



**ARIZONA DEPARTMENT
OF CHILD SAFETY**

FIRST THINGS FIRST

February 1, 2021

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

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.

Even prior to COVID-19, Arizona was one of the leading states when it came to the number of children who have had adverse experiences in early childhood. The stress and isolation among families created by pandemic likely has only served to exacerbate those situations. While early adversity – like abuse or neglect, parental substance abuse or caregiver mental health issues – can exponentially increase a child’s risk for negative adult outcomes, studies show that increasing various protective factors – such as knowledge of child development and access to needed supports – promotes resiliency among families and helps our children grow up to become healthy, productive members of our community.

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 collaborations; and,
- Information on the improved outcomes for Arizona’s young children that have resulted from those efforts.

Now more than ever, DCS and FTF are committed to working together with our sister agencies to ensure that all children in Arizona are safe and have the nurturing environments and support they need to be successful in school and beyond.

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

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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.¹

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

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

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.

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.

This year, during the COVID-19 pandemic, there were challenges for all child welfare agencies and families across the United States. Arizona had a “shelter in place” order from March to May, 2020 and saw a large increase in COVID-19 cases in the summer of 2020 placing further strain on Arizona families. Added to this stressor, most Arizona schools were doing virtual learning throughout the rest of the spring and school year. This resulted in a decrease in calls from schools to report suspected child abuse and neglect to the child abuse hotline during this time while calls from law enforcement to the child abuse hotline increased. Throughout this pandemic, DCS has never stopped visits occurring between parents and children, whether they occurred virtually or, when safe to do so, in person. All child abuse reports were investigated and services were provided to families in need. The result of continued contact between parents and children, and provision of services and supports is that 4,626 children were reunited with their parents this past year and 2,637 adoptions were finalized as of December 28, 2020. For more information on DCS process improvements and current performance measures, visit the Arizona DCS website at <https://dcs.az.gov/>.

The Department continued to expand the 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; the Department of Health Services (DHS); Maricopa County Superior Court; the Governor’s Office of Youth, Faith, and Family; First Things First (FTF); the Arizona Health Care Cost Containment System (AHCCCS); hospitals; a nurse consultant; tribal liaisons; and the Arizona Chapter of the American Academy of Pediatrics. 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/>.

Regional Child Abuse Prevention Councils (RCAPCs)

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 (RCAPCs) are 15 voluntary groups of primarily child advocates, social service professionals, school personnel, business representatives and community members located in 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 White Mountain Apache 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 are trained in the Strengthening Families™ program by the Center for the Study of Social Policy. The councils also educate the community about the effects of Adverse Childhood Experiences (ACEs) and how protective factors can mitigate the effects of ACEs.

During state fiscal year 2020 (SFY20), the councils' regular activities in the community were unable to occur due to the community spread of the COVID-19 pandemic. The councils relied mostly on social media to deliver child abuse prevention educational messages throughout Arizona utilizing Instagram, Twitter and Facebook as well as traditional messaging such as radio, billboards, newsletters, seminars, conferences, web pages and city and county government proclamations.

In addition, four Arizona RCAPs developed family engagement bags reaching 4,018 families and 318 children received back to school supplies. The family engagement bags were filled with prevention materials, community resources and protective factor-building activities such as books, children's games, and coloring pages. The bags were distributed door-to-door delivery or included in statewide food box distributions. The populations served included a combination of low income, high risk and Native American families. Other Arizona councils provided additional support to communities using virtual platforms such as Parent Cafes, Protective Factor Training, ACEs and historical trauma education, self-healing and mindfulness webinars throughout the year.

Throughout Child Abuse Prevention Month (April 2020), 14.9 million impressions were delivered by valued media partners to support families with parenting message. One benefit of the pandemic is all of the advertising on radio and billboard was very open to new messages and public service announcements and enabled more people to be reached. The messaging included the Protective Factors, Safe Sleep and See Something, Say Something around reporting suspected child abuse. The results of the April campaign were

896,337 impressions on Facebook, 265,447 impressions on Instagram, 10,318,737 views on digital billboard advertisements and 4,622,000 reached through radio advertisements.

ACEs Consortium

DCS and FTF are partners in the Adverse Childhood Experiences (ACEs) 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.

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. DHS, 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).

Interagency Leadership Team (IALT)

DCS, DHS, and FTF share a common vision to prevent child abuse and neglect in Arizona. DCS, DHS, FTF, AHCCCS, the Arizona Department of Education (ADE), Early Head Start and Native American Connections are partners in Arizona's prevention and early intervention community. This partnership has worked effectively toward ensuring that families of vulnerable children in Arizona have options when it comes to getting needed information and resources to support their children's safety and learning. In July 2020, the following priorities were established for IALT's workgroups and agenda:

- I. Collaborative Outreach and Coordinated Referrals to Home Visiting Services
- II. Improve Completed Maternal and Child Health Screenings, Assessments and Follow-Up
- III. Provide Professional Development Opportunities to Home Visitors throughout the State
- IV. Improve Access and Expand Home Visiting Services in Communities that Serve Identified Priority Populations
- V. Research & Continuous Quality Improvement
- VI. Supporting the Home Visitor Professional by Implementing System-Wide Strategies
- VII. Statewide Home Visiting Data Management

For the past four years, DCS has collaborated with FTF and DHS to provide professional development for supervisors through a Home Visitor Supervisor Institute (HSVI). Due to the COVID-19 pandemic, this year's conference was held on a virtual platform. The HSVI is provided to all evidenced based and evidenced informed home visitor program supervisors. The HSVI held in summer 2022 was attended by 132 supervisors and topics included compassionate confrontation, epigenetics and effects of alcohol and tobacco on minority populations. Feedback received from the supervisors was that 99% "agreed" or "strongly agreed" they learned something new and 100% "agreed or "strongly agreed" they can apply what they learned to their work. Feedback about the virtual platform was "Great job on the virtual format. You still made it very special and provided very relevant topics useful to us as supervisors. I missed having it in-person, but this was great."

Strong Families holds an annual free home visitor conference to provide professional development for home visitors. DCS and FTF participate in the conference planning and often present workshops at the annual conference. This year, due to COVID-19, the Strong Families Conference was held virtually over several days. Topics included engaging fathers, post-partum depression, domestic violence and prevention of loneliness and social isolation during a pandemic. After the conference, there were 12 "learning festival" opportunities with the presenters to dive deeper with the presenters of the workshop and keynote presentations.

Healthy Families Program

The Healthy Families Arizona Program was established in 1991 by DCS and is an example of an innovative funding approach in that the program has multiple financial streams supporting service delivery and program services. The US Department of Health and Human Services has designated the program as evidence-based. In 2020, HFAz utilized funding from the Community Based Child Abuse Prevention (CBCAP) grant, lottery, and DCS general funds, in addition to DHS contributing funds through federal Maternal Infant Early Child Home Visitation (MIECHV) funding, AHCCCS State Opioid Response grant, and First Things First regional funds (20 FTF regions throughout the state fund home visitation and HFAz is one of three evidence-based models funded in FY20).

DCS, DHS, and FTF are partners in Arizona's prevention and early intervention community. This partnership has worked effectively on ensuring that families of vulnerable children in Arizona have options when it comes to getting needed information and resources to support their children's safety and learning. FTF contributed substantial funding for the HFAz program through an interagency service agreement for the past six years. The agreement ensures a collaborative relationship, shared cost and resources for the administration of the HFAz program. DHS provided funding through Maternal Infant and Early Child Home Visitation (MIECHV). Throughout SFY2020, 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.

From October 1, 2019 through September 30, 2020, 4,337 families were served by HFAz program sites that were funded fully or partly by DCS, FTF, AHCCCS and MIECHV. The HFAz program serves 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-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 child care. 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 and expanded statewide in 2018. 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 FY20, 2,475 families were referred to the BRF Program.

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. During COVID-19, the CarePortal expanded their concrete resource assistance to first responders and youth aging out of foster care to assist them with getting into stable housing. Through the CarePortal system, 1,439 children and 626 families were served in Arizona.

Parent Advisory Collaborative

The Arizona Parent Advisory Collaborative (PAC) has brought the voice of parents and families into planning for DCS policy, practices and procedures in 2020 and is well positioned to make a positive impact on child well-being going forward. The leadership team seeks the consultation of the PAC and its members, who bring the perspective of parents and families to decision making. The PAC is comprised of parents previously involved in child welfare and community parents. The PAC had four formal meetings during federal fiscal year 2020 (FFY20). The formal meetings provide an opportunity to present to senior

management and DCS Director Michael Faust the activities and accomplishments of the PAC and the work of the PAC committees. Every February, the PAC has a meeting focused on observing National Parent Leadership Month and the parents' accomplishments are highlighted at this meeting. In FFY20, the parents received plaques with a leadership quote, a thank you card and a bag of sweets.

A major portion of the work of the PAC occurs in the various committees that have been organized to focus on specific topics. The PAC Committees are:

- Newsletter Committee – This committee develops the Parent Voice AZ, a newsletter created by the PAC. Currently, the committee has produced two editions of The Parent Voice AZ and is finishing up the third edition. Each edition includes a public interest story, a community resource, an informative article, a parenting tip and a biography of a PAC member or a parent.
- Recruitment Committee – The role of this committee is to develop materials and strategies to enroll new PAC members from counties outside Maricopa and Pima counties and rural communities.
- Safe Sleep Committee – This committee developed last year's Safe Sleep Proclamation for Governor Doug Ducey to sign. They also contributed to the development of the new Safe Sleep Computer Based Training and provided input into parent-friendly language for educational support materials.
- Strengthening Young Parents – This committee supported the development of the Young Parent University and one of the PAC members presented two fatherhood engagement workshops at the Young Parent University.
- Legislative Committee – The role of this committee is to identify and review potential legislation that is proposed and its impact on parents and families. This past year, one member of the PAC presented to a legislative committee in the state House of Representatives and state Senate on proposed legislation that was not supportive of birth parents.
- Housing Committee – This committee collaborates with community organizations to educate the public and identify housing resources for families; members also attend meetings with housing authorities.
- Incarcerated Parents Committee – The role of this committee has been to review the role parental incarceration has on separating families and furthering ACEs for the children of incarcerated parents. The PAC is seeking to increase contact between children and their incarcerated parents, create a positive atmosphere for visitation and identify assistance that will enable a family to reunify successfully once the parent is no longer incarcerated.

In the past year, the PAC assisted with the development of a Parent Resource Page for the DCS website. This page provides information for parents regarding the role of DCS and the community, as well as

information to prevent family separation. The PAC also contributed to the Parent Resource Guide that was created to provide parents involved with child welfare with easy access to information written in language that people can easily understand. The Parent Guide has 10 sections, which have been placed on the DCS information website. Each section is identified so anyone can look up information that is relevant to him or her at the time.

PAC members are motivated and passionate about bringing the parent voice for child well-being and strengthening families in the community within the state of Arizona and nationally. The PAC actively seeks to improve services for children and families through its efforts. In 2020, PAC members achieved numerous accomplishments locally and nationally including some of the activities listed below:

At the local level:

- Triple P Certified Practitioners
- Nurturing Parenting Certified Facilitators
- Certified Doula Practitioners
- Chair the Reunification Day Planning Committee
- Train Medical Professionals at ASU to Break Stigmas of Addiction
- Facilitate Fathers Workshops

At the state level:

- Participated in Panel Discussion at Incarceration Summit for ASU
- Children's Justice Task Force GOYFF
- Research with ASU and Law Enforcement to Prevent Sexual Exploitation
- Presentation to RCAP Councils

At the national level:

- Membership in the Birth Parent National Network (BPNN)
- Membership in the Birth and Foster Parent Partnership (BFPP)
- Participation in Casey Family Program Convening on Shared Parenting
- Membership on the Alliance Parent Partnership Council (ANPPC), part of the Children's Trust Fund
- Membership as Touchpoint Parent on BPNN Resiliency Project
- Membership on FRIENDS National Parent Advisory Council (PAC)
- Member Co-Facilitator of BFPP National Convening
- Presentation to Birth Parent National Network (BPNN) on Implementation and Value of PAC
- NCSACW Policy and Practice Academy for Infants Prenatally Exposed to Substances
- Advised states of Virginia and Pennsylvania in the creation of Parent Advisory Boards

Young Parents

Young people who are parenting or soon to become parents who have a history of involvement with the child welfare system as a child are at increased risk to experience income inequality, intimate partner violence, lack stable housing, and are almost twice as likely to become involved with the child welfare system as older parents. 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. The Young Parent University (YPU) has been managed by the Office of Prevention for the past three years as a result of internal reviews of child fatality and near-fatalities related to young parents and children.

The current configuration of the Young Parent University involves both young people who are in foster or extended foster care and youth within the community. Development and management of the program has been the responsibility of the Office of Prevention in cooperation with planning team members comprised of state of Arizona agency representatives, community partners and service providers serving youth. Input from the previous year's YPU evaluations was used by the planning team members and was an integral part of topic and presentation development. Historically, the Young Parent University has taken place in person, on-site at a conference center or meeting facility. The COVID-19 pandemic required the evolution of the University to a virtual program in 2020. This shift allowed a unique working relationship to develop and partnerships were established with partners across the state who provided valuable insight specific to their communities.

This two-day event was able to offer a virtual mechanism to encourage frequent engagement with young parents throughout the year. It was determined that the most effective method of communication with the age group of 13–21 is through emails, texts and social media. Due to the need of converting the University to the virtual environment, it was determined early in the planning stages that some young parents may not have the technology to accommodate their attendance at the event. The Office of Prevention was able to purchase Dell Inspiron laptops to provide to the participants who reported not having access to a stable and reliable device to participate in the Young Parent University and receive other communication throughout the year from DCS.

Three tracks of three sessions each were offered with workshops dedicated to parents of children within certain age ranges, and two dedicated workshops for fathers, led and presented by fathers, also were offered. Workshops offered on the first day included topics on healthy relationships, co-parenting during COVID-19, breastfeeding, mental health in pregnancy, postpartum depression and fatherhood. Workshops offered on the second day included topics like home safety, appropriate caregivers, developmental milestones, infant and toddler mental health, budgeting, well child doctor visits, and Dads

Matter Too. Two special sessions were held to offer access codes to the online Triple P Positive Parenting Program and allow technical support to be offered during the session.

The young parents that attended were provided with educational materials. The first was a boxed set of educational support materials that was delivered by mail that contained books, learning flash cards, a play mat, some snack containers and varying resources specific to young parents such as the Birth to Five Helpline, Poison Control, and pamphlets about safe and appropriate caregivers. All participants also received two Door Dash or Uber Eats cards for meals. All participants received raffle prizes including diaper backpacks, health kits, baby monitors, baby journals, baby clothes, age appropriate toys, pack and plays, strollers and hygiene items.

Youth Transitioning into Adulthood

Coordinated outreach activities for transition into adulthood are provided to young adults who have experienced foster care in Arizona, other states, or recognized tribes. Young people aged 18 through 20 who are legal residents of Arizona and have experienced child welfare 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 varying services and specific supports to assist young people to help them achieve a successful transition to adulthood. The TILP is currently delivered through a community-based contractor, Arizona Children's Association, and is available statewide. TILP services support young people in securing 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 services for young people.

DCS and Arizona Children's Association work closely with community partners to assist in prevention-related planning and support services for youth who experienced foster care and families at risk of homelessness. These collaborations include, but are not limited to: Family Unification Program (FUP) and Foster Youth to Independence Tenant Protected Vouchers (FYI-TPV), Families First Substance Abuse Treatment Programs, Arizona's Interagency Pregnancy and Parenting Assistance Program, Arizona Developmental Disabilities Planning Council, Secondary and Post-Secondary Educational engagement and retention programs, Workforce Innovation and Opportunity Act (WIOA) providers, Sex-Trafficking Prevention, and the Young Parent University.

The Office of Prevention offers support for housing through partnerships that offer the federal Housing and Urban Development's Family Unification Program (FUP) and the newly launched Foster Youth to Independence Tenant Protected Voucher Program (FYI-TPV). Arizona continues to achieve an increase in housing opportunities for families and youth involved with DCS. Arizona currently has one of the largest

housing awards from the United States Department of Housing and Urban Development (HUD) for Family Unification Program (FUP) vouchers. The FUP vouchers provide housing to families to prevent children from entering care, removing housing barriers for the reunification of children and parents and for foster youth aging out of care that are at risk for homelessness. Arizona has a total of 441 FUP vouchers across the state among six housing authorities: Maricopa County and the cities of Mesa, Tempe, Phoenix, Tucson, and Yuma. The Office of Prevention has been able to offer support to young parents who have previously been involved with the child welfare system as children and are not involved with child welfare system as parents. By utilizing the Community Based Child Abuse Prevention (CBCAP) grant, young adult parents can get assistance with the costs associated with leasing an apartment, completing other necessary tasks associated with a lease, or other unforeseen costs and circumstances.

Toward the end of 2019, the Office of Prevention began to discuss implementing the newly launched Foster Youth to Independence Tenant Protected (FYI-TPV) voucher program, also offered through HUD. FYI-TPV is a dedicated program aimed at supporting the housing needs of young people who were in any state or tribal foster care program (in out-of-home care) at age 16 or later. The program allows for up to 25 total vouchers within a fiscal year to be issued within a single housing authority. The vouchers are available to youth ages 18 through 25 (not yet 26). The program has since been successfully launched through recruitment and partnership development among four housing authorities: Mohave County and the cities of Glendale, Scottsdale and Flagstaff. The goal is to continue expanding the availability of the vouchers in an effort to help support families and young people with a history of child welfare involvement. Developing processes for both programs has been ongoing throughout the year and has allowed unique opportunities to involve youth to offer feedback and support. Parents and youth are invited to attend quarterly discussions with the housing authorities to remove barriers for youth and families and to further streamline the application process.

Youth Leadership

The DCS Youth Empowerment Council (YEC) consists of youth who either are currently in foster care or are foster care alumni ages 14 to 23. The members are working to better the lives of children and youth who are experiencing foster care. The YEC created an action plan for 2020 that addresses advising children and youth living in congregate care of their rights in foster care. The YEC developed a PowerPoint presentation and a YouTube video to provide this information. Another of the action items the YEC pursued was post-adoption services to prevent adoption disruptions. YEC members are interested in using lived experiences to better the foster care system in Arizona and nationwide by informing decision makers of issues and concerns and taking an active role in being part of the solution to effect change and touch the lives of children and youth. In addition to the DCS youth-adult partnership that has been cemented over the past year.

YEC members have had the opportunity to bring their concerns to national leaders. This past year, members of the YEC met with Lynn Johnson, Assistant Secretary at HHS's Children and Families Administration, to discuss the All-In Foster Adoption Challenge. YEC members also had the opportunity to conduct a roundtable discussion regarding adoption with Dr. Jerry Milner, Acting Commissioner at HHS's Administration for Children and Families. These opportunities, and more to incorporate the voices of children and youth with lived experience, have been fully supported by the DCS leadership team. At this year's Youth Leadership Conference, YEC members began formulating the agenda for 2021 and will be presenting the action plan to the DCS leadership after the New Year.

Youth who participate in the council will continue to have further opportunities to speak on panels, provide feedback on policies, engage in agency evaluations, and work to make the Department of Child Safety more effective in improving outcomes for youth exiting foster care.

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. For many families, issues of poverty, substance abuse, mental health challenges, inadequate housing and homelessness, domestic violence or a combination of these factors 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

DCS provides child care as a preventative and supportive service for families involved with the child welfare system. Child care assistance is provided through DCS and DES for children ages 6 weeks to 12 years old for a minimum of 12 months. As of October 31, 2020, DCS was providing child care assistance to 11, 259 families, which is down from 14,445 in October 2019. This dramatic decrease is believed to be an effect of COVID-19 and the subsequent decline in the number of child abuse reports. Once a family is involved with DCS and the investigation determines child care would support the family, the DCS Specialist will offer child care assistance as a prevention measure.

- COVID-19 Effect and Response

Much of the child care efforts made by DCS in the past year have revolved around the response to COVID-19 and its effects on the viability of the child care industry. Beginning in March 2020, child care utilization plummeted to 40% of active authorizations. In April 2020, 72% of Arizona's child care providers had voluntarily closed. In coordination with DES, approval was granted by the Office of Child Care to continue

payments to child care providers on all active authorizations, regardless of attendance. DCS and DES received approval to provide 3-month extensions to all families whose child care support was due to expire between the months of March and July 2020, allowing them to access this critical resource without the need to reapply and potentially lose their DCS-funded child care assistance. These efforts have thus far been successful, with 75% of the state's child care providers open and serving children at the end of October 2020.

- Quality Child Care

It is vital that any child, but particularly one exposed to abuse or neglect, be in a safe and responsive environment that allows them to heal. As such, one of the primary focuses of DCS is to place children into quality child care settings. As of October 2019, 46% of the Department's child care referrals were made to centers that are considered quality, meaning they possess a 3- to 5-star rating from FTF's Quality First program (*see pages 34-39 for additional information*) or a national accreditation. By April 2020, this number had grown to over 50% of the Department's child care authorizations going to quality child care providers, an increase of over 900 children involved with the child welfare system attending quality child care. Although the overall numbers of children in quality settings has shrunk since April 2020 (in line with overall trends), the percentage of DCS referrals to quality child care grew to 54% in October 2020, with that trend continuing upwards in the months since.

- Head Start

Head Start and Early Head Start programs provide an ideal environment for young children who have suffered trauma, both in terms of their education and social/emotional development. Despite children in out-of-home care being categorically eligible for child care, it has been an underutilized resource in the past. With that in mind, DCS collaborated with the Arizona Head Start Association and several Head Start grantees in the Phoenix area in September 2019 to create a pilot program to streamline the enrollment process for children referred by DCS. The pilot provides DCS with vacancy data for each location, and children can then be matched to available spots. From October 2019 to March 2020, this pilot aided in the enrollment of 37 children in out-of-home care into Head Start and Early Head Start programs. The program was put on hold in March 2020 as the Head Start grantees shifted focus to their response to COVID-19 and instruction was shifted online. However, in September 2020, discussions were held about reviving the program and two additional Head Start grantees agreed to participate in the revived effort, expanding the service area to all of Maricopa County and southern Arizona.

- Child Care Expulsion Prevention

The previous year saw continued expansion and success for the Department's child care expulsion prevention efforts. Children at risk for expulsion from their child care settings are referred for and receive

support in an attempt to stabilize them. Between October 2019 and October 2020, the Department provided support to 93 children in out-of-home care that were at risk for expulsion. The supports were able to stabilize the vast majority of children, with only 27% of these referrals resulting in an expulsion of the child.

- **Expanding Access to Mental Health Consultation**

One of the efforts aiding in the Department's expulsion prevention efforts is the expansion of mental health consultation. Mental Health Consultation is a support where a licensed clinician who is also trained in early childhood education provides support for a child care to create a healthy and responsive environment for the children they serve (*See Pages 39-41 for additional information*). Clinicians work on a center-wide, classroom, and child-specific level to attempt to create a trauma-informed learning environment throughout the facility. Mental health consultation is currently funded on a limited basis and is only available in certain parts of the state through First Things First (15 regions). One of the largest gaps is in western Maricopa County, which coincides with several of the ZIP codes that contain the highest number of children ages 0-5 in DCS custody. In November 2019, in an effort to provide support to this area, DCS worked with behavioral health providers in Maricopa County and designed a pilot to allow mental health consultation to be a billable service through a child's insurance plan under existing codes. This pilot expanded throughout the year and has currently served 14 children. Given its success, discussion is ongoing with the state's Medicaid provider to create a billable code exclusively for mental health consultation to allow for its utilization statewide.

Substance Exposed Newborn Safe Environment (SENSE) Program

In 2020, DCS continued to provide 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 community-based home visitation services such as 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.

Arizona's Plans of Safe Care for Infants and Families for Infants Prenatally Substance Exposed (IPSE)

DCS Office of Prevention has continued to co-chair the Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs, which is housed at DHS and was first developed at the request of Arizona's 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 infants prenatally exposed to substances (IPSE) diagnosed with Neonatal Abstinence Syndrome continued to grow, even with a significant underreporting and 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 newborns prenatally exposed to substances; 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 bimonthly and provides educational opportunities, community education and collaboration for professionals working with families impacted by substance abuse. There are taskforces throughout the state that continue to address infants prenatally exposed to substances and their families. These task forces include:

- The Southeast Regional Polysubstance Abuse in Pregnancy and the Newborn (PAPN) taskforce meets quarterly and has engaged at least one medical professional from each birthing hospital. Advancements for this taskforce include recognition that two hospitals in Pima County are paving the way for Arizona. The Eat Sleep and Console method, first implemented in Pima County, is now being taught at other hospitals across the state, and other hospitals within Pima County are developing their own strategic plans in order to improve their practices.
- MATFORCE, the regional taskforce from Yavapai County, held their fourth annual conference virtually on substance use and intervention. The focus of the conference was on the pressing issues Arizona is currently facing, actions currently being taken to address this issue on a statewide level, and efforts on prevention of prenatal substance exposure.
- Maricopa County's Safe, Healthy Infants & Families Thrive (SHIFT) Collaborative started through Maricopa County's Juvenile Court Program, Cradles to Crayons, with the in-depth technical assistance of the National Quality Improvement Center for Collaborative Community Court Teams

(QIC-CCCT) grant. The work of the SHIFT collaborative focused on plans of safe care for pregnant women to improve outcomes for parents and children postnatal. The Maricopa County SHIFT Collaborative transferred leadership from the Courts to the Maricopa County Department of Health and is supported through the State Opioid Response grant.

- The 2020 Practice and Policy Academy – Improving Outcomes for Pregnant and Post-Partum Women with Opioid Use Disorders and their Infants, Parents and Caregivers – sponsored by the Children’s Bureau and SAMSHA selected Arizona to put together a team to continue the great work already existing in Arizona. The Arizona team developed three goals for the state: establish the use of information sharing protocols to improve outcomes and service delivery to families; provide a roadmap for providers and parents/caregivers to increase supports and services for pregnant people and/or those caring for newborns with substance exposure; and increase the use of Infant Care Plans prenatally and post-partum. The statewide plan will be piloted in Yavapai County in 2021.

Safe Sleep and Baby Box Campaign

In response to identifying the unsafe sleep trend, 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 infants to sleep. The training curriculum used is aligned with recommendations for a Safe Infant Sleeping Environment from the American Academy of Pediatrics. The main message 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 the parents, to include information about safe sleep. 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 was completed by 837 individuals including DCS staff and multiple community agencies this year. DCS also obtained a gubernatorial proclamation declaring October 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 continued to provide 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. This messaging was adapted from Los Angeles County’s “Don’t Wake Up to a Tragedy” campaign material that resulted in their county seeing a 50% reduction in unsafe sleep fatalities for three consecutive years. In 2020, baby boxes were offered to DCS parents, including pregnant and parenting teens involved with DCS, who need a safe sleeping

environment for their infants. In FFY2020, baby boxes were also offered to the community, providers, DCS parents and families in tribal communities that needed a safe sleep environment for their infants.

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 at addressing 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 address substance abuse issues that are affecting their ability to care appropriately for their children or to get and keep employment. It provides the opportunity for families to overcome the barrier of substance abuse in order to reach the outcomes of 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.

In SFY 2020, 11,117 referrals came from DCS/DES Jobs. From those referrals: 96% received an assessment; 7,157 accepted services; and 2,089 completed treatment. Twenty-three percent (23%) of the referrals successfully completed AFF services and closed during SFY20 and 163 clients received Substance Abuse Awareness Services. The substance abuse population often faces extreme barriers such as incarceration, relapse and homelessness. Across the three-year period, both program completers and non-completers showed lower percentages of subsequent substantiated maltreatment reports after case closure.

For the past three years, over 80% of children whose parents completed the AFF program have achieved permanency compared to slightly more than 70% of children whose parents did not complete the AFF program. Furthermore, on average, over the past three years, 79% of children

whose parents completed the program have been reunified with their biological parents compared to 41% of children whose parents who did not complete the AFF program. The program's annual evaluation can be found <https://dcs.az.gov/news-reports/dcs-reports>.

- **Comprehensive Medical and Dental Program (CMDP)** – CMDP is an integral component within 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 through an integrated service model.

The integrated health services model is the result of a multi-year strategy to develop a thoroughly researched service delivery system that coordinates physical and behavioral health services for the well-being of children in out-of-home care. The final design to accomplish a fully integrated service model merges the population specific health care expertise of DCS' health plan, CMDP with the benefits of a statewide Managed Care Organization (MCO). Aligning with this model, DCS CMDP contracted with Mercy Care, an MCO with knowledge and experience in physical and behavioral health care and service delivery for this population. This partnership is a statewide contract that will serve all Arizona children and youth in out-of-home care.

The functions of Mercy Care include: develop and maintain a healthcare provider network for an all pediatric population, clinical care management and other health plan operations which are tailored for this specific population. Leveraging DCS CMDP's extensive knowledge of the unique health needs of children and youth in care, DCS CMDP retains responsibility for the health of children in care with a focus of improving the healthcare service delivery system, monitor utilization of services, augment quality management efforts and provide additional care management resources as needed.

To reflect this integrated approach to healthcare, CMDP is changing its name to Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP) as of April 1, 2021.

- **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.

Even before the pandemic, many families in rural areas lacked access to in-person screenings for developmental delays. To help address the screening challenge in rural areas, the University of Arizona Cooperative Extension has started offering free virtual developmental screenings in Arizona's Pinal and Gila counties and the San Carlos Apache Tribe region. Via Zoom, an online video chat program, assessors walk parents or caregivers through the assessment instructions and ask them questions about their children. Part of the screening may require children to perform a skill, like drawing something or stacking items. With a screening, staff are able to provide timely information on the child's development and offer support activities. With more children at home during this crisis, it was very important that staff educate parents on their child's development and realistic developmental expectations. The screenings also provide a social connection to families during the health pandemic. During this extended period of self-isolation, when parents and children have been together longer than typical, it's vital to connect with families, many of whom might be discouraged by the length of time at home. Staff's ability to reach out virtually to do the developmental screening encourages the parent and gives them something unique for their child to do. The positive feedback is encouraging to both parents and children. In SFY20 FTF-

sponsored programs screened 15,405 children in order to detect vision, hearing and developmental issues in young kids and prevent learning challenges later on. In addition, 6,959 referrals were provided to further assess children for developmental delays/sensory issues and possible treatment or early intervention services.

- **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 SFY20, 1,369 parents and caregivers of children 5 and younger participated in the parenting education series.
- **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 SFY20, the Helpline answered 5,104 inquiries from families of children 5 and younger and from professionals working with infants, toddlers and preschoolers.
- **Parent Kits** – Comprehensive informational kits containing important information, resources and tools for families of newborns to support their child’s health and learning were distributed to hospitals and given to the parents of every newborn so they know how to support their baby’s safety, health and brain development. In SFY20, 63,042 parent kits were distributed statewide. All of the content from the Parent Kit – in English and Spanish – also has been converted to digital format and published on the FTF website, where parents can quickly search for information specific to their child’s age or the specific parenting issue they are dealing with.
- **Parenting Information and Resources** – Since FY16, FTF has been increasing the amount of parenting information available through its website, 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.

Young children are especially vulnerable to situations that disrupt their routines and events that create stress in their families and communities. Many parents may not know how to meet the special needs of young children in those unexpected situations. Because of this, FTF's immediate response to the COVID-19 pandemic was to provide *Tips for Talking with Young Children About Coronavirus*. The post was published on March 17 and as of June 30 had received 4,050 website visits and had reached an additional 7,500 people via Facebook and Twitter. Various organizations and individuals also shared this information and linked to it from their websites, including Gov. Doug Ducey, who posted about it in his social media channels (*see image at right*) and also included a link to these tips on the *Arizona Together* website, a compilation of resources to help individuals and businesses navigate through the pandemic. Examples of other valuable information for parents and caregivers published by FTF includes: Parenting in the Time of Coronavirus and Social Distancing (March 25); Timely resources to share with Arizona families of young kids (March 26); At-home Activities: Another Day, Another Way to Play (April 23); Doctors urge parents to keep up with check-ups and immunizations during COVID-19 (April 30); A message for moms in challenging times (May 9); New Routines to Protect Children's Health (May 26). Families can access all of this content conveniently on one page of the FTF website, *Parenting During Coronavirus*. The most popular of these individual content pieces was the *Parenting in the Time of Coronavirus and Social Distancing* blog post. As of June 30, that page had drawn nearly 12,000 page views since going live on March 25 and users were spending more than six minutes (6:17) on the page, about three times more than FTF's average. Naturally, large numbers of page views came from FTF's Facebook page, other social media channels and monthly e-news to families. But more significantly, national organizations like ZERO TO THREE and Brookes Publishing recognized the quality of FTF content and included a link to it among coronavirus resources listed on their websites. A large number of individuals accessing the content through these channels also helps the link come up more frequently as families are doing online searches for trustworthy early childhood information during these difficult times.

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

have also 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 2020, some additional collaborations included:

- The FTF community outreach team, who work in communities throughout the state, often partnered with local DCS staff throughout the year. For example, they trained DCS staff in Yuma on effective messaging about the importance of early childhood and how to share FTF information and resources with the families they serve. Similarly, in the FTF Navajo/Apache Region, FTF outreach staff have regularly partnered with local DCS leadership to provide FTF information and resources to caseworkers who then share the information with families. In Pima County, the outreach staff has partnered with a Court Appointed Special Advocate coordinator who distributes kits packed with FTF information and early childhood resources - such as bilingual children's books and developmental milestone growth charts - through judges and other court officials who work with families.
 - FTF continues to collaborate with the DHS as part of a multi-agency collaboration to improve safe sleep practices statewide, (including the content of crib cards that are provided to the labor and delivery nurses at hospitals to reinforce the importance of safe sleep environments with new parents. In October, FTF joined DCS, the Arizona chapter of the American Academy of Pediatrics and other partners in promoting Safe Sleep Awareness Month (*see more information on Safe Sleep on Page 21*).
 - In December, FTF provided children's oral health information cards and children's dental kits to 100 young parents across the state who participated in the DCS virtual young parent university (*see more information on Young Parent University on Pages 14-15*).
 - 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 (*see additional information on Regional Child Abuse Prevention Councils on Page 7*).
- ***Building Awareness of the Impact of Abuse or Neglect on Young Children*** – For the seventh year in a row, FTF was a primary sponsor of the statewide Child Abuse Prevention Conference, which was offered virtually due to the pandemic. Hundreds of professionals, including child welfare and community organizations working with at-risk children and families, attended the virtual conference, which offered national expert keynotes and three full days of workshops on topics aimed at preventing child maltreatment and improving Arizona's child protection system at the local and statewide levels.

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** – 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 is the leading funder of home visitation in Arizona (*see page 9 for additional information on inter-agency collaboration*), providing funding for programs in 20 regions across the state. In SFY20, FTF supported the implementation of three evidence-based models: Healthy Families, Nurse Family Partnership and Parents as Teachers. These voluntary home visitation programs are proven to reduce parental stress levels, increase connections to community supports and improve children’s cognitive, motor, behavioral and socio-emotional development. Home visiting programs may greatly benefit families living in adverse situations, as the personalized support provided through participation in home visiting provides an opportunity to prevent or mitigate adverse early childhood experiences and promote children’s healthy development. Research emphasizes that the families who benefit most from home visiting services are those families with infants and toddlers who are living in adverse or challenging circumstances, such as first-time parents, parents of children with special needs, single parents or families with multiple births and families without any support.

In SFY20, 4,786 families participated in FTF-funded home visitation programs. Almost 240 families graduated from home visiting programs in 2020.

In-person visits haven’t been possible during the COVID-19 pandemic, but that hasn’t stopped home visitors from supporting children and families they serve. Based on guidance from national program offices, phone calls, emails and virtual meetings have served to keep families engaged. Cholpon Rosengren, senior director of Family Support for the United Way of Tucson and Southern Arizona. Rosengren oversees eight programs serving about 900 families, including grandparents

raising grandchildren, teenage mothers, families with a history of trauma and parents of babies born substance exposed. The programs range across three home visitation models: Healthy Families, Nurse-Family Partnership and Parents As Teachers. In many cases, the home visitor was the only stable source of support families had, Rosengren said. In the beginning, there were many requests for basic items like food, diapers and wipes. Home visitors would drop them off on the porch, and then talk to the families and the kids through the windows, she said. As the pandemic progressed, Choplon said the requests became more about making the home safer for kids, or more conducive to learning. Whatever families need, that's what home visitors try to respond to. Meeting those needs also is a way home visitors can then ask questions about how the family is doing during this rough time, as well as provide support for children's health and learning. Individual home visitors also got individually creative when it came to meeting the needs of their families; for example, Veronica Quiñonez from the Casa de los Niños Parents as Teachers program, filmed videos where puppets explained fun activities families could do together. Some aspects of the program – like screening children for developmental delays or assessing mothers for maternal depression or risk of domestic violence – seemed almost impossible, but Rosengren said staff got creative there, too, asking a partner from the domestic violence shelter train staff on ways to have that conversation virtually and things to look for in the answers. Although families and staff are looking forward to resuming in-person connection as soon as safely possible, virtual contact helps keep home visitors and families connected, keeps their relationships strong and keeps everyone moving forward in a positive way.

In addition to funding various home visitation models, FTF works to support home visitors in their work. In SFY20, FTF received a grant from Blue Cross Blue Shield that provided additional training to home visitors who work with high-risk families involved in the SENSE program. This grant was implemented in collaboration with DCS and ADHS, and the training was designed to help home visitors further their understanding of substance abuse disorder and how depression and mental health issues can affect a parent's ability to provide the best care for their baby. Due to the pandemic, this training moved to a virtual platform. Through a series of webinar courses and live sessions, participants learned about family engagement, substance abuse disorder and treatment, and the impact on child development. Over 200 home visiting professionals statewide attended, and also had access to weekly community of practice sessions with an infant mental health professional and daily text blasts to help them apply what they learned into their practice.

Also in SFY20, FTF received a grant from AHCCCS which expanded our state's capacity to provide Early Childhood Mental Health Consultation (ECMHC) to 40 additional home visitation teams. Early Childhood Mental Health Consultation is a problem-solving and capacity-building intervention implemented within a collaborative relationship between a mental health consultant

and home visitation providers to help build the capacity and skills to recognize and respond to the mental health needs of children and families. Mental health consultants have a master's degree in therapy or counseling, and/or are a licensed mental health professional and/or have a mental health endorsement. ECMHC is a critical service to home visitors, expanding their knowledge and skills supporting families at risk for opioid use, as well as those experiencing mental health challenges. Services can be provided in-person or virtually, and can be individualized based on the needs of each home visitation team. FTF collaborated with DCS and DHS to support outreach to invite the teams most likely to benefit from the service. Due to COVID-19, mental health consultants have been providing case consultation to home visiting teams and their supervisors virtually. While this method of service delivery is new to all, most participants have continued to consistently engage in consultation.

- **Quality First Scholarships** – FTF’s signature program, Quality First (further described beginning on Page 34), 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 SFY20, child care scholarships helped 8,043 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 SFY20, 244 families received this crucial support.
- **Family Resource Centers** – Located throughout Maricopa and Santa Cruz counties, this network of 46 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 SFY20, 20,625 families attended parenting activities at Family Resource Centers. In addition, 13,395 families received referrals through these centers. FTF and the DCS Office of Prevention have been discussing how programs and services to support families involved with the child welfare system might be incorporated into the work of family resource 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. FTF and DCS staff meet monthly to identify new and ongoing opportunities for collaboration, coordination and alignment, with a local and statewide system lens on primary prevention efforts that support Arizona's families and children birth to age 5.

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 Teams 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 one tribal community – 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 conducted in SFY19 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. Results of the FY19 evaluation in regard to C2C Clinical Services show a higher rate of reunification for both the group that received C2C services and the group who were referred but did not receive C2C services. The new outcomes show that for families who received at least one C2C clinical service there was a rate of 72% reunification, compared to 48% for the comparison group who did not receive C2C services.

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 2020, there were 5,835 children birth to 5 years old who were in out-of-home care with DCS, representing 41% of all children in out-of-home care.

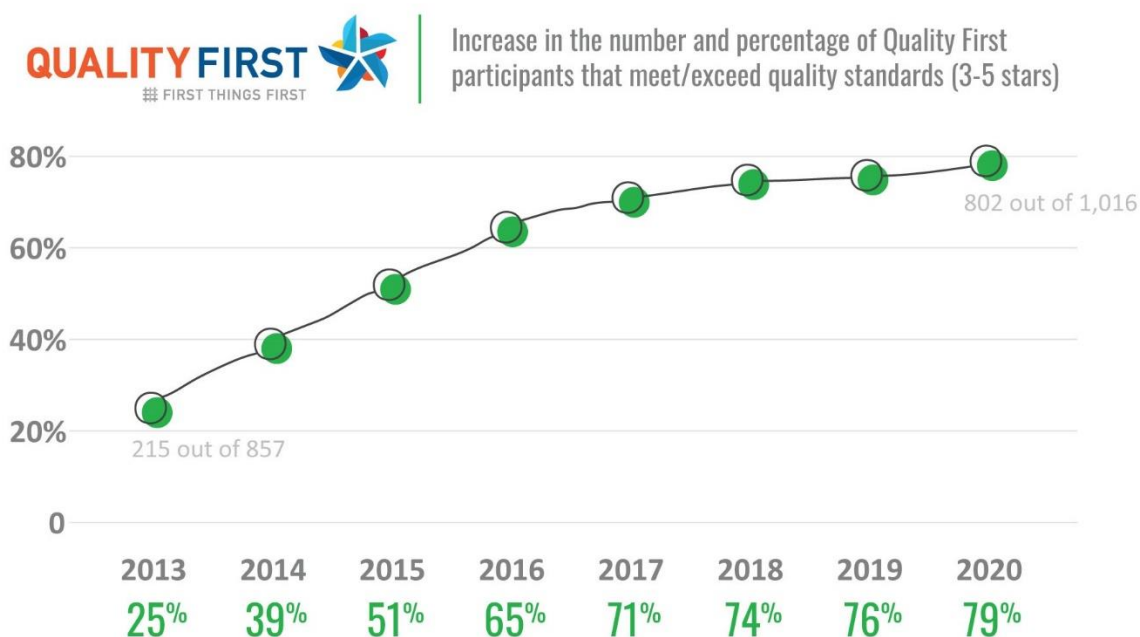
Access to quality early care and education programs can result in social, developmental and health benefits to young children that help to prepare them for later success in school and in life. Where families choose out-of-home settings – including biological and foster families involved with DCS – stable 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 1 below). In SFY2013, 25 percent of 857 participating rated providers met quality standards. Over the past seven years, both enrollment and quality improvement have improved. In SFY20, 79 percent of 1,016 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 almost 61,000 children throughout the state have access to a higher standard of early education.

Figure 1



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. 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 11 years this MOU has been in place (*see Figure 2*), Arizona has been able to leverage almost \$416 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 SFY19, that number was 39 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 MOA
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	*\$37.9 M
2020	*\$30 M	*\$37 M
2021	*\$30 M	*\$37 M
TOTAL	\$314 M	\$416.3 M

**projected*

Source: Arizona Department of Economic Security, Child Care Administration

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.

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.² As such, one of the primary focuses of DCS is to place children into quality child care settings. As of October 2019, 46% of the Department’s child care referrals were made to centers that are considered quality, meaning they possess a 3- to 5-star rating from FTF’s Quality First program or a national accreditation. By April 2020, this number had grown to over 50% of the Department’s child care authorizations going to quality child care providers, an increase of over 900 children involved with the child welfare system attending quality child care. Although the overall numbers of children in quality settings has shrunk since April 2020 (in line with overall trends), the percentage of DCS referrals to quality child care grew to 54% in October 2020, with that trend continuing upwards in the months since.

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

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.^{3, 4} Nationally, preschool expulsions and suspensions occur at high rates and disproportionately impact children of color, specifically young black boys.^{5, 6} 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.⁷ 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 learning environment expulsion in 2017.^{8, 9} 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.¹⁰

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

³ 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.

⁴ .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>

⁵ 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-ecce-expulsions-suspensions.pdf>

⁶ 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>

⁷ 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/>

⁸ 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>

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

¹⁰ 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.

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.

One of the efforts aiding in DCS' expulsion prevention efforts is a pilot program to expand mental health consultation. One of the largest gaps in ECMHC services is in western Maricopa County, which coincides with several of the ZIP codes that contain the highest number of children ages 0-5 in DCS custody. In November 2019, in an effort to provide support to this area, DCS worked with behavioral health providers in Maricopa County and designed a pilot to allow mental health consultation to be a billable service through a child's insurance plan under existing codes. This pilot expanded throughout the year and has currently served 14 children. Given its success, discussion is ongoing with the state's Medicaid provider to create a billable code exclusively for mental health consultation to allow for its utilization statewide.

The previous year saw continued expansion and success for DCS' child care expulsion prevention efforts. Between October 2019 and October 2020, the Department provided support to 93 children in out-of-home care that were at risk for expulsion. The supports were able to stabilize the vast majority of children, with only 27% of these referrals resulting in an expulsion of the child.

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 support teachers to implement practices that promote positive social-emotional development 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 help early care and education providers understand how to promote early childhood socio-emotional competence and development as well as problem-solve specific child

behavioral/emotional challenges in the classroom issues. ECMHC has primarily been implemented in licensed child care centers and 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 funding 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. Some FTF regional councils have incorporated ECMHC into the supports provided to child care and preschool programs participating in Quality First, FTF's early education quality improvement and rating system. The ECMHC program – referred to as Smart Support – is administered through a partnership with a community-based organization. In SFY2020, 355 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, approximately 60 referrals were given to children for services to address their mental health needs.

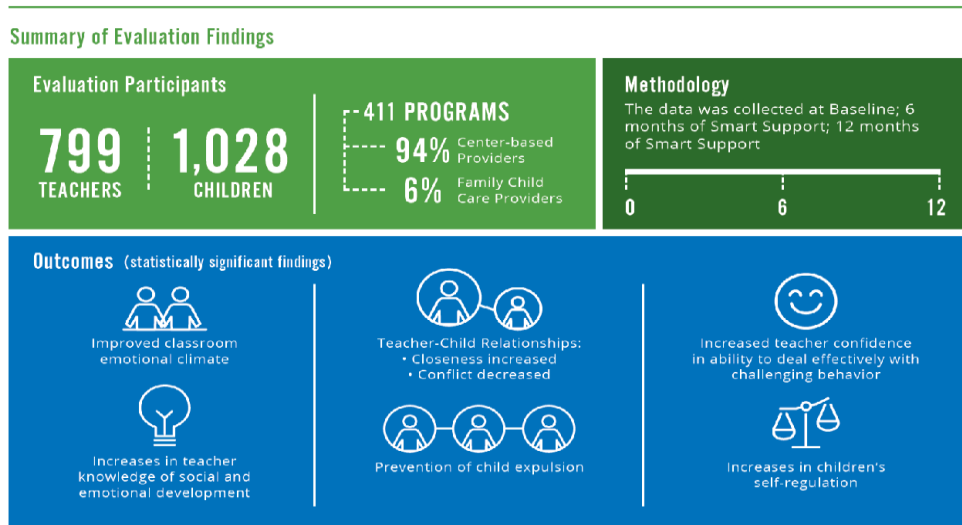
ECMHC is not a therapeutic service for children. It works to enhance the ability of teachers and programs to address the varied social-emotional needs of children, thus improving outcomes for all children. There are a variety of situations in which programs might request or be offered ECMHC:

- Child-Focused Consultation: working with teaching staff, to understand a specific child's behavior and ways to meet the child's needs through an individualized plan;
- Classroom-Focused Consultation: working with a specific teacher to identify attitudes, beliefs, practices and conditions that can be improved to bolster 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 social-emotional wellness of all 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.

A four-year evaluation of Smart Support 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.