ARIZONA
DEPARTMENT
of CHILD SAFETY

Mike Faust, Director
Douglas A. Ducey, Governor

January 2, 2020

The Honorable Regina Cobb
Chairman, Joint Legislative Budget Committee
Arizona State Senate
1700 West Washington
Phoenix, Arizona 85007

Re: Department of Child Safety Quarterly Benchmark Progress Report

Dear Chairman Cobb:

Pursuant to Laws 2019, First Regular Session, Chapter 263, Section 141, the Department of Child Safety is required to submit a report to the Joint Legislative Budget Committee on the Department's efforts to implement the Family First Prevention Services Act (FFPSA) of 2018. This report quantifies the Department's efforts in several key areas required in the FFPSA including any fiscal impacts. If you have any questions, please contact our office at (602) 255-2500.

Sincerely,

Mike Faust
Director

Enclosure

cc: Richard Stavneak, Director, Joint Legislative Budget Committee
Representative David Gowan, Vice-Chairman, Joint Legislative Budget Committee
Matt Gress, Director, Governor's Office and Strategic Planning and Budgeting
Patrick Moran, Joint Legislative Budget Committee
Yan Gao, Governor's Office and Strategic Planning and Budgeting

DEPARTMENT OF CHILD SAFETY

DCS Report on Progress Implementing Key Components of the Family First Prevention Services Act

January 2, 2020

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EXECUTIVE SUMMARY

Pursuant to Laws 2019, First Regular Session, Chapter 263, Section 141, the Department of Child Safety (DCS) is required to submit a report to the Joint Legislative Budget Committee (JLBC), by January 2, 2020, on the Department's efforts to implement the Family First Prevention Services Act (FFPSA) of 2018. This report quantifies the Department's efforts in several key areas required in the FFPSA including any fiscal impacts.

Requirements of this report include:

- Reducing the number of children placed for more than two weeks in congregate care settings, excluding qualified residential treatment programs, facilities for pregnant and parenting youth, supervised independent living and specialized programs for victims of sex trafficking.

- Assisting congregate care providers in attaining status as qualified residential treatment programs (QRTP).

- Identifying alternative placements, including therapeutic foster homes, for children who would otherwise be placed in congregate care.

- Expanding evidence-based, in-home parent skill-based programs, and mental health and substance abuse prevention and treatment services.

In addition, the Department will provide details on its efforts to ensure compliance with other key requirements of the FFPSA.

Family First Prevention Services Act

On February 9, 2018, the FFPSA (also commonly referred to as Family First) was signed into law, as part of the Bipartisan Budget Act of 2018 (H.R. 1892). FFPSA includes reforms to help keep children safely with their families and avoid entering foster care when safe to do so. It emphasizes the importance of children growing up in families and helps ensure children are placed in the least restrictive, most family-like setting appropriate to their special needs when out-of-home care is necessary.

This act reforms federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at imminent risk of entering the child welfare system, commonly referred to as Reasonable Candidates for Foster Care. The bill aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training. It also seeks to improve the well-

being of children already in foster by incentivizing states to reduce placement of children in congregate care through eliminating reimbursement for children placed on group home settings.

Key to understanding the Department's efforts and progress on implementing FFPSA requirements is that states were allowed to take the option to delay the effective date of the restrictions on the Title IV-E Foster Care Maintenance payments up to two years. States that opted for the delay were prohibited from seeking Title IV-E prevention investments for the same period of time. Arizona elected to delay implementation until October 1, 2021.

OVERVIEW OF FAMILY FIRST

Family First makes numerous changes that fundamentally impact funding, state IV-E plans, placement options, prevention services as well as young adult programs and eligibility requirements. This report will provide an assessment of the Department's progress toward implementing specific components of the FFPSA as required by the Arizona legislature. However, the following section provides a more detailed overview of the two main components of Family First requirements: Prevention Activities and Non-Family Placement Settings.

PART I – PREVENTION ACTIVITIES UNDER TITLE IV-E

A central feature of Family First is that states will now be able to use Title IV-E funds for "time-limited" services aimed at preventing the use of foster care for child victims of abuse and/or neglect. Currently, Title IV-E is only allowed for spending on foster care placements and assistance to adoptive families. Key provisions of Part I of FFPSA are outlined below.

Prevention and Family Services Programs and Eligibility

- States may use Title IV-E to provide up to 12 months of mental health services, substance abuse treatment, and in-home parenting training to families at risk of entry of the child welfare system.
- Title IV-E dollars can only be used to provide services for a maximum of 12 months beginning on the date the child is identified in a prevention plan as a candidate for foster care or a pregnant and parenting foster youth in need of services.
- Children and families can receive these services more than once if they are later identified again as a candidate for foster care.
- Eligibility for Prevention and Family Services include:
    - Reasonable "candidates" for foster care include children identified as safe to remain at home or in kinship placement if provided services. This includes children whose adoption or guardianship arrangement is at risk of disruption or dissolution that would result in entry into foster care.
    - Children in foster care who are parenting or pregnant.
    - Parents or kin caregivers of candidates for foster care where services are needed to prevent the child's entry into care or directly relate to the child's safety, permanence or well-being.
- To receive the prevention services and programs, each candidate for foster care and pregnant or parenting youth must have a written prevention plan that specifies the needed services for or on behalf of the child. The services or programs identified in the prevention plan need to be trauma-informed.
    - Candidates for foster care must have a written prevention plan that identifies the strategy for the child to remain safely out of foster care and the list of services or programs needed for the child or on behalf of the child.

  - Pregnant or parenting youth in foster care must have a written prevention plan that includes their case plan, list of services or programs needed to ensure that a youth is prepared or able to be a parent, and a foster care prevention strategy for any child born to that youth.
- Children in foster care who are pregnant or parenting are eligible for prevention and family services and programs.
- Parents or kin caregivers of candidates for foster care where services are needed to prevent the child's entry into care or directly relate to the child's safety, permanence or well-being may also be eligible for prevention and family services and programs.
- States must maintain a prevention plan for the child to remain safely at home or live with a kin caregiver that lists the services or programs to be provided.
- Services must be trauma-informed and should be promising, supported, well-supported practices as modeled by the California Evidence Based Clearinghouse for child welfare.
- Eligible children, youth, parents and kin caregivers are eligible for prevention services and programs regardless of whether they meet the AFDC income-eligibility requirements required for Title IV-E reimbursement.
- A child who is with a kin caregiver for more than six months and meets the Title IV-E eligibility requirements will continue to be eligible for Title IV-E foster care payments at the end of the 12 months.
- Services and programs provided to or on behalf of a child will not be counted against that individual as receipt of aid or assistance in regards to their eligibility for other programs.
- Eligibility for Tribes and tribal organization:
  - Tribes with an approved Title IV-E plan have the option to use Title IV-E funds for prevention services and programs. HHS will specify the requirements applicable to tribes, but allow for cultural adaptation that best fits the context of the tribal community.
  - For each tribe or tribal organization that takes the option for prevention services and programs, HHS will establish specific performance measures on the prevention services, but also take into consideration the factors unique to the tribe, organization or consortia.

State Title IV-E Plan Requirements

- States that choose to use Title IV-E funds for prevention must include in their state child welfare plan a prevention services and programs plan component that details how it will monitor and oversee the safety of children who receive Title IV-E prevention services or programs. This includes periodic risk assessments for each child receiving them.
- The state plan must describe the services and programs the state intends to provide and whether they are promising, supported, or well-supported. It must also describe the

outcomes the state intends to achieve and how the state will evaluate its provision of each prevention service or program offered.

- The plan should describe how the state will continuously monitor its provision of prevention services and programs and use the information learned to refine and improve its practices.
- The plan must describe how child welfare workers will be trained and supported to effectively carry out Title IV-E prevention services and supports.
- The prevention services and programs plan component must be updated every five-year period for which the plan component is in operation. The state plan must be approved by HHS to draw down the new federal prevention funds.

Funding (Federal Reimbursement and Maintenance of Effort)

- Federal financial participation (FFP) for the prevention services and programs will be phased in to allow for careful analysis of the progress being made in the delivery and outcomes of the services.
    - Beginning October 1, 2019 and before October 1, 2026, the FFP available to states will be 50 percent for the prevention services and programs that are promising, supported, and well-supported practices.
    - Beginning after September 30, 2026 the FFP will be the state's Federal Medical Assistance Percentage (FMAP) for the prevention services and programs that are promising, supported, and well-supported practices.
- At least 50 percent of the expenditures reimbursed by federal funds must be for prevention services and programs that meet the requirements for well-supported practices.
- States cannot receive federal reimbursement for a promising, supported, or well-supported practice unless their state plan includes a well-designed and rigorous evaluation strategy for that practice; however, HHS can waive this requirement for any well-supported practice if the evidence of its effectiveness is compelling and the state meets certain continuous quality improvement requirements.
- States will be allowed to use Title IV-E funds for training and the administrative costs associated with developing the necessary processes and procedures for these services (including expenditures for data collection and reporting), based on a 50 percent reimbursement rate. These service, training and administrative costs are "delinked" from the AFDC income eligibility requirement for Title IV-E.
- There is a maintenance of effort (MOE) requirement on "foster care prevention expenditures" to avoid states substituting their current state/local prevention dollars with the new Title IV-E funds.
    - States cannot spend less than they did on state foster care prevention expenditures in FY2014 (or at the option of a state where the child population in 2014 was less

200,000, FY2015 or FY2016, whichever the states chooses) both for funds that are matched and for funds not matched by the federal government.
    - States will need to report to HHS on their state foster care prevention expenditures for FY2014 under TANF, Title IV-B, SSBG and other state programs. The MOE requirement does not apply to state spending on prevention under certain Title IV-E waivers. States will need to report these state expenditures every year to ensure compliance with the MOE. HHS will specify the prevention services and activities that should be counted under TANF, Title IV-B, SSBG and other programs.
- States can get Title IV-E reimbursement for not more than 12 months for a child who has been placed with a parent in a licensed residential family-based treatment facility for substance abuse, regardless of whether the child meets the AFDC income-eligibility requirement for Title IV-E. Additional requirements include:
    - The child's case plan has to recommend this placement;
    - The substance abuse treatment facility must provide parenting skills training, parent education, and individual and family counseling; and
    - The treatment and related services must be trauma-informed.
- States can receive Title IV-E reimbursement for up to 50 percent of the state's expenditures on *kinship navigator programs* that meet the evidence-base requirements of promising, supported, or well-supported practices, without regard to whether those services were accessed on behalf of children who meet the AFDC income-eligibility requirements for Title IV-E. (*This requirement became effective on October 1, 2018.*)

Data Collection and Performance Measures

- States must collect and report the following data to the Department of Health and Human Services (DHHS) for each child receiving (or adult receiving on the child's behalf) prevention services or programs during the 12-month period beginning on the date when the child is identified in a prevention plan:
    - The specific services or programs provided and the total expenditure for each.
    - The duration of the services or program provided.
    - In the case of a candidate for foster care, the child's placement status at the beginning and end of the 12-months, and whether the child entered foster care within two years of being determined a candidate.
- Beginning in 2021, and annually thereafter, the Secretary for DHHS will establish national prevention services measures on the following indicators based on the data reported by the states:
    - Percentage of candidates for foster care who do not enter foster care during the 12-month period when the prevention services or programs are provided and through the end of the succeeding 12-month period.
    - Per-child spending of the total amount of expenditures for the prevention services or programs (to or on behalf of the child).

- DHHS will establish and annually update the prevention services measures based on the median state values for the three most recent years. DHHS will make available to the public each state's performance measures.

PART IV–ENSURING THE NECESSITY OF A NON-FOSTER FAMILY PLACEMENT

Restrictions on Federal Reimbursement for Placements Other than Foster Family Homes

- Beginning the third week of a child entering out-of-home care, states will only be eligible for Title IV-E foster care payments on behalf of a child in the following settings:
    - A foster family home that is licensed or approved by the state, and is capable of adhering to the reasonable and prudent parent standard. This home provides 24 hour care for six or fewer children placed in out-of-home care. (*exceptions to the limit can be made for parenting youth in foster care to remain with their child, keep siblings together, keep children with meaningful relationships with the family, and care for children with severe disabilities*).
    - A child-care institution (defined as a licensed private or public child-care institution with no more than 25 children) that is one of the following:
        - A Qualified Residential Treatment Program (QRTP) (*see next section below*)
        - A setting specializing in providing prenatal, post-partum, or parenting supports for youth.
        - A supervised setting for youth ages 18 and older who are living independently.
        - A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming sex trafficking victims.

      (*Note: Child-care institutions do NOT include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children determined to be delinquent.*)
    - Children who are placed with a parent in a licensed residential family-based substance abuse treatment facility for up to 12 months.
    - Restriction on Title IV-E payments does not prohibit payments for administrative expenditures incurred on behalf of the child in a child-care institution.

Qualified Residential Treatment Programs (QRTP)

A Qualified Residential Treatment Programs (QRTP), is defined as a program that:

- Has a trauma-informed treatment model and can implement the necessary treatment identified in the child's assessment.

- Has registered or licensed nursing staff and other licensed clinical staff who can provide care, who are on-site consistent with the treatment model, and available 24 hours and 7 days a week.
- Facilitates family participation in child's treatment program (if in the child's best interest).
- Facilitates family outreach, documents how this outreach is made, and maintains contact information for any known biological family and fictive kin of the child.
- Documents how the child's family is integrated into the child's treatment, including post-discharge, and how sibling connections are maintained.
- Provides discharge planning and family-based aftercare supports for at least 6 months post-discharge.
- The program is licensed and nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation, or others approved by the Secretary for DHHS.

Assessment to Determine Appropriateness of Placement in a QRTP

- A qualified individual must assess the child using an age-appropriate, evidence-based, validated, functional assessment tool within 30 days of a child being placed in a QRTP setting. The assessment is to determine if the child's needs can be met with family members or in a foster family home, or in one of the other approved settings that are consistent with the short- and long-term goals of the child and their permanency plan. The qualified individual will also need to develop a list of child-specific short- and long-term mental and behavioral health goals.
    - A "qualified individual" who is a trained professional or licensed clinician and who is not a state employee or affiliated with any placement setting in the state must conduct the assessment. This requirement may be waived by the Secretary for DHHS upon request of a state certifying that trained professional or licensed clinician can maintain objectivity in the assessment process.
    - If the assessment is not completed in the first 30 days of the child's placement in a QRTP the state can no longer receive federal reimbursement for foster care maintenance payments for that child while they are in that placement.
- The qualified individual must conduct the assessment in conjunction with the child's family and permanency team, which may include parents, relatives, fictive kin, appropriate professionals (teachers, medical and mental health providers, clergy or others familiar with the child). If the youth is age 14 or older she can also select and bring with her two members of the permanency planning team, as established in the Preventing Sex Trafficking and Strengthening Families Act of 2014.
    - The state must document in the child's case plan its efforts to identify and include a family and permanency team for the child, contact information for the team

(including other family/fictive kin who aren't on the team), evidence that meetings were held at a time convenient for the family and permanency team, evidence that the child's parent provided input if reunification is the permanency goal, evidence the assessment was made in conjunction with the team, the placement preference of the team that acknowledges the importance of keeping siblings together, and if the team's placement preference is different than that of the qualified individual the reason why the recommendations are different.

Steps Taken After its Determined a Child Should Not be Placed in a QRTP

- If it is determined by an assessment of court order that a QRTP placement is not appropriate for a child, then the state has an additional 30 days from the time that determination is made to transition the child to either a lower level of care or higher level that can better address the child's needs. States will be reimbursed at the FFP during this 30 day period, but will have to pay the full cost for the child beyond those 30 days if the child remains in a setting that is not appropriate for addressing the child's needs. These funds appear to be able to assist with the transition.

Steps Taken After its Determined a Child Should Not be Placed in a Foster Family Home

- If it is determined that a QRTP placement is appropriate for a child, the qualified individual needs to document in writing why the child's needs cannot be met by her family or in a foster family, why a QRTP will provide the most effective and appropriate level of care and in the least restrictive environment, and how it is consistent with the short- and long-term goals of the child.
- Within 60 days of a placement in QRTP the court must review the assessment and approve or disapprove of the QRTP placement.
- For children who remain in a QRTP, at every permanency hearing the Department will need to submit evidence:
    - Demonstrating the ongoing assessment that the child's needs continue to be best met in a QRTP and it is consistent with the child's short- and long-term goals.
    - Documenting the specific treatment or service needs that will be met by the QRTP and the length of time the child is expected to need those treatment and services.
    - Documenting the efforts made to prepare the child to exit care or to be placed in a foster family home.
- For children in a QRTP for 12 consecutive or 18 nonconsecutive months (or more than 6 consecutive months for children under age 13) the state will need to submit to DHHS the most recent evidence and documentation supporting this placement with a signed approval by the head of the state.

Protocols to Prevent Inappropriate Diagnoses

- States must establish as part of their health care services oversight and coordination plan, procedures and protocols to ensure children in foster care are not being inappropriately diagnosed with mental illnesses, disorders or disabilities that may result in the child not being placed with a foster family home. (*DHHS will evaluate these procedures and protocols and the extent to which states comply and enforce them, identify best practices, and submit a report on the evaluations to Congress no later than January 1, 2020*.)

Training State Judges, Attorneys and Other Legal Personnel about New Restrictions

- The Court Improvement Program in Title IV-B, Subpart 2, is amended to include training to judges, attorneys, and other legal personnel in child welfare about the new changes made to federal policy and reimbursement for children placed in settings that are not foster family homes.

Assuring Changes in Federal Reimbursement Do Not Impact the Juvenile Justice System

- States must include in their state plan a certification assuring that the state will not enact or advance policies or practices that will result in a significant increase in number of youth in the juvenile justice system because of the new restrictions on federal reimbursement for children not placed in a foster family home. (*GAO will produce a report to Congress no later than December 1, 2025 evaluating the impact on the juvenile justice system as a result of the new restrictions on federal reimbursement for children not placed in a foster family home*).

Criminal Records Checks and Checks of Child Abuse/Neglect Registries for Adults Working in Child-care Institutions and Other Group Care Settings

- States are required to have procedures for background checks to be carried out on any adult working in group care settings where foster children are placed.

Exceptions for States with a Title IV-E Waiver

- States with an active Title IV-E Demonstration Waiver when the changes in Title IV-E for group care go into effect will not be held to the changes if they are inconsistent with the terms of their waiver until the waiver expires.

Data and Reports on Children Placed in Settings Other than Foster Family Homes

- States must collect data and report on the following for children in child-care institutions or other settings that are not foster family homes:
    - Type of placement setting;

  - Number of children in the setting, the age, race/ethnicity and gender of each child in the setting;
  - Length of stay in setting for each child, whether it was the child's first placement, and if not, the number of previous placements, and whether child has special needs.
  - Extent of specialized education, treatment, counseling, or other services provided in that setting.
- States must report the number and ages of children in these placements that have a permanency goal of Another Planned Permanent Living Arrangement (APPLA).

Summary of FFPSA

The FFPSA is a major and significant piece of legislation that greatly impacts the manner in which states approach efforts to prevent child abuse and neglect victims from entering out of home care, operationalize and assess the decisions of a placement for children in out-of-home care and changes key components to how Title IV-E funding is provided to states.

Family First includes historic reforms intended to help keep children safely with their families and avoid the experience of entering foster care, emphasizes the importance of children growing up in families and helps ensure children are placed in the least restrictive, most family-like setting appropriate to their needs when foster care is needed.

Funding can now be focused on maintaining in home placement and seeks to ensure that it is focused on the placement of children in family-like settings. Restrictions on how long funding is allowable for youth in congregate care settings incentivizes states to ensure that these placement options are designed to serve specific, identified needs.

The central feature of the bill is that states will now be able to use Title IV-E funds for "time-limited" services aimed at preventing the use of foster care in maltreatment cases. Currently, Title IV-E funds are only allowable for spending on foster care placements and for assistance to adoptive families.

There are three areas of prevention related services that states can spend this money on:

- Services to address mental health challenges;
- Substance abuse treatment; and
- In-home parent skill-based programs.

There are two groups who are eligible for these new services:

- Parents or relatives caring for children who are "candidates for foster care"; or
- Youth in foster care who are pregnant or already parents.

DEPARTMENT EFFORTS TO PREPARE (ADMINISTRATIVE ACTIONS)

Delayed enactment

The Department of Child Safety has opted to delay FFPSA implementation for up two years (October 1, 2021) to allow the Department to be fully prepared for the new law. The majority of states have followed suit with this decision such that only 4 states opted into the new initial Go-Live on 10/1/2019. The Department will use the additional time to further reduce the utilization of Congregate Care, convert some non-qualifying placements to become qualifying and conduct programmatic work on In Home and Substance abuse services to comply with the strict eligibility requirements under the Preventative Services provision of the law. Also, if it determined that the Department is prepared for enactment prior to October 1, 2021 it may opt into the provision following Federal approval of its Prevention Services Plan and IV-E State plan amendment.

Actions Taken To Date

Currently the Department is working several key initiatives furthering the reduction of children being placed in non-qualifying congregate care settings through:

- Recruitment of and support to Foster Homes that match the needs of the foster care population;
- Public-Private partnerships to design Qualified Residential Treatment Placements;
- Partnership with AHCCCS to increase utilization of Therapeutic Foster Homes
- Cross-System placements design with State Juvenile Corrections and County Probation;

Additionally, the Department has engaged in the following activities

- Program evaluation and adjustment to make Arizona Families First substance abuse treatment as a qualifying evidence based program
- Program design and standardization to make In Home Preservation services a qualifying evidence based program

As required by FFPSA, the Department has already submitted and received Federal approval on both its Foster Home Model Standards and how the State will comply with the revised congregate care background check regulations.

FOSTER CARE PLACEMENT ARRAY

Since 2017, the Department has initiated and begun work on several projects which will enhance the foster care placement array. The Department has been strategic in its implementation of all aspects of the projects to ensure success at each stage. Approaches of the projects have addressed the needs of children in the child welfare system, and ensured appropriate and adequate use of placement options.

In June 2017, the Department developed a process map that identified all of the Department's processes that related to recruitment strategies, the placement of children in both unlicensed and licensed homes, and appropriate supports for caregivers. Several areas of need were identified as a result of the process map, and projects were developed to address them.

EFFORTS TO REDUCE THE NUMBER OF CHILDREN PLACED IN CONGREGATE CARE SETTINGS

Recruitment and Retention of Foster Families

One the major focuses from the identified initiatives was the recruitment and retention of foster families as well as supports to our kinship caregivers. In late 2017, the Recruitment and Retention projects began and the results and processes developed are discussed here. The Department actively recruits foster and adoptive families to care for children of all ages, with the most significant need for teens, sibling groups, and children who have complex medical needs. The need for foster and adoptive families is estimated utilizing two reports, the Exhibit A report and the Recruitment Estimator. The Exhibit A report includes the number of homes that are in training, have been licensed, are active, and have closed their licenses in a given period of time. This report is used in conjunction with the Recruitment Estimator to project the need for homes in each county of the state. The Recruitment Estimator examines the number of children currently in care by county, age, race, and specialized level of need. Both reports are shared with the contracted foster licensing agencies.

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

keeping Native American youth connected to their heritage while in foster care." The current campaign has increased inquiries by families who self-identify as Native American from under 10 a year to an average of 10 a month since the campaign launched.

In July 2018, the Department hired a Foster Recruitment and Retention Specialist, who is responsible for completing outreach with agencies and families. The Specialist attends AZ Kids Consortium (KIDS), Foster Adoptive Council of Tucson (FACT), and Foster Care Adoption Northern AZ (FAN) consortium meetings (comprised of members from each contracted licensing agency) to communicate with the agencies directly about both the Department and agencies' updates and needs, as well as to discuss and implement strategies to retain and support foster families. These meetings are also used as opportunities to address concerns and to ensure that the agencies have a channel to have their needs, and the needs of the licensed caregivers heard. When caregivers are experiencing challenges with the licensing process, need help with locating and utilizing services for the children placed in their homes, and/or are on the verge of disruption and need support, they are able to communicate directly with the Foster Recruitment and Retention Specialist. The Department believes that this outreach and assistance will mitigate disruptions and license closure. In the upcoming five-year period, the Foster Support Team will develop and track the information received from these interactions, and create strategies to better serve foster parents and ensure that foster families have positive experiences with the Department and contracted agencies.

The Department also utilizes a census reporting form for group homes and shelters to monitor the number and characteristics of children in congregate care placements. This information is used to further project potential recruitment opportunities so foster families are recruited to match the needs of the foster care population. The census reports include information on every child placed in each facility, as well as any information related to special populations in which the facility specializes. The two centralized DCS placement units utilize this information to identify family foster homes for the children. Additionally, this information is used to provide additional assistance with locating potential adoptive homes for the children in congregate care with a case plan of adoption.

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

The Department will continue to use a marketing firm to develop campaigns that address the needs

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

As the Department uses data to steer recruitment campaigns, numbers from the Recruitment Estimator are studied to plan for each new campaign. The August 2019 Recruitment Estimator calculation indicates that 722 new homes will need to be recruited for teens during the twelve-month period and 528 homes will need to be recruited for sibling groups. The Department's marketing campaigns have shown older youth, including the *Change Two Lives* and *Foster a Future* campaigns. Sibling groups have been featured in ads for the *Foster a Future* Campaign, and children who are part of sibling groups were used in *The Greatest Gift* campaign. Moving forward, the Department plans to continue to focus marketing campaigns on the recruitment for homes for older youth and sibling groups. Incentives have been written into the newest contracts for foster licensing agencies, providing increased funding for homes licensed for older youth and higher needs children. Per the new contract, the families who care for older youth, sibling groups, and higher needs children will also have increased support from their licensing agencies.

Over the next five years, the Department will increase available American Indian homes in order to arrange care for children according to Indian Child Welfare Act (ICWA) placement preferences. As previously stated, an image was used of a Native American woman and child wearing traditional jewelry, with the caption, "Foster Culture," in the *Foster A Future* campaign. In the month following the release of this image, three Native American homes inquired regarding becoming licensed to foster. Typical inquiries from this population averages less than one per month. The Department recognized the success of this one image, and has continued to use Native American specific images in marketing campaigns, and created a landing page specific to Native American inquirers. Additionally, the Department will continue to work with professionals specializing in ICWA to ensure cultural competency in the marketing campaigns and increase the number of ICWA compliant families expressing an interest in foster care and ultimately becoming licensed.

The Department has a goal to recruit more foster families with an increased understanding that the children they foster are likely to return to their biological families, as the Department understands the importance of foster families working positively with biological families for the betterment of the children. Also, the Department will better highlight the successes presented at Reunification Day, an annual event that occurs in Maricopa each June, which Governor Doug Ducey designated "Family Reunification Month." In the *Foster a Future* campaign, an image was created with a woman and child in a tearful embrace, with the caption, "Foster Reunification." Currently in

design is a Shared Parenting Journal to be used as a tool to initiate positive and healthy communication between biological families and foster families. This journal will have space for biological parents to share their child's bedtime routine, as well as space for foster parents to update biological parents on milestones that their children experience (first day of 2nd grade, a loose tooth, etc.). Additionally, there is space for the children in this journal, such as coloring pages and games.

Foster and Adoptive Supports Contract improvements

On September 1, 2019, the new Foster and Adoptive Supports (FAS) contract was awarded to 26 provider agencies. In this contract, the Department highlighted the need for children to be placed in a family like setting. Previously, pay points in the contract were vastly based on licensing and training the family; the Department has now structured pay points around bed days filled, as well as the level of needs of the child. Depending on the level of needs of the child, additional supports will be provided to the foster family by the contracted agency. The Department also created and introduced the Family Support Plan (FSP) as a means to better support and develop foster parents to enhance their skills for potentially taking older or youth with more significant needs. As part of the FAS contract, agencies will be required to complete the FSP with all of their families. By supporting and developing foster parents, the Department plans for licensed families to more accurately meet the needs of children in care. The FSP will also address placement stability by assisting contracted providers with identifying areas where families need additional supports or training.

Training Enhancements

The Department plans to work with licensing agencies to improve the Arizona Families Thrive conferences hosted by the Department. At this time, the Department hosts three conferences each year with help from AZ 1.27 and the #LoveUp Foundation. The Department will continue to grow these partnerships to ensure success and growth of AZ Families Thrive. The Department will work with agencies to promote the events, leading to increased attendance and a better understanding of the families' learning interests. Another goal will be to tailor the events to ensure that more foster families are given trainings to assist in mitigating disruptions and preventing license closures. The Department intends to utilize information from Family Support Plans to give direction as to the best topics for keynote speakers and workshops. During two of these conferences in 2019, a panel of biological parents and foster parents spoke to the attendees during lunch regarding their experiences with the practice of shared parenting, and eventual reunification.

In addition, the Department reviewed several of its contracts to assess where the most impactful changes could be made. As of the first quarter in FY2020, DCS had rewritten and solicited new contracts for two contracts: the Congregate Care contract and the Foster Adoption Services (FAS) contract which licenses and supports foster care providers. Additionally, the Department worked

with Center for States to implement Active Contract Management (ACM) which will begin with each new contract.

Training enhancements are planned for Therapeutic Foster Care (TFC) as well as standardization of ongoing training for foster families and a portion of congregate care. In 2018 the Department released enhanced foster parent pre-service training called Foster Parent College. The intent is to modernize the TFC curriculum to be aligned with traditional foster parent training and also begin standardizing aspects of ongoing training focusing on areas where the Department sees common disruptions from caregiver homes. Additionally, the Department is reviewing options and methods to standardize group home training to better address more complex needs of youth placed in group home settings.

Rate Structure Alterations

The Department is also focusing on improving the decision-making and policy around rate structure in foster care. Children in care who have higher needs should receive the appropriate rate, which allows the family whom they are placed with to receive increased supports through the FAS contract. This project is also analyzing causes of disruptions as well as researching mitigating factors, such as increased supports to the families. In addition, a new rate has been introduced to provide for parenting teens, in an effort to transition more parenting teens from congregate care to a family like setting. These rates acknowledge the need to support both the parent and infant child.

With these improvements the Department will continue to engage the provider community to assist in supporting families to meet the needs of children. There are system checks, which have been created to monitor the stability of placements, as well as the distribution of rate structures across the placement array.

Placement Decision-Making Process

In addition to these improvements, there are measures in place to standardize placement decisions as well as assess the readiness of children to move from congregate care to a family like setting. These decisions are made through the statewide Placement Administration, which works in collaboration with the licensing department and foster care supports department. There will be weekly monitoring calls to assess how many children are ready for transition and identified families. In addition, the provider communities (both congregate care and foster agencies) are dedicated to building partnerships, creating ways for children and families to interact, and building these interactions into relationships, which will result in smooth and successful transitions of children who are ready to be placed in a family like setting.

The Department is also focusing ongoing efforts on initial placement decisions and ensuring positive standard process in decision making to ensure that children are placed in the most appropriate setting the first time to reduce the number of moves a child makes and ensure stability in placement. The Department first places efforts on placing in kinship family homes where ideally sibling groups can be placed together. Should a kinship home not be identified by DCS Specialists,

the Placement Administration seeks to place children in alternative foster family home settings. Placement Coordinators review the child's placement history to ascertain whether Jacob's Law applies, and make every effort to place children back into previous foster homes in which they formerly resided. If there is no prior placement history and a foster home is not readily identified due to availability & preference limitations, then alternative congregate care settings are explored.

While exploring the above placement options, the child's age, level of need, size of sibling set, and school of origin are paramount factors in the decision making process. All efforts are made to keep children in the least restrictive environment, with siblings, and placed as near to their school of origin as is feasible.

In the future, the Department is working on processes that would incorporate an increase in foster home availability. This availability would include providers with an expanded skill set who are willing and able to accept children with high behavioral health and medical needs, as well as foster homes for large sibling sets. In regards to congregate care needs, Placement Administration desires for more providers to obtain a Qualified Residential Treatment Provider (QRTP) accreditation in order to provide trauma informed care and appropriate transition planning back into a family-like-setting that can support ongoing treatment needs of the child.

Summary of Enhancements to the DCS Foster Care Placement Array

The Department has been making diligent efforts to expand its array of placement options for children and youth in its care. DCS has been utilizing data driven practices to determine what types of foster homes are most needed as well as trying to anticipate future needs to keep up with the expected loss of homes due to anticipated reasons (e.g. adoption by a foster parent, changes in residency, changes in family situations such as a death in the family or new job). Campaign ads are designed to target families who may be best suited to care for the unique needs of the children in DCS custody as well as meeting the cultural and social make up of these children.

The Department restructured its contract with foster home licensing agencies to ensure that it incentivizes the placement of children in foster homes rather than just licensing a foster home. It also places more requirements for agencies to work closely with families to ensure they are supporting caregivers to maintain placements and avoid disruptions. Contracts also now hold agencies more accountable to provide better outcomes for children in their homes rather than only addressing licensing issues at the front end.

One of the key improvements has been standardizing placement decision-making across the state. Previously, this was handled at the DCS Regional level and individually by DCS Specialists which allowed for inconsistencies. With the creation of the Statewide Placement Administration, dedicated staff who are knowledgeable of the resources available and where a

centralized repository of caregiver options are available, means that children can be placed quicker and with caregivers most appropriate to meet their needs. This placement unit also reviews requests for placement in congregate care to ensure that a thorough check for relative placements is made and that there are absolutely no other alternatives available before placing in a group home setting. These efforts will help the Department in 2021 when it implements the requirements of the FFPSA.

EFFORTS TO DEVELOP QUALIFIED RESIDENTIAL TREATMENT PROGRAMS

Contract Development of Cohorts

On April 1, 2019, the Congregate Care contract was awarded to 87 providers. The contract highlights many areas in preparation for the Families First Act. In this contract, providers were able to bid on cohorts that address specific needs of children in foster care. There were six (6) cohorts identified: Standard (which includes LGBTQ youth and parenting teens), Structured, Medically Fragile, Pregnant/Parenting Teens, Significant Trauma (which includes youth know to be sex trafficked) and Sexually Maladaptive. In addition to identifying these cohorts, the Department introduced an incentive pay point which assists with transitioning and stabilizing children from out of home care into a family like setting. As of September 30, 2019, 67 incentive payments have been issued to providers who supported the transition and stabilization of youth into a family like setting for a period of greater than 90 days.

Now that the two major contracts, congregate care (i.e. group home) and Foster Adoptive Services (FAS) (i.e. foster home licensing and supervision) have been awarded, the Department is turning its focus toward improving the placement array and creating a standardized system in decision-making as it relates to the placement of children. Goals include enhancing and improving all aspects of placements to ensure that children are placed in the correct setting at the appropriate time, addressing the need to assess the readiness of a child to transition into a less restrictive environment, and ensuring proper transitions for these children once they are identified as being ready to step down.

Grant to Support Initial Program Development

In order to achieve the above goal, on September 11, 2019, DCS awarded nearly $1.5 million in grants to expand services for children and families by developing Qualified Residential Treatment Providers (QRTP). As Arizona's state administering agency for child welfare services, the Department is working with providers and stakeholders to advance its current array of congregate care services.

A requirement in receiving award funding, mandated that service providers engage with the Department and each other in a collaborative process to include outlining a plan to carry out the priorities of the FFPSA, which will build and enhance healthy residential program models that promote positive outcomes for children and families.

Requirements under the new federal criteria for Qualified Residential Treatment Program placements include:

- Having a trauma-informed treatment model

- Having registered or licensed nursing staff available 24/7
- Facilitating the participation of family members
- Providing aftercare for 6 months post-discharge
- Maintain licensing and accreditation by one of the major accreditation organizations (CARF, JCAHO, COA, etc.)

This support will maintain the momentum of improvements made continuously to DCS programs and services. In addition to monetary support, the Department will provide technical assistance, capacity building, and implementation support through ongoing collaboration with goals of meeting critical elements for federal recognition as Qualified Residential Treatment Providers (QRTPs), enhancing services through models that may be replicated within the state, and further improving outcomes for Arizona's children and families.

Awardees of the $1,443,796 funding will focus on programs that provide therapeutic services for traumas (including significant trauma), sex-trafficked youth, behavioral health, gender identity, and sanctuary trauma-informed care.

The Department anticipates that the expansion of services for youth in need of qualified residential placement will lead to higher quality services, increased permanency in family-like settings, and more positive outcomes.

Partnership with AHCCCS to improve Utilization of Therapeutic Foster Care

Over the last year, DCS has worked both collaboratively and strategically with Arizona Health Care Cost Containment System (AHCCCS), the provider community, and other key stakeholders to make improvements in the TFC placement area through a project plan (see attached) with the Center for Health Care Strategies (CHCS). Our approach is to standardize TFC placements in four phases. Phases are as follows:

Phase 1- Make key state level decisions that will influence future steps in the process to reform TFC. This phase includes standardization in policy, program oversight, clarification in roles, and standardization of terminology between AHCCCS, DCS and the provider community.

Phase 2- Evaluate and update AHCCCS, DCS, and MCO policies and procedures based on new TFC policy.

Phase 3- Address the payment structure in light of new state-level policy, and finalize training expectations.

Phase 4- Establish a process to evaluate and monitor the supply and demand of TFC beds.

To date, DCS has completed Phase 1 of the plan by making key state level decisions that will influence future steps in the process to reform TFC. During this phase, we have done the following

activities to include, but are not limited to: revising terminology, drafting policy, evaluating shared parenting, and creating the framework for future training development.

We have begun phase 2 of the plan by developing the preservice and ongoing training requirements for TFC parents and TFC staff. The draft policy of the AZ TFC Committee has been completed and given to AHCCCS who will in turn integrate key information into policy with supporting detail. After doing so, AHCCCS will then open the newly revised policy for public comment.

Summary of QRTPs

Under FFPSA, states will not be able to use Title IV-E funds for group homes beyond two weeks unless the child or youth is in a QRTP (*a facility that specializes in prenatal or parenting support, or supervises independent living for youth over 18*). Family First specifically defines QRTPs, which is a higher standard than current group home requirements (e.g. they must have a registered or licensed nursing staff or other clinical staff available 24 hours and 7 days a week). The Department is already working to ensure that many group homes licensed by DCS will be able to provide services specific to youth who have needs in six different areas (cohorts). The Department's contract with group home providers is structured so that they may develop their programs to address one of these six cohorts.

FFPSA requires states to demonstrate that when youth are in group home care longer than two weeks there is an acceptable reason. If the child is placed in a QRTP, an assessment must be made within 30 days of placement which, among other things, will determine if the child's needs can or cannot be met with family members or in a licensed foster home.

This portion of Family First puts significant requirements on states to make diligent efforts to avoid the use of congregate care whenever possible and to remain diligent in continually assessing a child's needs so that they do not linger in group home care beyond what is needed.

DEPARTMENT EFFORTS TO PREPARE FOR REASONABLE CANDIDACY CHANGES

Data Reporting for Prevention Services

As previously described, prevention services and program plan component must be updated every five-year period for which the plan component is in operation. Within the five-year prevention program plan, the State must provide an assurance that the agency will report child-specific data to the Children's Bureau (CB) for each child who receives Title IV-E prevention services. Each state must submit the following data elements semi-annually:

1. Title IV-E agency identifier
2. Child identifier
3. Date of birth
4. Sex
5. Race
6. Hispanic or Latino ethnicity
7. Pregnant or parenting youth in foster care (Y/N)
8. Child's prevention plan start date
9. Type of service(s) (mental health, substance abuse, parent skill-based)
10. Service start date(s)
11. Cost of services(s)
12. Service end date(s)
13. Foster care placement status at 12 months from prevention plan start date (Y/N indicator of whether the candidate entered foster care 12 months from the prevention plan start date)
14. Foster care entry (Y/N)
15. Date of entry into foster care

Once Arizona has defined the reasonable candidates and IV-E prevention services, the Department will determine the operational definition for each data element. The CB will need to provide further clarification to states, for example if a parent of several children is receiving IV-E prevention services, it is not clear whether all children should be included in the submission and if yes, whether the total cost of the parent's services should be included in each child's data record.

Beginning with FFY 2021, the CB must annually publish the information for states electing to provide Title IV-E prevention services and programs. Published statistics will include:

1. The percentage of candidates for foster care for whom, or on whose behalf, the services or programs are provided who do not enter foster care, including those placed with a kin caregiver outside of foster care, during the 12-month period in which the services or programs are provided and through the end of the succeeding 12-month period.

2. The total amount of expenditures made for mental health and substance abuse prevention and treatment services or in-home parent skill-based programs, respectively, for, or on behalf of, each child.

The CB may use the data to assess the extent to which the prevention services reduce the likelihood of foster care placement, increase kinship arrangements, or impact child well-being.

The child identifier must be common to all federal data sets (AFCARS, NCANDS, NYTD), which will allow analysis of children's future involvement in a child welfare investigation or out-of-home care episode.

Enhanced Substance Abuse Prevention and Treatment Services

Summary of Arizona Families F.I.R.S.T.

The Arizona Revised Statutes 8-882, 8-883 and 8-884 established the Arizona Families F.I.R.S.T. (AFF) program to help clients address substance use issues that affect their ability to appropriately care for their children and/or their ability to obtain and maintain employment. In order to reduce or eliminate abuse of, and dependence on, alcohol and other substances, the AFF program offers substance use disorder assessment, treatment, recovery maintenance, and a variety of supportive services to:

- Parents, guardians, or custodians of a child involved in a DCS maltreatment report, whose substance abuse is a significant barrier to maintaining, preserving, or reunifying the family; and
- Department of Economic Security's (DES) Jobs Program clients who receive Temporary Assistance for Needy Families (TANF) cash assistance and whose substance abuse is a significant barrier to obtaining or maintaining steady employment.

In SFY 2019:

- 11,197 people had an existing or new referral to the AFF program;
- 6,494 (58%) of people referred agreed to participate in a substance use assessment; and
- 5,753 (90.4%) of people assessed were determined to need treatment.

Revision Efforts in Process

The existing AFF program and scope of work has been in place since 2012 and is due for re-solicitation no later than June 2020. DCS has written a new AFF Program Manual using the results of a literature review that identified evidence-based treatment programs, promising practices, and the essential elements of high quality substance use disorder treatment programs; and input from existing providers, DCS staff, and former AFF clients that identified opportunities to improve program engagement and recovery outcomes. DCS is continuing to obtain input from the

substance use disorder treatment provider community to determine the best choice for a single assessment instrument.

Planned enhancements included in the new AFF Program Manual include:

- Use of Recovery Coaches to improve outreach and rates of assessment and treatment completion
- A single assessment instrument to be used by all providers
- Expansion of the levels of care provided under AFF
- Opening the treatment options to include all services in the AHCCCS approved Medicaid covered service guide
- Inclusion of medication assisted treatment (MAT), which is not currently available through AFF
- Identification of treatment programs and interventions that can be provided within the AFF program, all of which have received an evidence rating of well-supported or supported by the Title IV-E Prevention Services Clearinghouse or another rating entity
- Expansion to serve adolescents in care, in addition to the small number of teen parents who are currently served in AFF
- Expanded requirements to involve the client's family and support system in AFF treatment and recovery services
- Expanded requirements for Care Coordination, so that the client's needs for housing, nutrition, health care, child care, and other supportive services are addressed
- Requirements for providing recovery maintenance as an essential treatment component, rather than an option

Preparing the Provider Community

A substance use disorder treatment provider community has been delivering AFF services for many years. DCS has issued two RFIs to obtain information about current services and feasibility of proposed program design revisions. Information was requested about reasonable performance measures, provision of services to youth, use of MAT, current availability of all levels of treatment, methods to increase client engagement, current therapeutic treatment models, treatment dosage, feasibility of a single service plan, minimum clinician qualifications, use of sobriety incentives, recovery coach qualifications, transportation services, and options for a single assessment instrument. Information obtained indicates the provider community is equipped to deliver services as designed in the new AFF Program Manual, with the possible exception of the proposed single assessment instrument. DCS and AHCCCS are communicating with the provider community to resolve this issue. Other program delivery issues may be identified during the pre-offer phase of solicitation and will be addressed at that time.

Blended Revenue and Service Costs

Funding for AFF substance use disorder treatment comes from various sources, including DCS, AHCCCS, private insurance, tribal entities, the Veterans Administration, and Medicare. Figure 1 illustrates the funding source for assessments for new and continuing clients in SFY 2019.

AFF is the payer of last resort according to the statute, covering any amount not covered by these other organizations. For state costs (outreach/engagement, intake, costs not covered by RBHA, an ACC health plan, and all costs for non-Title XIX clients), the total amount of program funding for SFY2019 was $7,013,220 of which $944,320 was DCS funding (State matching funds) with the rest from federal TANF funding. This is in addition to the funding provided by the ACC health plans, RBHAs and TRBHAs for Title XIX-eligible clients for treatment and other supportive services.

Figure 1

	n	%
DCS/AFF	2,487	39.1%
AHCCCS	3,631	57.1%
Medicare	40	0.6%
Private Insurance	137	2.2%
Tribal Funded	57	0.9%
Veteran	0	0.0%
Missing	12	0.2%
Total Assessments	6,364	100%

Title IV-E prevention services funding would only be available for services to adolescents and parents of children who remain in-home and whose AFF services are not funded through AHCCCS, private insurance, tribal entities, the Veterans Administration, or Medicare. In SFY 2019, 39.1% of AFF clients had DCS/AFF as their funding source. In SFY 2019, slightly more than half of parents served had their children living at home throughout AFF service provision.

Enhanced In-Home Parent Skill-Based Programs

Summary of existing in-home parent skill-based programs

DCS provides in-home parent skill-based programs through the In-Home Family Preservation, Building Resilient Families, Family Reunification, and Healthy Families Arizona programs.

In-Home Family Preservation services are provided through an in-home team that consists of a Team Lead/Therapist and a Family Support Worker. There are two service levels:

- Intensive Family Preservation is provided to families where conditions in the home present a threat to child safety and the children are at significant risk of out-of-home care due to abuse or neglect. Services are provided for up to four months.

- Moderate Family Preservation is provided to families where conditions in the home present no threat to child safety but there is a risk of future abuse or neglect. Services are provided for up to three months.

Parents/caregivers of a child named in a DCS report as a substantiated or unsubstantiated victim of abuse or neglect are eligible for In-Home Family Preservation Services. The case must remain open with DCS oversight while the services are provided.

Services are provided based on the needs of the family, and may include, for example:

- Structured parenting and child development education
- Crisis intervention services
- Individual, family and marital counseling
- Domestic violence education
- Behavior management and modification
- Nutrition and home management
- Linkage to community resources
- Emergency flex funds up to $300 per family for utility bills, housing, child care registration fees, bus passes, school clothes, baby items, etc.

Building Resilient Families (BRF) is designed for families whose children are assessed as safe, but need assistance and guidance to strengthen family protective factors and reduce the change of future DCS reports. BRF providers model, teach, and assist families to locate, apply for, and engage in community resources that meet their individualized assessed needs. They also directly provide a wide array of skill building and basic need services. BRF provides up to 55 hours of service to families, with contact at least twice per month. Targeted needs include:

- Basic goods (concrete supports)
- Financial skills training
- Education/skills training (such as job search)
- Housing and household assistance
- Legal assistance
- Parenting and family communication
- Flex funds up to $150
- Transition to adulthood support

BRF services are available for cases that are closing after investigation; non-dependency cases that remain open for DCS oversight or additional assessment; and young people in out-of-home care with a permanency goal of independent living, including young people in out-of-homme care and pregnant, expecting, or parenting, and young people age 18 to 21 who will be exiting care. The family's DCS case may close, but is not required to close, in order to receive BRF services.

Family Reunification services are provided to families with complex needs or intensive behavioral health challenges requiring therapeutic intervention to safely reunify a child with his or her family once conditions for return are met. Services are provided by a team consisting of a team lead/therapist and a Family Support Worker for up to 120 days, with the first 60 to 90 days prior to reunification and the remainder as an in-home service. Services are provided based on the needs of the family and are of the same types as those provided through the In-Home Family Preservation program. Aftercare services may be provided for up to three months.

Healthy Families Arizona (HFAz) is a voluntary home visitation program that serves expectant women and parents of newborns. Pregnant women and parents of newborns under three months of age who face challenges that might be an obstacle to successful parenting are eligible for services, with or without DCS involvement - families do not need to have had a DCS report to be eligible for HFAz services. Program services are designed to strengthen families during the first five years of a child's life, when vital early brain development occurs. Intensity of services moves gradually from weekly to quarterly home visits. Services include child development education, parenting skills training, nutrition and preventative health care education, developmental and health assessments, and referrals to community resources for such items as immunizations and school readiness programs. HFAz served 4,330 families in SFY 2018.

Revision Efforts in Process

HFAz is an accredited program that received a well-supported rating from the Title IV-E Prevention Services Clearinghouse and its design will not be changed. However, DCS will opt in to new Child Welfare Adaptation, which expands the eligible population to families referred by the child welfare system with children up to 24 months of age and continues service for up to three years regardless of the age of the child at intake. This service is primarily provided to families with no DCS report or child welfare involvement, and therefore the children in these families may not meet the reasonable candidate definition of being at imminent risk of out-of-home care. Further, to the extent this program is already funded through the federal MIECHV grant, it would not be eligible for title IV-E prevention services funding.

DCS is partnering with three consultants through the Capacity Building Center for States to revise the remainder of the in-home parent-skill based service array. The project team reviewed data on families currently served in-home and those reported to the DCS Child Abuse Hotline to identify target populations by demographic and risk factors. Next, the team reviewed information on hundreds of programs, narrowing to a list of 31 parent-skill based programs that address the needs to DCS target population. These programs will be assessed for fit and feasibility. Evidence-base is one criteria for program selection, but a program that does not meet the well-supported evidence standard will not be ruled out if it is determined to best meet needs families served by DCS. DCS is engaging with stakeholders to obtain input into program selection. A symposium on FFPSA was held with the provider community and other stakeholders in early December, and will be

followed by a Request for Information (RFI) to obtain written input. Consultation activities are being scheduled with African American and Native American community members, agencies serving survivors of domestic violence, and the Administrative Office of the Courts to jointly design the program(s) that will best serve Arizona's families and have the greatest likelihood of preventing child entry into out-of-home care. DCS expects to implement three to five parent-skill based programs in order to meet the full range of target populations.

Preparing the Provider Community

Information has been gathered on in-home skill-based parenting programs currently being delivered in Arizona through DCS contracted agencies and the behavioral health system. This information will inform the assessment of feasibility and selection of an in-home program. Providers are being involved in the program selection process so that they can advise the Department about the preparation needs.

Summary of Reasonable Candidacy

Reasonable Candidacy is critical to FFPSA as states will have the option to utilize Title IV-E funds for children who are at risk of foster care placement and for their families. Children who are "candidates" for foster care are identified in a prevention plan as being at risk of entering foster care but who can also safely remain at home if they and their family are provided appropriate services.

Arizona currently offers substance abuse treatment services (AFF) for families where drug use is impacting their ability to care for their children. The Department is making significant efforts to revise and improve this program which already has shown to be helpful to those who actively engage in services. DCS is working closely with AHCCCS and the substance use treatment provider community to develop and implement these improvements. To date, the information DCS has received from the community indicates providers are able to deliver the services being proposed.

AFF is funded by several sources (Medicare, Medicaid, private insurance, tribal, DCS, and veteran) depending on a client's eligibility and resources. Prevention and treatment services funded by Title IV-E under Family First will only be available to adolescent and the parents of child remain in the home and whose AFF services are not provided through these other sources.

DCS has several programs that provide "in-home parent skill-based programs". These include Family Preservation, Building Resilient Family, Family Reunification and Healthy Families programs. Because prevention services/programs must meet specific evidence-based requirements, there are revisions currently being undertaken in some of these programs to align them with this requirement of FFPSA.

Healthy Families already meets the requirements to be evidence-based under Family First, but DCS is working to expand the eligible population to include families with children up to 24 months of age and continues service for up to three years regardless of the age of the child at intake. Currently, Healthy Families' population only includes families with children who are enrolled before they are 90 days old.

DCS reviewed hundreds of "in-home parent skill-based programs" and identified 31 that meet the needs of families and children in Arizona reported to the DCS Child Abuse Hotline. These will be further evaluated to determine if they fit Arizona's needs and whether they are feasible. The goal is to ultimately select three (3) to five (5) programs. An RFI is forthcoming to obtain input from the provider community and stakeholders related to these services. DCS is also engaging with community members to ensure it is considering the racial and ethnic needs of children and families as well as survivors of domestic violence.