



March 5, 2020

Dear Chairman Cobb and Members of the Joint Legislative Budget Committee:

Did you know that Arizona is second only to Oklahoma in the number of children who have had adverse experiences in early childhood? A growing body of research demonstrates how early adversity— including poverty, abuse or neglect, parental substance abuse or incarceration and caregiver mental health issues – exponentially increase a child’s risk for negative adult outcomes, such as illness, homelessness, unemployment and even early death. Thankfully, research also demonstrates that increasing various protective factors – such as knowledge of child development and access to needed supports – promotes resiliency among families, reducing adverse experiences and helping our children grow up to become healthy, productive members of our community.

The Department of Child Safety (DCS) and First Things First (FTF) are proud of the roles our agencies play – individually and collectively – in strengthening Arizona’s families and future. DCS investigates reports of child maltreatment, keeps children safe and helps children achieve permanency. FTF expands and enhances the health, education and family support programs that help young children arrive at kindergarten prepared to succeed.

As requested by the Joint Legislative Budget Committee, we submit this report to you highlighting actions our respective agencies are taking – both independently and collaboratively – to ensure that families with young children have what they need to support their child’s safety and learning. Efforts highlighted in this report include:

- Information on the respective efforts of our agencies;
- Examples of successful statewide and local collaborations; and,
- Information on the improved outcomes for Arizona’s young children that have resulted from those efforts.

DCS and FTF remain committed to continuous improvement and collaboration with each other and our sister agencies to ensure that all children in Arizona have the safe, supportive hoes they need to be successful in school and in life.

Sincerely,

Handwritten signature of Michael Faust in black ink.

Michael Faust  
Director  
Arizona Department of Child Safety

Handwritten signature of Marilee Dal Pra in black ink.

Marilee Dal Pra  
Chief Executive Officer  
First Things First

# TABLE OF CONTENTS

## **PARTNERS IN PREVENTION AND EARLY INTERVENTION – Pages 3-23**

- Introduction – Page 3
- Department of Child Safety – Page 6
- First Things First – Page 19

## **SYSTEMIC COLLABORATIONS – Pages 23-37**

- Supporting the Developmental Needs of Maltreated Infants and Toddlers – Page 23
- Expanding High Quality Early Learning for Arizona’s Most Vulnerable Children – Page 27
- Helping Teachers Meet the Social Emotional Needs of the Youngest Students – Page 35

## **LOCAL COLLABORATIONS – Page 38-39**

# PARTNERS IN PREVENTION AND EARLY INTERVENTION

## BACKGROUND & INTRODUCTION

To address a 2014 crisis in the state’s child welfare system, the Arizona Legislature passed a number of measures – including creating a stand-alone child welfare agency, the Arizona Department of Child Safety (DCS) and appropriating substantial additional resources to support the investigation of suspected child maltreatment and to provide services to abused or neglected children and their families.

At the same time, measures were passed aimed at providing greater clarity for policymakers on how to better serve the needs of children/families engaged in the child welfare system and prevent child abuse or neglect in our communities. To better understand existing efforts related to children birth through 5 years old, the Joint Legislative Budget Committee (JLBC) since 2015 has asked DCS (which at the time was part of the Department of Economic Security, DES) and the Early Childhood Development and Health Board (also referred to as First Things First, FTF) to jointly report on their collaborative efforts to address child welfare issues of common concern.

In order to better understand the contributions of each of these agencies and their collaborations, it is important first to describe the risk factors that contribute to child maltreatment and the protective factors that can reduce the risk of child maltreatment.

According to the Child Welfare Information Gateway, “Risk factors refer to the stressful conditions, events, or circumstances (e.g., maternal depression, substance abuse, family violence, persistent poverty) that increase a family’s chances for poor outcomes, including child abuse and neglect. Protective factors are conditions or attributes of individuals, families, communities or the larger society that mitigate risk and promote healthy development and well-being. Put simply, they are the strengths that help to buffer and support families at risk.”

The federal policy brief, *Protective Factors Approach in Child Welfare*, explains that historical efforts to prevent child maltreatment have focused on the elimination of risk factors – such as poverty. A better approach is to focus on strengthening families, building their resilience so that the presence of risk factors does not lead to child abuse or neglect. Not only is a protective factors approach more likely to engage families, it is more likely to lead to better short-term and long-term outcomes.

The Center for the Study of Social Policy developed Strengthening Families: A Protective Factors Framework™ to define and promote quality practices for families. The research-based, evidence-informed Protective Factors are characteristics that have been shown to make positive outcomes more likely for young children and their families, and to reduce the likelihood of child abuse and neglect.

The Protective Factors that comprise the Strengthening Families model are: (1) knowledge of parenting and child development, (2) social/emotional competence of children, (3) nurturance and attachment, (4) social connections, (5) parental resilience and (6) concrete supports.

Each protective factor is supported by research from several fields of study. An extremely important understanding that runs throughout the explanations of the Strengthening Families Protective Factors – and that emerges from a significant part of the research behind the framework – is “nurturing and attachment.” For example, research studies show:

1. **Parental resilience** occurs when parents are able to effectively manage stressors. By managing stressors, parents feel better and can provide more nurturing attention to their child, which enables their child to form a secure emotional attachment.
2. Understanding early brain development is essential in increasing **knowledge of parenting and child development**. Developing brains need attuned caregivers who interact with them in an affectionate, sensitive and nurturing manner. Such care gives rise to the development of a secure attachment between the child and the adult.
3. The course of a **child’s social-emotional development** depends on the quality of nurturing attachment and stimulation that a child experiences.<sup>1</sup>

This report includes examples of how DCS and FTF – individually and jointly – work to enhance those protective factors among Arizona families.

The individual missions of DCS (child safety) and FTF (school readiness) depend on one common factor: strong families. Strong families are the building blocks of a strong society. From a child welfare perspective, strong families have the information and support to make the choices that ensure their children’s basic needs are met and that they have safe, healthy environments in which to live and grow. When issues arise, families are aware of the resources that exist in their communities to help them address any challenges.

From a school readiness perspective, strong families *also* feel confident and competent in their role as their child’s first teachers. They have the information and support they need to create nurturing, supportive environments that support their children’s learning, including access to quality early learning environments for their children.

Many of the factors that put children at risk for abuse or neglect and at risk for school failure are the same: poverty combined with a lack of supports, substance abuse, mental health challenges, lack of awareness of developmentally appropriate parenting practices, inadequate housing, domestic violence or a combination of these and other risk factors. Because of this, each agency funds programs that complement each other and are vital components of a broader prevention and early intervention system.

---

<sup>1</sup> Center for the Study of Social Policy, *Strengthening Families, A Protective Factors Framework*, [Fact Sheet](#)

The following sections describe the efforts of DCS and FTF in strengthening families – from universal approaches available to all families, to more targeted approaches for families at risk for child maltreatment or families who are involved with the child welfare system.

## DEPARTMENT OF CHILD SAFETY

The Department of Child Safety (DCS) is required by law to investigate reports of child abuse or neglect and provide services to children and families that either: allow the child to remain safely in their own home; provide children with temporary homes while services are provided that allow the child to return home safely; or locate permanent new families for children that the court has determined cannot be safely returned to their homes.

DCS has achieved numerous accomplishments in many areas including supports to youth aging out of foster care, increasing housing opportunities and services to families and decreasing preventable childhood fatalities. In the past year 16% more youth reaching the age of majority opted in to extended services after the age of 18 to 21, two foster youth graduated with a bachelor degree before age 21 and 246 youth enrolled in college.

Another accomplishment is increasing housing opportunities for families and youth involved with DCS. Arizona received the largest housing award from the United States Department of Housing and Urban Development (HUD) of all states for Family Unification Program (FUP) vouchers. The FUP vouchers provide housing to families to prevent children from entering care, removing housing barriers to reunification of children and parents and for foster youth aging out of care that are at risk for homelessness. Arizona received 176 new FUP vouchers for four housing authorities; City of Mesa, Tempe, Phoenix and Maricopa County. In the spring of 2019, DCS collaborated with these housing authorities to develop a streamlined universal process for getting families and former foster youth into housing. In the summer of 2019, DCS received an award for Innovative Program of the Year: Housing for the development of the referral process for FUP vouchers from the Arizona Chapter National Association of Housing and Redevelopment Officials (NAHRO). Also notable in the past year is the decrease in unsafe sleep and child abuse and neglect fatalities. Unsafe sleep child fatalities decreased 29% from 2017 (84 deaths) to 2018 (60 deaths). Child fatalities due to abuse or neglect decreased 5% from 2017 (79) to 2018 (75). Striving to keep children safe and stable at home with their parents, children and families receiving in home services from DCS increased by 37%.

During 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 (AHCCCS); a nurse consultant; tribal liaisons; and the Arizona Chapter of the American Academy of Pediatricians. 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. The Statewide Child Fatality Prevention Committee meets quarterly to discuss current strategies and new interventions to prevent child abuse and neglect fatalities and near fatalities. For more information on DCS process improvements and current performance measures, visit the Arizona DCS website at <https://dcs.az.gov/>.

## **Community Engagement**

### ***Regional Child Abuse Prevention Councils***

Child abuse is a community-based problem and the success of prevention efforts demands a community-based response. Child abuse prevention highlights programs and services that promote the general welfare of children and families, preventing the first occurrence of child abuse and neglect. The Regional Child Abuse Prevention Councils (RCAPC) are primarily voluntary groups of child advocates, social service professionals, school personnel, business representatives and community members located in 17 different areas of the state of Arizona, including two councils operated on tribal lands (one prevention council in the Gila River Indian Community and the other council serving the Navajo Nation and the Hopi Tribe). The Councils organize public engagement campaigns to heighten public awareness of child abuse and neglect; and most of all, what the community can do to assist in preventing it. Councils also advocate for effective prevention programs and policies that ensure the safety and well-being of children.

DCS provides statewide leadership in promoting evidence-informed and evidence-based practices. To that end, several RCAPC members were trained in the Strengthening Families™ program by the Center for the Study of Social Policy. During SFY2019, the Councils made 581,430 child abuse prevention education contacts throughout Arizona via a large variety of media methods including bill boards, Twitter, Facebook, newsletters, seminars, conferences, web pages, city and county government proclamations, family fun days and resource fairs. Additionally the Regional Child Abuse Prevention Councils have been a part of the ACE Consortium (*see next paragraph*) since the beginning of its inception. During Child Abuse Prevention Month in April, the Councils provided seven presentations about ACEs and the Protective Factors and six child abuse prevention conferences across the state. These dedicated champions of child abuse and neglect prevention educated local communities about the hazards of ACEs and strengthened families by promoting the Protective Factors and connecting people with community resources.

### ***ACE Consortium***

DCS and FTF are partners in the Adverse Childhood Experiences (ACE) Consortium, a grassroots initiative that engages more than 250 people representing organizations and networks reaching across sectors and geographies throughout the state to advance health equity and strong and productive individuals. Arizona continues to make great strides to prevent/reduce adverse childhood experiences and promote resiliency through the work of the Consortium. Its mission is to increase awareness of ACEs in Arizona and promote

ideas, policies and practices that minimize childhood adversity and build resilience in individuals, families and communities.

In SFY 2019, the ACE Consortium had 13 workgroups on topics ranging from enhancing the train-the-trainer presentation on ACEs and their impact, improving clinical practice and creating trauma informed schools. The ACE Consortium continues to grow as more and more community leaders are understanding the devastating risks associated with ACEs and recognizing the benefits of promoting the protective factors and creating trauma informed practices. The Consortium celebrated 12 years of educational advocacy in 2019.

### **Services for Families At Risk**

The Department of Child Safety offers preventive services to families in which children are deemed safe but risk factors are present and protective capacities are diminished. The intent is to safely reduce the number of instances in which children must be removed from their homes, thus promoting family continuity, better overall outcomes for vulnerable children and cost savings to the State as the need for out-of-home support services and placements is mitigated. Secondary preventive services can be rendered when DCS partners with non-profits and community-integrated organizations to connect families in need with relevant services and educational opportunities or when DCS offers services to families when a case is opened but the children can safely remain with their families.

### ***Home Visitation***

Evidence-based, voluntary home visitation programs have been shown to be an effective way to improve outcomes for families and children experiencing various risk factors. Although home visitation models vary, all programs are designed to improve the lives of at-risk children and families through regular home visits administered by trained providers such as nurses, mental health professionals, social workers or paraprofessionals. Comprehensive home visitation programs provide participating families of infants and toddlers with information and education on parenting, child development and health topics while assisting with connections to other resources or programs as needed. Home visitors deliver one-on-one coaching and interaction tailored to the needs of individual families.

Families throughout Arizona have access to home visitation programs to support their child's development, address and meet their needs and provide a nurturing and stimulating home environment. FTF and DCS are among the state agency partners funding home visitation in Arizona. To leverage funding and coordinate the delivery of home visitation, the Strong Families Alliance – a consortium of agencies statewide whose work with families includes the funding and implementation of home visitation – was developed. The alliance works to strengthen the home visiting system in Arizona and promotes collaboration and sharing of resources and best practices. The Strong Families Alliance has an Inter-agency Leadership Team (IALT) that includes DCS, FTF, the Department of Health Services (DHS), the Arizona Department of Education (ADE), the Department of Economic Security (DES) – Arizona Early Intervention Program (AzEIP) and the Arizona Health Care Cost Containment System (AHCCCS). Areas of focus for the



Alliance includes increased collaboration across the agencies, such as working together on a model of coordinated outreach and referral in communities across Arizona; implementation of a comprehensive plan for professional development for home visitors; review of data on home visiting benchmarks; addressing barriers and challenges identified by home visitation programs; and addressing performance issues and ensuring fidelity to the evidence-based models using a Continuous Quality Improvement approach. The leadership team is committed to on-going collaboration to identify any additional opportunities that may exist for the expansion of these programs to serve more at-risk children and their families throughout Arizona.

Strong Families holds an annual home visitor conference to provide professional development for home visitors. DCS and FTF participate in the conference planning and present workshops at the annual conference. At the 2019 Strong Families Conference, DCS collaborated with a Medication Assisted Treatment provider to present two workshops on Caring for the Substance Exposed Newborn.

DCS is the administrative home of the Healthy Families Arizona (HFAz) evidence-based, home visitation program. HFAz has provided 27 years of service in Arizona and currently has 46 teams throughout the state. The HFAz program is a home-based, voluntary program serving families at risk during pregnancy and after the birth of the baby. Program services are designed to strengthen families during the first five years of a child's life when most early brain development occurs. The HFAz program is integral to helping families gain the skills they need to remove barriers that currently prevent them from being self-sufficient. The national and Arizona model of the Healthy Families program is a multi-disciplinary program created to reduce stress, enhance family functioning, promote child development and minimize the incidence of abuse and neglect. Its core services include education and support services related to parenting skills, early developmental screening of children, home visits and outreach services, community referral services, nutritional education, life management skills and follow-up services. In addition, the program provides community referral services that include linkages to child care, Head Start, job readiness resources, education and literacy services, counseling and mental health services, health and prenatal care, services to support families of children with disabilities and substance abuse treatment.

From July 1, 2018 through June 30, 2019, a total of 4,420 families were reached by HFAz program sites that were funded fully or partly by DCS, FTF, and the federal Maternal Infant Early Childhood (MIECHV) program. The HFAz program served a culturally diverse population. Target populations for the program include two of Arizona's largest minority populations – Native American and Hispanic. Fifty-four percent of the mothers enrolled in the program were Hispanic. HFAz served Navajo, Hopi, Pascua Yaqui, Cocopah, Gila, White Mountain Apache and Quechan families residing outside reservation land. In addition, HFAz makes an effort to include fathers and other male figures in home visits and other HFAz activities. From July 1, 2018 through June 30, 2019, more than 40% of fathers were actively involved with the program.

Parents in the HFAz program reported an increase in personal care, parent-child interaction, parenting efficacy, home environment and safety, problem solving skills, and a decrease in depression. Statistics show that the HFAz program reached and served some of the most high risk populations in Arizona. Over

77% of families enrolled are on state Medicaid health (AHCCCS) insurance, which is 30% higher than the Arizona state average. For SFY2019, 11% of enrolled families were teen parents, and 69% of enrolled participants self-identified as single parents. Fifty-eight percent of the mothers were not employed at time of enrollment, 34% had less than a high school education and their median income is less than half of that for Arizona as a whole. The HFAz evaluation shows that the longer families are in the Healthy Families program, the less likely it is that their children will need to be referred for early intervention services. Home visitors promote positive parent child interaction, as well as work on child development, decreasing the need of developmental intervention for enrolled children. All of these factors helped to reduce the risk of child abuse and neglect for HFAz children.

Throughout SFY2019, DCS, FTF and DHS collaborated on including HFAz into the statewide integrated database system for home visitation. This included extensive revisions of forms and documents so that all reporting and evaluation needs were met for all funding partners.

For the past three years, DCS, FTF and other stakeholders have collaborated to provide professional development for supervisors through a Home Visitor Supervisor Institute (HSVI). The HSVI is provided to all supervisors delivering evidenced-based and evidenced-informed home visitor programs. This summer's HSVI was attended by 102 supervisors and topics included leadership skills, emotional intelligence and Emergenetics. Feedback received from the supervisors showed that 99% "agreed or "strongly agreed" they learned something new and 100% of participants "agreed or "strongly agreed" they can apply what they learned to their work.

### **In-Home Services**

A very important function of DCS is to identify services that assist in supporting and improving the family unit with the goal of maintaining children safely in the home. Services include, but are not limited to: crisis intervention; individual, family, and marital counseling; conflict resolution and anger management; problem solving and stress management; home management and nutrition education; job readiness training; case planning; linkages with community resources; and facilitation of family meetings. The in-home service program also assists families to access services such as substance abuse treatment, housing and childcare. Services may be provided within the home of a birth parent, guardian, adoptive parent or kinship caregiver. Services are referral driven and are for children and their families as part of a case plan resulting from a child abuse or neglect report or for children and families who have a potential risk of abuse or neglect. The intensity of services is based on the risks, needs, concerns and stressors of the child and family.

### ***Building Resilient Families (BRF) Program***

BRF was implemented in Maricopa County in 2015. BRF is a program for families at low risk of having their children removed but in need of services to prevent subsequent child abuse or neglect reports. Upon completion of the DCS investigation and assessment, children are deemed safe (and remain in the home) and often times DCS cases are closed at time of referral. The program connects families with community resources/information, provides parenting skills, and offers assistance with concrete supports and additional referrals. To track outcomes of families served by this program, BRF utilizes the Protective Factors Survey (both pre- and post-tests) and the Family Data Collection information obtained when services are initiated. In SFY19, approximately 1366 families were referred to the BRF Program. Preliminary data show 98 percent of the families receiving services do not receive a report during service delivery and approximately 99 percent of families receiving services do not have a child removed during service delivery. Since 2019, BRF has expanded its services statewide.

### ***CarePortal***

The CarePortal engages churches to help meet the needs of families to aid in promoting safe parenting and positive behavioral change. In this model, a child welfare worker identifies a need such as a crib, clothing or car repair. The child welfare worker then accesses the CarePortal online and submits the request for help in meeting the identified need. Using GEO Radius Technology, CarePortal quickly sends an email to those churches that have voluntarily signed up within the CarePortal network to help children and families in their communities. The church's point of contact connects with his or her congregation to see if someone can meet the identified need. If the need can be met, coordination to provide the items, or services needed to the family occurs as quickly as possible. DCS rolled out the CarePortal in Pima County in December 2015 and has expanded the CarePortal to Maricopa, Yuma, Yavapai and Coconino Counties to assist families by providing concrete resources.

### ***Parent Advisory Collaborative***

DCS recognizes the importance of parent involvement in prevention and developed the Prevention Advisory Collaborative in 2018. The PAC council has grown from twelve active PAC members to fourteen very active members. The PAC works with DCS to increase parent involvement in prevention and strengthen communities. The PAC is highly motivated and enthusiastic about bringing parent voices to child welfare and prevention services. The members of the board have been involved in various activities at a local, state and national level. Below are just a few examples of the work some or all of the PAC have participated in.

#### Local level

- Provided feedback on a parent guide for shared parenting, case planning, and parent aide services
- Participated in development of the RCAP councils and Arizona Families First contracts
- Served on DCS interview panels for the Office of Prevention vacancies

#### State Level

- Trained First Things First Regional Directors on the importance parent voice in service planning
- Participated in the Governor's Office Child Welfare Roundtable
- Participated in prevention activities throughout the state including the Teen Parent University

#### National Level

- Participated in the Birth Parent National Network virtual meetings
- One parent serves on the Alliance National Parent Partnership Council (ANPPC) through the National Alliance and one parent was selected to be on the Parent Advisory Council
- Two parents have participated in national conferences sponsored by the Casey Family Foundation

#### ***Teen Parent University***

Youth involved in child welfare who are expectant and / or parenting are at greater risk for poverty, substance abuse and homelessness. They are identified at higher risk given their likely trauma history and increased ACE scores. Young parents in child welfare are more susceptible to allegations of child maltreatment as to their own children, given their often unstable family system and inherent limitations due to their developmental stage and societal stigma/ negative influences. For the second year in a row, DCS Office of Prevention partnered with specific key community partners and created the Young Parent University. The planning committee worked throughout the summer of 2019 to create the event. The young parents who attended the event were provided with several gifts, to include a stroller, diaper bag, baby memory book and baby monitors. The venue held three classrooms which facilitated 4 tracks with 3 workshops in each track. Workshops offered were: Baby Blues, Cooking Class for Toddlers and Preschoolers, Breastfeeding, Healthy Relationships, Injury Prevention, Water Safety, Brain Box, Creating a Healthy Relationship with Your Child, All Babies Cry, Positive Young Parent Voices and Family Planning. The guest speaker was DCS Director, Michael Faust, who provided an engaging and candid speech about the challenges and rewards of being a parent. Community partners provided breakfast, lunch, snacks and drinks for the event. The day ended with a free Yard Sale where young parents could select gently used items they needed for their family. Survey results indicated the event was a success and the feedback received is being used to expand upon this event in 2020.

#### ***Arizona Transitional Independent Living Program***

Outreach activities for transition into adulthood are provided to young adults who experienced foster care in Arizona, other states or recognized tribes. Youth ages 18 through 20 who are legal residents of Arizona and who were in any state or tribal foster care program (in out-of-home care) at age 16 are eligible for services through the Arizona Transitional Independent Living Program (TILP). This program serves over 200 former foster youth annually, providing services and supports to assist youth to make a successful transition to adulthood. The TILP is currently delivered through a community-based contractor, Arizona's Children Association, and is available statewide. The TILP services assisted youth to secure stable housing, enroll in post-secondary education and training programs, obtain employment, secure necessary

behavioral health services, and connect with other state and federally funded youth services. The Department of Child Safety and Arizona's Children Association work closely with community partners to assist in prevention related planning and support services for youth who experienced foster care. These collaborations include, but are not limited to: Family Unification Housing (FUP) Program and Youth Demonstration Program, Families First Substance Abuse Treatment Programs, Arizona's Interagency Pregnancy and Parenting Assistance Program, Arizona Planning Council on Developmental Disabilities, Secondary and Post-Secondary Educational engagement and retention programs, Workforce Innovation and Opportunity Act (WIOA) providers and Sex-Trafficking Prevention.

### **Services for Families in the Child Welfare System**

In the course of its work, DCS interacts with families whose challenges do rise to the level of continued formal involvement with the child welfare system. This can include poverty, substance abuse, mental health challenges, inadequate housing and homelessness, domestic violence or a combination of these factors that may place children at risk for future abuse or neglect. These issues must be addressed in order to ensure that children remain safe and to prevent further involvement with the child welfare system. These services focus on preventing the recurrence of maltreatment. Among the newer services that DCS operates or partners with others to implement are:

#### ***DCS Child Care Expulsion Prevention Program***

Child care is more than a supportive service offered to biological parents and caregivers. Child care is a primary caregiver for children, and can have a significant impact on a young child. It is standard for children living with working families to spend 8, 10 or even 12 or more hours per day in a child care setting. As such, it is vitally important that these children be in a quality, responsive environment that can consider, understand and adapt to each child's unique history and needs. Poor quality child care or multiple expulsions have a negative impact on a child's short and long-term stability, mental health and educational performance. Given this, DCS has focused efforts on reducing child care expulsions, expanding supportive services and the use of high quality child care providers.

Children who have experienced trauma are at higher risk for expulsion from child care, due to the maladaptive behaviors that can arise as a result of early childhood trauma. The overwhelming majority of DCS children at risk for expulsion exhibit behaviors that can be linked to their past trauma, particularly with aggressive behaviors. Additionally, children in out-of-home care have the added concern of a primary caregiver change directly correlated to their child care expulsion. Out of the expulsions that DCS has been able to track since September 2018, 34% of the children expelled from their child care setting also were moved from their foster home as a direct result of the expulsion.

#### ***DCS Expulsion Prevention Services***

Since January 1, 2019, DCS has made substantial improvements in identifying and stabilizing children who are at risk for expulsion. DCS has been working in close coordination with behavioral health providers and

stakeholders to develop a program that better supports children who are involved with the department and are at risk for expulsion from their child care setting. Prior to these services being implemented, the DCS expulsion rate was at 56%, far above the overall state expulsion rate of 45%. By implementing supports and coordinating with agency partners, there has been a decrease in the expulsion rate for DCS children to 34% (based on data collected from September 2018 to July 31, 2019). As the array of services has been refined over the past several months this rate continues to decline, with the expulsion rate for cases closed in the second quarter of 2019 down to 29%.

### ***Services and Supports***

One of the key supports most effective in helping child care providers recognize and adapt to a child's trauma is Early Childhood Mental Health Consultation (ECMHC). ECMHC provides a licensed therapist who is uniquely trained and experienced in early childhood mental health, trauma and early childhood education. Consultants provide support along three domains to a center: the director and programmatic level to improve operations and policies, the classroom level to improve overall classroom management and teacher interactions, and a child specific level to provide direct supports and strategies to assist a child who may be displaying a unique and challenging set of needs. When implemented properly, these efforts make a center more adaptable and trauma informed, and increase the overall quality and skills of the directors, teachers and children. Evaluations of ECMHC programs, including the ones offered in Arizona, have shown that ECMHC dramatically improves outcomes for children in several key areas, including reducing the risk of expulsion, improving teacher-child relationships and increasing self-regulation, attachment and social-emotional skill building in teachers and children. *(See Page 36 for additional information on ECMHC).*

Placing children into an environment that can effectively meet their needs is essential to them being able to heal from their past trauma and develop the skills they need to be successful throughout their lifespan. Child care providers are deemed as "Quality" if they have a Quality rating or higher (3-5 stars) through FTF's Quality First Program or they possess a national accreditation. These providers that are deemed "Quality" have increased supports, higher teacher qualifications and a smaller child-to-teacher ratio. In addition to higher quality education, these providers help children develop healthy social-emotional skills and executive functioning, which leads to long-term success. *(See Page 32 for additional information on systemic collaborations to enhance access to quality early learning for vulnerable children).*

### ***IV-E Waiver Demonstration Project***

As part of its five-year strategic plan, DCS continued to address reductions in the length of stay for children in out-of-home care through the Fostering Sustainable Connections program. Arizona's Fostering Sustainable Connections program seeks to reduce the length of stay in congregate care settings and length of stay in out-of-home care overall for children who are placed in congregate care settings or who enter congregate care settings. Fostering Sustainable Connections is a process to improve engagement with children in the congregate care settings and their families through: family/fictive kin search and engagement activities using the Family Finding model; expanding the team decision making process to support the action plans created in partnership with the family/fictive kin; and, enhancing the availability of in-home reunification, placement stabilization or other needed services. Fostering Sustainable Connections began as an Arizona Title IV-E Waiver Demonstration Project that ended September 30, 2019. The following outcomes were achieved during the waiver period of July 2016-September 2019:

#### Short Term Outcomes

- Increased the number of family/fictive kin available by utilizing the Family Finding model intervention Family Engagement Specialists identified over 18,000 potential discovered connections for youth served through the program.
- Improved engagement and fostered connections to support the children, including visitation, telephonic contact, mail and video chatting.
- Enhanced involvement of family/fictive kin in decision making to include Child and Family Team Meetings, Team Decision Making meetings, Blended Perspective meetings and Life Long Connections Team Decision Making meetings and involvement in court proceedings through Juvenile Court and Dependency Court.
- Expedited identification of needs and strengths for children/family through staffing at Site Based Team Meetings, One on One Case Management staffing, monthly clinical staffing's with Supervisors, quarterly Peer to Peer meetings, and Statewide Implementation Meetings.
- Increased children and family/ fictive kin supports through natural and in-home services that offer transportation services, therapeutic services and assessing the need for additional support services.

#### Long Term Outcomes

- Increased the number of children moved from congregate care settings to a family setting- 191 children transitioned to a family like setting.
- Decreased length of stay in congregate care.
- Increased reunification of 51 children who have been reunified with either their mother or father.
- Improved stability with life-long supports and connections by engaging 4,104 actively involved connections.

Initial implementation began on July 1, 2016, in two offices in Maricopa County and then expanded into 13 DCS offices in Maricopa, Pima, Pinal, Navajo, Mohave, Yavapai, and Coconino Counties. DCS will continue to support the Fostering Sustainable Connections program beyond the waiver demonstration project and began accepting referrals statewide in October 2019. DCS has contracted with a community partner who employs 11 Family Engagement Specialists (FES). During the waiver demonstration project, the FESs worked with 576 children in care, of which 434 children have completed Fostering Sustainable Connections services. Notable outcomes are 191 children placed in a less restrictive family-like setting, 146 placed with a relative, and 27 pending a less restrictive living arrangement.

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

DCS continued to expand services to families with substance exposed newborns through the Substance Exposed Newborn Safe Environment (SENSE) program. 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. Components of the SENSE program include collaboration between HFAz, intensive In-home services, substance abuse treatment, drug testing, case management and a home visiting nurse. The SENSE program is the only program at DCS that incorporates a nurse home visitor as part of the service team. This component is vital to the program and aids in early identification and addressing of developmental delays, social and emotional development, health and safety concerns; and ensures appropriate interventions outside of the SENSE program are completed. Families that complete the SENSE program participate in a Protective Factors Survey at the beginning and end of the program, the Ages and Stages Questionnaire, post-partum screenings, random drug testing, and Sudden Unexpected Infant Death (SUIDS) prevention/safe sleep curriculum. All newborns served have an Infant Care Plan (ICP). The ICP is Arizona's response to the Comprehensive Addiction and Recovery legislation requiring all SEN's have a plan of safe care.

In Federal Fiscal Year (FFY) 2019 the SENSE program was provided to families in Cochise, La Paz, Coconino, Yavapai, Pinal, Pima, Mohave, Maricopa and Yuma Counties. DCS continued to collaborate with community-based Medically Assisted Treatment (MAT) providers that offer parents of newborns exposed to opioids a treatment for opioid use disorder to improve the outcomes of children while in the care of their parents, in addition to substance abuse treatment. To improve the quality of these collaborations, DCS presented on the importance of home visitation, community services and communication amongst providers at the first annual Equipped Conference on November 16, 2019, sponsored by the Arizona Opioid Treatment Coalition (AOTC) and the Arizona Society of Addiction Medicine (AzSAM).

### ***Arizona Statewide SEN Taskforce***

DCS Office of Prevention has continued to participate in the Arizona Statewide Task Force on 'Preventing Prenatal Exposure to Alcohol and Other Drugs,' which has been housed with Arizona Department of Health Services (ADHS) and was first developed at the request of the Governor more than a decade ago.



The most recent strategic plan for the Task Force, 2015-2020, along with additional resources and tools, can be located at <http://azprenatal.wixsite.com/taskforce>. The Executive Summary for this plan outlines the problem: Substance use by pregnant women is the leading preventable cause of mental, physical, and psychological problems in infants and children. The number of SENs and newborns diagnosed with NAS continue to grow, even with a significant underreporting, and there is a lack of coordinated care for the child across the life-span. The goals of this plan include: working closely with providers and stakeholders to appropriately identify substance exposed newborns, raise awareness and understanding of risks and effects of prenatal exposure, create optimal opportunities for early identification and engagement with all women of reproductive age, promote successful outcomes for those affected by prenatal substance exposure and strengthen the Task Force in order to better carry out its mission. This group meets monthly and provides educational opportunities, community education and collaboration for professionals working with families impacted by substance abuse. The DCS Office of Prevention holds a position of co-lead for the Arizona Statewide SEN Task Force with DHS.

In collaboration with DCS's Comprehensive Medical and Dental Plan (CMDP) Medical Director, and with the use of Opioid State Targeted Response (STR) and State Opioid Response (SOR) grant funds, DCS provided a daylong conference 'ACEs, Trauma and Substance Exposure: Standards of Care for Infants and Toddlers'. The intent of the conference was to bring both rural and urban professionals together to discuss current practices, gaps and ways in which practices could be improved along the continuum of care for a child with identified needs. This conference, held on September 25, 2019, was well attended by a cross-section of nearly 400 providers who work with families and children where substance use is involved. The day included a facilitated panel discussion of a case scenario, breakout sessions with professionally facilitated workgroups and a nationally recognized closing speaker, Dr. Chandra Ghosh Ippen, who provides expertise on the ways in which we can heal children and families from complex health concerns attributed to ACEs.

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

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 help them address safe sleep practices with families. In addition to training, DCS purchased baby boxes that can be used as a portable crib. These baby boxes are offered to any parents including pregnant and parenting teens involved with DCS who need a safe place for their infant to sleep. The training curriculum used is in line with the recommendations for a Safe Infant Sleeping Environment from the American Academy of Pediatrics. The main message that is taught during training is the ABC's of Safe Sleep; baby sleeps safest Alone, on their Back and in a Crib. DCS has also developed policies that require an Infant Care Plan be developed with parents, to include information about safe sleep. In addition, DCS deployed 1400 tablets that provide its staff with the ability to show a safe sleep instructional video with family testimony. Since the start of the program, the agency has distributed over 1,000 baby boxes to DCS offices across the state. Several non-profit agencies that are contracted with DCS for In-Home Services were also provided baby boxes.

One way to share the Safe Sleep training throughout the state is the recorded computer-based training (CBT) that the DCS Office of Prevention created. This CBT has been completed by 498 DCS staff and multiple community agencies this past year. Additionally, the Office of Prevention presented Safe Sleep as a workshop at the DCS Teen Parent University and trained 49 teen parents and their partners. In 2019, DCS obtained the first ever Governor’s Proclamation declaring October as Safe Sleep Month in Arizona as October is recognized nationally as Safe Sleep Month. In addition to the proclamation, DCS in partnership with the Arizona Chapter of the American Academy of Pediatrics, FTF and other stakeholders rolled out new safe sleep campaign material messaging – “Don’t wake up to a tragedy” – encouraging parents and caregivers to avoid suffocation by practicing the ABC’s of safe sleep.

### ***Other Services***

On-going services administered by DCS include:

- ***Parent Aide Services*** – Through a range of support services, the purpose of a parent aide is to enhance the parenting skills and abilities of the parents/caregivers of children involved with DCS. The provision of services is aimed to address the identified safety threats, risks and behavioral changes specified by DCS staff. The program provides a range of support services, instruction and assistance to parents to improve their skills and ability to fulfill parenting roles and responsibilities. Supervised visitation between children in out of home placements, siblings and parents/caregivers may be requested to promote a continued relationship. Services are referral driven and are for children and their families who have an open DCS case due to a report of child abuse or neglect.
- ***In-Home Services*** – Described earlier in this section.
- ***Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together)*** – The Arizona Families F.I.R.S.T. program helps parents/caregivers address substance abuse issues that are affecting their ability to care appropriately for their children and for adults receiving TANF cash assistance to get and keep a job. It provides the opportunity for families to overcome the barrier of substance abuse in order to reach the outcomes of safety and permanency for children, family reunification and self-sufficiency. The goal of the program is to reduce or eliminate abuse of, and dependence on, alcohol and other drugs, and to address other adverse conditions related to substance abuse. This is accomplished through the provision of family-centered substance abuse treatment and along with supportive services, using modalities that include educational, outpatient, intensive outpatient, residential treatment and recovery maintenance levels of services. Services are referral driven and are for children, parents and their families as part of a case plan that is a result of a child abuse or neglect report, and for families involved with the DES Jobs program. Arizona Families F.I.R.S.T. services are available statewide. During SFY2019, a total of 11,197 unique individuals were involved with the Arizona Families F.I.R.S.T. (AFF) program. Out of the 11,197 unique individuals, there were 8,346 individuals referred to the AFF program between July 1, 2018

and June 30, 2019. An additional 2,851 individuals were referred to the AFF program prior to July 1, 2018 and continued to receive services during SFY2019. A total of 6,494 unique individuals accepted services and 6,364 received a substance abuse assessment. Throughout their treatment services, 1,970 (69.2%) received an Outpatient level of care, 861 (30.2%) received Intensive Outpatient and 16 (.6%) received a Residential Treatment level of care.

- ***Comprehensive Medical and Dental Program (CMDP)*** – CMDP is an integral component of DCS. The mission of CMDP is to promote the well-being of Arizona’s children in foster care by ensuring, in partnership with the foster care community, the provision of appropriate and quality health care services. Children involved with the foster care system have a high level of social needs and are more likely to have physical and behavioral health problems. It is well recognized that children in foster care experience trauma due to maltreatment and/or neglect; the actual removal process itself; and being separated from their families, from their schools, from their friends and from their community. Approximately half of the children who enter foster care are enrolled in another Medicaid plan prior to entry into foster care. CMDP strives to ensure continuity of care provided to children as they enter foster care, during their time in out-of-home care, and after they leave care, whether returning to their families or with guardians and adoptive parents. After exiting the foster care system, Arizona policy ensures that Medicaid eligible children continue their Medicaid enrollment for at least 60 days to allow families an appropriate timeframe to apply for Medicaid.
- ***Young Adult Program (YAP)*** – The Young Adult Program within DCS ensures services are available to youth who are 14 years of age and older while in foster care, and to former foster youth living in Arizona, who are under 21 years of age and were in a state or tribal foster care system at age 16 or older. Services are designed to assist youth in foster care develop the skills and competencies necessary for a successful transition to adulthood. These services include, but are not limited to: life skills training, educational support and assistance, Education and Training Voucher Program, employment support/assistance, counseling, Independent Living Subsidy, counseling and health care.

## FIRST THINGS FIRST

First Things First (FTF) was created to enhance school readiness for children 5 and younger. Aligned with that mission, FTF is a partner in Arizona's prevention/early intervention system. FTF recognizes the family's critical role as their child's first teacher and offers resources that strengthen families in that role. All families – including birth families, kinship care families, adoptive families and foster families – experience challenges raising their children. FTF's programs and services provide families voluntary, community-based choices when accessing services that meet their needs. Because strengthening families is foundational to FTF's mission, the organization is also one of many prevention/early intervention system partners – including child care and early learning programs, K-12 schools, health providers, human services organizations, faith communities and law enforcement – that provide programs, information and resources to help families provide safe nurturing environments for their children to live, grow and learn.

FTF invests in a variety of strategies that strengthen families and promote positive parenting. Those strategies include:

- ***Developmental and Sensory Screening*** – Early identification of developmental issues or delays and linking parents to available resources is critical to improving health and educational outcomes. Together, they can reduce the impact such a delay has on school performance. The intent of the evidence-based Developmental and Sensory Screening strategy is to support regular and appropriate screening of all young children. The expected result is early identification of a developmental, hearing or vision concern and referral for further evaluation if necessary. In SFY19 FTF-sponsored programs screened 17,626 children in order to detect vision, hearing and developmental issues in young kids and prevent learning challenges later on. In addition, 4,693 referrals were provided to further assess children for developmental delays/sensory issues and possible treatment or early intervention services.
- ***Community-Based Parenting Education*** – Available in a variety of settings, these educational sessions address crucial topics such as brain development, dealing with challenging behaviors and early literacy. The intent of the evidence-based Parenting Education strategy is to offer learning activities designed to increase the knowledge and skills of parents and families to promote positive parenting practices that result in enhanced child health and development when utilized by parents and caregivers. The expected results of effective parenting education programs are increased parental knowledge of child development and parenting skills, improved parent and child interactions, and more effective parental monitoring and guidance, decreased rates of child maltreatment and better physical, cognitive and emotional development in children. In SFY19, 593 parents and caregivers of children 5 and younger completed the full series of voluntary classes.
- ***Birth to 5 Helpline*** – Toll-free and statewide, this Helpline is staffed by nurses and early childhood development experts. Answers to caregivers' toughest parenting questions are just a phone call

away. Available to any caregiver with a child 5 or younger, including parents, grandparents and child care providers, the Helpline is administered by Southwest Human Development with support from FTF. By calling the Helpline, caregivers can access support as needed from a wide range of early childhood development staff experts, including psychologists, master's level counselors, registered nurses, disabilities specialists, early literacy specialists and occupational, speech/language and physical therapists. In addition to providing caregivers with counseling and resource/referral information, caregivers can receive individualized child development information as applicable. In SFY19, the Helpline answered 3,671 inquiries from families of children 5 and younger and from professionals working with infants, toddlers and preschoolers.

- **Parent Kits** – Comprehensive informational kit are offered to the parents of every newborn so they know how to support their baby's safety, health and brain development. In SFY19, 64,190 parent kits were distributed statewide. In addition, FTF partnered with the Department of Health Services to provide crib cards to the labor and delivery nurses at hospitals that reinforce the importance of safe sleep environments, as part of a multi-agency collaboration to improve safe sleep practices statewide.
- **Parenting Information and Resources** – Since FY16, FTF has been increasing the amount of parenting information available through its website, [firstthingsfirst.org](http://firstthingsfirst.org), as well as through its social media platforms. Emphasis is placed on ensuring that information is presented in easily understood and engaging formats to better meet the needs of today's parents. Included in those digital resources is much of the information contained in the Arizona Parent Kit, detailed information about young children's development at several ages and stages, and videos that provide information on crucial topics, such as the importance of early environments on children's brain development. Since 2017, FTF has been working to engage its system partners in connecting families to the FTF resources and using the resources themselves. Through a partnership with DCS, this information continues to be distributed to DCS staff working with families of young children. The resources also have been placed on DCS' prevention Facebook page so that families have the information they need to better support their child's health and development. In addition, the Office of Prevention continues to share FTF video content on early childhood health and development. The videos are shown in some DCS offices, they are shared through social media posts and shared with other partners, such as Maricopa County courts who are piloting an infant care plan program. Throughout the year, FTF provided information for multiple DCS family events. This included the distribution of FTF-branded crayons that were paired with the DCS Strong Families, Stronger Arizona coloring book and FTF community outreach staff participated in the Prevention Annual Resource Fair. Finally, FTF has provided information to be placed in welcome packets for new Child Abuse Prevention Council members. This includes an overview of FTF, and ways that CAP councils can connect with FTF for additional information, outreach materials and opportunities for collaboration.

- ***Building Awareness of the Impact of Abuse or Neglect on Young Children*** – For the sixth year in a row, FTF was a primary sponsor of the statewide Child Abuse Prevention Conference. Hundreds of child welfare and abuse prevention professionals attended the conference, which offered national expert keynotes and two full days of workshops on topics aimed at preventing child maltreatment and improving Arizona’s child protection system at the local and statewide levels. The conference primarily serves child welfare professionals and community organizations working with children and families.

FTF invests in a variety of strategies that are especially crucial to families who may be facing a variety of challenges that place them at greater risk for child neglect. Those include:

- ***Home Visitation*** – FTF is the leading funder of home visitation in Arizona (see page 9 for additional information on inter-agency collaborations). Through a variety of evidence-based models (such as Healthy Families, Nurse-Family Partnership and Parents as Teachers), home visitation supports pregnant women and families and helps parents of children from birth to age 5 tap into the resources and develop the skills they need to raise children who are physically, socially and emotionally healthy and ready to continue learning. These family support and coaching programs empower parents and caregivers with better knowledge, better health and better opportunities for their children. Trained educators work with participating families in the comfort of their own home, in areas such as parenting, child development, dealing with challenging behaviors, school readiness and health topics, while assisting with connections to other resources or programs as needed, on a voluntary basis. First-time parents, parents of children with special needs, single parents or families with multiple births and families without any support are among those who benefit most from these programs. In SFY19, 3,738 families participated in FTF funded voluntary home visiting programs proven to reduce parental stress levels, increase connections to community supports and improve children’s cognitive, motor, behavioral and socio-emotional development. Also, 210 families graduated from home visiting programs in 2019.

In 2019, FTF’s work with FTF grant partners, DCS, ADHS and other stakeholders highlighted the need to better serve families with substance exposed newborns. As the identification of substance exposed newborns and families struggling with substance use continues to grow, and as home visiting providers (FTF, DCS and ADHS) who serve at risk families express the need to have greater capacity and training to engage, serve and retain families, FTF is joining forces with DCS and ADHS to implement broad training for home visitation professionals serving this special population. FTF, in collaboration with DCS and ADHS, were successful in securing Blue Cross Blue Shield of Arizona Mobilize AZ Grant Program funding to support home visitation programs through targeted training and capacity building to best serve this population of families.

FTF, DCS and ADHS are collaborating in developing and delivering an enhanced Substance Exposed Newborn training that will benefit both new and existing home visitation providers and help them

to provide even higher quality service to families. SENSE home visitors and HRPP/NICP community health nurses currently receive distinct training that will serve as a baseline for developing a more enhanced training that is tailored to the needs of all home visitation providers and is more accessible to both home visitors and supervisors across Arizona. The Blue Cross Blue Shield of Arizona Mobilize AZ Grant Program funding will support the cost of developing this enhanced and expanded SEN training; delivering the new training through three training conferences in the northern, central and southern areas of the state; coordinating an online learning component; and supporting a community of practice that includes individual coaching.

- ***Child Care Scholarships*** – FTF’s signature program, Quality First (further described beginning on Page 28), is Arizona’s child care and preschool quality improvement and rating system. Quality First includes a limited number of scholarships that help young children in low-income working families access early learning programs. The scholarships (available to families at or below 200 percent of the Federal Poverty Level) may only be used at state licensed or certified child care or preschool programs that have shown a commitment to quality improvement or have achieved quality standards. In SFY19, child care scholarships helped 9,179 infants, toddlers and preschoolers access safe, reliable child care in learning environments committed to quality.
- ***Support for Parents of Children with Special Needs*** – The intent of the evidence-informed Family Support for Children with Special Needs strategy is to promote healthy physical, social and emotional developmental support to children and their families. The expected result is children and their families will gain knowledge about developmental concerns they may have and that the child’s development will progress as a result of the supportive interactions. The target population for this strategy is children with mild to moderate developmental concerns and their families, who do not qualify for services through the Arizona Early Intervention Program (AzEIP) for ages birth to 3, or preschool special education services for ages 3 to 5 provided through public school districts. These programs are also known as Individuals with Disabilities Education Act (IDEA) Part C and Part B programs, respectively. In SFY19, 299 families received this crucial support.
- ***Family Resource Centers*** – Located throughout Maricopa and Santa Cruz counties, this network of 40 centers offer families a one-stop shop to find the information to make the best choices for their families. The intent of the Family Resource Centers strategy is to serve as a community hub for connecting families with children birth to age 5 to the information, resources and services they need to support their child’s optimal health and development. The expected results are improved parenting skills and social supports for families; increased knowledge of child development; and, support for their child’s school readiness. The centers are implemented through public-private partnerships between FTF, cities, schools, faith communities and other organizations. Family Resource Centers offer a variety of services for families so they can access information and education. In SFY19, 10,372 families attended parenting activities at Family Resource Centers. In addition, 13,395 families received referrals through these centers.

## **SYSTEMIC COLLABORATIONS**

While DCS and FTF each do their part to support young children and their families, there is some commonality among the factors that place a child at risk for abuse or neglect and those that place a child at risk for school failure. Because of this, the work of both organizations often intersects, and both are committed to on-going cooperation and collaboration in order to improve outcomes for young children.

This section highlights three collaborative efforts that are both improving safety or permanency for young children and enhancing their school readiness.

### **SUPPORTING THE DEVELOPMENTAL NEEDS OF MALTREATED INFANTS AND TODDLERS**

When young children experience abuse or neglect such as, family violence, poor nutrition, housing instability and infrequent health care, their ability to learn and succeed can be compromised. According to Harvard University's Center on the Developing Child, research demonstrates that chronic stress, often induced by abuse and neglect, can have adverse effects on young children's neurobiology, some of which hinder cognitive development as well as setting the autonomic nervous system on high alert causing poor responses to normal environmental cues.

Studies have shown that stable, responsive environments for children can help ameliorate the consequences of abuse and neglect, and improve learning, behavior and health outcomes later on in life. Infants are the largest group of children to enter, remain and re-enter the child welfare system. While child abuse and neglect in infancy and toddler-hood can negatively impact development, research suggests that the early years present an unparalleled window of opportunity to intervene. Effective and developmentally appropriate interventions and services can greatly improve outcomes for children.

Juvenile and family court judges are faced with making difficult decisions that may have long-term implications for children's emotional, developmental and physical health, especially those regarding maltreated infants and toddlers.

From 2010 through 2014, there was a 55 percent increase in the number of children birth to 3 years old entering foster care in Arizona, primarily due to neglect. The age distribution of infants and toddlers in out-of-home care has remained fairly consistent over the years.

FTF's Court Team strategy intends to improve outcomes for infants, toddlers and their families in the child welfare system. Through increased knowledge about appropriate developmental practices, training, shared planning, systems improvement and regular consultation with child and family agencies, local communities can better support infants, toddlers and their families in the juvenile court system.

Court Teams focus on improving communication and collaboration amongst the courts, child welfare and other child serving organizations to allow them to more easily share information, expedite services and



provide developmentally appropriate solutions for infants and toddlers. Court Teams are led by a judge who specializes in child welfare cases and is uniquely positioned to bring stakeholders – including families, child welfare officials and community providers – together to focus on protecting children from further harm.

Court Team goals are achieved by developing Community-Court teams to:

- Raise awareness of the developmental needs of maltreated infants and toddlers;
- Ensure that case plans support the developmental needs of the youngest children;
- Promote a permanency plan that results in stable placements for the youngest children with foster families, relatives or other caretakers; and,
- Ensure that there is a continuing focus on child well-being when young children are returned to parents, relatives or other caretakers.

Research on the outcomes for young children under the jurisdiction of juvenile courts that utilize Court Teams has shown:

- A significant increase in the services provided to eligible children and their parents, particularly in accessing health care and early intervention services;
- Decrease in the number of foster home moves for infants and toddlers;
- An increase in parent-child visits; and
- An increase in relative/kinship placements.

There are Court Teams operating at various levels in all 15 Arizona counties. Much of the success of Court Teams depends on having the resources necessary to promote ongoing collaboration and learning. Through both funded and unfunded approaches, FTF supports Court Teams in 10 counties (Apache, Cochise, Graham, La Paz, Maricopa, Mohave, Navajo, Pinal, Yavapai and Yuma) and two tribal communities – the Colorado River Indian Tribes and the Gila River Indian Community.

Research funded by FTF and completed by Arizona State University’s Center for Child Well-Being demonstrated that the FTF-supported Court Team model implemented in Maricopa County, also known as Cradle to Crayons (C2C), had a positive impact on infants and toddlers in the child welfare system. The research focused specifically on the Court Teams operated by the Maricopa County Juvenile Court in collaboration with and partially funded by five FTF regional councils, including Phoenix North, Phoenix South, East Maricopa, NW Maricopa and Southeast Maricopa.

Quantitative data from the DCS automated information system was used to describe the infants and toddlers who were removed from their parents and caretakers from January 2010 through December 2017. The data was further used to examine outcomes on time to permanency, safety and stability in relation to a comparison group of children who entered out of home care 18 months prior to C2C implementation. Findings on time to permanency, re-reports, and reentries suggest an increasing positive program impact in each outcome area over time. Particularly notable are the following findings:

- From 2010 through 2015, there was a 67.4% increase in the number of children under 3 who experienced a first removal from their homes. The number of removals decreased in 2016 and 2017, when removals were 28.9% less than the peak in 2015. More than 85% of all children removed had neglect as the most serious allegation associated with their removal.
- The number of children achieving permanency because they were reunited with their families has consistently increased since the Cradle to Crayons implementation (e.g. 672 pre-C2C implementation, 594 in 2012, 624 in 2013, 776 for 2014 and 845 for 2015).
- More children achieved permanency within 12 months (e.g. 469 prior to C2C implementation, 432 in 2013, 494 in 2014 and 540 in 2015). Percentages also have increased accordingly (26.4% in 2014; 27.8% in 2015; and 29.3% in 2016).
- Children who received C2C services were less likely to be the subject of a re-report or removal one year after reunification.

These positive findings point to improved lifetime outcomes for the most vulnerable and at risk children in the child welfare system, and to substantial immediate and long-term cost savings.

However, it is important to note that C2C program implementation has continuously changed since its launch in 2011, so it is difficult to determine if outcomes are due to the implementation of specific model components.

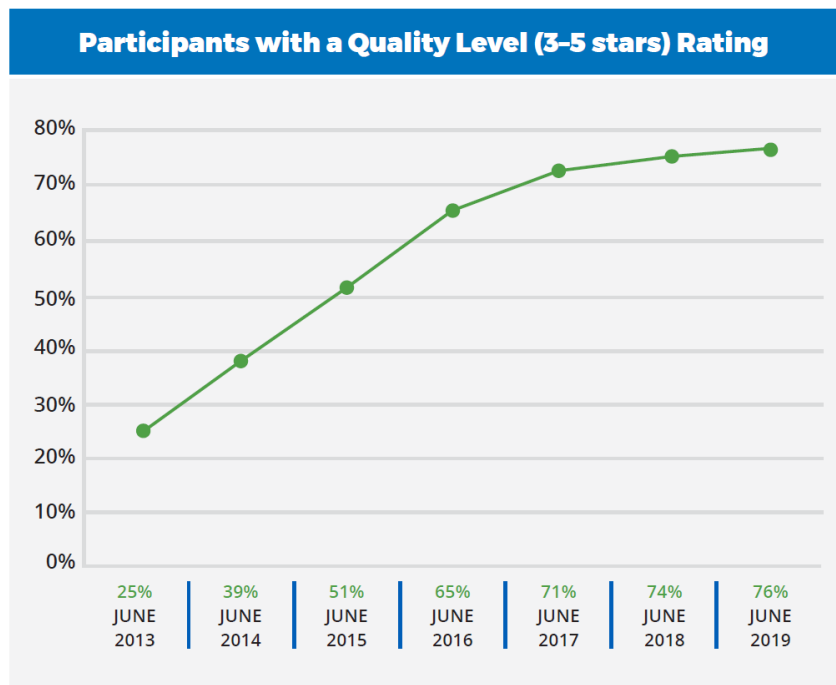
## EXPANDING HIGH-QUALITY EARLY LEARNING FOR ARIZONA’S MOST VULNERABLE CHILDREN

Science tells us that 90 percent of a child’s brain growth occurs before they reach kindergarten. So, the quality of early experiences can have a profound effect during the first five years of life. Young children with high-quality experiences have been shown to have increased vocabulary, better language, math and social skills, more positive relationships with classmates and higher scores on school-readiness assessments. Longitudinal studies have demonstrated that the opposite is also true: children with adverse experiences in the crucial early years – including abuse or neglect – are more likely to have negative long-term health and learning outcomes.

In Arizona, 60 percent of children live in families where all of the adults work. That means they spend much of their day with caregivers other than their parents. In addition, as of June 2019, there were 5,720 children birth to 5 years old who were in out-of-home care with DCS, representing 40 percent of all children in out-of-home care.

Access to quality early care and education programs can result in social, developmental and health benefits to young children that help to prepare them for later success in school and in life. Where families choose out-of-home settings – including biological and foster families involved with DCS – stable and high quality early care and learning experiences help young children develop strong attachments to caregivers and teachers, in addition to their parents. These attachments set the stage for future relationships throughout a child’s life.

High quality early childhood programs are defined by several characteristics: skilled teachers that know how to engage young learners; indoor and outdoor environments that are safe, child-centered, stimulating and well-stocked with materials; predictable and balanced daily schedules and routines; evidence-based, culturally responsive curriculum; supportive assessments of each child’s progress; and ample opportunities for family involvement in their child’s education.



Quality First, Arizona's quality improvement system, was established to improve the quality of child care and preschool settings. The latest data indicate that Quality First has significantly improved the quality of early learning options available to Arizona's families (See figure at right). In SFY2013, 25 percent of 857 participating rated providers met quality standards. Over the past six years, both enrollment and quality improvement have improved. In SFY19, 76 percent of 1,032 participating rated providers met or exceeded quality standards. When combined with providers who continue to work diligently on enhancing the quality of their child care and preschool programs, Quality First has ensured that more than 60,000 children throughout the state have access to a higher standard of early education.

The First Things First Board is committed to continuous quality improvement across all areas, including Quality First. To that end, the Board convened the Quality First Advisory Subcommittee, a diverse group of system partners – including child care and preschool providers, early learning experts, advocates and staff – to make recommendations to the Board on how to enhance efficiency and expand the reach of Quality First. In October 2016, the Board accepted the recommendations of the Subcommittee, which include increased initial information to providers about Quality First's program standards and what their participation will require; tools to help providers assess their readiness to engage in quality improvement efforts; on-demand technical assistance across a greater variety of topics; and updated costs associated with the program once the aforementioned changes are made. In May 2017, First Things First was awarded an \$800,000 grant from the W.K. Kellogg Foundation that will support a pilot program to test those modifications to Quality First across an additional 64 programs statewide. The Quality First Redesign Field Test pilot will focus on child care and preschool settings that serve large numbers of at risk children, such as children living in poverty and children in the child welfare system. Researchers will follow those programs over the course of two years to determine whether the modifications continue to improve program quality.

The selection process for programs to participate in the First Things First's Quality First Redesign Field Test had an intentional focus of recruiting and selecting sites with high numbers of children in poverty and/or at risk, including children whose families were involved with the child welfare system. Using the Arizona Early Childhood Workforce Registry, the DHS Child Care Licensing provider list, the DES provider list, the Quality First provider list, and Census data, a list of regulated providers was compiled that included information on providers' 1) geographic area, 2) provider type (center or home), 3) size or capacity, 4) the percentage of the population in poverty in the provider's ZIP code, and 5) receipt of subsidies for children in DCS custody. Providers that met this criteria were defined as serving an "at-risk" population if they received subsidies for children in DCS custody *or* were located in a ZIP code with an above-average percentage of children (0-5 years) living in poverty (compared to the statewide percentage). Additionally, ten sites in the Quality First Redesign Field Test are supported for quality improvements through a partnership with Virginia G. Piper Charitable Trust to increase vulnerable children's access to quality early care and education through supports of the Quality First Redesign. The ten sites chosen for this partnership with Piper Trust are located in high poverty ZIP codes in Maricopa County and serve children with a child care subsidy through DES and currently serve children whose families are involved with DCS.

The Quality First Redesign model also includes a component of technical assistance with an emphasis on early childhood mental health. This type of technical assistance was included in the model in order to support programs in working with children who have experienced trauma and children with challenging behaviors. The Quality First Redesign Field Test includes quality standards for the environment of the early care and education program, the expectations for quality interactions between teachers and children and administrative practices. The additional technical assistance focuses on early childhood mental health to support a comprehensive approach to working with Arizona's most vulnerable children.

In addition to improving the quality of early care and education for thousands of Arizona's young children, FTF's child care quality improvement investments also ensure that the state's child care voucher program is able to make full use of available federal child care funds. As described further below, these funds help many children involved with DCS access early learning programs that support their learning and social-emotional development.

The State of Arizona currently receives more than \$184 million per year in federal Child Care and Development Fund (CCDF) grant funds. Since the grant's inception, the DES has been designated by the Governor as the lead agency for the CCDF. DES is also responsible for the operation of the State's subsidized child care program, for which CCDF dollars provide the bulk of the funding.

CCDF funds are used in a number of ways, including ensuring that low-income working families have access to safe, reliable child care (which may reduce instances of abuse or neglect because children are not left to be cared for in unsafe environments) and to provide child care for families providing temporary placement to children in the child welfare system (such as foster families and relatives). The CCDF grant requires that the State provide both Maintenance of Effort (MOE) and matching funds. Specifically, Arizona cannot claim a \$37 million portion of the total CCDF grant unless the State expends \$30 million in non-federal dollars on child care-related activities. Historically the State met the MOE and matching requirement with State General Fund dollars appropriated by the Legislature to DES for additional child care vouchers. Non-CCDF appropriations, including General Fund and other appropriated fund sources, reached a high point of almost \$83 million in fiscal year 2009. Due to significant reductions in General Fund revenues resulting from the economic recession, the Legislature drastically reduced non-CCDF appropriations since that year. In FY12, all General Fund appropriations to child care vouchers were eliminated, although some were briefly restored in FY15 and the years following. The Legislature's elimination of General Fund appropriations to child care vouchers in 2012 meant the state could no longer meet the MOE and matching requirements, thus threatening the loss of tens of millions of dollars for child care vouchers annually.

In order to continue to access Arizona's full allotment of CCDF dollars, FTF collaborated with the Governor's Office and DES in establishing a Memorandum of Understanding (MOU) to leverage FTF investments as the MOE and State match. These expenditures have included the various components of quality improvement efforts – including assessing programs, coaching providers on quality improvement

and professional development for early educator to expand their skills working with young children – as well as Quality First Scholarships.

Over the 10 years this MOU has been in place (see Figure 2), Arizona has been able to leverage almost \$378 million in federal child care funds that otherwise would have been lost. The growing importance of this FTF-DES collaboration on the child welfare system’s outcomes is clear. During the past few years, Arizona has seen explosive growth in the number of children in out-of-home care due to abuse or neglect. Child care is a crucial support in ensuring that children in foster care are in safe, supportive learning environments while their parents or foster parents work. According to the DES Child Care Administration, in SFY11, 28 percent of young children served by the program were involved with the child welfare system; at the end of SFY18, that number was 38 percent.

By ensuring that Arizona is able to draw down all available CCDF funds and by working to improve the quality of care in licensed and certified child care and preschool settings, FTF is promoting quality early learning for thousands of Arizona’s youngest children, including those in out-of-home care whose foster families use DES child care vouchers.

**Figure 2**

Federal Fiscal Year	FTF Match Provided	Federal Child Care Subsidy Dollars Drawn Down as Result of FTF-DES MOU
2011	\$10 M	\$40.5 M
2012	\$30 M	\$37.9 M
2013	\$30 M	\$37.6 M
2014	\$30 M	\$37.5 M
2015	\$34 M	\$37.8 M
2016	\$30 M	\$37.6 M
2017	\$30 M	\$37.4 M
2018	\$30 M	\$38.1 M
2019	\$30 M	*\$36.7 M
2020	*\$30 M	*\$36.7 M
<b>TOTAL</b>	<b>\$284 M</b>	<b>\$377.8M</b>

*\*projected*

Source: Department of Economic Security

In 2017, DCS worked with DES and other partners to develop a “Fast Pass” for families in need of assistance. The Fast Pass expedites the eligibility process for families to receive other state services such as Temporary Cash Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP). Additionally, DCS has developed the Urgent Child Care Fast Pass to assist families with accessing child care after normal business hours including nights, weekends and holidays. This is to prevent children

from being removed while ensuring safety, and decrease possible out-of-home placement disruptions due to immediate child care needs.

In addition, DCS, Southwest Human Development (SWHD), FTF and the DES Child Care Administration continue to work collaboratively to increase the number of children involved with DCS and receiving a child care subsidy to be served in high quality early learning environments in order to enhance early childhood education outcomes. This collaboration is designed to prevent or reduce child expulsion by creating better awareness for parents/guardians and DES contracted providers on issues that may lead to expulsion of children. DES contracted child care providers are currently being trained in topics of effects of trauma and toxic stress on children, self-regulation, cultural sensitivity, engaging parents and creating a trauma informed child care environment. Once providers attend training, they can utilize technical assistance provided by SWHD. SWHD is also training DCS case managers on the importance of quality child care for children and topics similar to those provided to the child care community.

In 2019, this collaboration among system partners also was reflected in how Arizona chose to spend its increased infusion of federal dollars. Based on a recommendation from DES, Governor Doug Ducey championed the use of the federal funds to provide access to child care subsidies to approximately 5,000 more children and to reduce out-of-pocket costs for families by increasing provider payments an average of 30 percent. In addition, the reimbursement rate to providers meeting quality standards, including providers who earn 3-5 stars in Quality First, were increased even further (a new enhanced rate of 5% for 3-star providers and maintenance of a 10% enhanced rate for 4-star providers and 20% for 5-star providers). This is significant because many facets of quality – such as hiring and retaining highly skilled educators – increase provider costs. Without adequate reimbursement, providers might be forced to choose between high quality and passing on costs to struggling families. Although reimbursement rates continue to lag behind the actual costs to provide quality early learning, the recent investments reflect a continued commitment by system partners to support improved quality in early learning and greater access to quality settings for some of the state’s most vulnerable children. While DES acknowledges that reimbursement rates continue to be below the amount needed to fully support quality and that a waitlist is likely as more families become aware of the availability of subsidies and/or begin using the subsidies they are authorized for, the latest measures are steps in the right direction. In fact, as a result of these actions, the number of children receiving child care subsidies who were enrolled in quality environments in 2018 increased by 26 percent compared to 2017, a very promising change for Arizona.

For children involved with DCS, the benefits of a quality environment may be even more impactful given their greater risk for behavioral and socioemotional issues.<sup>2</sup> Statewide, the number of children involved with DCS in quality environments increased by 14 percent between 2017 and 2018 (see table on following page).

---

<sup>2</sup> Turney, K., & Wildeman, C. (2016). Mental and physical health of children in foster care. *Pediatrics*, 138(5), e20161118.

*Children receiving subsidies who are enrolled in quality environments, 2017 to 2018*

YEAR	CHILDREN IN QUALITY ENVIRONMENT	DCS-INVOLVED CHILDREN IN QUALITY ENVIRONMENT
2017	13,703	43%
2018	17,294	48%
Increase	+26%	+14%

Source: Arizona Department of Economic Security (2019). 2017-2018 Child Care Assistance Data. Unpublished data received by request.

Young children, including the most vulnerable young children, across Arizona are increasingly participating in quality early learning environments. Among children involved with DCS who were receiving child care subsidies, the proportion enrolled in quality environments increased between 2017 and 2018 in all counties with reportable data.

High quality early care and education practices, including lower teacher-child ratios, access to professional development, and early childhood mental health consultation, can help avoid preschool expulsion.<sup>3, 4</sup> Nationally, preschool expulsions and suspensions occur at high rates and disproportionately impact children of color, specifically young black boys.<sup>5, 6</sup> In 2016, an estimated 50,000 preschoolers were suspended and 17,000 preschoolers expelled nationwide, with black children 2.2 times more likely to be suspended or expelled than other children.<sup>7</sup> The U.S. Department of Education Office of Civil Rights began collecting data on preschool suspension and expulsion in 2011 and, as a result of federal changes to the Child Care Development Block Grant in 2014, Arizona began collecting provider-reported data on early

<sup>3</sup> Gilliam, W. S., Maupin, A. N., & Reyes, C. R. (2016). Early childhood mental health consultation: Results of a statewide random-controlled evaluation. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(9), 754-761.

<sup>4</sup> .S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. (n.d.). Understanding and eliminating expulsion in early childhood programs. Retrieved from <https://eclkc.ohs.acf.hhs.gov/publication/understanding-eliminating-expulsion-early-childhood-programs>

<sup>5</sup> U.S. Department of Health and Human Services & U.S. Department of Education. POLICY STATEMENT ON EXPULSION AND SUSPENSION POLICIES IN EARLY CHILDHOOD SETTINGS. Retrieved from <https://www2.ed.gov/policy/gen/guid/school-discipline/policy-statement-ece-expulsions-suspensions.pdf>

<sup>6</sup> U.S. Department of Education Office for Civil Rights. (2014). Data Snapshot: Early Childhood Education. Retrieved from <https://www2.ed.gov/about/offices/list/ocr/docs/crdc-early-learning-snapshot.pdf>

<sup>7</sup> Malik, R. (2017, November 6). New Data Reveal 250 Preschoolers Are Suspended or Expelled Every Day. Center for American Progress. Retrieved from <https://www.americanprogress.org/issues/early-childhood/news/2017/11/06/442280/new-data-reveal-250-preschoolers-suspended-expelled-every-day/>



learning environment expulsion in 2017.<sup>8,9</sup> Given the positive impact of early educational experiences on children’s cognitive and emotional development and the negative impact of suspension and expulsion on educational outcomes, it is essential to identify areas with higher rates of expulsion to provide targeted supports.<sup>10</sup>

As an alternative to expulsion, early education providers in Arizona have an opportunity to identify young children as being at risk for expulsion and to receive consultation from experts to help intervene in problem behaviors. Consultation is provided through on-site mental health consultation, available for Quality First and some non-Quality First providers, as well as through a DES-managed hotline (see next section on Early Childhood Mental Health Consultation). If that child is then able to remain in the center, this is documented as a prevented expulsion and their case is closed out. The reported number of prevented expulsions of young children receiving subsidies increased from seven in 2017 to 45 in 2018.

Eleven of 15 counties in Arizona reported no expulsions of children receiving subsidies in early learning environments to DES in 2017 and 2018; only Maricopa, Pima, Pinal and Yuma counties reported expulsions. The number of children receiving subsidies who were expelled from an early learning setting almost doubled from 2017 to 2018, increasing from 27 to 57. Given recent increased awareness of available supports, along with reliance on self-reported data from providers, this increase in expulsion cases may reflect an increase in help-seeking by providers to prevent expulsions rather than a true increase in expulsions overall.

---

<sup>8</sup> U.S. Department of Education Office for Civil Rights. (2014). CIVIL RIGHTS DATA COLLECTION Data Snapshot: Early Childhood Education. Retrieved from <https://www2.ed.gov/about/offices/list/ocr/docs/crdc-early-learning-snapshot.pdf>

<sup>9</sup> U.S. Department of Health and Human Services and Education (2015). Policy statement on expulsion and suspension policies in early childhood settings.

<sup>10</sup> Lamont, J. H., Devore, C. D., Allison, M., Ancona, R., Barnett, S. E., Gunther, R., ... & Young, T. (2013). Out-of-school suspension and expulsion. *Pediatrics*, 131(3), e1000-e1007.

## **HELPING TEACHERS MEET THE SOCIAL-EMOTIONAL NEEDS OF THE YOUNGEST LEARNERS**

Research demonstrates that young children’s social-emotional skills promote school readiness and future academic success. Children with less developed socio-emotional skills may benefit from positive early education experiences that could help facilitate their transition into formal schooling. Unfortunately, children with socio-emotional and behavioral problems – including children who have experienced the trauma of abuse or neglect – may be more at risk for expulsion from early education programs.

Given the high rate of expulsion in preschool and child care programs, FTF has prioritized an evidence-informed Early Childhood Mental Health Consultation (ECMHC) strategy to promote positive transition practices and reduce expulsion rates for children in Arizona.

The ECMHC strategy is intended to help early childhood education professionals more effectively interact with children and their families through consultation with trained mental health professionals. Based on evidence found in research on ECMHC programs, ECMHC is effective in preventing and reducing challenging classroom behaviors, improving teacher skills and lowering preschool expulsion rates.

Mental Health Consultants (MHCs) are mental health professionals with expertise in children’s social and emotional development who collaborate with early care and education providers. MHCs conduct activities with early care and education providers that promote early childhood socio-emotional competence and development as well as problem-solve specific child and family issues. ECMHC has primarily been implemented in licensed child care centers or homes; however, ECMHC services can also be provided to professionals providing home visitation services or those involved in Family, Friend and Neighbor (FFN) programs. Whether these expanded services are provided depends on strategy decisions made by a First Things First (FTF) regional partnership council.

The evidence demonstrating that ECMHC is effective at promoting positive social and emotional outcomes and reducing negative outcomes, has led many states to incorporate the practice in efforts to improve the quality of early learning settings, such as child care and preschool. FTF has incorporated ECMHC into Arizona’s quality improvement and rating system, Quality First. The program – referred to as Smart Support – is administered through a partnership with a community-based organization. In SFY19, 458 child care and preschool providers received consultation proven to enhance teachers’ confidence in dealing with students’ social–emotional needs, improve teacher–child relationships and prevent expulsions. In addition, 106 referrals were given to children for services to address their mental health needs.

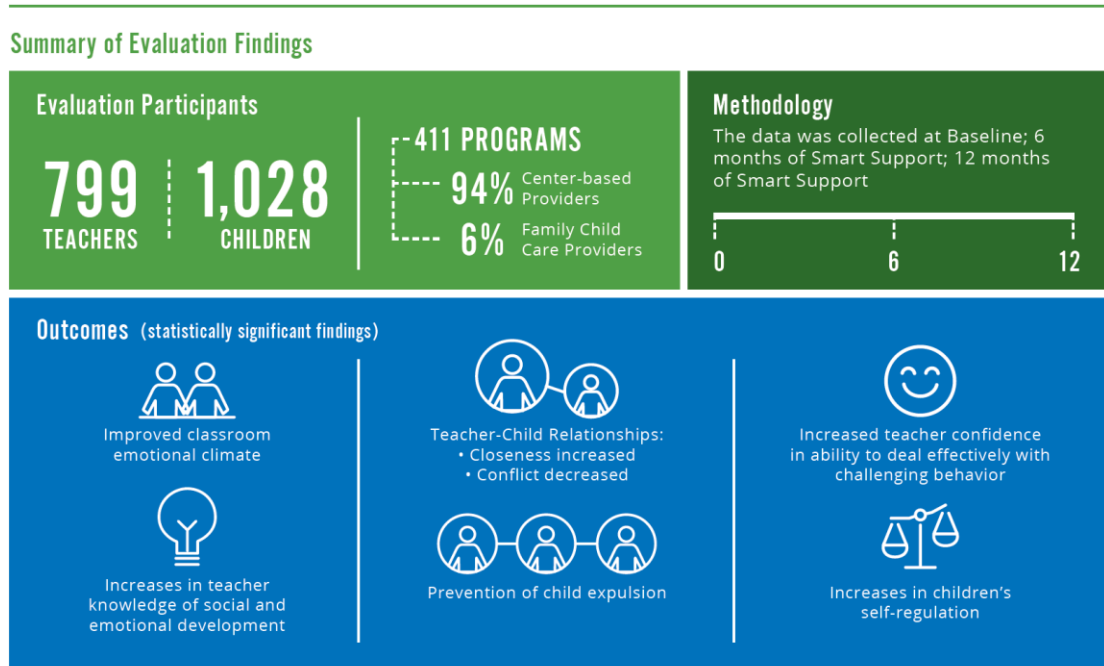
ECMHC is not a therapeutic service for children. It works to enhance the ability of teachers and programs to address the varied social-emotional needs of children, thus improving outcomes for all children. There are a variety of situations in which programs might request or be offered ECMHC:

- Child-Focused Consultation: working with adults, including teachers and families, to understand a specific child’s behavior and ways to address the child’s needs through an individualized plan;

- Classroom-Focused Consultation: working with a specific teacher to identify attitudes, beliefs, practices and conditions that may be undermining quality relationships between teachers and children; and
- Program-Focused Consultation: working with program leadership, like directors, to ensure their early learning practices and/or policies benefit all of the children and adults in that setting.

ECMHC consultants are typically experienced Master’s level professionals from disciplines such as social work, counseling and marriage and family therapy. Some also have advanced degrees in early education or early childhood special education. They typically visit programs weekly and might address issues at the child, classroom or program level, depending on their agreement with the program leadership and staff.

Recently, the results of a four-year evaluation of Smart Support were released. The study – performed by the Institute for Child Development Research and Social Change – found that ECMHC services resulted in improved outcomes for children, teachers and programs. Specifically, data collected from teachers in preschools and child care centers with ECMHC Smart Support demonstrates:



Source: Shivers, E. M., (2015). Arizona's Smart Support Evaluation Report: The First Four Years,. Institute for Child Development Research & Social Change

The findings demonstrate that FTF's investment in ECMHC has had a positive impact on young children in participating programs. The results of this evaluation inform on-going efforts to improve the quality of early learning settings, particularly the ability of early care and education providers to address the social-emotional needs of young children who may be disproportionately affected. As FTF works to engage more child care and preschool settings in its Quality First early learning quality improvement and rating system, an emphasis will be placed on expanding technical assistance – like Mental Health Consultation – to more early learning providers, such as those serving communities with high rates of DCS reports and removals and/or child care settings used by foster families.

## LOCAL COLLABORATIONS

In order to ensure that FTF investments continue to advance the work of the broader early childhood system, the FTF Board convened its 2017 Early Childhood Task Force. The Task Force was comprised of almost 60 members, representing various stakeholders of the early childhood system including early educators, health professionals, businesses, faith communities, tribal representatives and state policymakers. The Task Force recommended and the state Board approved 12 areas in which FTF will prioritize its work for the next five years. Those areas include, but are not limited to: improving the quality of and access to early learning; early screening and intervention, and information and supportive services for families.

This does not mean that FTF has sole responsibility for work in these areas of the early childhood system. Rather, it is an acknowledgement that FTF has made significant progress in those areas already, or is otherwise better positioned to move the work forward. In addition, having these roles identified as priorities for FTF does not necessarily mean the organization will always lead efforts in those areas or is solely responsible for their success.

Once the state Board approved these roles, FTF regions were asked to align their work to those areas, as applicable, in order to achieve statewide impact. In addition to identifying priority roles, the Task Force encouraged FTF and its regions to ensure that their programs meet the needs of the most vulnerable children, including those at risk of abuse or neglect. As a result, many regions – in planning for services for fiscal year 2020, targeted families at risk for abuse or neglect, or those involved in the child welfare system, for strategies such as home visitation and parenting education. In addition, many regions are continuing – or plan to develop – partnerships with their local DCS offices to better meet the needs of maltreated young children in their communities. Some examples include:

Parent Partners Plus (PPP), the home visitation coordinated referral system funded by five FTF regional councils in Maricopa County, brings together 15 agencies providing home visitation. The collaborative group has approved a strategic plan with the goals of: 1) increasing recruitment and enrollment by a) launching a social media campaign and b) strengthening collaboration between PPP and the Arizona Early Intervention Program (AzEIP), DCS and the Family Resource Network; and 2) increasing shared professional development opportunities among participating agencies. During SFY19, Parent Partner's Plus invited the DCS Office of Prevention to their Alliance meeting to share more about some of their initiatives and discuss opportunities for collaboration. PPP continued to work with DCS case managers throughout the year to enroll families into home visitation programs. PPP saw an increase in referrals from DCS in the fourth quarter of SFY19. Earlier in the fiscal year, the PPP Senior Program Manager presented at several DCS staff meetings. In the fourth quarter, PPP received 46 referrals from DCS (an increase from 20 in quarter three). PPP is currently working on creating a collaboration workgroup focused on increasing collaboration with DCS and AzEIP in order to have a more organized system for recruiting and receiving referrals from those agencies.

As part of the Graham/Greenlee Region's system-building strategies, the regional council continues to partner with other agencies to address the needs of families at risk of involvement with the child welfare system. Through partnerships with DCS, Best for Babies, Children and Family Courts, local police departments and two women's service organizations (Delta Kappa Gamma and the Safford Woman's Club) the region reached out to additional law enforcement agencies, children and family courts and women's clubs in Greenlee County. Through these partnerships, the region is putting together backpacks that go with children to their new DCS placement and comfort kits to be given to children by public safety officers when they are involved in traffic accidents or domestic violence calls. In addition, the region has started the 2-4-2 Book Project for young children in the foster care system. Through the child welfare and family court systems, the regional council provides a copy of the same book to both the biological and foster parents. The two families work together to determine a good time of day to call, and the parent reads the book to the child while the foster parent helps to turn the pages. This routine gives the child a connection with their parent and lends predictability to their day. It is an excellent way to help build and repair the relationship between child and parent.