral health related Notices of Action/denials of care issued by the RBHAs to ensure the provision of appropriate behavioral health services;
- resolution of court orders;
- training and consultation; and
- advocating for youth and families for appropriate covered behavioral health services.

### ***Provision of Specialized Behavioral Health Care Management***

Children who present with significant behavioral health and medical comorbidity and/or are considered high needs, high cost members are referred to the BHU. These children are care managed and monitored closely by BHU staff and registered nurses through a manual tracking system, ongoing communication between DCS Specialist and BH providers, and review of progress documentation.

In addition, each Behavioral Health Clinical Coordinator (BHCC) assists identified children/youth in their region with unmet behavioral health needs and provides coaching, consultation, and technical assistance to DCS staff when barriers are present related to behavioral health symptoms and/or treatment services. Children are identified through several means including but not limited to a referral from the DCS Specialist, referral from the juvenile Court, during the course of review of prior authorizations and concurrent hospital stay by nursing staff at CMDP.

### ***Collaboration with the Behavioral Health System***

Collaboration between the Department, AHCCCS, and the RBHAs is one of the most important factors 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, DCS continues to participate in these statewide committees:
  - Arizona Therapeutic Foster Care (TFC) and Arizona's Behavioral Health Planning Council
- State Level Coordination
- DCS, CMDP, and AHCCCS meet monthly at the state level to address systemic issues.
  - Foster Care Leadership – RBHA/DCS including CMDP/AHCCCS quarterly leadership meeting
  - DCS/CMDP Service Delivery Workgroup – DCS including CMDP/AHCCCS leadership meeting
- System Level Coordination
  - BHU/CMDP and each RBHA also meet monthly to review and coordinate care at a system level. Regional DCS staff are also included in these meetings to address issues specific to their geographical areas.

- Individual Child Level Coordination
  - BHU/CMDP and each RBHA meet weekly to coordinate care on an individual child level.
  - DCS, BHU/CMDP, RBHA, behavioral health providers, and Juvenile Justice also meet weekly to coordinate care on an individual child level.
  - The BHU has several Behavioral Health Clinical Coordinators (BHCCs) who are available to assist DCS. The BHCCs advocate for services for the children in DCS custody, provide consultation and technical assistance to DCS staff and other key stakeholders, and facilitate collaboration between DCS and the behavioral health system when barriers are present.

***Coordination with the Department of Economic Security, Division of Developmental Disabilities***

The Department of Economic Security (DES), Division of Developmental Disabilities (DDD) provides supports and services that help enable individuals with development disabilities to lead self-directed, healthy and meaningful lives. CMDP collaborates with the DDD to coordinate care for the children that qualify for the Arizona Early Intervention Program and enhance system provision of services.

In addition, CMDP staff serve on the Executive Committee of Interagency Coordinating Council for Infants and Toddlers. This council provides guidance and support to Arizona’s Early Intervention system and processes in support of infant and toddler development.

On a case by case basis, CMDP participates in care coordination of children involved with both DDD and DCS to enhance coordination efforts and service provision.

***Integrated Service Delivery***

Arizona Senate Bill 1375 required DCS, in collaboration with the Arizona Department of Health Services (ADHS) and AHCCCS, to determine the most efficient and effective health care delivery system providing comprehensive medical, dental and behavioral health services for children and youth in foster care. The SB 1375 Report released October 1, 2015, recommended the development of an integrated model.

In February 2018, AHCCCS hired Mercer Government Human Services Consulting to perform an independent analysis of the development and implementation of an integrated health plan for children in foster care. The analysis was designed to identify the operational and ongoing infrastructure requirements of an integrated health plan administered through DCS/CMDP. One of the proposed models was an Administrative Services Organization (ASO) model. In this model, CMDP retains clinical operations which include prior authorization of services, medical management, care coordination, etc.; and to address challenges of building and maintaining a provider network, DCS CMDP would contract with an Administrative Service Organization to do so with DCS oversight.

A Request for Proposal (RFP) is under development for anticipated release in calendar year 2019 to acquire an Administrative Services Organization with implementation scheduled for calendar year 2020.

***Clinical Services and System of Care Practice Oversight***

CMDP clinical practice guidelines provide a basis for consistent decisions for utilization management, member education, coverage of services, and any other areas to which the guidelines apply. CMDP develops these practice guidelines after a thorough review of the medical literature and consultation with pediatric specialists, as appropriate to the subject matter. All newly-developed guidelines are reviewed, discussed, and edited during the bi-weekly Utilization and Process Review (UPR) meetings attended by CMDP clinical staff. The guidelines are approved in the quarterly Medical Management (MM) Committee meetings and reviewed annually to determine if they remain applicable, represent the best practice standards, and reflect current medical standards. CMDP documents the review and adoption of the practice guidelines in the MM Committee minutes, as well as the evaluation of the efficacy of these guidelines.

Criteria for decisions on medical necessity are clearly documented and based on reasonable medical evidence or on a consensus of relevant health care professionals. Consistent application of criteria for Prior Authorization for non-routine services is confirmed and reinforced through the inter-rater reliability process and in the bi-weekly UPR meetings. All potential service denials are reviewed and approved or denied by either the Chief Medical Officer or Consultant Medical Director.

### ***Arizona's Children's System of Care Practice Review (SOCPR)***

As part of its oversight of behavioral health services in Arizona, AHCCCS uses the System of Care Practice Review (SOCPR). The SOCPR collects and analyzes data regarding the process of service delivery to document the service experiences of children and their families, and then provides feedback and recommendations for improvement to the system. The process garners thorough, in-depth descriptions that help inform the system of care and explain the complex service environment experienced by children and their families.

SOCPR assesses four domains relevant to systems of care:

1. Child-Centered, Family-Focused – Individualized, Full Participation and Case Management
2. Community Based – Early Intervention, Access to Services, Minimal Restrictiveness and Integration and Coordination
3. Culturally Competent- Awareness, Sensitivity and Responsiveness, Agency Culture and Information Supports
4. Impact – Improvement and Appropriateness

The most recently published report, *Arizona's Children's System of Care Practice Review, Fiscal Year 2017 Statewide Report*, reviewed 170 cases, including 97 cases in which children and families had DCS involvement. The report is available at:

<https://www.azahcccs.gov/Resources/Downloads/BehavioralHealthReports/AZSOCPRAHCCCSStatewideReportFY2017101818.pdf>

### ***Additional Oversight***

AHCCCS has oversight of the services provided by CMDP and RBHAs for Medicaid eligible children in foster care. AHCCCS reviews the Quality Management and Performance Improvement (QMPI) measures as well as the performance measures of CMDP on a quarterly and annual basis.

CMDP conducts routine 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 QMPI meetings to review these evaluations include DCS, community physicians, foster parents, and group home representatives. This committee is responsible for advising and making recommendations to CMDP Administration on matters pertaining to the quality of care and services provided to members. The committee collaborates on issues regarding:

- medical and behavioral health;
  - EPSDT participation and well child visits
  - oral health performance
  - children's access to PCPs
  - immunization rates
  - inpatient stays
  - medication/prescription monitoring
  - behavioral health coordination
  - quality of care issues
  - controlled substance prescription monitoring program
- grievances and appeals; and
- service delivery and provider network.

AHCCCS conducts the same oversight of the RBHAs. AHCCCS monitors RBHA performance measures specific to children in DCS custody. Performance measures include, but are not limited to, the following:

- mental health utilization;
- use of multiple concurrent antipsychotics in children and adolescents;
- psychotropic utilization – including specific subclasses;
- high needs Case Management;
- behavioral health services per CMDP member;
- hospital follow up at seven and 30 days; and
- timely service.

CMDP meets with its Pharmacy Benefits Manager, Optum, at the Pharmacy and Therapeutics Committee meeting on a quarterly basis to review pharmacy utilization including therapeutic categories, review prior authorization data, conduct medication monitoring, and monitor prescriber behavior/patterns. Anomalies are discussed and researched as needed.

### ***AHCCCS Statewide Performance Improvement Projects (PIPs)***

CMDP participates in AHCCCS' PIPs to improve enrollee health outcomes and satisfaction.

Developmental Screening - CMDP continues to participate in an effort to increase the number of developmental screenings for members at 9, 18, and 24 months of age to ensure that developmental delays are identified early and referred for appropriate follow-up and treatment. Primary care providers (PCPs) are paid to utilize a developmental screening tool such as the Ages and Stages Questionnaire (ASQ) and the Modified Checklist for Autism in Toddlers (M-CHAT), in addition to the Parents' Evaluation of Developmental Status (PEDS) Tool for age appropriate developmental screening of all children in out-of-home care. CMDP encourages PCPs to perform a developmental screening at all well child checks.

EPSDT Participation – Early Periodic Screening, Diagnostic and Treatment Services (EPSDT) provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under age 21. The goal of this PIP is to improve processes to support children's participation in preventative EPSDT wellness exams through outreach to caregivers.

Preventative Care Visits – As with the EPSDT Participation, the aim is to improve children's access to preventative care visits (medical and dental), as evidenced by verified attendance at preventative care appointments via caregiver outreach and claims information.

Objective:

- Identify members without verified preventative care visits and reach out to the DCS case manager and/or caregiver to:
  - provide education regarding preventative care appointment expectations,
  - alert them to the need for a specific preventative care service, and
  - provide customer service support to the member's caregiver;
- Identify interventions to proactively support timely preventative care visits; and
- Increase the number of newly enrolled members who receive preventative care upon entry into care.

### ***Opioid Epidemic***

Concerns nationwide about the opioid epidemic have led to multiple initiatives in Arizona to curb fatalities attributable to opioid overdose. AHCCCS has implemented and directed limitations to opioid prescription fills for all Medicaid health plans, and CMDP has implemented these same limitations. CMDP requires prior authorization of all long acting opioids and has fill and refill limits on short acting opioids. CMDP also monitors opioid utilization in an attempt to identify children who may be at risk for developing opioid

use disorder and refer them to appropriate services.

CMDP continues to work with physicians and other prescribers to increase the use of the Arizona's Controlled Prescription Monitoring Program (PMP) database. Arizona physicians were required to register with the PMP database by January 1, 2016. Utilization of the PMP can lead to a decrease in the inappropriate prescribing of medications with potential abusive qualities and increase quality of care as providers will be aware when their patient appears to display drug-seeking behaviors.

***Primary Care Physician prescription monitoring for treatment of ADHD, anxiety, and depression***

As part of psychotropic medication prescribing oversight, CMDP conducts a monthly retrospective review of records to assure the appropriate psychotropic medication prescribing by PCPs. This process monitors PCPs who prescribe psychotropic medication for ADHD, anxiety, and depression. As part of this process, CMDP members are referred to the appropriate behavioral health services.



# **DISASTER PREPAREDNESS, RESPONSE, AND RECOVERY PLAN**

*Department of Child Safety*  
STATE OF ARIZONA

**Submitted to:  
U.S. Department of Health and Human Services  
Administration for Children and Families  
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# INTRODUCTION

This section of the document will address how the Arizona Department of Child Safety (DCS or the Department) addresses mitigation/ preparedness, response and recovery in all hazardous incidents including wild fires, floods, pandemic situations, and potential incidents with the Palo Verde Nuclear Generating Power Station. DCS conducts preparedness activities to ensure that vulnerable populations, including children, living in the Emergency Planning Zone will be assisted properly.

## **Arizona Department of Child Safety**

### ***Business Contingency Procedures***

The Department is a child welfare program established under A.R.S. § 8-451 for the protection of children alleged to be abused and neglected. The Department provides an array of services to children and families, including prevention programs, child protective services, in-home intensive services, family support and preservation services, kinship and foster care services, adoption promotion and support services, health care services for children in foster care, and other child welfare programs.

The DCS Disaster Procedures are designed to go into effect when a natural, medical, or human-caused disaster has an adverse effect on the day-to-day operations of the DCS. The DCS focuses its response to disaster planning on:

- Continuing/restoring critical business activities immediately following an emergency event; and
- Restoring and recovering essential administrative and business activities, if practical, immediately following such an emergency event, or as soon thereafter as possible.

Understanding the critical functions of the DCS is important in ensuring the safety, permanence and well-being of Arizona's at-risk children and families. The DCS continually analyzes its procedures against possible threats and evaluates results to determine if the emergency procedures provide the desired outcomes. This is a continuous process in combination with staff, client, and community providers.

# PREPAREDNESS/MITIGATION

## **Preparing to Manage** *Direction and Control*

DCS is a department that performs a critical function: ensuring the safety of children.

The DCS Central Office is located in Phoenix and is overseen by Director Gregory McKay. Under the direction of Director McKay, an executive management team provides command and control over internal operations, logistics, planning, administrative and finance functions. The DCS Central Office and the DCS Child Abuse Hotline have a detailed Continuity of Operations Plan (COOP) which would be implemented in the event of a disaster.

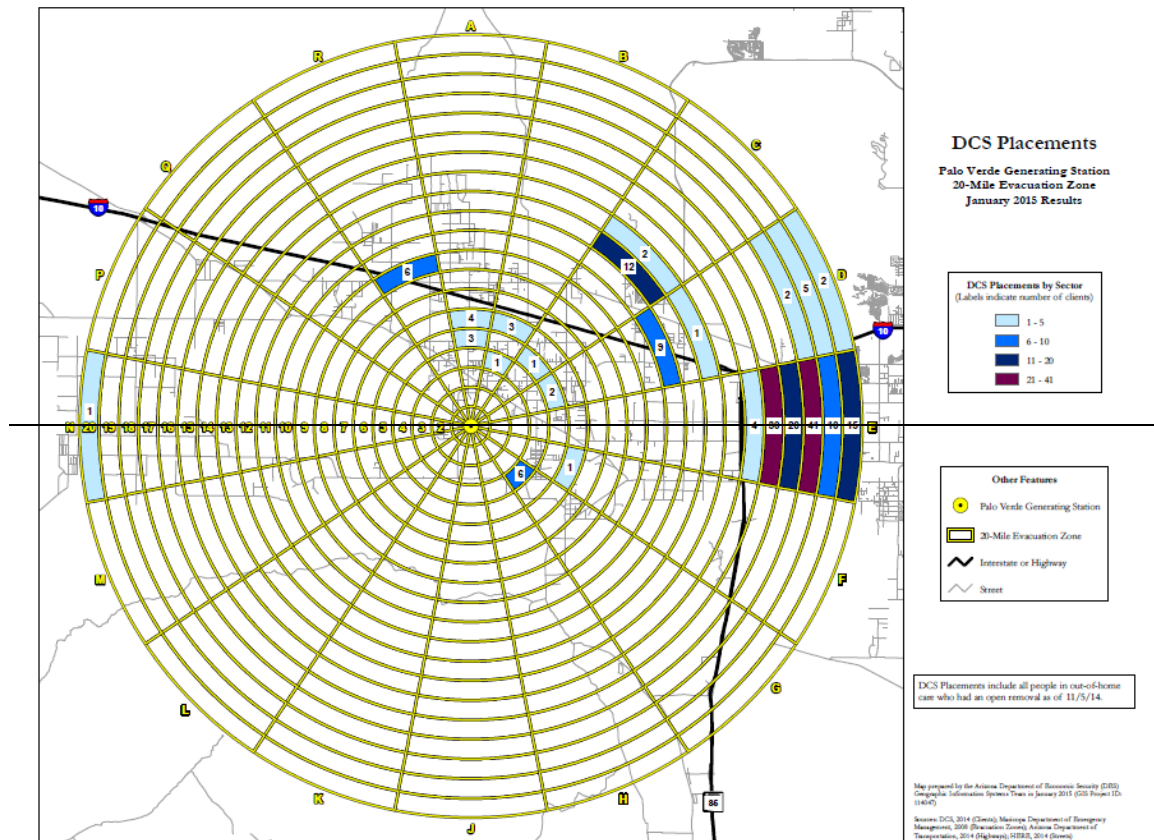
Each Region within the DCS has a Program Administrator (PA) who is responsible for responding to emergencies within their own Region and for coordinating with other Regions who are responding to an emergency. Each PA is responsible for communicating possible threats and required response to their Region's Management Team, DCS Supervisors, Child Safety Specialists, and other critical staff. Each PA is responsible for communicating potential threats to the DCS executive management team and for keeping the team informed of the status of the emergency response.

The DCS continues to collaborate with emergency preparedness entities, the Arizona Department of Economic Security and county health coordinators in each county to address special needs populations, including children under state care or supervision. The DCS maps the locations of these children in each county and has established a call tree to communicate with response teams in each county. The call tree allows the DCS to rapidly communicate with county response teams regarding any special needs or requirements for these children during emergency situations.

## **Palo Verde Nuclear Generating Station Exercise**

One example where emergency preparedness is crucial for DCS is during potential hazardous situations relating to the Palo Verde Nuclear Generating Station (PVNGS), the nation's largest nuclear power plant located about 45 miles west of central Phoenix. A significant number of children involved with DCS and their caregivers live near the PVNGS. DCS conducts preparedness activities to assure this population is assisted properly.

The following is an example of a map that is used for emergency preparedness exercises related to an accident at the Palo Verde nuclear power plant:



As part of this exercise, DCS has a designated response team to address the needs of populations it serves. The team is composed of DCS Staff who are trained to help these individuals with evacuation, decontamination, registration at the designated Reception and Care Center (RCC), reunification with their appropriate caregivers and facilitating transport to shelter if needed. The emergency planning is a cooperative effort of Arizona Division of Emergency Management, Maricopa County, Red Cross, Public Health and numerous other volunteer organizations.

## DCS Pandemic Planning Efforts

Another crucial area for emergency preparedness is planning for a pandemic, particularly for agencies tasked with the protection, safety and well-being of children. DCS conducts a variety of activities to ensure meeting the needs of all children involved in some form or another with the DCS system. DCS has in place a plan where it requires that all affiliated agencies establish a pandemic preparedness plan and appoint a pandemic coordinator as part of their contracts, prioritizing agencies that work directly with DCS. Included in this plan are:

- reprioritizing functions to ensure resources are devoted to critical tasks;
- identifying critical staff in DCS and cross-training appropriate personnel to work in DCS;
- developing plans to redeploy staff to DCS offices throughout AZ to ensure time sensitive work is completed; and
- holding tabletop exercises with the trained personnel to fill each other's roles as needed.

During the H1N1 pandemic, DCS was able to implement the plan described which resulted in an effective and efficient continuation of critical business functions including the ability to ensure the safety and well-being of children

In the past, Arizona was recognized for its best practices implementation for both radiological and pandemic diseases emergency planning.

Two articles were featured in the Public Health Practices website (*a joint project of the Center for Infectious Disease Research and Policy at the University of Minnesota in a partnership with the Association of State and Territorial Health Officials*). The Public Health Practices website is a one stop shop for tools and strategies to respond to the health consequences of disasters and emergencies and is consulted nationwide.

Publications where Arizona was recognized are as follows and can be found on the internet:

"Radiological preparedness activities focus on at risk populations living in proximity to nuclear power plant" found at <http://www.publichealthpractices.org/practice/radiological-preparedness-activities-focus-risk-populations-living-proximity-nuclear-power>

"Child Protective Services preparedness leads to continuity of essential functions during H1N1" located at <http://www.publichealthpractices.org/practice/child-protective-services-preparedness-leads-continuity-essential-functions-during-h1n1>

## **Arizona Emergency Information Network**

Arizona's Emergency on-line system combines information from a wide variety of health and human services providers through a single information network that can be accessed by DCS staff and the public at large. Through this network, Arizona citizens are able to access disaster response and homeland security information, including assistance in locating disaster relief organizations and services, and in identifying opportunities to volunteer in their communities.

Access is available at <http://www.azein.gov/azein/default.aspx>

## **Communicator Alert Notification System**

The Communicator Alert Notification System is a software program managed by the Arizona Division of Emergency Management (ADEM). The Communicator Alert Notification System allows the Department to quickly notify appropriate staff and others about an emergency situation. The system uses 24 lines to call many people at one time. The Department can use the Communicator Alert Notification System without cost to any of its programs. This system can send custom messages by telephone or internet to many individuals simultaneously with information needed for a disaster response.

## **Office Preparation**

### ***Evacuation Procedures & Disaster Response Plans***

Each of Arizona's DCS Offices has an Emergency Action Plan posted for emergency procedures. The following checklist outlines primary procedures for securing offices and ensuring the safety and support of children, families and staff:

- based upon the type of disaster, immediately notify the emergency responder such as the fire department and/or law enforcement;
- immediately notify affected Office staff through the phone tree;
- immediately notify the Director or Designee who will inform the Deputy Directors;
- coordinate emergency response with the DCS's Central Office;
- if the building is threatened, ensure the safety of staff and clients in the office first;
- if time permits, secure a safe place for all hard-copy case files and a safe place for all state vehicles. DCS has a centralized closed records warehouse to store all closed files. Active files are managed by each individual field office;
- if the emergency involves evacuation of residents from their homes, attempt to contact all out-of-home care providers to assess the safety of children in their care and determine their course of action;
- for offices that are evacuated, designate another DCS office where staff can call or work and where all interoffice mail and travel and paychecks can be transferred;
- notify the statewide Child Abuse Hotline as to which office(s) will be taking standby DCS reports;
- program telephones, if telephones are not involved in an outage, so that there is a voice message alerting staff, clients and the community where they can call to leave or give messages or where parents can check the welfare of their children; and
- allow staff time to arrange for their own personal affairs in order to ready themselves for evacuation, if needed.

The DCS has the ability to map the location of each child by zip code that is under state care or supervision and has developed strategies to address the needs of these vulnerable children. DCS response teams in each county are ready to assist with an evacuation of these children.

Each Regional office will maintain a regularly updated Disaster Response Plan, which shall be made available to all Region management and supervisory staff. The plan is to be used in combination with information contained within the DCS automated case management and payment system (CHILDS).

**Disaster Plans will include:**

- Up to date phone trees and e-mail addresses for:
  - DCS Central Office key administrators
  - PAs
  - PMs
  - DCS Supervisors
  - Child Safety Specialists
  - All other office employees
  
- Up to date addresses and contact information for:
  - Out-of-home care providers
  - Location of children placed in foster care
  - Home Recruitment, Study and Supervision (HRSS) foster and adoptive home contracted agencies
  
- Paper forms for all processes when CHILDS is not available
  
- Alert levels



## **Preparation by Regions**

### ***Arizona's Regions Preparedness***

The Program Administrator (PA) or designee will maintain a general crisis plan to include the following procedures for:

- activation of the phone tree;
- maintenance of up-to-date listings of out-of-home care providers, including their locations and contact information;
- maintenance of up-to-date listings of the location of children in out-of-home care, including the identification of any children with special behavioral health or health care needs;
- maintenance of an up-to-date listing of HRSS contracted agencies;
- maintenance of a listing of emergency first responder contacts;
- maintenance of plans for each office within the Region to handle phone outages, computer outages and/or need to relocate staff to another office;
- maintenance of a listing of emergency resources;
- designation of responsible personnel and their duties and responsibilities;
- forms for manual documentation in the event of a computer systems failure;
- maintenance of the Plan; and
- collaboration and communication with emergency response personnel in each county.

In the event of a fire, flood, natural disaster, pandemic influenza, bomb threat, terrorism or other major catastrophic event, the PA or designee shall:

- ensure that the emergency first responder has been alerted to the disaster;
- appoint a staff member to monitor the emergency channel on the emergency radio. That person shall report any information related to evacuation, client safety, and change in conditions or clearance of the emergency to the PA;
- activate the phone tree for the geographic area experiencing the emergency and provide contacted staff information on the disaster, areas affected, actions to be taken, and staffing needs to address the emergency event;
- designate staff who are to report to the Regional Office or staging area;
- appoint staff members to notify appropriate emergency services personnel (fire, police etc.) of any homes in the involved area in which a person with a disability lives and who may be in danger; and
- the PA acts as the primary liaison between various agencies involved in the emergency situation (e.g., Homeland Security, FEMA, DES agencies).

In the event of a Medical Emergency (including pandemic influenza) the PA or Designee shall:

- active the phone tree as delineated above;
- for pandemic influenza, follow the planning efforts matrix for the six phases (World Health Organization) of the pandemic alert;
- determine the extent of the emergency, Region emergency response and provide instruction to staff. For example, in situations where it is unsafe for groups of people to be together, it may be necessary for staff to work from their homes in order to protect themselves and still ensure the safety of persons served. In the event of a major medical event such as a group of people involved in an automobile accident or a group of people burned or seriously injured, the PA may elect to deploy staff to the respective hospitals so that DCS reports can be taken first hand; and
- as necessary, request the need for additional assistance through the DCS Director or Designee.

In the event of a Power/Water or Phone failure, the PA or Designee shall:

- activate the phone tree as delineated above;
- assess the extent of the utility failure and determine if business can continue as usual within the affected Office;
- assess whether operations need to be relocated to another office;
- notify staff of any decisions made to address the emergency and the course of action they are expected to take;
- assess the impact of the utility concern on persons receiving services in the specific geographic area;
- in the event that there are individuals dependent on power within the affected area and these individuals live alone, notify emergency first responders of the situation;
- assess the need to contact out-of-home care providers in the geographic area to determine if providers are being evaluated;
- based on this assessment, Child Safety Specialists will assist in contacting providers to ascertain their individual situations; and
- ensure that affected staff has cellular phones and needed resources.

Documentation of the actions taken in any emergency is critical. This documentation will serve as back up of efforts made to ensure the safety of clients. Post event review of the documentation should occur so that it can be determined how well the plan worked and if any revisions are necessary to the plan.

## **Preparing Community Partners**

*DCS and its community partners will continue their efforts to enhance their collaboration in emergency/disaster situations.*

### **The DCS in collaboration with others will:**

- identify all possible disasters that can impact the protection of children and delivery of child welfare services that may be unique to a geographic locale and require specific planning and response;
- coordinate with all key child welfare stakeholders in disaster planning (local courts, CASA, JPOs, etc.);
- maintain a DCS lead for coordination of child welfare disaster planning and response. The DCS lead serves as liaison to DES disaster planning efforts and communication of expectations to staff; and
- participate in emergency preparedness exercises, including table-top, functional, and full-scale exercises.

DCS follows Title 6, Ch. 5 Arizona Administrative Code. Article 74, contains the licensing process and licensing requirements for child welfare agencies operating residential group care facilities and outdoor experience programs and Article 58 contains the licensing requirements for foster homes. Each of these documents has specific requirements in regards to ensuring the safety of children. Each specifies that the foster placement must have provisions for the evacuation of buildings, including the evacuation of children with physical disabilities, and preparation of staff and children to respond to emergencies. In addition, group care facilities, shall maintain a record of practice emergency drills, and both must have emergency equipment to deal with a variety of emergent situations.

Other safeguards are in place to ensure the safety of children in care. For example, each of the contracts with the foster care facilities requires them to have in place a pandemic performance plan.

### **Managing Disasters:**

- Each Region's emergency plan shall address how the Region will involve community partners in responding to the needs of vulnerable children and adults.
- Each Region's emergency plan should include coordination with emergency first responders, providers of emergency services and volunteer organizations.
- Each Region's emergency plan should outline their interface with the Juvenile Court during an emergency that impacts the ability of the Court to conduct business as usual.

### **Rebuilding:**

Each Region's emergency plan shall include a debriefing process with community partners and stakeholders to assess any need to revise the emergency plan. Rebuilding plans should also include a coordinated effort with other government agencies, stakeholders and community partners.

## **Preparing Youth and Families**

*When a disaster strikes, these are some of the things you can do before, during and after the disaster.*

[Note: This section will be made available to out-of-home care providers to assist them in preparing for and responding to an emergency situation. This information has been or will be distributed in trainings, emails, special mailings, poster campaigns, and as a feature in a published newsletter. ]

### ***Prior to a Disaster***

#### ***Foster Parents: these are some of the steps that you can take to prepare for a disaster:***

- Meet with your family and discuss why you need to prepare for disasters. Explain the dangers of fire, severe weather, and other types of disasters to children. Plan to share responsibilities and work together as a team. Include pets in your disaster planning.
- Discuss the types of disasters that are most likely to happen. As a family discuss how this can affect all family members and how you will address the special needs of persons with a disability. Explain what to do in each case.
- Notify your local fire and/or police chiefs of any special evacuation needs.
- Pick two places to meet in the event you are separated. You might pick outside your home in case of a sudden emergency such as a fire. Or if you cannot return home, you would pick someplace outside of your neighborhood. Everyone must know the address of the “meeting place” and how to contact one another.
- Ask an out-of state friend to be your “family contact” and share this information with your Child Safety Specialist and/or Licensing Case Worker. After a disaster, it’s often easier to call long distance. Other family members should call this person and tell them where they are. Everyone should memorize your contact’s phone number.
- Post emergency telephone numbers by phones (fire, police, ambulance, hospital, doctor, poison control, etc.)
- Teach children how and when to call 9-1-1 or your local emergency medical services number for emergency help.
- Show each adult family member how and when to turn off the water, gas, and electricity at the main switches.
- Decide the best evacuation routes from your home.
- Prepare a disaster supply kit (food, water, first aid, etc.) for 10 days for your family.
- Identify and have easily accessible health information and medications used/needed for each family member.
- Determine if back up systems are needed for special medical equipment that requires electricity.
- Make sure all medical information is updated and documented.
- Check with your children’s school to find out what their emergency plan is.
- Post your case manager’s and licensing worker’s numbers and inform all family members.

*If a disaster strikes:*

- Stay calm. Put your plan into action.
- Check for injuries and give first aid or get help for seriously injured people.
- Try to reduce your child's fear and anxiety.
- Listen to your battery powered radio for news and instructions.
- Evacuate, if advised to do so.
- Check for damage in your home.
- Use flashlights not candles or lanterns—do not light matches or turn on electrical switches if you think there may be damage to your home.
- Check for fires, fire hazards and other household hazards.
- If you smell gas leaking from your stove, furnace, water heater, or other gas appliance leave your house immediately and contact the gas company or the fire department from a neighbor's house.
- Clean up spilled medicines, bleaches, gasoline and other flammable liquids immediately.
- Put your pets in a safe place.
- Call the Child Abuse Hotline (1-888-767-2445) and your family contact—do not use the telephone again unless it is a life-threatening emergency.
- Check on your neighbors, especially elderly or disabled persons.
- Stay away from downed power lines.
- Check food and water to determine if it is still safe to eat and drink.
- Watch animals (both wild and domestic) as they will be confused and scared and may be dangerous.
- Be careful of snakes and insects. They may be on the move looking for new homes or a place to hide.
- Contact your Child Safety Specialist when it is safe to do so and inform the worker of your location and the location and condition of your foster children and how you can be contacted.

## **Assisting Staff**

The recovery staff is activated when ordered by the DCS Director, Deputy Director or designee, and/or a DCS Program Administrator (PA) dependent upon the type and extent of the emergency.

### ***PA will:***

- determine the impact of the emergency upon staff;
- assess whether additional staff need to be deployed to the emergency area and contact the DCS Director, Deputy Director, or designee for assistance;
- assist staff in addressing personal issues by offering the assistance of the Employee Assistance Program (EAP) or other local resources and if determined needed, contact those resources to make arrangements for services;
- ensure that staff have the resources they need to address the emergency;
- maintain constant communications with staff as to the status of the emergency situation; and
- the Support Services administration would help facilitate communications to the Field Operations Leadership on any disaster events impacting staff. Each field office shall have a call tree to disseminate information.

### ***DCS employees will:***

- keep their immediate supervisor informed regarding the impact of a disaster or significant event that may impact their work or pose a safety risk to themselves or to their families;
- inform their immediate supervisor if they are unable to continue to respond to the emergency; and
- contact their immediate supervisor periodically regarding their own safety, or the safety of their family.

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### ***Critical Function Areas***

- *Intake Bureau*
  - *Investigations*
  - *Ongoing Case Management*
  - *Interstate Compact on the Placement of Children*
  - *Comprehensive Medical and Dental Program*
- 

The Intake Bureau, Arizona's centralized intake for child abuse and neglect reports, Child Safety Investigations, Ongoing Case Management, Interstate Compact on the Placement of Children (ICPC) and the DCS Comprehensive Medical and Dental Program (CMDP) are considered the critical functional areas. The emergency plan is activated when there is any indication that any of these functions are disrupted due to an emergency, as follows:

### **Child Abuse Hotline**

#### ***The Hotline Program Administrator responsibilities:***

- assess and determine if there are other alternatives to the receipt of child abuse and neglect reports including the pick-up of telephone messages, faxing of information, transfer of calls to cell-phones, use of an alternative site, and etc;
- contact them and e-mail DCS staff on the emergency procedures implemented by the Intake Bureau to respond to the emergency;
- activate the phone tree to contact Child Abuse Hotline staff when they cannot report to work at their normal work site and/or the alternative for receiving DCS reports;
- continue to receive and review communications to the Intake Bureau;
- utilize paper forms for documenting reports if CHILDS is not available; and
- notify DCS staff when the emergency is no longer a threat.

### **Child Safety Investigations**

#### ***Regional Program Administrator (PA) responsibilities:***

- when Child Safety Specialists are impacted by the emergency and workload presents an issue, prioritize Priority 1 reports for investigation;
- designate staff from other areas of the region or request assistance from other regions to ensure reports of abuse and neglect are responded to, and required services are provided;
- activate the phone tree for affected areas providing staff with information regarding their role in responding to the emergency;
- contact law enforcement when a child is in danger and DCS if the Region cannot respond to the report;
- provide ongoing communications to the DCS Director, Deputy Director, or designee regarding staffing needs, the Region's ability to respond to reports during the emergency, and other Region's needs;
- respond to a DCS directive to respond to the emergency needs of children entering Arizona when an emergency has occurred in another jurisdiction and report to the

- Child Abuse Hotline and the Interstate Compact on the Placement of Children (ICPC), available information regarding any such children; and
- notify DCS staff when the emergency is no longer a threat.

***Child Safety Specialists responsibilities:***

- determine the best method for conducting the investigation when the standard procedures cannot be followed. For example, additional collateral contacts may be made to ensure that children are safe when a child cannot be seen in person;
- notify local law enforcement when a child is in imminent danger and the Child Safety Specialist cannot respond;
- document all efforts made in CHILDS (or on paper); and
- maintain regular contact with the immediate supervisor.

**Ongoing Case Management**

***PA's responsibilities:***

When Ongoing Case Management Specialists are impacted by the emergency and workload presents an issue, activate the phone tree for affected areas providing staff with information regarding their role in responding to the emergency.

***Program Managers (PM) or Child Safety Unit Supervisor's responsibilities:***

- assign staff as needed to check on each foster child's condition, location and on-going needs;
- ensure out-of-home care providers are contacted;
- review all cases and confirm the safety of all children with immediate safety issues such as: medically fragile children dependent on life supporting equipment, children dependent on prescription medications, and children in the process of being removed from their homes. Contact information may be obtained through the Regional Resource & Referral units who manage the coordination of services with contracted providers. They will also assist with helping to identify providers off contract and out of state and work in collaboration with the Contracts administration to put together direct contracts or single case agreements;
- determine what essential activities need to be continued;
- notify local law enforcement when a child is in imminent danger and the Child Safety Specialist cannot respond;
- document all efforts made in CHILDS (or on paper); and
- maintain regular contact with the immediate Supervisor.

***Child Safety Response Teams responsibilities:***

- Help with the evacuation of children under state care or supervision to the special needs shelters identified by the county health departments and/or county emergency preparedness director.

**Out-of-Home Care Providers**

***Child Safety Specialist responsibilities for affected geographic areas:***



- contact all out-of-home care providers of children in open cases to collect information about: their current and any planned future locations; need for medical information and/or prescriptions for every child in their care; and, any other specific needs of the child or family during and after the disaster;
- ensure providers have DCS emergency contact information; and
- notify local law enforcement when a child is in imminent danger and the Child Safety Specialist cannot respond.

***Residential Providers responsibilities:***

- implement the emergency plans specified by licensing rules Title 6, Chapter 5, Article 74 and Contract Agreements;
- contact the statewide Child Abuse Hotline at 1-888-767-2445 informing them of the emergency. If the situation allows, also contact the Child Safety Specialist or their Supervisor who has responsibility for the child's case management and inform them of the status, needs and location of the child;
- follow procedures required by contractual agreements and by licensing rules Title 6, Chapter 5, Article 74;
- identify placement changes that may be necessary; and
- provide name and location of new site if re-location becomes necessary.

***DCS Supervisors and/or Child Safety Specialist responsibilities:***

- document all information received about a child in residential care;
- determine if there are available foster homes or other residential facilities for a child who may need to be transferred;
- assist in the transfer of the child when requested; and
- keep the PA or PM informed of the situations.

**Interstate Compact on the Placement of Children (ICPC)**

The ICPC emergency plan is activated when ordered by the Director, Deputy Director, or designee and when the agency can no longer follow the usual procedures.

***Interstate Compact for the Placement of Children Administrator responsibilities:***

- receive information about children in the geographic area affected by the disaster;
- receive information about the child's location and condition, contact the Child Safety Specialist responsible for the case, and entering a case note into CHILDS regarding the child's location and emergency contact;
- receive information about children that have been displaced from other states;
- for children displaced from other states, enter a case into CHILDS under Interstate Compact Placement;
- for children displaced, contact the ICPC in the child's state of origin and provide any available information; and
- document any collected information on paper forms (if CHILDS is unavailable).

## **The Comprehensive Medical and Dental Program (CMDP)**

The CMDP provides medical and dental health care for children placed in foster care in Arizona. Its emergency plan is activated when ordered by the Director, or the Assistant Director or Designee and when the agency can no longer follow the usual procedures.

### ***Emergency Prescription:***

- Pharmacies are authorized to cover a 30 day emergency supply.

### ***Prior Authorization for Medical/Dental:***

- Providers understand *Emergency Procedures* and know that emergencies do not require authorization.
- Medical doctors can sign for emergency “unauthorized procedures”.

### ***Emergency Behavioral Health Hospitalization:***

- The Behavioral Health Manager and Psychiatric Consultant can authorize 72 hour evaluation and request consultant behavioral health services.
- If system failure occurs, the MIS staff will develop Ad Hoc Reports and Children and Provider Eligibility rosters.
- An alternative solution is to shift operation/business functions to the local DES offices and perform back-up off site.

### ***MIM Health Plans (Prescription Contractor) responsibilities:***

- The Contracts Manager (CM) performs back-up system off-site per the contract.
- The CM will follow the Information Technology (IT) Disaster Recovery Plan from DES Division of Technology Services (DTS).

## **Critical Function Area**

### ***Business and Administrative Areas***

The Business and Administrative Areas emergency plan is activated when ordered by the Director, Deputy Director, or designee and when the agency can no longer follow the usual procedures.

#### **Statewide Child Abuse Hotline:**

- Power Failure
  - For a short-term (under 1 hour) power failure calls will be forwarded to DCS Hotline cellular telephones.
  - For a long-term power failure of greater than 1 hour the alternate location will be utilized.
- Telephone system failure
  - For short-term failure (under 1 hour), calls will be forwarded to DCS Hotline cellular telephones.
  - For a long-term power failure of greater than 1 hour the alternate location will be utilized.
- Fax machine failure
  - Faxes are be obtained remotely via e-fax.
- US Postal Service (USPS) disruption
  - US Postal Service mail is obtained daily from a local Post Office box that is established.
  - If the USPS is unable to provide service, public service announcements will direct the public on an alternative solution based on the nature of the emergency.
- CHILDS System Failure
  - System Down procedures will be initiated as outlined in the procedures manual.

#### **Foster Care Provider Payments and Payments for Contracted Services:**

- CHILDS and FMCS system failures
  - Short-term (Under 30 days): Districts will use the PAAR fund for emergency payments only and will manually track payments; once systems are functional then enter payments into the appropriate system.
  - Long-Term: After 30 days, the Districts will make payments manually and track payments; once systems are functional then enter payments into the appropriate system.
  - The IT Disaster Recovery Plan from DTS will be followed.

#### **Licensing:**

##### **CHILDS and Mainframe System Failures**

- The Regions will manually track/record contract and licensing documents.
- The license will be issued manually.

- For fingerprint clearance and background checks, DES will mail form letters to the contract providers.
- The providers may also go to the DCS office to obtain necessary documents.
- The IT Disaster Recovery Plan from DTS will be followed.

**Eligibility:**

- If there are CHILDS, AZTECS, or PMMIS Systems failures, DCS will shift operation/business functions to local DES offices.
- If eligibility processing fails, paper forms will be utilized.

**Data Center:**

- DCS relies on the Arizona Department of Economic Security for all technology support. All technology recovery plans are developed and managed by DES.

# RECOVERY

## **Business Response and Recovery Process**

This Business Response and Recovery Process will define what our personnel need to do during any disaster in managing an incident, and what resources are needed to resume services, and to continue to recover as DCS moves toward full restoration.

### ***Incident Management Systems***

#### ***Checklist Involved in Most Business Disaster Recoveries***

An all-hazard approach to preparedness will be utilized to enhance agency capability to respond to and recover from potential business disruptions. This means that the plan operates exactly the same way regardless of the type of emergency.

To acquaint the business response and recovery team leads and members with the general types of activities that occur to recover from most disasters, below is an overview of seven checklist events associated with most disaster recovery operations.

#### ***1. Immediate Response Steps***

The point at which it is determined by competent authority that Immediate Action steps must be executed. The immediate response steps include protection of life and property, damage assessment, salvaging vital records, and notification of key individuals to protect our children.

#### ***2. Environmental Restoration***

The point at which all personnel are to relocate to the alternate facility and ensure they have the appropriate work space. The necessary vendors and support personnel should be contacted to verify recovery requirements and determine availability of the network and applications.

#### ***3. Functional Restoration***

The point at which all resources that support business operations should be restored. These include telephone/voice, mainframe applications, personal computer applications, and any physical equipment. Recovery teams should work with the BCP Team Coordinator, the Administration Team, and the alternate site vendor to accomplish this activity.

#### ***4. Deferred Processing***

Recovery teams must verify the accuracy and data integrity of the restored systems, and begin to “catch up” on deferred or lost work. Any reconciliation that is done on a daily basis should be carried out during this stage.

#### ***5. Business Resumption***

The point at which recovery teams can resume some portion of their normal business operations. It is important during this stage to consider what the business strategy will be during the disaster recovery and then to determine the critical tasks to be accomplished to fulfill the recovery teams’ responsibilities.

### ***6. Interim Site Migration***

In the event of a long-term power outage (e.g., greater than six weeks), it may be necessary to move from the internal sites to an interim location while the home site is repaired/reconstructed.

### ***7. Return to Home Site***

Once the damaged site has been repaired, reconstructed, or a new location has been selected and prepared, the affected business units will return to their home/permanent office locations.

## **Coping with Disaster**

### ***Staff***

The emotional toll that disaster brings can sometimes be more devastating than the financial strains of damage and loss of home, business or personal property. The DCS is sensitive to the needs of its staff and thus encourages staff to:

- talk to seek professional help for disaster related stress;
- do not hold yourself responsible for a disastrous event
- take steps to promote his/her physical and emotional health
- spend time with family and friends

In addition, DCS in accordance with ADOA Personnel Rules R2-5-409 and R2-5-803.D., administrative leave policy DES 1-26-05 allows for leave with pay under an emergency situation which includes natural disasters, pandemic outbreaks or malfunction of publicly owned machinery that may result in office closure.

### ***Children in the care of DCS***

When it comes to helping children cope with disaster, this is of outmost importance to the DCS and thus, we encourage staff, providers, stakeholders, and community partners to inform themselves on how to recognize:

- risk factors for children in their response to a catastrophic event;
- to understand the vulnerabilities of children;
- to meet the child's emotional needs in addition to their physical needs; and
- to reassure children after a disaster.

A great resource used by DCS is the Federal Emergency Management Agency website located at:

<http://www.fema.gov/coping-disaster>



## Arizona Staff and Provider Training Plan FFYs 2020-2024

### *Staff Training Description*

The Department's Training Unit, Learning & Development (L & D) offers a comprehensive child welfare training program in support of the state's commitment to providing quality services to Arizona's children and families. All L & D Training Officers are certified trainers through the L & D's Instructor Certification Program (or equivalent). L & D staff are also responsible for the majority of the Department's curriculum development and design. DCS curriculum development is overseen by a Supervisor and developed by three Instructional Systems Design (ISD) Specialists. The Supervisor and ISD Specialists have received formal instruction on how to use and apply the ADDIE Model (Analyze, Develop, Design, Implement, and Evaluate).

L & D's primary customers are new DCS Specialists, Supervisors, Case Aides (both full-time and contracted), Team Decision Making Facilitators, and Contracted Parent Aides. Each of the courses trained by L & D are based on current policy and procedure. Training is a tool that brings awareness to the learner, provides opportunities to develop and practice skills, and ask questions to support transfer of learning. This is believed to be crucial to the employee's ability to effectively work with families and children. Child safety, permanency, and well-being are at the core of each training subject. The Department's Office of Quality Improvement staff routinely communicate with L & D to discuss practice needs and training strategies, and regularly provide input to curriculum development. The Department's Field Resources and Policy Unit reviews all newly created and revised training materials to ensure content is aligned with policy.

Initial and ongoing training for child welfare staff is provided through a variety of methods and opportunities. Portions of the topics covered are eligible for title IV-E Federal Financial Participation (FFP) in accordance with 45 CFR 1356.60, with the 50% or 75% match rate and application of the appropriate penetration rate to the topic of training.

Trainings offered and trained by L & D staff during the 2020-2024 CFSP period will include:

- *DCS 101 New Employee Orientation* - All new DCS employees participate in this one-day in-person classroom course, which has a goal of welcoming and introducing new employees to DCS on their first day of employment. Participants are introduced to the primary purpose of the work of the Department; the roles and responsibilities of DCS as an agency; the Department's mission, vision, and the seven values; the population served, and principles that guide child welfare work at DCS. Through this training, employees are introduced to the concept of family engagement practice and how this relates to core DCS values. New employees are also provided a very general overview of child abuse and neglect, and follow a DCS case from the initial call to the hotline, to permanency and case closure. Participants are introduced to confidentiality and professional boundaries, and technology programs utilized by the Department. Additionally, the new employee



is provided with an overview of state employee benefits and the Workforce Resilience program brochure. This course is considered a short-term part-time training.

- *Initial In-service Core Training for DCS Specialists* – New DCS Specialist Trainees must complete the Specialist Trainee Learning Track to satisfy their essential training requirements for new Specialists. The Specialist Trainee Learning Track is a series of intensive, task-oriented trainings to prepare new DCS Specialist Trainees to assume job responsibilities. The Specialist Trainee Learning Track consists of:
  - classroom training (Specialists General Core Training),
  - several computer based trainings (CBT),
  - four quizzes,
  - three Field Break Activity Guides, and
  - a final test, which is taken at 20 weeks of employment.

All portions of the Specialist Trainee Learning Track must be successfully completed by the trainee in order to promote into a full time DCS Specialist position.

The Specialist Trainee General Core classroom training includes three modules entitled Foundations, SAFE AZ, and Permanency and Well-Being.

Specialist Trainees begin the Foundations Module of classroom training on their second day of employment. A pre-test is administered prior to the formal classroom instruction to gather baseline data related to the participant's knowledge base. The Foundations Module consists of the following sections: the Predictive Index, Secondary Trauma, Self-Care, Cultural Competence, Trauma Impacts on Child Development, Recognizing Child Maltreatment, Domestic Violence, Staff Safety, and Safe Signal. The Workforce Resilience program brochure is also provided to new employees.

After completion of the Foundations Module, the assigned Program Supervisor in the field engages the Specialist Trainee as they participate in one week of on-the-job training utilizing a Field Break Activity Guide. Program Supervisors arrange and provide newly hired DCS Specialists with on-the-job training including modeling, observation, and coaching of specified tasks. Field breaks are dedicated weeks intended to allow the Trainee time to apply what was learned in class to real families served by the Department, and also allow the trainee to experience aspects of the job that will be discussed during the next module. The Program Supervisor and the DCS Specialist Trainee review the Field Break Activity Guide together and process the DCS Specialist's experience and questions, and provide performance feedback to the DCS Specialist. The Field Break Activity Guides also prescribe which CBTs the Trainee must take and pass with a score of 80% or higher. For example, Field Break Activity Guide 1 prescribes the following CBTs: Arizona Random Moment Sample, PSRT, CJIS Security, Indian Child Welfare Act, and Substance Abuse 1 and 2. Completed Field Break Activity Guides are submitted to L & D, and documented in the Department's Learning Management System (LMS), Tracorp.

Specialist Trainees return to the classroom on their third week of employment for the two and a half week SAFE AZ Module. This module consists of the following sections: Field Break Activity Guide discussion, Communication and Engagement, Staff Safety, Department of Public Safety background checks, Pre-commencement and Interviewing, Basic Forensic Interviewing, CHILDS Build a Case, Mock Interviewing, Child Safety and Risk Assessment, Safety Assessment and Present Danger, CHILDS Documentation, Protective Capacities, Impending Danger and Safety Planning, Findings, Team Decision Making, Removal, Placement, Legal Dependency, and Court Documentation.

After completion of the SAFE AZ Module, the Specialist Trainee returns to the field to work with their Program Supervisor again on a second Field Break Activity Guide. The same process is followed for this guide as for the first. Field Break Activity Guide 2 prescribes the following CBTs be completed by the Trainee: Normalcy, CMDP, Parent Aide/Case Aide Supervised Visitation, Safety Science, and Court Authorized Removals including the JAX Navigation.

Specialist Trainees return to the classroom on their seventh week of employment for two weeks of the final classroom Module, Permanency and Well-Being. The Permanency and Well-Being Module consists of the following segments: Field Break Activity Guide discussion, Normalcy, Permanency, CHILDS, Legal Permanency, Service Authorizations and Allowances, Case Planning and Behavioral Changes, Family Contact and Parenting Time, Case Notes, Family Locate and Fostering Sustainable Connections, Family Functioning Progress Update, Mobile Solution Tablets, Legal Testifying, and After Care and Case Closure. A post-test is administered on the last day of classroom training to evaluate the participant's knowledge base. The pre and posttests provide a score to the Trainee quantifying their baseline and post classroom training knowledge; however, the scores are not counted towards completion of the Specialist Trainee Learning Track. The Specialist Trainees are provided with the third and final Field Break Activity Guide Post Core, which prescribes the following CBTs be completed within two weeks: Safe Sleep, Sex Trafficking, and Victim's Rights.

Quizzes are administered at specific intervals in the classroom training, testing participants' knowledge and skills surrounding the competencies identified for each segment of the module. Specialist Trainees complete a total of four quizzes while in classroom training. All quizzes must be passed with an 80% or higher score to receive credit for the portion of the learning track.

Initial In-service Core Training is considered a long-term, full-time training.

The new DCS Specialist is not assigned any cases or reports prior to or during Initial In-service Core Training. Specific supports are provided to new or reassigned DCS Specialists during and after initial in-service training as outlined in the Department's *New Specialists Plan*. This plan begins after all three classroom training modules are complete, and continues throughout the first 22 weeks of employment. Program Supervisors guide Specialist Trainees through structured learning experiences in the field. Specialists are assigned as a support worker on cases on which they are assisting and shadowing, at the direction of the Program Supervisor. Cases are gradually assigned to the new employee throughout the remainder of the 22 weeks training period, depending on the DCS Specialist's comfort and skill level, and per the recommendation of the supervisor or designee.

Upon completion of the 22 week in-service training, the Program Supervisor and the new Specialist Trainee discuss the Specialist Trainee's performance measures. Performance measures are a list of activities completed by Specialists on a regular basis in the field. When the Specialist Trainee completes all the requirements of the Specialists Trainee Learning Track and successfully meet the performance measures, they are recommended for full-time permanent Specialist designation.

If it is determined the Specialist Trainee has not successfully completed the Specialists Trainee Learning Track or has not successfully demonstrated the performance measures, the Program Supervisor and Specialist Trainee will discuss plans to provide additional support for the employee. Supports may include retaking portions of classroom training or CBTs; shadowing specific activities a second time; having conversations with the Program Supervisor to clarify performance areas identified for improvement, etc. The goal is to support and prepare the Specialist Trainee to perform the essential functions of a DCS Specialist in the field.

- *Advanced Training Academy* - The Advanced Training Academy is held five times per calendar year, and consists of five, three to four-day seminars over a five month period. Academy participants include DCS Specialists from all areas of field work, including investigations, ongoing, and in-home case management. Advanced Training Academy builds on the knowledge and skills obtained in Initial In-service Core Training for both new and seasoned DCS Specialists. Participants are selected by the local Program Managers (PM) based on a set of criteria, including a commitment to the Department, teamwork, willingness and ability to participate in the learning process, and a desire for the job enhancement or professional advancement. The PM must also consider the employees upcoming court and case commitments that might prohibit attendance, and the employee and supervisor must be willing to be proactive in ensuring coverage on cases while the Specialist is attending class. Additionally, the nominated participant must have completed the Specialist Trainee Learning Track, all mandatory CBTs, and be in a full-time position in good standing.

The structure of the Advanced Training Academy model maximizes training principles by teaching concepts in a short period of time and allowing the students to immediately apply the concepts in the work they do. This in turn is projected to minimize the turnover of DCS Specialists.

The Advanced Training Academy seminar topics include drug use recognition, working with domestic violence offenders, safety and situational awareness, positive persuasive interviewing of offenders, engagement with families, physical and neglect injury reconstruction techniques, emerging trends in child sexual abuse, effects of abuse on child development, child neglect, court report writing, child protection court testimony, and a case practical with mock testimony. Instructors, in addition to L & D staff, come from a variety of backgrounds, including instructors from John E. Reid and Associates, child protection attorneys, police officers, and investigative DCS Specialists.

During one week of the Advanced Training Academy, the participants are separated based on job function. Investigators participate in Advanced Forensic Interview training and the ongoing case managers participate in a seminar comprised of working with the mental health system, engaging youth in the case planning process, and partnerships with foster parents.

The Department's goal is for all new and experienced DCS Specialists to successfully complete the Advanced Training Academy by the end of 2020. This training is considered a short-term, part-time training, and is an in person classroom training.

- *DCS Program Supervisor Core Training* – Supervisor Core training is provided in a classroom setting. The training content is provided by L & D and others within the agency and Attorney General's office with expertise of the subject being presented. This training is considered a short-term, part-time training as part of the in-service program for new or reassigned supervisors. Supervisor Core Training is a total of 64 hours, and Supervisors are expected to complete the training within the first six months of being a Supervisor. This training is offered on an ongoing basis as new Program Supervisors are hired or reassigned within the Department. Current training content includes:
  - 411: Nuts & Bolts of Supervision – This segment focuses on basic roles and responsibilities, conceptual frameworks of unit development and functioning, and basic personnel rules;
  - Electronic Information Systems – This segment focuses on the Business Intelligence Dashboard system, data reports, how and why data is important to the role as a supervisor, and CHILDS;

- Policy, Procedures, and Legal Issues – This segment includes key policy, procedural, and legal issues pertinent to the role of supervisor and the ability to locate, identify, interpret, and implement policy and legal issues to cases;
  - Administrative Supervision – This segment includes a review of the agency mission, vision, and philosophy; awareness of one's own attitudes, needs, and behavior and their effect on relationships within the agency; successful transition from peer and co-worker to supervisor; advocating for clients and staff within and outside the agency; introduction and management of changes in the workplace; ensuring accountability for agency performance; selecting qualified staff and the value of staff retention; and the ability to assess employee performance issues and recommended appropriate interventions;
  - Educational Supervision – This segment includes understanding the importance of identifying the right training and ensuring new workers receive required training; understanding and valuing diversity and different styles of perceiving, learning, communicating, and performing; understanding the value of a developmental approach to supervision and adapting supervision style to an employee's stage of development; knowing how to improve the transfer of learning from the classroom to the field; modeling and teaching rules, policies, assessment, decision making, and case planning to staff to facilitate the best possible case outcomes; understanding the value and components of a mentoring program; providing constructive feedback; applying coaching techniques to supervision situations; and recognizing when a worker's emotional responses or judgment interfere with the casework process and empowering the worker to identify and examine these issues; and
  - Supportive Supervision – This segment includes the importance of supportive supervision; motivating staff; recognizing secondary trauma in self and others and implementing strategies to address it; recognizing burnout and recommending interventions to address it; assessing and improving team functioning; and applying strategies to increase the job satisfaction of workers and improve retention.
- *DCS Case Aide Training* – Case Aide training is provided in a classroom setting by L & D. This training is considered a short-term, part-time training, and is part of the in-service program for DCS Case Aides. Case Aide training is 56 hours and includes SAFE AZ Model concepts. This training is provided over a three month period and is offered throughout the year to accommodate new Case Aides. The following topics are included in the DCS Case Aide training:
    - Staff Safety,
    - Family-Centered Practice,
    - Identifying Child Abuse and Neglect,
    - Hotline and Mandated Reporting,
    - DPS Checks,
    - Transportation and Visitation Guidelines,
    - Documentation,
    - Caregiver Protective Capacities,
    - Service to Families,
    - Engaging Families,
    - Conflict Resolution,
    - Resilience vs. Stress and Time,

- Parenting Theory and Strategies,
- Home Management,
- Child Development and Mental Health,
- Grief and Loss,
- Domestic Violence,
- Cultural Awareness,
- Safe Sleep, and
- Ethics/Multiple Relationships.

### ***Ongoing and Advanced Training***

Several opportunities for ongoing and advanced training are offered to Department staff. One-on-one coaching and training on an array of topics, such as CHILDS, is available upon request. Ongoing and advanced training may be provided in a variety of methods, including a classroom setting, on-site by L & D, or through contracted providers. Additionally, CBTs are developed by L & D upon request. Trainings include policy refreshers, supervisory summits on multidisciplinary practice, behavioral health coordination, workload management, and new topics not yet incorporated into core training.

The following short-term, part-time additional learning and advanced training courses are provided and trained by L & D staff, unless otherwise noted.

- *SAFE AZ Training* – This three to five-day classroom training provides knowledge and skills for DCS Specialists conducting investigations and ongoing case management to successfully apply the SAFE AZ safety assessment model. The training includes concepts such as sufficient information gathering to make safety decisions, tailoring the casework to the family, and managing safety throughout the life of the case. Application of the SAFE model with fidelity will result in improved outcomes for families including improved safety, permanency, and well-being outcomes.
- *SAFE AZ Webinars* – Four SAFE AZ Webinars, jointly created by DCS and ACTION for Child Protection, are available for continued employee learning. Each webinar includes a quiz, and learners must pass with an 80% or higher to receive completion credit. The four webinars are: *Interviewing Techniques to Enhance Information Collection*, *Impending Danger and Caregiver Protective Capacities*, *In-Home Safety Analysis and Conditions for Return*, and *Supervisor Consultation and SAFE AZ*. The SAFE AZ Webinars are mandatory for all Program Supervisors, and are typically taken as part of the Supervisor Learning Track. The four webinars total 165 minutes.
- *Workforce Resilience: Establishing a Culture of Safety and Support* – The in-person classroom workshop provides an overview of the agency’s peer support program and how secondary traumatic stress and cumulative stress can lead to burn-out. The workshop provides a high level review of how different areas of the brain deal with stress and trauma, and provides practical examples to make the information relevant to workplace stress and trauma. The workshop provides suggestions of ways participants can improve recognition of secondary traumatic stress to reduce the instances of burnout that can result from the accumulation of unresolved secondary traumatic stress. This workshop is open to any DCS employee and the length of the workshop is one and a half hours.
- *Staff Safety* – The purpose of the advanced Staff Safety training is to ensure DCS Staff, who conduct home and office meetings with clients, are knowledgeable and competent in matters of

personal safety. The training introduces staff to DCS safety best practices, and how to report an unusual incident if one occurs.

- *Joint Investigations* – The DCS advanced Joint Investigations training is an instructor-led classroom training that includes lectures, exercises, a PowerPoint presentation, case studies about actual joint investigations, and practice identifying criminal conduct using case narratives and the *Criminal Conduct Decision Making Tool*. This one-day course is mandatory for all DCS Investigative Specialists.
- *Partnering with Foster Parents* – This one-day in person classroom course is focused on resource parents and includes information related to non-relative and kinship providers. Topics include what motivates a person to foster, resources and needs, licensing tips, and how to best support this essential part of the child welfare system, including a discussion about resilience in foster families. A fundamental theme is viewing foster parents as partners in the collective mission to ensure child safety and well-being. This course is mandatory for all new ongoing and in-home Specialists. It is included in the Advanced Academy, and is also available as a standalone course.
- *DPS Reading a Rap Sheet* – This four hour in person classroom course is focused on learning different codes and verbiage in a DPS Rap Sheet to assist Department staff in determining if a criminal history affects Specialist or child safety. This course is provided in the Advanced Academy Training and is available as a standalone course.
- *Preventing Sex Trafficking* – This one hour computer based training is provided through a partnership with Arizona State University. This course includes the federal definition of sex trafficking of minors, risk 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 a computer based training, making access to the content available to all DCS employees. This is a required course for all DCS Specialists and is included in the new Specialist mandatory training list.
- *Family Engagement Training* – This one-day in person classroom course covers practice skills and strategies for improving engagement with the families served. The course is a review of strength-based child welfare practices, 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 all Specialists, and is completed in the first year of employment.
- *Team Decision Making for Facilitators* – This five-day training is provided in a classroom setting by L & D. Facilitators learn how to follow the TDM, while incorporating the SAFE AZ model for various TDM types. The training teaches new TDM facilitators to lead participants and encourage collaboration so that DCS can make the safest, least restrictive placement recommendation, identify the most suitable permanency plan, identify the most feasible path to successful adulthood, and develop realistic plans for youth to have life-long connections. Trainees learn how TDMs are an effective mechanism for family engagement and collaboration, learn how to utilize family strengths to address danger, learn how to handle difficult situations, and practice how to systematically guide the team members through the problem-solving structure of the meeting. .

- *Statewide TDM Refresher* – This two hour in person classroom course is available for all Specialists, Program Supervisors, Program Managers, and TDM Facilitators, and is delivered by TDM Facilitators who are also Certified Trainers. The refresher covers the six types of TDMs; when to refer to each; the DCS Specialist's, Program Supervisor's, and Facilitator's roles before, during, and after the TDM; and expectations during each of the six stages of each TDM type.
- *Hotline Specialist Core Training* - This is an instructor-led, classroom facilitated training that includes lectures, exercises, classroom discussions, and PowerPoint presentations that teaches newly hired Hotline Specialists guidelines for interviewing a variety of sources who contact the Arizona Child Abuse Hotline to report suspected abuse or neglect of children. The Hotline Specialist Core Training classroom portion is 15 days. Hotline Specialists learn about report and prioritization criteria, how to collect information during the phone interview, how to appropriately document information in a narrative style format, and how to navigate CHILDS. After the classroom portion of the training is complete, the Hotline Specialists shadow for two and a half days, and are then assigned a mentor for five days who provides coaching, feedback, and support.
- *Fostering Sustainable Connections, A Family Finding Model* – L & D, as well as trained Fostering Sustainable Connections staff, deliver the training content. The goal of the one-day in person classroom training is to introduce Program Managers, Program Supervisors, and DCS Specialists to the Fostering Sustainable Connections program and how to best collaborate with the Family Engagement Specialists so that the length of a child's stay in congregate care or out-of-home care can be reduced.
- *Family Finding Parts 1 through 6* - The Family Finding training is intended to teach Family Engagement Specialists and other stakeholders how to utilize the Family Finding Model to more effectively identify and locate family members of children in out-of-home care, so that the damaging effects of loneliness and isolation on children in the foster care system can be minimized. The six-day in-person classroom courses build the learner's skills in various family finding techniques, as well as providing an increased appreciation of the importance of family finding activities. The lessons provide illustration of the effects of disconnectedness on children in out-of-home care, and how the Family Finding Model can counteract those effects.
- *DCS Management System* - The DCS Management System training is a series of four two-hour in person classroom training provided by the DCS Office of Continuous Improvement Lean Coaches. The training is provided to DCS supervisors and managers to develop consistent behaviors needed to sustain the Management System through people development. Field Operations employees and leaders provide their knowledge and experience to create Standard Work and Leader Standard Work. Standard work is the best known way to complete processes in all field offices statewide. Leader Standard Work is a tool that captures the best known behaviors and actions of successful leaders at each tier. Utilizing these tools, in combination with Visual Performance Management and Visual Process Adherence, leaders can easily identify opportunities to take action through structured problem solving. When systematic barriers present themselves, tiered connectivity and accountability provides a venue to elevate barriers for response and resolution. All of the DCS Management System elements are rooted in a culture of safety where employees and leaders are encouraged to engage in the continuous improvement of field operations.

- *Forensic Interview Training* – DCS offers both a one-day basic forensic interview training and four-day advanced forensic interview training to DCS Specialists using a Victims of Crimes Act grant. Both trainings are in person classroom trainings and are taught by Prevent Child Abuse Arizona staff.
- The Department will hold a one-in-a-half day Leadership Summit in October 2019 for Supervisors and management. The learning sessions will focus on supporting field staff as they practice with compassion.
- *CPR* - The Department requires all Case Aides and DCS Specialists to complete a half day CPR certification training delivered by a DCS certified CPR staff member. Through classroom lecture, videos, and hands-on practice, the learner will be able to respond confidently to emergency situations. Skills and topics include adult CPR, child and infant CPR, automated external defibrillator use and safety, adult and child choking, and infant choking. The certification is valid for two years.
- *Sensitivity Training for Best Practices in Serving Deaf and Hard of Hearing Communities* - The Department partnered with the Arizona Commission for Deaf and Hard of Hearing to offer this two hour in person classroom voluntary training starting in SFY 2019. Participants are introduced to the unique needs of people with hearing loss, the American Disabilities Act, the use of auxiliary aides, cultural factors, communication strategies, sign language interpreter licensure laws and the use of assistive devices, and techniques to engage with people who are deaf, hard of hearing, or deaf-blind through the use of scenarios, videos, and hand-on activities. The class is open to all DCS employees.
- *Youth Thrive* – During SFY 2019, a group of DCS employees and community partners were trained to train a course entitled Youth Thrive. Youth Thrive is based on current scientific research that supports building five protective and promotive factors in young people age 9-26 in order to reduce risk and enhancing healthy development and well-being. The teen years are a time of great physical and emotional change, new opportunities, and many challenges, especially for youth who have experienced past traumas or whose families are under stress. It is vital that DCS Specialists and the community partners pay attention to the developmental needs of youth and incorporate activities that respond to their particular interest and abilities. This framework will help provide DCS Specialists and community partners with tools, resources, and practical ideas to implement Youth Thrive strategies. The training is a two-day in person classroom experience.
- *Meaningful Ties for Transnational Families* – During SFY 2019, the Department teamed with the Southern Arizona Transnational Task Force to develop the Meaningful Ties for Transnational Families training. The training covers the unique issues children and families experience in immigration detentions facilities and best practices to assist transnational children and youth. This three hour in person classroom course is offered to front line DCS staff.
- *Coaching in Child Welfare* – This two-day in person classroom training is designed to orient participants to the use of coaching in child welfare, provide opportunities to practice coaching, and to customize the coaching applications to the Arizona child welfare system. DCS used the curriculum developed by the Atlantic Coast Child Welfare Implementation Center and made slight revisions to the curriculum, making it Arizona specific. As the Department’s coaching program evolves, Supervisors and others in the field will participate in the training.



- *Court Authorized Removal (CAR)* – The goal of this one hour computer based training is to provide information regarding DCS’ obligation under Senate Bill 1003 to obtain court authorization prior to removing a child from his or her legal guardian, except in emergency situations. This training and JAX Navigation Training is mandatory for DCS Specialists, Program Supervisors, and Program Managers, and is offered as a CBT. The JAX Navigation portion instructs users on how to use the online portal to request a CAR. All new Specialists are required to take the CAR and JAX training as part of one of the Field Break Activity Guides.
- *Young Adult Program Onboarding* – This is a 40 minute computer based training required for all DCS Specialists and Program Supervisors working in the Young Adult Program units. This training is designed to give DCS Specialists core knowledge about the specialized areas of the Young Adult Program so that they can engage with older youth to facilitate the youth’s learning and preparation for adulthood.

### ***Implementation of a New CCWIS***

DCS is in the process of developing a new Comprehensive Child Welfare Information System (CCWIS) to replace the current Statewide Automated Child Welfare Information System (SACWIS), CHILDS. This new CCWIS will be referred to as Guardian. A training plan has been created for the successful deployment of Guardian during the 2020-2024 CFSP period.

Training is intended for the staff and providers of DCS, and will increase the ability of staff to provide support and assistance to the children and families served. The plan contains the following deliverables to be created by the end 2019 to meet the needs and learning preferences of the end users.

- A User Guide to support all Guardian end-users in the understanding and operation of Guardian. The document will be search term enabled and hyperlinked for online accessibility.
- An overview curriculum of Guardian which will provide end-users with an overview of Guardian and provide context and a basis for role-based training. Curriculum will consist of an outline of instruction, presentation materials, exercises, assessments, facilitator’s guide, and user guide.
- Role-based curricula for both direct service workers and providers. Curriculum will consist of an outline of instruction, presentation materials, exercises, learner materials, assessments, facilitator’s guide, and user guide.
- Desk aides to be utilized at the end-user’s location to provide a checklist for completion of routine tasks. Desk aides will be produced for routine, but potentially complex tasks within Guardian.
- Visual Help Library, which includes a collection of short, two to five minute videos to provide quick visual demonstrations of tasks and processes in Guardian. End-users will be able to access the videos as needed for support in completing less frequently utilized processes, and to provide refresher training as needed. The videos will provide a screen by screen reference. Up to 60 videos will be produced, with 38 currently identified through staff interviews and a review of Guardian features.
- Basic Computer Skills Training including browser navigation, security, and computer basics.
- Homework/independent practice to allow end-users to independently practice within Guardian to ensure their ability to navigate the system, complete routine tasks, identify and correct errors, and access help resources.
- Assessments of understanding will ensure the end-user has full capability and understanding of the Guardian system. Assessments will be task based, not question based. End-users must

be able to complete a task within a certain time frame to complete the assessment. If users are unable to complete the assessment successfully, the user will be assigned another independent practice and identify additional review resources.

Training of identified Super-users, DCS staff that will serve as peer and supervisor experts, will begin in January 2020, and training of all end-users will begin in March 2020. Federal matching funds for title IV-E agency training is available at a rate of 75%. The FFP reimbursement may be requested for the cost of DCS work and the work of contracted vendors to develop, coordinate, and deliver the comprehensive Guardian trainings. The training program will prepare DCS staff for the deployment of Guardian, and continuously update content for additions or changes to the system.

Training content is being developed by Arizona State University (ASU). Training will include hands-on activities, small group discussions, lecture and demonstration, and take home resources. Training will be short-term, and part-time to allow for staff to continue to serve Arizona's children. In-person training is estimated to be approximately 16 hours for staff, depending upon the employee's role, with an additional four hours of individual practice. Initial training will be delivered by ASU and DCS. Ongoing training of new staff will be performed by DCS Learning and Development staff.

Training content for Super-user trainings, end-user trainings, and ongoing reference material includes:

- **Universal Content:** Training includes information, demonstration, and practice exercises on navigation and menus, search, document management, data integrity, person management, address management, demographics, contact management, family locate, and vital records.
- **Intake/Hotline:** Training includes information, demonstration, and practice exercises on dashboards, quality assurance, phone intake, online intake, special situations, and reporting.
- **Assessment:** Training includes information, demonstration, and practice exercises on assignments, case management, background checks, case review, family functioning assessment (FFA), OCWI, substantive appeals process, action summary, risk assessment, safety decisions/review, special situations, and legal.
- **Case management:** Training includes information, demonstration, and practice exercises on case management, risk assessment, family functioning assessment, FFA ongoing, FFA progress update, safety determination, genograms, service requests, legal, ICWA, ICPC, staffings and meetings, special situations, NYTD data, credit reporting, and AFCARS reporting areas.
- **Permanency:** Training includes information, demonstration, and practice exercises on YAP, subsidy, adoption matching, adoption, communication, case management, potential placement/genogram, provider creation, service authorizations, legal, transition plan, ICPC/TDM/MDT, credit reporting, and AFCARS reporting areas.
- **Provider management:** Training includes information, demonstration, and practice exercises on dashboard management, recruitment leads, applications (foster home and group home), licensing, life safety inspection, provider, and contracts.
- **Eligibility:** Training includes information, demonstration, and practice exercises on title IV-E, title IV-A, and title XIX.
- **Financial Management:** Training includes information, demonstration, and practice exercises on build/query reports, dashboard management, invoice, accounts payable, accounts

receivable, contract compliance, and provider portal.

- Supervision: Training includes information, demonstration, and practice exercises on assignments, build/query reports, dashboards, approvals, reviews, scorecards, and huddle boards.

The training for Guardian will provide DCS staff with guidance on performing the following activities through the system that are allowable title IV-E administrative functions:

- referral to services,
- preparation for and participation in judicial determinations,
- placement of the child,
- development of the case plan,
- case reviews,
- case management and supervision, and
- recruitment and licensing of foster homes and institutions.

The planned estimated total costs for SFY 2020 for CCWIS training is \$1,276,000. Additional information related to the training dollars for the CCWIS implementation can be found in the Department's SFY 2020 *Advanced Planning* document.

### ***Individual Service Agreement (ISA) with Juvenile Justice***

DCS and the Juvenile Justice Probation Department, also referred to as the Arizona Administrative Office of the Courts entered into an ISA to allow children in the juvenile justice system, who meet all title IV-E eligibility requirements and are placed in eligible title IV-E out-of-home placements, to receive title IV-E entitlement benefits. Eligibility for benefits is determined by DCS Eligibility Specialists.

Training activities planned for SFY 2020 include:

- Training probation officers on title IV-E requirements; eligibility determinations; required documentation for title IV-B and title IV-E case management requirements; content and documentation requirements for accurate AFCARS submission for title IV-E; and managing cases throughout the entire episode of out-of-home placement, including case planning. This training will last for two days, four to eight hours per day, five to eight times per year, including 10-20 trainees. The estimated total cost is \$440,300 which will be cost allocated by the title IV-E penetration rate and appropriate FFP. The anticipated title IV-E penetration rate will be between 2% to 4% depending upon actuals.
- Supervisor Roles and Responsibilities CORE will last one to two days, six to eight hours per day, three to five times per year, including two to three trainees. The estimated total cost is \$370,600, which will be cost allocated by the title IV-E penetration rate and appropriate FFP. The anticipated title IV-E penetration rate will be between 2% to 4% depending upon actuals.
- Implementation for new juvenile probation departments or units will last one to two days, six to eight hours per day, one to three times per year, including 10-20 trainees. The estimated total cost is \$268,600, which will be cost allocated by the title IV-E penetration rate and appropriate FFP. Anticipated title IV-E penetration rate will be between 2% to 4% depending upon actuals.
- Ongoing advanced workshops on specific content in accordance with allowable training topics in the Child Welfare Policy Manual will last one day, six to eight hours per day, two to three different topics

per workshop, and include 100-200 trainees. The estimated total cost is \$452,300, which will be cost allocated by the title IV-E penetration rate and appropriate FFP. Anticipated title IV-E penetration rate will be between 2% to 4% depending upon actuals.

The cost allocation methodology for all training costs will be based upon the title IV-E penetration rate/title IV-E population factor, then by the allowable federal financial participation rate (50% or 75%). Claim submissions will follow the federal requirement in 45 CFR 235.64.

All training topic areas educate trainees in title IV-E/title IV-B requirements, with the goal of family reunification, in accordance with the allowable training topics. The trainings will be conducted in on-the-job site meeting rooms, external conference room settings, or via WebEx. Training topic areas are short-term, part-time with the duration dependent upon the topic area, the number of trainees, and the trainee's knowledge and experience. The trainings will be conducted by staff development personnel, title IV-E Specialists, or contract subject matter expert presenters. The duration of the trainings is anticipated to be no longer than three days, and for six to eight hours per day. The audience receiving the training will be title IV-E assigned staff, juvenile probation personnel, interagency staff, and community partners involved with title IV-E and non-title IV-E adjudicated youth.

### ***Out-Service Training***

DCS staff also have opportunities for out-service training, including conferences and seminars in the community and out-of-state on topics such as permanency, foster and adoptive home recruitment, and case management. These trainings are short-term and part-time. Depending on the focus of the training, title IV-E funding may be used after a review of the training curriculum by DCS administration.

### ***Continuous Quality Improvement***

While the initial DCS Specialist training meets the requirement to provide the knowledge and skills needed by newly hired staff, the Department is continuously improving the quality of the training program. L & D has a Curriculum Design and Development unit responsible for creating and updating training materials. Current materials are also audited based on an annual schedule. When there are significant changes to policy and law, updates to content are made immediately.

The Department will continue to implement and improve the Supervision Coach Program, including fidelity monitoring through direct observation and an assessment using a proficiency scale, and quarterly reviews and adjustments of the Supervision Coach' Individualized expert Development Plans (IEDP). The coaches will also support the leaders in creating their own IEDPs with the intent that all levels of leadership have ownership of their learning and support to achieve their goals.

The Department will continue to update the Supervisor Training Academy, with expected implemented in SFY 2020. All supervisors will begin training on their first day in the supervisor position. The first week will consist of CBTs and classroom training on the following subjects: Administrative Supervision, Supervision Basics, and Culture of Agency and Human Resource Training. The goal of this updated training academy is for new supervisors to successfully demonstrate agency approved leadership competencies and perform leader standard work tasks.

The DCS SFY 2020 Strategic Plan includes efforts to improve employee retention through enhanced supervision. The Department will develop and implement a new training entitled "Day 1 as a New DCS Supervisor." The training will include a new field supervisor knowledge assessment evaluation and study guide, standardized onboarding process for new supervisors, and an on-the-job training experience for new field supervisors. Another strategy included in the strategic plan is related to implementing a coaching

model for Supervisors and Program Managers.

### ***Training and University Partnerships***

The Department continues to collaborate with university partners to strengthen the professional knowledge and skill of DCS staff through specialized social work degrees. The Arizona State University School of Social Work MSW stipend and BSW scholarship programs continue to be available to Department staff.

The Department and the ASU School of Social Work will continue to collaborate on the implementation of a part-time MSW program for Department employees, using eligible title IV-E funds. Through this partnership with ASU, the Department continues to strengthen the agency's child welfare workforce and practice. This program uses title IV-E funds to support a part-time course of study in an MSW program for permanent status agency employees. Staff can complete the program in either three or four years. Fifteen Department staff members will begin MSW studies through this program in the fall of 2019.

Arizona State University and Northern Arizona University both continue to have child welfare field training units, which allow social work students to experience an internship as a DCS case manager in the child welfare system. NAU had 10 BSW students in field units in SFY 2019 and projects to have 12 for SFY 2020.

ASU has worked in partnership with DCS since 2011 to provide specialized training, and consultation and technical assistance in systems assessment. An Individual Services Agreement (ISA) between ASU and DCS was established in July 1, 2017. This agreement is a multi-year agreement set to end in 2021 and incorporates all activities between ASU and DCS (e.g. BSW/MSW Social Work Education and research projects). The ISA also outlines the procedures for ASU to report eligible training expenditures to DCS for inclusion in federal title IV-E claims and how the resulting funds return to ASU to sustain future training projects.

Since 2012, ASU and DCS have worked collaboratively to assess and make recommendations on how to expand the training performed under the 2008 Fostering Connections Act and promote cross-system collaboration among state agencies and providers of child welfare training. Federal title IV-E funding is allowable as one of the funding sources for these activities and would be distributed based upon the cost allocation plan and the results of the Arizona Random Moment Sample (ARMS) time study activity (75% Estimated FFP as an administrative activity as allowable under 45 CFR 235.64(a) (1) and (2), which applies to title IV-E training costs by cross reference at 45 CFR 1356.60(b) (3)) and Departmental Appeals Board Decision #1666).

Throughout SFYs 2020-2024, the Department may engage in both the development and delivery of short-term advanced and specialized training above and beyond what is outlined above. These activities will be continuing education and professional development for DCS staff and/or audiences eligible under the 2008 Fostering Connections Act. The Department may elect to contract with various subject matter experts for both the development and provision of such training, or may conduct such activities in-house. The cost allocation methodology would vary from 50% to 75% FFP, with application of the appropriate penetration rate for the topic of training. Examples of such activities may include, but are not limited to:

- supervisory summits;
- policy refresher trainings;
- training related changes in practice or procedures;
- training related to implementation of new programs and services;
- new training topics that have not yet been integrated into new worker training; and

- provision of training to external stakeholders as allowable under the 2008 Fostering Connections Act (Reference: 45 CFR 1356.60(b)).

The Department recognizes the following as approved child welfare agencies for the purposes of receiving eligible title IV-E training:

- contracted child placement providers;
- members of abuse and neglect courts, agency attorneys, attorneys representing children or parents, guardians ad litem, and other court-appointed special advocates (CASA) representing children in court proceedings; and
- members of mental health, public health, academic institutions including school social workers, and private family service staff who engage with children served by the Department.

During SFY 2020, the Department will continue to collaborate with ASU to assess and make recommendations regarding relevant staff and provider training opportunities. In addition, discussions will include opportunities for promoting cross-system collaboration among state agencies and providers of child welfare training. Federal title IV-E funding is allowable as one of the funding sources for these activities and would be distributed based upon the cost allocation plan and the results of the ARMS time study activity (75% Estimated FFP as an administrative activity as allowable under 45 CFR 235.64(a) (1) and (2), which applies to title IV-E training costs by cross reference at 45 CFR 1356.60(b) (3)) and Departmental Appeals Board Decision #1666).

### ***Cost Allocation***

Historically, DCS has only requested title IV-E reimbursement for initial in-service core training for DCS Specialists; however, during the FFY 2020-2024 CFSP period, the Department will develop and implement a curriculum evaluation process for the entire training portfolio in order to accurately identify other eligible training activities by topic area and participant type for title IV-E reimbursement. Staff involved in the development and delivery of training, including L & D staff and entities contracted to perform training on behalf of DCS, are instructed to code their payroll timesheets to reflect the following:

- For development of and delivery of initial in-service training, if the subject content of the training is title IV-E reimbursable, the trainers charge the training hours to a payroll reporting code that allocates training costs based upon the title IV-E population factor and is then reimbursed at 75%.
- For development of and delivery of ongoing training, if the subject content of the training is title IV-E reimbursable, the trainers charge the training hours to a payroll reporting code that allocates training costs based upon the title IV-E population factor and is then reimbursed at 75%.
- For either initial in-service or ongoing training, if the subject content of the training is not title IV-E reimbursable, such as training on investigations, the employee charges the training hours to a payroll reporting code that allocates the training costs to the benefiting program (e.g., state funding, title IV-B, or other applicable funding).
- For initial in-service training, if the subject content of the training is title IV-E reimbursable, the employee charges the training hours to a payroll reporting code that allocates training costs based upon the title IV-E population factor and is then reimbursed at 75%.

- For ongoing training, if the subject content of the training is title IV-E reimbursable, the Department captures these charges through the employee's response to the ARMS. These costs are reported with the general administrative costs at 50% cost allocated by the title IV-E population factor.

Type of Title IV-E Eligible Training	Estimated Total Trainees SFY 2020	Estimated SFY 2020 Cost	Estimated 5-year Cost (SFY Estimate X 5)
Initial Core	600	\$ 14,000,000	\$ 70,000,000
Advanced Academy	300	\$ 1,900,000	\$ 9,500,000.00
Supervisor Core	70	\$ 808,000	\$ 4,040,000.00
Case Aide Core	130	\$ 980,000	\$ 4,900,000.00
<b>Total Estimated Cost For Initial and Ongoing DCS Trainings</b>		<b>\$ 17,688,000</b>	<b>\$ 88,440,000.00</b>
Advanced Workshops/ Conferences & Out-service training		\$ 500,000	\$ 2,500,000.00
<b>Total Estimated Cost Conferences/Workshops</b>		<b>\$ 500,000</b>	<b>\$ 2,500,000.00</b>
ASU MSW program (tuition; books; student fees; child welfare specialization stipends-\$600/month; and project administration costs-3 ASU MSW field training units)		\$ 4,375,000	\$ 21,875,000
ASU BSW program (tuition; student fees; and project administration costs-3 ASU BSW field training units)		\$ 1,125,000	\$ 5,625,000
NAU BSW program (tuition; student fees; and project administration costs-1 NAU field training unit)		\$ 498,000	\$ 2,490,000
ASU Center for Child Well-Being Collaborative Training and Technical Assistance Activities		\$ 900,000	\$ 4,500,000
Foster/Adoptive Parent Training (Includes in-service and pre-service)		\$ 1,500,000	\$ 7,500,000
Training for Child Welfare Community Partners (trainees eligible under the 2008 Fostering Connections Act)		\$ 100,000	\$ 500,000
<b>Total Estimated Cost University Partnership &amp; Provider Training</b>		<b>\$ 8,498,000</b>	<b>\$ 42,490,000</b>

### *Training for Child Welfare Community Partners*

Under the provisions of the 2008 Fostering Connections Act, the Department identifies organizations and agencies as "approved agencies for the purpose of title IV-E training" and contracts with them to provide title IV-E reimbursement for short-term training. Current ISAs are in place with the Court Appointed Special Advocate (CASA) Program through the Administration Office of the Courts and ASU. Additional ISAs may be entered into throughout the term of the title IV-B plan within the allowances of 45 CFR 235.60. The trainings are considered short-term and part-time. The settings vary, as do the providers of the training and the duration.

Also available to community partners is a CBT available via the internet on mandated reporting. This CBT was developed by the Sanford Inspire Program at ASU. The course includes two 60 minute segments designed to teach participants skills to identify and report child abuse.

## ***Foster Parent Training***

Foster parent pre-service training is provided statewide through contracted provider agencies presenting the Blended Learning Pre-Service Training Program offered by Foster Parent College with additional material developed by DCS training staff. The program consists of five three-hour meetings and 12 online classes over a four-week training cycle, for a total of 15 hours of combined in-person and classroom hours and approximately 24 hours of online training content. These online courses cover the following topic areas: the Child Welfare Team, Child Abuse and Neglect, Parent-Child Attachment, Understanding Behavior in Foster Children, Child Development, Cultural Issues in Parenting, Working Together with Primary Families, Caring for Children Who Have Been Sexually Abused, Reducing Family Stress, Foster Care to Adoption, Supporting Normalcy for Youth in Care, and Trauma Informed Parenting. The five three-hour meetings review the online learning content, introduce new concepts through interactive group activities, and provide valuable overarching child welfare systematic overviews and operation information. The topics covered during the five meetings include: the preservice training process, Strategies to Decrease Placement Stress, Cultural Issues in Parenting, Working with Primary/Biological Families, Impact of Fostering on the Caregiving Family, Overview of the Child Welfare System and Foster Care, Overview of DCS, Court System, Comprehensive Medical Dental Program (CMDP), Behavioral Health System, and the Education System. There are no plans to seek an alternative training program within the foreseeable future.

Prospective adoptive parents are able to participate in the aforementioned pre-service training program if they request or are asked to do so during the certification process. Many adoptive parents are licensed foster parents prior to adopting a child, and therefore received the training during the foster parent licensing process. All prospective non-relative adoptive parents participate in an assessment and home study process and must be certified to adopt by the court. The contracted assessment agency or the court can require the prospective parents to complete training to strengthen their ability to care for a child.

DCS currently offers both in-person and online orientation curriculum. The final five-part online orientation was released in April of 2018. As of May 2019, there have been approximately 3,100 completed views of the series.

In SFY 2018, 1,191 initial foster home licenses were issued, and 100% of the foster parent applicants completed at least the minimum hours of pre-service training before the license was issued. These new licenses included 18 therapeutic foster homes, 2 medically complex foster homes, and 6 family foster group homes. For all foster parent applicants, a checklist and quality assurance process is used to confirm the training requirements have been met. According to Arizona's licensing rules, the Department "may issue a provisional license to a foster parent who has not completed training, when the Licensing Authority makes a finding of hardship as prescribed in A.R.S. § 8-509(D). The Licensing Authority may find a condition of hardship when failure to issue a provisional license would result in displacement of a child or the inability to place a particular child." A provisional license cannot exceed six months and is not renewable. Foster parents who are issued a provisional license have started the training and must finish the training within the timeframe of the provisional license. In accordance with federal policy, the Department does not claim title IV-E for children who are placed in a foster home with a provisional license. Current legislative action may allow a provisional license for kinship families in the future; however, prior to full licensure, title IV-E funds will not be claimed.

An annual individualized training plan is created with each foster parent to identify needs and in-service training for subsequent year. In-service training is primarily provided or arranged by the contracted foster home recruitment, study, and supervision agencies. In-service training may also be received through alternative means such as the internet, conferences, video presentations, or community workshops. Alternative training is approved by the contracted agencies, who must determine it is relevant to the needs of the foster parent or the children that are or will be placed in the home.



License renewals were issued for 1,251 family foster and therapeutic foster homes in SFY 2018. All of the foster parents completed, at minimum, the required twelve hours of in-service/ongoing training prior to renewal. In order for a license to renew, the licensing agency must provide information to the Office of Licensing and Regulation (OLR) on the in-service training topics and number of hours credited to the foster home. An administrative review and a substantive review of the information are completed by OLR staff prior to license renewal.

Foster parents with a therapeutic foster home license must complete an additional 24 hours of in-service training every two years, related to the special needs of the children for whom they are providing care. In SFY 2018, 147 therapeutic foster home license renewals were approved. All of the foster parents in these homes completed, at minimum, the additional in-service/ongoing training.

### ***Child Welfare Facility Staff Training***

Child welfare facilities that provide group and shelter care services are licensed annually by the DCS Office of Licensing and Regulation. Licensing rules require the agencies to orient and train their own staff. Specifically, licensing rules state that “A licensee shall have a written plan for orientation and training of all staff. The plan shall include a method for the licensee to evaluate whether the person has actually learned the information that was the subject of orientation or training.” Additionally, “All staff shall receive initial orientation and training before assignment to solo supervision of children.”

The licensing rules describe the required content for initial training, including topics such as “the licensee’s policies and procedures, including those on confidentiality, client and family rights, grievances, emergencies and evacuations, behavior management, preventing and reporting child maltreatment, recordkeeping, medications, infection control, and treatment philosophy,” “cardiopulmonary resuscitation,” “the initial health screening,” “de-escalation and any physical restraint practices used at the facility,” “specific child care responsibilities,” “expected responses to and side effects of medications commonly prescribed for children,” and “the licensee’s emergency admissions process.” Licensing rules require that full-time support staff shall receive at least four hours of annual training and full-time direct care staff shall receive at least 24 hours of annual training. This annual in-service training “shall cover matters related to the person’s job responsibilities, and at least the following subjects, as appropriate to the characteristics of the children in care at the facility:

- Child management techniques;
- Discipline, crisis intervention, and behavior management techniques;
- A review of the licensee's policies;
- Health care issues and procedures;
- Maintenance of current certification in CPR and first aid;
- Attachment and separation issues for children and families;
- Sensitivity towards and skills related to cultural and ethnic differences;
- Self-awareness, values, and professional ethics; and
- Children's need for permanency and how the agency works to fulfill this need.

During the initial licensing process, the application process requires that the applicant facility provide confirmation of all required items in the personnel file, including orientation training. Typically there are few staff present at the time of application because the facility is just materializing. The Department’s OLR staff verify the initial training requirements are met for all staff of the applicant facility before the license is issued.

The agency may be required to submit a corrective action plan, be placed on provisional license status, or have the license suspended or revoked if the requirements have not been met. The renewal application process includes an on-site review by OLR staff who examine the facility's personnel files to confirm that staff training requirements as specified in rule and the facility's written policy has been met. A random sample of the personnel files are selected and reviewed. If problems are noted in this sample, or a trend is noted, a larger sample of files are then reviewed. At the time of annual renewal, the random sample is stratified to include the files for employees whose files have never been reviewed, and files for staff who have been employed for more than one year to verify that they are complying with ongoing training requirements. OLR utilizes the Quick Connect database to process agencies employees DCS background checks, Fingerprint Clearance Cards, and track the training requirements. If training is provided by individuals or companies not employed by DCS, the trainer's credentials are reviewed by OLR staff.



## **Prevention of Child Maltreatment Deaths in Arizona**

June 2019

*In Steps Forward: First Progress Report on Within Our Reach, the Final Report of the Federal Commission to Eliminate Child Abuse and Neglect Fatalities (2018)*, the Commission identified four recommended categories of fatality prevention implementation activities: Leadership and Accountability, Decisions Grounded in Better Data and Research, Multidisciplinary Support for Families, and Populations in Need of Special Attention. Arizona was named as one of five states (Arizona, California, Michigan, Minnesota, and Montana) that are engaged in activities that address all four categories of the Commission's fatality prevention recommendations.

### **Leadership and Accountability**

The Department of Child Safety provides leadership for Arizona's plan for prevention of child maltreatment deaths. The Office of Prevention and Office of Accountability share leadership and accountability for this plan.

The Department's Office of Prevention is responsible for implementation of prevention strategies and related community partnerships. The Office of Prevention also brings partners together to identify existing prevention strategies and assess the need for additional strategies. In 2019, the Department hired a consultant to conduct a community prevention needs assessment to identify primary, secondary, and tertiary prevention services in the community and identify gaps. This needs assessment will be used to develop services and guide contracts for services and the Regional Child Abuse Prevention (RCAP) Council activities. In developing the parameters of the needs assessment, the Department consulted with the FRIENDS National Resource Center and Department leadership. Data is being gathered from various sources, including the Arizona State University Morrison Institute Child Welfare Leadership Advisory Board, St. Luke's Annual Health Survey of Arizona residents, and a survey of RCAP Councils and Key Community Stakeholders, such as the Adverse Childhood Experience Consortium members. The data will be analyzed and used to create a logic model that will guide prevention activities of the RCAP Councils. The purpose of the needs assessment is three fold:

1. Identify prevention services and supports that make families stronger and gaps in Arizona that could be addressed in future contracts and/or expansion of contracts.
2. Inform the Region Child Abuse Prevention councils of activities in local communities and inform the future contracts of the councils.
3. Share the needs assessment with external and internal stakeholders to inform their work around preventative services and next steps moving forward.

Within the Office of Accountability, the Department’s Safety Analysis Review Team reviews all child fatalities and near fatalities alleged to be caused by abuse or neglect, for the purpose of releasing information to the public as required by [A.R.S. § 8-807.01](#) and to gather information about systemic complexities that influence decision-making in these cases. This office oversees a Multidisciplinary Review Team (MDRT) that reviews all child fatality and confirmed near fatality reports. The MDRT is comprised of DCS representatives from Practice Improvement, Learning and Development, the Child Abuse Hotline, the Policy Unit, General Counsel, the Prevention Administration, and the Office of Child Welfare Investigations. The MDRT reviews all cases, and identifies a sub-set to receive an in-depth Systemic Critical Incident Review (SCIR). Staff from the Department’s Safety Analysis Review Team also attend monthly meetings with the Maricopa County Arizona Department of Health Services’ (ADHS) Arizona Fatality Review Program, and contribute to the Annual Arizona Fatality Review Report.

Using the SCIR process, the Department seeks opportunities for improvement and learning to understand what led to an unforeseeable event and the systemic complexities that influence decision-making. Ultimately, the goal is to promote better outcomes for children and families while supporting the workforce who are tasked with making difficult decisions. The review process seeks to understand the contexts in which the decisions were made, and identify opportunities to change those contextual influences in future cases. The process uses a true systems approach to better understand those factors, which influence the quality and delivery of services provided to children and their families. The SCIR process has been developed to:

- discover patterns in the factors that influence decisions and actions in fatality and near fatality cases where the Department had prior involvement;
- recommend systemic adjustments to potentially decrease the likelihood of child fatalities and near-fatalities from child abuse or neglect; and
- promote an organizational culture of safety within DCS by responding to fatality and near fatality cases in a manner that promotes learning, transparency, and employee health.

The Department of Child Safety, ADHS, and First Things First (FTF) share leadership toward a common vision to prevent child abuse and neglect in Arizona. These agencies and the Department of Education, Early Head Start, Native American Connections, and Arizona Health Care Cost Containment Services meet every other month as partners in Arizona’s prevention and early intervention community. This partnership has worked effectively toward ensuring families of vulnerable children in Arizona have options for getting needed information and resources to support their children’s safety and learning through community and home visitor programs.

The Interagency Leadership Team (IALT) is a collaboration between the ADHS, FTF, the Department of Child Safety, AzeIP, and the Department of Education to lead, monitor, and strengthen the Maternal Infant Early Childhood Home Visitor 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. During IALT meetings, the Department of Child Safety, FTF, and ADHS discuss and coordinate home visitor programs such as Smooth Way Home, Healthy Start, Healthy Families, Parents and Teachers, 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. In June 2019, the 3rd Annual Home Visitor Supervisor Institute will occur. Collaboration between FTF, ADHS, and Department of Child Safety make it possible for these conferences to occur annually and all three agencies are involved in the planning and implementation of the conference.

### **Decisions Grounded in Better Data and Research**

Complete and accurate data on child fatalities from abuse and neglect informs and guides prevention initiatives. The Department of Child Safety compiles and reports this information to the National Child Abuse and Neglect Data System, and since 2016 has published a *Fatality/Near Fatality Annual Report*. In 2013, the Department expanded the child fatalities that the Department's Child Abuse Hotline screens in for investigation to include Hotline communications with no allegation of abuse or neglect but no known natural cause for the death. The Department reviews each child fatality and near fatality identified in the Department's statewide information system, CHILDS, to confirm accuracy before publishing the *Fatality/Near Fatality Annual Report*.

More than 25 years ago, the Arizona legislature passed a law establishing the Arizona Child Fatality Review Program (A.R.S. § 36-342, 36-3501-4). This program is designed to use evidence to build future interventions. The State Team includes representatives from the Arizona Academy of Pediatrics, the Arizona Department of Economic Security's Division of Developmental Disabilities, the Department of Child Safety, law enforcement, and ADHS. The team's role is to review all childhood deaths in Arizona and produce an annual report to the Governor and legislature with a summary of findings and recommendations based on promising and proven strategies regarding the prevention of child deaths.

The Office of Prevention reviews quarterly and annual aggregate data on fatalities, and the Annual Child Fatality Review Report published by ADHS, to develop and implement strategies to prevent child fatalities from abuse and neglect. The Department's Safe Sleep Campaign, the Teen Parent University, and resources for teen parents are actions that were developed as a result of this data review. The Department's Office of Prevention launched a Safe Sleep media campaign with a local marketing firm as a result of the 2017 annual report data indicating 25% of children who died from natural causes were less than one year old, Sudden Unexplained Infant Death (SUID) increased by 5% from 2016, and 99% of SUIDs were preventable and accounted for 24% of all preventable deaths.

### **Multidisciplinary Support for Families**

#### *Primary Prevention Strategies*

The Department's Office of Prevention supports a network of community partners to engage communities across the state in primary prevention activities such as resource fairs and Regional Child Abuse Prevention Councils. The Office of Prevention engages other state agencies and community stakeholders annually for the April Child Abuse Prevention Month resource fairs. This event has been held at various locations such as a high school, library, and a homeless shelter. Resource fairs provide information and materials for families to promote the Protective Factors, health, wellness, and child injury prevention. Regional Child Abuse Prevention Councils are in 17 communities. Two councils are on tribal lands and one council is located in the zip code with the highest reports and removals in the state. These councils are comprised of volunteers and

community partners who are required to promote child abuse prevention efforts, and teach communities about Protective Factors and Adverse Childhood Experiences. The Center for the Study of Social Policy's Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. Strengthening Families™ is based on engaging families, programs, and communities in building five protective factors:

- parental resilience,
- social connections,
- knowledge of parenting and child development,
- concrete support in times of need, and
- social and emotional competence of children.

The Councils disseminate information on safe sleep and the “Who do you trust with your child?” brochure that helps parents identify safe caregivers. The councils are also required to create resource lists for their local communities. Community engagement is key in spreading the information for injury prevention topics and strengthening families.

One program that may play a big part in preventing child maltreatment fatalities in Arizona is the “All Babies Cry” program that will be managed by ADHS and Prevent Child Abuse Arizona. This program is a promising practice and will replace the existing “Never Shake a Baby” program in Arizona. As the program rolls out, this group will discuss opportunities to promote it across systems.

#### *Unsafe Sleep Fatality Reduction*

In response to the increasing unsafe sleep fatalities in Arizona, the Department started the Safe Sleep Campaign and Baby Box Program in November 2016. The Safe Sleep Campaign focuses on training DCS Specialists and contracted providers to help them address safe sleep practices with families who have children under one year of age. In addition to training, the Department purchased baby boxes that can be used as a portable crib. These baby boxes are offered to any parents involved with DCS who need a safe place for their infant to sleep. The training curriculum uses the recommendations for a Safe Infant Sleeping Environment from the American Academy of Pediatrics (AAP). The message is the ABC's of Safe Sleep; babies sleep safest Alone, on their Backs, and in a Crib. Since the start of the program, the agency has distributed 900 baby boxes to DCS offices and Department contracted in-home service provider agencies. The curriculum and parent testimonials are available on DCS Specialists' mobile devices so they can easily show them to parents of children under one year of age.

The Department's Office of Prevention created a family testimonial video with three families in Arizona. All three families lost their infants to Sudden Unexpected Infant Death (SUID). This video is shared with the community in various ways including social media, community partner waiting rooms, the Department's Safe Sleep webpage (<https://dcs.az.gov/Services/Safe-Sleep>), and other media outlets. The Department shares its Safe Sleep training throughout the state by computer based training (CBT). This CBT has been completed by 743 Department staff and multiple community agencies during SFY 2019. Additionally, the Office of Prevention hired a marketing agency to help spread the word of safe sleep. In the first month, the campaign gathered

10.9 million impressions via digital marketing (social media and banner displays), radio PSAs, and billboards. Safe sleep curriculum was also added as a requirement to all Department in-home service contracts, to be taught to parents of children under one year of age.

The Department's Office of Prevention is involved in multiple statewide partnerships to promote collaboration in unsafe sleep fatality prevention, including the Safe Sleep Taskforce. This taskforce is facilitated by ADHS and involves hospitals across the state. The group meets quarterly to discuss safe sleep efforts and ongoing opportunities to collaborate. One such collaboration is the opportunity for the Department to partner with the Arizona Chapter of the AAP to promote safe sleep among pediatricians across the state.

#### *Safety Assessment Model Renovation and Training*

In 2017, the Department updated and revised existing policies to renovate its safety assessment model (SAFE AZ) and trained all DCS Specialists, DCS Program Supervisors, and Office of Child Welfare Investigations Investigators and Managers. The safety assessment model provides a framework for collection of sufficient and relevant information, and for the analysis of the collected information. The framework includes definitions and guidance to determine if there are dangerous conditions in the home, assess caregiver protective capacity, and develop in-home or out-of-home safety plans to substitute for diminished caregiver protective capacities and control safety threats while providing services to the parents. The SAFE AZ model enables consistent information collection and decision making to identify and control dangers and prevent foreseeable abuse and neglect.

The Department's Practice Guidelines further communicate the Department's practice model by providing family engagement and decision-making guidance for effective assessment and service provision. Topics such as assessing safety in cases involving domestic violence, drug testing, and engaging parents during the investigation process support high quality safety assessment. The Department's Policy and Procedures Manual also offers guidance on subjects such as services to teen parents, safe sleep, behavioral health, substance abuse treatment, the Arizona Early Intervention Program, childcare, and the development of Infant Care Plans.

#### *Strengthened Supervision for Practice Proficiency and Fidelity*

In late 2018, the Department created a Supervision Coach Program to achieve proficiency and practice fidelity in safety assessment, clinical case management, clinical supervision, and administrative supervision. Following several weeks of advanced training, sixteen full-time Supervision Coaches have begun to provide one-on-one and group coaching to Program Managers and Program Supervisors. The Supervision Coaches directly observe Supervisors and Program Managers conducting clinical and administrative supervision, and provide immediate coaching and feedback. The Supervisors, Managers, and Supervision Coaches transparently identify opportunities for improvement, document actions with specific target dates, and share accountability for improved practice and outcomes. Actions and reevaluation continue until the underlying causes have been addressed and practice has improved. The Department is measuring success of the Supervision Coach Program through improved scores on a written safety assessment model test, observation of increased proficiency applying the Department's safety assessment and supervision models, and improved Supervisor retention.

The Department's management system provides a set of behaviors, tools, and measures that are used during administrative supervision to drive consistently predictable outcomes through continuous improvement and practice standardization. Components include visual management to see performance outcomes and process measures, definition around leadership behaviors and actions that are known to have positive outcomes, and problem-solving tools to understand the causes of unwanted outcomes and create actions to prevent them. The Department has implemented these changes to administrative supervision at all leadership tiers.

The Department is redesigning clinical supervision into a proactive process that involves the Supervisor throughout each investigation or ongoing services case, and creates a teaming approach to investigations and clinical case management. The new process includes thorough and purposeful supervision discussions conducted at key decision-making points, rather than supervisory review of case information after events take place. This standardized process enables the observation of practice as it is occurring through both a clinical and administrative lens, to validate expected processes and behaviors are occurring with fidelity to the Department's practice models.

### *Active Case Support*

The Department implemented Active Case Supports (ACS) in February 2019 to offer real-time coaching and guidance to DCS Specialists and Supervisors while a child welfare investigation is occurring. The ACS provides support in applying Arizona's safety assessment model to some of the most complex investigations. The selection of cases is based on indicators of family conditions, which when seen in combination could place children at higher risk of critical incidents. The criteria include:

- a child victim in the home age two years or younger;
- indication of domestic violence, substance abuse, and/or mental health concerns;
- a significant other in the home who is not a biological parent; and
- a parent who has a history of Department of Child Safety involvement as a child.

Thorough information gathering and the accurate application of the safety assessment model during the investigation will contribute to the safety of children, and potentially decrease the chances of a child experiencing a future critical incident.

## **Populations in Need of Special Attention**

### *Services for Teen Parents*

The Department's MDRT and SCIR processes have identified that support for teen parents, particularly educating them about safe sleep practices with their infants, may prevent child fatalities. In response to the need for resource information, the DCS Office of Prevention hosted a Teen Parent University in 2018 that was attended by 49 teen parents, including mothers and fathers. The teen parents were encouraged to bring a guest who provides them support, so many had family members and friends with them. This daylong event included five workshops that focused on parenting young children: Baby Brain Development, Safe Sleep, Healthy Relationships/Co-Parenting, Well Baby, and Legal Information. There was also a resource fair that included information on parenting, education, injury prevention, child development, and mental and physical wellness of both parents and children. The teen parents were provided free baby items throughout the day including a baby book with resources such as parenting tips, safe



sleep information, home visitor programs, tummy time and play time brochures, baby's physical development brochure, a "Birth to 5 Helpline" magnet, and a "Who do you trust with your child" brochure. All the teen parents and community agencies in attendance completed surveys. Survey feedback will be used to plan the 2019 Teen Parent University.

### *Multidisciplinary Services for Substance Exposed Newborns*

Multiple programs, projects, and groups are working to address the needs of infants who are substance exposed in utero. The Substance Exposed Newborn Safe Environment Program (SENSE) is a multidisciplinary team approach, intended to ensure children are safe in the home while their parents make behavioral changes. To be eligible, the family must have a Department of Child Safety report with allegations of a substance-exposed newborn, the child must be able to safely remain in the home, and the parents must choose to participate. SENSE services include Department of Child Safety case management, an intensive in-home team, substance abuse treatment, nursing home visits, and a home-visitor program such as Healthy Families. The Department has also hired a nurse consultant who is a support to the nurses on the SENSE cases, reviews nurse assessments to ensure newborns and parents' needs are met, and offers feedback and guidance for cases that need immediate attention. In SFY 2020, the nurse consultant will offer support groups to parents and caregivers of substance exposed newborns (SEN), and pregnant and parenting teens. The Department partners with Northern Arizona University in evaluating the program and identifying trends among cases. For example, postpartum depression was found to be prevalent in many cases. The teams have now collaborated to improve relevant assessment and intervention within the program.

In addition to SENSE, the Substance Exposed Newborn Taskforce (Co-Chaired by ADHS and DCS) and the Neonatal Abstinence Syndrome (NAS) Statewide Action Plan are partnerships to improve services and outcomes for substance-exposed newborns and their families. The SEN Statewide Task Force focuses on building awareness and capacity of programs to work with families with an SEN. The task force also focuses on assisting OB/GYNs, hospitals, and neonatologists to identify families with a SEN, while making recommendations for screening, assessment, and treatment of these families. The NAS Action Plan has three objectives: coordinate across state agencies to ensure buy-in and most effective response; increase the knowledge base of healthcare providers regarding screening, diagnosis, and treatment of opioid use disorders in pregnant and postpartum women; and increase implementation of a family-centered approach at all levels of care to screen women and link them to treatment and support services such as home visiting.

The *Arizona Child Fatality Review Annual Report* contained a finding that 25% of all children who died from natural causes were less than one year old, and identified an increase in SUIDs in children under one year old. In addition, the Edinburgh Post-Partum Depression screening tool completed by parents involved in the SENSE program indicated higher rates than the general population rate of post-partum depression. In response to these findings, the Department revised Arizona's Infant Care Plan. The Infant Care Plan (ICP) is Arizona's version of a "plan of safe care" required by the 2016 federal Comprehensive Addiction Recovery Act. The ICP was implemented in June of 2017 and is required for all SENs. The plan closely follows the Protective Factors and addresses primary areas of need for the SEN and the identified parents/

caregivers. The ICP was recently enhanced to require DCS Specialists to take more action and provide more guidance to the family, including addressing infant and caregiver mental health needs, in addition to the existing components of substance abuse treatment, medical care for infant, safe sleep, parenting and infant development, living arrangements, childcare, and social connections. The ICP is created during the investigation and is reviewed at case plan staffings and Child and Family Team meetings. The ICP is developed with, and signed by, parents and caregivers whenever possible, and is shared with the team working with the newborn and family. This network approach ensures all team members interacting with the family have the most current plan and are monitoring that plan. Arizona Revised Statute A.R.S.13-3620e requires health care professionals report substance exposure in infants to the Department of Child Safety. Arizona law A.R.S.13-3401 lists over 150 possible substances. In state fiscal year (SFY) 2016 the Arizona Child Abuse Hotline received 4,059 reports with a SEN tracking characteristic, and in SFY 2017 these reports increased to 4,234.

As a primary and secondary prevention effort, the Department's Office of Prevention created a resource loop that is being played in drug testing facilities around the state. This video loop includes parent stories of recovery; information about substance abuse prevention and treatment resources, domestic violence, and housing services; and information about child injury prevention and community-based home-visitor programs and services.

### ***Continuous Partnership***

Through the work described above, Arizona continues to demonstrate fatality prevention activities in Leadership and Accountability, Decisions Grounded in Better Data and Research, Multidisciplinary Support for Families, and Populations in Need of Special Attention. Arizona's child welfare community will continue to move toward the prevention of child maltreatment deaths through statewide partnerships. The Department will build on an existing collaborative group that includes staff from Prevent Child Abuse Arizona; the ADHS; Maricopa County Superior Court; the Governor's Office of Youth, Faith and Family; FTF; hospital staff; Arizona Health Care Cost Containment System; a nurse consultant; tribal liaisons; and the Arizona Chapter of the AAP. This group met for an initial meeting in April 2019 to discuss current fatality/ injury prevention work in Arizona. The group set out plans to involve and engage other relevant public and private agency partners, including those in public health, law enforcement, and the courts. Plans were made to add to the existing group and reconvene in July of 2019. The meetings will be facilitated by the Department of Child Safety and will be held quarterly to further develop and implement Arizona's comprehensive statewide plan to prevent child maltreatment fatalities. Parents from the Department's parent councils and boards will be involved in the continuing development of this comprehensive statewide plan to ensure it includes the parent voice.