



**CHILD AND FAMILY SERVICES**  
**Annual Progress and Services Report**  
**FFY 2022**

*Department of Child Safety*  
STATE OF ARIZONA

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**Administration for Children and Families**  
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# **Section I**

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

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

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

#### ***Central Office Operations***

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

- Field Operations
- Support Services
- Office of Child Welfare Investigations
- Executive Consultant to the Director
- General Counsel
- Legislative Affairs
- Information Technology
- Office of Accountability
- Comprehensive Health Plan
- Foster Care and Adoptions Support
- Human Resources
- Finance
- Communications

Field Operations include:

- Five regions providing direct services for children and families
- Arizona Child Abuse Hotline
- Placement Administration
- Central Records Coordination Unit
- Statewide parent and relative locate services
- Learning & Development

Support Services include:

- Permanency and Youth Services
- Facilities and Business Support Services
- Procurement and Contracts
- Fidelity and Compliance Services Unit
- Resources and Referral Units
- Continuous Improvement

The Executive Consultant to the Director includes:

- Practice and Program Development
- Service Array Development

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The Office of Accountability includes:

- Safety Analysis Review Team (Child Fatality and Near Fatality Review)
- Protective Services Review Team
- Field Resources and Policy Unit
- Ombudsman’s Office
- Practice Improvement
- Intergovernmental Tribal Affairs
- Victim Services

Foster Care and Adoption Support includes:

- Office of Licensing and Regulation
- Adoption and Guardianship Subsidy
- Interstate Compact Placement of Children
- Adoption and foster home development and support

Finance includes:

- Budget and Accounting
- Grants Management
- Title IV-E Management
- Audit Management Services

Communications includes:

- Office of Prevention
- Public Information
- Correspondence Control

***Regional Operations***

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

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

Each region provides:

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

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***The Department of Child Safety's Vision, Mission, and Values***

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

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

Organizational Core Values:

- Safety
- Compassion
- Change
- Teaming
- Advocacy
- Engagement
- Accountability
- Family

# **Section II**

## **Collaboration with Stakeholders**

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### **Section II: Collaboration with Stakeholders**

The Department's framework for collaboration with stakeholders includes three components: a strategic plan, targeted engagement activities, and continuous engagement initiatives. These components provide access to stakeholders, forums for consultation, and a method to articulate the Department's strategic vision, mission, goals, objectives, and activities so that improvement initiatives are supported and sustainable. This framework also allows for stakeholder input, including families, youth, tribes, and courts, into the assessment of performance, updates to the plan for improvement, and updates on progress made to improvement outcomes. Examples of this are included below.

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 31: How well is the agency's responsiveness to the community system functioning statewide to ensure that the state engages in ongoing consultation with tribes, consumers, service providers, foster care providers, juvenile court, and other agencies. To support meaningful collaboration within the Department's collaboration framework, the Department shares outcome and goal-related data with staff and external stakeholders. The Department's *Semi-Annual Child Welfare Report*, *Monthly Outcome and Operational Report*, Child and Family Services Plans (CFSPs), and Annual Progress and Services Reports (APSRs) are available to staff and stakeholders on the Department's internet site at [Performance Measures | Arizona Department of Child Safety \(az.gov\)](#) and [DCS Reports | Arizona Department of Child Safety \(az.gov\)](#). The Department has presented outcome and goal related data to staff and external stakeholders during committees, workgroups, and other meetings. The Department's Office of Communications provides additional transparency and inclusion for stakeholders. In the past year, internal communication to staff has included weekly video messages from the Director to all staff, and an intranet site with news and information. External communication includes regular press releases, social media engagement, and maintenance of a website with current news, data, and contact information.

#### ***Strategic Planning***

The Department develops its strategic plans with consideration of available data, and the advice and insights of numerous internal and external stakeholders. Parents, youth, American Indian Tribes, court partners, advocacy groups, service providing agencies, DCS staff, Casey Family Programs, ACTION for Child Protection, the Capacity Building Center for States, and the Children's Bureau are among the stakeholders and national child welfare organizations that the Department consulted to inform selection of goals and strategic initiatives. In SFY 2021 the Department's strategic plan continues the five multi-year strategic priorities and updates the strategic initiatives to describe the milestones planned for SFY 2022. Stakeholder input is occurring at the strategic initiative level, as described below.

#### ***Targeted Engagement Opportunities***

As topics of strategic importance arise, the Department acquires input from relevant subject matter experts, which often include tribal representatives, court personnel, service providers, parents who received Department services, former foster children, foster parents, legislators, child advocates, educators, health and behavioral health care providers, and others as applicable. In 2020 and 2021, targeted engagement has focused on supporting all partners during the COVID-19 pandemic, implementation of the Family First Prevention Services Act to improve the Department's service array, reduction of racial disparities in the child protection system, behavioral and physical health integration, development of Qualified Residential Treatment Programs, and Guardian (CCWIS) launch. For example:

- Communication with parents, caregivers, DCS staff, and service providers posted at [COVID-19 \(Coronavirus\) Information and Resources | Arizona Department of Child Safety \(az.gov\)](#) provided current information to all partners as circumstances evolved during the pandemic. Information on the website was updated frequently and supplemented with weekly conference calls held by the Director and Assistant Directors with contracted service providers. The Director wrote letters to parents providing updates and guidance about parenting time until in-person parenting time

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resumed. Letters to caregivers answered frequently asked questions about virtual parenting time, safety precautions during in-person parenting time, testing and quarantine, virtual learning resources, and vaccinations. This extreme level of communication allowed the Department to share information with stakeholders, receive input from stakeholders, and strategize with all partners during this public health emergency and contributed to the State's ability to maintain an operational child protection system throughout the COVID-19 pandemic.

- The Department coordinated with the Arizona Council of Human Service Providers to hold more than ten hours of meetings with service providing agencies to obtain input into the design of the new parent skill-building services that will become available July 1, 2021. Providers identified operational needs and solutions related to staff recruitment, training, coordination between agencies serving the same family, and more. Following contract award, the Department is holding weekly meetings with all contracted agencies to solve problems quickly during initial implementation.
- The Department has joined with stakeholders to develop a three-tiered structure for collaboration to reduce racial disparities in the child protection system. The DCS African American Racial Disparity in Foster Care Committee was formed by African American/Black DCS staff and includes DCS employees from the Policy Unit, Human Relations, Field Operations, Comprehensive Health Plan, and more. The second tier committee is hosted by the DCS Director and includes a core group of external African American stakeholders, the chair of the internal committee, and other stakeholders upon invitation based on the topic of activity. The third tier committee is hosted by Casey Family Programs and includes African American community leaders, the DCS Director, and other state agency Directors and child welfare community leaders. Each tier is or will be engaged in interconnected strategic planning and implementation.

#### ***Continuous Engagement Initiatives and Feedback Loops***

Stakeholder consultation has occurred at both the Central Office and regional levels through advisory groups, oversight committees, provider meetings, and collaborative groups. Regularly scheduled meetings held with specific stakeholder groups such as contracted service providers, courts, tribes, behavioral health representatives, youth, and internal staff have provided the opportunity to assess daily field operations and child outcomes. When areas needing improvement were identified, plans were established to research the issues in depth and recommend solutions to the larger group. Outcomes from these meetings were shared with Department leadership.

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

- *Youth Advisory Boards* – The Department of Child Safety fosters a Youth Empowerment Council (YEC), whose mission is to improve the experience of foster care for youth. The Council is made up of seven active members and other youth who participate on a regular basis. The YEC is a concerted effort by the Department to establish an authentic Youth/Adult partnership, which allows youth to recognize their strengths and expertise in their own lived experience and provide an opportunity to build their resilience, social connections, and cognitive, social, and emotional competence. The Department also is strengthened by this partnership as it builds better services for youth, and informs policy, which will enhance child well-being and healthy development of youth in foster care. As the YEC has become more visible within DCS and the community, people have begun to recognize the value “lived experience” brings to child welfare decision making. The YEC has chosen to meet quarterly while also planning engaging activities and events in between meetings. The YEC also includes other informal activities to encourage community within the council, including an Instagram Page and a YouTube video to assist in communicating with youth in group home care.

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During the November 2020 Youth Leadership Day, the YEC members participated in leadership training facilitated by the DCS Policy Manager. This training provided participants with tips on topics such as public speaking and professional development. The YEC also developed strategic goals to address concerns for youth living in group homes, issues regarding LGBTQ+ youth in care, and other issues significant for youth in out-of-home care.

At the Youth Leadership Day held in March 2021, the YEC members learned about transitional housing programs available to youth between the ages of 18 to 23 years old. This presentation was aimed at housing alternatives for foster youth in group homes. YEC members and DCS Executive Leadership reviewed licensing and contract requirements for group homes and foster homes, and YEC members provided valuable feedback to DCS regarding ways to enhance current practices in order to ensure youth receive the support they need. The YEC Vice President also provided the YEC members information related to the Consolidated Appropriations Act funding. The YEC decided to focus on two goals during the year, 1) ensuring youth are aware of their housing/placement options and 2) ensuring that youth have healthy supportive relationships or a connection with at least one person or group.

The June 2021 Youth Leadership Day was a Youth Conference held in Sedona, Arizona. The conference incorporated workshops on Financial Literacy; LGBTQIA+ Awareness; Sexual Education; Black Lives Matter; Tips for Tough Conversations; National Youth in Transition Database (NYTD): Celebrating Initial Success and Continues Development; Education; and Understanding the Triggered Brain. Each workshop is designed to educate and empower youth who want to learn more about important issues that may occur in their personal lives and in the lives of other youth in foster care. With the information provided at the conference, the youth can leave prepared to advocate for their peers and others in care.

- *Community Advisory Committee* - In May 2014, Arizona Revised Statute 8-459 was signed into law, establishing requirements for a DCS Community Advisory Committee. This Committee has continued since that time, typically holding six meetings per SFY and having around fourteen members. The committee provides an opportunity for the Department and community stakeholders to collaborate with a goal of ensuring child safety, strengthening families, and achieving permanency for children. All meetings are open to the public, and each meeting dedicates a portion of the meeting to public comment. During SFY 2021, the meetings were held virtually due to restrictions related to COVID-19. The public was able to view the meetings online and email comments into the Committee, which the Chair read into the official minutes of the meeting. Meeting topics included DCS' plans for implementing Family First Prevention Services Act (FFPSA), Evidenced Based Programs, and updates on Guardian. DCS also provided information on the placement trends of children due to COVID-19 and the Committee provided input related to the current State Legislative agenda. The Community Advisory Committee annual reports can be viewed at <https://dcs.az.gov/about/community-advisory-committee>.
- *The Arizona Citizen Review Panels (CRP)* – The fundamental role of the CRPs is to evaluate the extent to which state child protection agencies are effectively discharging their child protection responsibilities in accordance with the State's Child Abuse Prevention and Treatment Act (CAPTA) Plan. The Arizona CRPs consist of citizens with varying degrees of knowledge and experience in child welfare. During SFY 2021, the Community Advisory Committee met six times and continued to serve as one of the three required CRPs. The other two panels continued their two-year focus on different aspects of youth in transition to adulthood. One CRP has focused on outcome based collaboration for youth in care, with a goal to increase the communication and collaboration of providers and organizations that work with youth 14+ years olds. This panel has

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developed two surveys and an interview process to identify areas for collaboration. This panel met 5 times during SFY 2021. The other CRP has met 10 times and is focusing on general successful transition to adulthood topics. This CRP has identified characteristics of a successful transition, has reviewed information from the Young Adult Program staff, the courts, the Department of Education, and Federal Housing Programs, and is continuing to explore how DCS can ensure that more youth in transition have the tools and skills to succeed.

- *The DHS Child Fatality Review Team* – Arizona's Child Fatality Review was created in 1993 (A.R.S. § 36-342, 36-3501-4) and data collection began in 1994. Every time a child dies in Arizona, the circumstances surrounding the death is reviewed by one of the eleven local child fatality teams located throughout Arizona. The teams include experts such as pediatricians, social workers, attorneys, advocates, law enforcement, representatives from the county Medical Examiner's office, and others. The teams must include local representatives from DCS. The DCS representatives bring expertise on the causes and signs of child maltreatment; answer questions regarding DCS policy, protocol, and practice; and provide information about prior DCS involvement with the family, when applicable to the case. The state team provides oversight to the local teams and produces an annual report that is submitted to the Governor of Arizona, the President of the Arizona State Senate, the Speaker of the Arizona State House of Representatives, and the public. The annual report summarizes review findings, and makes recommendations regarding the prevention of child deaths. DCS has used this information to inform and develop the DCS fatality prevention plan, focusing on the prevention of unsafe sleep deaths the last several years. These recommendations have also been used to educate communities, initiate legislative action, and develop prevention programs. The Arizona Department of Health Services (ADHS) provides professional and administrative support to the state and local teams and analyzes review data. The goal of the Child Fatality Review is to reduce preventable child fatalities through systematic, multidisciplinary, multi-agency, and multi-modality reviews of child fatalities in Arizona. The teams accomplish this objective through interdisciplinary training and community-based prevention education, and through data-driven recommendations for legislation and public policy.
- *The Statewide Fatality Prevention Committee* - During SFY 2021, the Statewide Fatality Prevention Committee continued efforts to implement the statewide plan to prevent child maltreatment deaths. Due to the COVID-19 pandemic, the committee only met three times virtually during SFY 2021. The committee continued to include community stakeholders such as representatives from Prevent Child Abuse Arizona, Department of Health Services, Maricopa County Superior Court, First Things First, Arizona Health Care Cost Containment System, and a member of the Parent Advisory Collaborative. The Committee focused on prevention efforts for the birth to five population, pregnant and parenting youth in foster care, and the overrepresentation of African American child fatalities. See *Section XI: Statistical and Supporting Information* for additional information on the efforts to track and prevent child maltreatment deaths.
- *The Parent Advisory Collaborative (PAC)* – The Parent Advisory Collaborative consists of 13 parents, many of whom had prior involvement with the Department, and parent advocates, who are familiar with the workings of the Department. The PAC meets quarterly with representatives of the DCS leadership to review the work of the subcommittees, receive updates from DCS, and share information. The collaborative includes several sub-committees, which meet on a regular basis, usually once or twice a month, to focus on special projects. Current projects include a quarterly newsletter, assisting with the Young Parent University, PAC recruitment, legislative affairs, safe sleep, housing, Thriving Families/Safer Children, and maintaining the relationship of incarcerated parents with their children. The PAC also participates in interview panels for positions in the Office of Prevention, reviews and provides input into DCS service contracts, and provides DCS with input

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into documents and guides that will be shared with parents and utilized during DCS' interactions with families. The PAC has an open dialog with the leadership of the Department, and during the COVID-19 pandemic, the Department relied upon the membership when producing communications to be provided to parents and families in an effort to assure they were compassionate, respectful, and informative.

- *The Arizona Council of Human Service Providers Child Welfare Committee* – The Arizona Council of Human Service Providers is a 501(c)6 membership association that represents organizations throughout Arizona that provide behavioral health, substance use disorder, whole person integrated care, child welfare, and juvenile justice services. The Arizona Council is comprised of over 100 member agencies across all 15 counties who employ over 30,000 staff, operate over 900 facilities, and serve more than one million children, adults, and families annually. Many of the services provided by the Council's member agencies are carried out in conjunction with the Department, including adoption services, crisis/shelter care, group home care, foster care licensing, counseling, parent aide and supervised visitation, family presentation and reunification services, and other child welfare and behavioral health services. Department staff participate in quarterly community forums attended by Council members to update the members on current issues and initiatives. During SFY 2021, Arizona Council staff and members worked with DCS staff on foster care and group home licensing rules, report consolidation, legislative policy agendas, therapeutic foster care modifications, and updates to the Department's safety assessment model. DCS, Arizona Council staff, and committee members have worked collaboratively on design and upcoming implementation of parent skills training programs in anticipation of implementation of the Family First Prevention Services Act. The Arizona Foundation for Human Service Providers is the 501(C)3 arm of the Arizona Council. In 2017, the foundation entered into a partnership with Dr. Bruce Perry from the Neurosequential Network to develop a series of training webinars and an online resource library for foster, kinship, and adoptive parents, with a goal of helping counteract the impact of childhood trauma. The Foundation continues the work with Dr. Perry to create standardized training modules and a facilitator training program. Several DCS staff members have attended the Foundation's facilitator training.
- *The Court Improvement Advisory Workgroup* – The Court Improvement (CI) Advisory Workgroup is a multi-disciplinary committee that provides much of the structure for collaborative improvement activities between the Court and the Department. The CI Advisory Workgroup structure includes three working subgroups, which focus on prevention, FFPSA, and safety. Each working group is led by a Juvenile Judge from one of three counties (Maricopa, Pima, and Yavapai) and includes representatives from the Department including the Director, Executive Consultant to the Director, Senior Lean Coach from the Office of Continuous Improvement, Prevention Administrator, IV-E Administrator, and Tribal Liaison. The CI Program Manager and others from the Administrative Office of the Courts' Dependent Children's Services Division are involved in many joint projects with the Department. These collaborations provide opportunities for agency cross-training and joint examination of the expectations for outcome achievement that are placed on the Department and the courts through the CFSR, the title IV-E state planning process, and the child and family services state planning process. The Department provided input into the Court Improvement Program's strategic plan and continues to collaborate with CI to achieve its objectives for improving outcomes for children and families involved in dependency cases. The Safety subgroup created a computer based training to be used by all members of the legal community, along with other training opportunities, to support the continued learning related to child safety threats, caregiver protective capacities, and child vulnerability. The Prevention subgroup continues to support the expansion of the Dependency Alternative Program (DAP). The DAP has been available in Pima County for many years, and through this subgroup, has been introduced to seven additional counties in Arizona during SFY 2021. For more information on the DAP, see *Section III: Programs*

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*and Services to Achieve Safety, Permanency, and Well-Being.* The FFPSA subgroup planned and facilitated the Virtual Symposium on Caregivers for Arizona’s Foster Children during SFY 2021. The symposium was attended by over 300 participants, including judges, attorneys, court staff, volunteers, probation, and child welfare staff who were informed of the updated caregiver options for children in foster care since the implementation of FFPSA. The event included a panel of judges, attorneys, the DCS Director, and the DCS Chief Medical Officer for the new Comprehensive Health Plan who led a discussion and exploration of possible caregiver scenarios for children with special needs or considerations.

- *The Committee on Juvenile Courts* - The Committee on Juvenile Courts (COJC) is a standing committee of the Arizona Judicial Council and helps to develop and implement policies to improve the quality of justice, and access to and efficiency in juvenile court operations. The COJC meets quarterly and its membership includes the Presiding Juvenile Judge from each Arizona County Superior Court. The Department is invited to provide updates and discuss with the committee areas of strength and concern in the processing of child welfare cases throughout the state.
- *The ICWA Committee* - The ICWA Committee, which is overseen by the State Supreme Court, is a sub-committee of the State, Tribal, and Federal Court Forum, and includes representatives from tribal social service agencies, the juvenile court, Casey Family Programs, and the Department. Meetings are held on a quarterly basis. The ICWA Committee has discussed and shared information on topics such as proposed legislation, ICWA training for DCS staff, expert witness testimony, and ICWA Court.
- *Court Teams for Infants and Toddlers* – Court Teams for Infants and Toddlers (known in Arizona as Best for Babies) is a partnership between Prevent Child Abuse Arizona and juvenile courts throughout the state. Juvenile court judges provide leadership for system changes aimed at improving outcomes for maltreated infants and toddlers, through greater judicial oversight of cases, assuring timely services, and addressing the unique needs of infants and toddlers in their courts. Locally in most counties, a team made up of infant and toddler specialists, child welfare providers, mental health and substance abuse treatment providers, attorneys, DCS representatives, and Court Appointed Special Advocates (CASA) meets monthly to quarterly to ensure positive outcomes for infants and toddlers in out-of-home care, address system issues, learn about local resources, and gain greater knowledge of the unique needs of maltreated infants and toddlers. In the Northern portion of the state, the Best for Babies Steering Committee facilitates an annual symposium to share and discuss information and best practice related to infant and toddler mental health, permanency, and well-being.
- *Collaboration with the Juvenile Justice system* - The Department has partnered with Juvenile Justice administrations on critical topics facing the two systems, including serving those youth who “crossover” between the two systems, offering living arrangement array options to the juvenile justice systems to limit the unnecessary entry into foster care and increase data sharing to better analyze and design services for youth. The Crossover Youth Protocol is a joint effort to bolster the standardized process of preventing youth involved in the juvenile justice system from entering foster care and ensure children in foster care who are arrested for a crime receive the same level of advocacy and support as a non-foster child. The joint efforts included the creation of a statewide guide for counties to adopt as local process. In addition, the Department worked with State juvenile justice officials to develop shelter placements for youth who are released from detention, but are not able to return home, allowing time to work with families on transitioning youth back into the home. The Department and the 15 counties also continue to work on sharing data regarding dually involved youth to better understand those youth requiring additional advocacy and support, as well

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as program design.

- *Task Force on the Arizona Rules of Procedure for the Juvenile Court, Supreme Court of Arizona* – The task force meets monthly to review current juvenile rules and identify possible changes that would conform, simplify, and reorganize the rules to enhance their usability and account for recent state and federal legislation with the goal of submitting a rule petition to the Arizona Supreme Court with proposed rule changes. During SFY 2021, the task force completed its review of the rules and submitted the proposed rule changes and additions for public comment. During SFY 2022, the task force will review the public comments for any needed changes and the petition will be submitted to the Arizona Supreme Court. The task force is also addressing an expedited petition for Rule 52.1/335, which pertains to Qualified Residential Treatment Programs (QRTP). The expected effective date is September 1, 2021.
- *Foster and Adoption Supports (FAS) Quarterly Statewide Services Meetings* – During SFY 2021, the Department continued to hold FAS meetings virtually to provide relevant information and updates to the provider community, including DCS data as it relates to the strategic plan and other initiatives or improvements being made. Topics of discussion have included the DCS new integrated healthcare plan, the creation of recruitment campaigns, responses to the current and former caregiver surveys, updated screening tools for the Secret Shopper calls and Family Support Plan, and the needs of the agencies as the COVID-19 pandemic has continued. Participants include the DCS Director, Assistant Director of Support Services, the DCS Foster Recruitment and Retention Specialist, and FAS agency staff including executive level leadership. These meetings are the foundation for Active Contract Management and performance deliverables are reviewed to ensure the providers are working towards identified goals. The needs and concerns of the provider agencies are discussed, and feedback from the provider agencies on a variety of topics is received. This open line of communication has allowed for improved communication around the expectations of the Secret Shopper calls and Family Support Plan. In addition, the DCS Foster and Adoption Recruitment team continues to partner with agencies on community and foster events to continue to bring awareness to the needs of the foster care system, as well as create cobranded recruitment tools with the assistance of the Department’s contracted marketing agency. Feedback on the quarterly meetings from the attending agencies indicates that the provided data is helpful and appreciated.
- *The KIDS Consortium (Maricopa County) and FACT (Pima County)* – The KIDS Consortium and FACT are comprised of groups of foster care and adoption agencies that work together to educate their communities about the need for high quality, caring, foster and adoptive parents. During the reporting period, the meetings were held virtually due to the COVID-19 pandemic. The DCS Foster Recruitment and Retention Specialist attended the virtual meetings to facilitate communication between the Department and the agencies, discuss the agencies’ needs and concerns, and obtain feedback on Department efforts and improvement strategies. During the COVID-19 pandemic, additional members of the Department began to attend the meetings as well, including the Assistant Director of Foster Care, the Foster and Adoption Recruitment Manager, and multiple Office of Licensing and Regulation managers.
- *Collaboration with University Partners* – The Department collaborates with university partners in relation to many improvement projects. During SFY 2021, Arizona State University (ASU) supported the DCS Leadership Summit, with a focus on the Department’s revised core values. The Department worked jointly with ASU to conduct the NYTD surveys and share NYTD data with various stakeholder groups throughout 2020 and 2021, including Arizona’s Jim Casey Youth Opportunities Initiative Site, DCS’ Citizen Review Panel, and DCS Youth Empowerment Council.

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- *The Healthy Families Arizona Program Advisory Board* – This community based group was formed in 1993 and serves in an advisory capacity to the Department and to the Healthy Families Arizona Program in the areas of planning, training, service integration, service coordination, and advocacy/public awareness. The primary responsibility of the advisory board is to seek expansion, diversification, and stability in the program’s funding. Participants include community partners, service providers, and government agency representatives. The board continues to focus on supporting the health and safety of families, retention of Healthy Families staff and families being served, and program standards. During the COVID-19 pandemic, the board also evaluated the service delivery changes that were required due to the pandemic to ensure continued program fidelity and quality, and utilized surveys to obtain customer feedback. Most visits during COVID-19 occurred via video conferencing, or by phone for families without the ability to conduct video communication. The evaluation of the service delivery changes indicated staff continued to meet the service goals of the program despite the changes made due to COVID-19.
- *FosterEd* - The Arizona FosterEd initiative focuses efforts to increase the number of foster care youth who graduate from high school and have a positive education experience. FosterEd is guided by a framework that all foster youth should have an Education Champion who supports the youth’s long-term educational success, and an Education Team of engaged adults, including the behavioral health providers. Representatives from the FosterEd program continue to provide input and feedback to the Department by participating in Independent Living Coordinator meetings, and the Bridging Success advisory board. In June of 2020, FosterEd Arizona released the Arizona Foster Care Education Toolkit. This comprehensive guide includes information on laws, policies, best practices, and stories that highlight the distinct needs of and supports available to students in foster care. The toolkit is designed to assist adult allies who are working with children and youth in foster care by providing information, tips, and tools for engaging and supporting students in reaching their educational goals. The content and design of this toolkit was informed by professionals in the field who work with children and youth in foster care and alumni of the Arizona foster care system, and have knowledge and life experience related to what such youth require to succeed.
- *Arizona Substance Abuse Partnership (ASAP)* – ASAP is the Governor’s statewide council on substance abuse prevention, treatment, enforcement, and recovery efforts. The body is composed of representatives from state governmental agencies, federal entities, and community organizations, and focuses on solutions to the critical substance abuse problems facing Arizona.
- *Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs (The SEN Task Force)* – The Department co-chairs this task force, which meets quarterly and reports to the Governor’s Office. The goals of this task force include building awareness and capacity of programs to work with families of substance exposed newborns and assisting OB/GYN doctors, hospitals, and perinatologists in addressing the needs of substance exposed newborns and their families. Task force members include DCS staff, CMDP staff, and community stakeholders representing Department of Health Services, hospitals, and pediatricians.

The Southeast regional taskforce (Polysubstance Abuse in Pregnancy and the Newborn) began meeting in 2019 and continues to meet quarterly. The taskforce encouraged hospitals to implement the Eat, Sleep, and Console method of care for newborns, which is modeled by hospital staff in hopes the caregivers for infants with neonatal abstinence syndrome will continue the method of care after taking the child home from the hospital. The model, which has been found to decrease the number of hospital days and use of medication, was first implemented in Pima County and is now being taught at other hospitals across the state. Hospitals are developing their own strategic plans in order to improve their practices.

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MATFORCE, the regional taskforce from Yavapai County, holds an annual conference on substance abuse, prevention, and intervention, with the 2020 conference being held virtually due to COVID-19. The focus of MATFORCE is to address substance use disorders and current service issues on a statewide level, as well as prevention efforts. MATFORCE provides schools with training on having a trauma informed lens, tool kits addressing substance abuse disorders, and parenting classes to men and women in jail.

The Safe, Healthy Infants & Families Thrive (SHIFT) Collaborative meets regularly to discuss system improvements for infants and families affected by substance use disorders. SHIFT is comprised of members from the legal, child welfare, medical, behavioral health, early intervention, and public health communities. SHIFT members developed a prenatal plan of safe care called the Prenatal Family Care Plan and is in process of implementing a pilot project called the Prenatal Coordinated Care Pilot. The goal of the pilot project was to show that use of coordinated cross-systems approaches to families affected by substance use disorders during the prenatal period will lead to better health, well-being, and child welfare outcomes.

Based on the successes of the SHIFT pilot with Hushabye Nursery in Maricopa County, the Statewide SEN Task Force, MATFORCE, PAPN, the Maricopa County SHIFT, and the DCS Office of Prevention created a statewide team to participate in 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. As a result, SAMSHA selected Arizona as a focus site to continue the 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 those caring for newborns with substance exposure, and to increase the use of Plans of Safe Care prenatally and post-partum. The statewide plan will be piloted in Yavapai County towards the end of FFY 2021. The statewide team consists of members from AHCCCS, Arizona Department of Health, a Juvenile Court Judge and Deputy Director, a medication assisted treatment provider and substance abuse treatment provider, a member of the PAC, a member of the American College of Obstetrics and Gynecology, (OB/GYN), a member of the Perinatology Trust, a pediatrician, a home visitor supervisor, DCS Office of Prevention and Prevent Child Abuse Arizona. The statewide team continues to receive technical assistance the National Center on Substance Abuse and Child Welfare, Children and Family Futures.

- *The Interagency Leadership Team (IALT)* – This team is a collaboration between the Department of Health Services, First Things First, the Department of Child Safety, AzEIP, and the Department of Education to monitor and strengthen the Maternal Infant Early Childhood Home Visitor (MIECHV) prevention program. The IALT meets every other month, with the subcommittees meeting more frequently to focus on topics such as mental health consultation and professional development. The IALT collaborates to provide professional development to home visitors by assisting with a statewide home visitor annual conference and Home Visitor Supervisor Institute. During the pandemic the home visitor annual conference and the Home Visitor Institute were held virtually, and the professional development opportunities were expanded to monthly virtual learning labs for home visitors and professionals working with children and families. Home visiting prevention programs such as Smooth Way Home, Healthy Start, Healthy Families, Parents as Teachers, and Nurse Family Partnership are also discussed and coordinated during IALT meetings, with a goal of reducing or preventing child maltreatment.

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

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### **Section II: Collaboration with Stakeholders**

The Department has engaged with community partners in a cycle of continuous improvement to successfully implement the goals and strategies of Arizona's *Child and Family Services Plan* (CFSP). Meaningful engagement with internal and external stakeholders occurs throughout the continuous improvement cycle, including definition of strengths and areas needing improvement, assessment, intervention planning, intervention implementation, and evaluation of results. Stakeholders' major concerns are integrated into goals, objectives, and annual updates.

The Department's framework for collaboration with stakeholders continues to include three components: strategic planning, targeted engagement activities, and continuous engagement initiatives. These components provide access to stakeholders, forums for consultation, and a method to articulate the Department's strategic vision, mission, goals, objectives, and activities so that improvement initiatives are supported and sustainable.

The Department continues to employ a Statewide Committee Coordinator to support stakeholder engagement committees, primarily the Citizen Review Panels, the Youth Empowerment Council, the Parent Advisory Collaborative, and the Community Advisory Committee. The coordinator's role is to:

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

To support meaningful collaboration within the Department's consultation framework, the Department shares outcome and goal-related data with staff and external stakeholders continuously and on a regular basis, and input from DCS stakeholders is incorporated into decision making and CFSP goals. The Department's Semi-Annual Child Welfare Report, Monthly Operational and Outcome Report, Child and Family Services Plans (CFSPs), and Annual Progress and Services Reports (APSRs) are available to staff and stakeholders on the Department's internet site. The DCS strategic plans are available on the Department of Child Safety's internet site, at <https://dcs.az.gov/>.

Collaboration in the implementation of strategies and key activities is described throughout this report. For example, committees and workgroups include stakeholders where appropriate to the topic area; new policies, procedures, and practice guidelines are often provided to stakeholders for input; and service provider agencies have been involved in the Department's Active Contract Management process, in which periodic meetings occur to provide data and identify strategies to improve program fidelity and outcomes.

# **Section III**

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

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**1. Child Abuse and Neglect Prevention Services**

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

Since 1991, the Department has provided funding to community-based Regional Child Abuse Prevention Councils (RCAPCs), which are located throughout Arizona, to increase the public's ability to strengthen families. The councils are a primary and secondary prevention strategy funded solely by the CBCAP grant. Each Regional Council is comprised of volunteers who meet on a regular basis to plan events and distribute local resource guides. The Department encourages all Arizonans to Act Now to Prevent Child Abuse by joining a council. The public can find locations, contact numbers, and information regarding the councils at <https://dcs.az.gov/services/office-prevention> and on the Department's Facebook page [AzCommunityResourcePage](#). Additionally, RCAPCs are responsible for monthly posts on their own council Facebook pages that include prevention events, parent information, tips, and community resources. The Office of Prevention also continues to have an Instagram Page, [AZCommunityResourcePage](#). The DCS Office of Prevention plans to add additional RCAP councils to cover all counties in the state.

The Councils are involved in numerous activities to support Child Abuse Prevention (CAP) Month, which occurs every April, and additional activities throughout the year. Each activity is tailored to the unique needs of the community. During the month of April, councils obtain local proclamations from city, regional, and state governmental entities declaring April as Child Abuse Prevention Month, distribute thousands of pamphlets, and provide virtual training that educate the public about the effects of Adverse Childhood Experiences and the healing qualities of the Protective Factors. Due to social distancing restrictions during the COVID-19 pandemic, councils were unable to participate in the in-person April and fall events normally held in the community such as award dinners, prevention conferences, in-person trainings, family day outings, resource fairs, and sports activities. During 2020, multiple councils also remained connected with the community by developing family engagement bags filled with prevention materials, community resources, and protective factor building activities such as books, child games, and coloring pages.

April 2021 Child Abuse Prevention Month activities focused on the use of virtual technology with online classes and parent cafes, and multi-media campaigns that included the use of radio and television public service announcements, banners, billboards, web pages, posters, flyers, Facebook, Twitter, and videos. Many councils continued providing family activity bags plus hosting drive-through family engagement fairs. The DCS Office of Prevention April media campaign focused on encouraging the community to parent, featuring a message "It takes a Community," highlighting the protective factors in multiple messages to be shared via Facebook, Twitter, TV, public service announcements, and other social media outlets. All messages were connected to resources to lead the viewer to additional support. In addition, DCS partnered with a local grocery store chains Bashas' and Food City to have digital displays display the "It takes a Community" messaging.

DCS promotes evidence-informed and evidence-based practices in several ways, including integrating the protective factors into the Regional Child Abuse Prevention Council Scope of Work and promotion through Parent Cafés, which are opportunities for parents to share information and collaborate on the protective factors. Councils are required to provide six hours of evidence-based or evidence-informed primary and secondary child abuse education for council members on ACES and Protective Factors each year. The protective factors are social connections, knowledge of parenting/child development, concrete supports in times of need, children's social/emotional development, and parental resilience. In addition, the Department is promoting the protective factors by educating Department staff and integrating the concept across the service array for families. A Protective Factor Survey is utilized by the In-Home Services (IHS)

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Program to facilitate family assessments and the development of service plans to strengthen the protective factors, as well as service for low risk families, known as Building Resilient Families (BRF). IHS and BRF providers received protective factor training via two webinars and personal presentations that were delivered in each region. To better explain the protective factors to parents and children, a coloring and activity book was created by the Office of Prevention that illustrates tips on how families can build their protective factors.

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

DCS is a founding member of the Arizona ACE Consortium, which started in 2007. The Arizona ACEs consortium is a grassroots initiative that engages groups of individuals representing organizations and networks across Arizona who promote education and support around the effects of toxic stress. Arizona continues to make great strides to prevent and reduce adverse childhood experiences and promote resiliency. The mission of the Consortium 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. The DCS Office of Prevention coordinators are active members of the Consortium and facilitate quarterly meetings.

During FFY 2020, the ACE Consortium held workgroups on topics ranging from enhancing the train-the-trainer presentation, improving clinical practice, and creating trauma informed schools. The ACE Consortium continues to grow, as more and more community leaders understand the devastating risks associated with ACEs and recognize the benefits of promoting the protective factors and creating trauma informed practices. The Office of Prevention will continue to use materials generated from the ACE consortium, along with information from Strengthening Families and other sources to create and conduct ACE/Protective Factor train the trainer workshops for new RCAPCs and PAC members.

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

The “Who Do You Trust with Your Child?” campaign was initially launched in 2012. This campaign includes posters and brochure that provide parents information to help select safe caregivers and prevent child maltreatment. The literature also includes the ChildHelp Hotline, which is staffed 24 hours per day with highly qualified counselors. The brochure is available to community members and organizations through the DCS website. During 2020 DCS, with parent input from the Parent Advisory Collaborative, updated the brochure and provided a workshop called *Who Do You Trust with Your Child* at the Young Parent University. The workshop also included information related to changes in childcare settings as a result of the COVID-19 pandemic. The “Who Do You Trust with Your Child” brochure is also included in the DCS Infant Care Plan.

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

DCS recognizes the importance of parent involvement in prevention efforts and developed the Prevention Advisory Collaborative in 2018. In the fall of 2019, the Prevention Advisory Collaborative and the Parent Advisory Board merged into one group and renamed themselves the Parent Advisory Collaborative (PAC). The group now consists of both community parents and parents previously involved with the child welfare system who work with DCS to increase parent involvement in child abuse prevention efforts and strategies to strengthen communicates. The PAC members’ accomplishments have been numerous and have occurred at the local, state, and national level, including developing a parent newsletter, presenting at conferences, participation in committees, and providing feedback on DCS policy.

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The PAC provides input into the scope of work for child welfare and community-based programs, RCAP Council activities, and the Statewide Fatality Prevention Plan. Additionally, the PAC provides information to DCS Director and Executive Leadership. In January 2021, PAC members participated in the Protective Factors Training of Trainers and Community of Practice. The PAC previously provided feedback and insight into the development of the Flourishing Families curriculum and in June 2021, PAC members attended the Flourishing Families Training to implement the training with the parents and families the members serve. Two PAC members serve on national parent boards and many members of PAC are also members of the Birth Parent National Network (BPNN) and participate in BPNN webinars. The PAC fathers participated in a brainstorming session to inform the marketing firm and the Office of Prevention on communication strategies and programs for fathers. There are also plans to form a new subcommittee for fatherhood initiatives.

The members of PAC will continue to provide consultation and advice to the Department by representing the voices of parents and families to the prevention efforts to decrease the separation of children and families. The ultimate goal is to create a child welfare system that is both compassionate and respectful of all children and families with a racial equity lens. To that end, the PAC has initiated several subcommittees that seek to address the issues that challenge families. The subcommittees are Strengthening Young Parents, Safe Sleep, PAC Recruitment, PAC newsletter, Housing, Incarcerated parents, Fatherhood Initiatives, and Legislative Affairs.

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

In response to the continued unsafe sleep fatalities in Arizona, the Office of Prevention continued the Safe Sleep campaign to promote safe sleep practices and reduce the number of sleep-related deaths. DCS started the Safe Sleep Campaign and Baby Box Program in November 2016. The Safe Sleep Campaign has continued, and focuses on training DCS Specialists and contracted providers to address safe sleep practices with families who have children under one year of age. The Safe Sleep Campaign includes the provision of baby boxes for families involved with DCS in need of a safe place for their infant to sleep. In addition, DCS has partnered with Native American Representatives and local Health Care facilities to address the community's needs of safe sleep. Along with the baby box, the parent participates in an online training, which is consistent with the recommendations for a safe infant sleeping environment from the American Academy of Pediatrics. The main message that is taught during the online training is the ABC's of safe sleep; baby sleeps safest alone, on their back, and in a crib. The Department continues to supply DCS Specialists with tablets that provide staff with the ability to show the online training to the family in conjunction with the safe sleep conversation. DCS policy also requires an Infant Care Plan be developed with the parents, to include information about safe sleep.

The DCS Office of Prevention also created a safe sleep computer-based training for DCS staff and partner agencies. During 2020, DCS obtained the governor's proclamation declaring October as Safe Sleep Month, and continued to utilize the safe sleep campaign "Don't Wake Up to a Tragedy," which encourages parents and caregivers to avoid suffocation by practicing the ABCs of safe sleep. This messaging was adapted from Los Angeles County's "Don't Wake Up to a Tragedy" campaign material that resulted in a 50% reduction in unsafe sleep fatalities in Los Angeles County for three consecutive years. The Office of Prevention began a baby box partnership with one of the Regional Child Abuse Prevention Council Agencies, Three Precious Miracles, which represents communities on Native Tribal Lands. The collaboration allows DCS to provide safe sleep resources and education to communities as Native American babies are over represented in the unsafe sleep death data. Furthermore, DCS Office of Prevention has partnered with a local health care facilities provide baby boxes to new parents without a safe sleep environment. In addition to the boxes, community partners are encouraged to provide safe sleep education and review the "Don't wake Up to a Tragedy" safe sleep checklist when providing a baby box to a family.

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DCS Office of Prevention plans to expand the baby box program by partnering with additional community agencies and health clinics.

#### ***“Call to Action” Emails***

To provide DCS Specialists with resources and prevention information, the DCS Office of Prevention initiated “Call to Action” emails on various resource topics during the reporting period. Information topics included Teen Dating Violence, New Year’s Eve Family Celebrations, Homelessness, Domestic Violence, Child Passenger Safety Seat, and World Kindness day. These emails include information about prevention topics, resource lists for counties across the state, statistics, and tips that can help DCS Specialists learn more about prevention resources. These emails have also been shared with community providers and Regional Child Abuse Prevention Council members. Resources and information from these emails are also shared via social media on the [AzCommunityResourcePage](#) on Facebook and Instagram.

#### ***Healthy Families Arizona***

The Healthy Families Arizona (HFAz) program is a nationally credentialed, community-based, family-centered, voluntary home visitation program serving at-risk prenatal families and families with children birth through five years of age. The infant must be under three months of age at enrollment into the program as services are focused primarily on prevention through education and support in the homes of parents. Program services are designed to strengthen families during the first five years of a child’s life, when vital early brain development occurs. The program is designed to prevent child abuse and neglect and promote positive parenting, child development, and wellness. In SFY 2020, 11 HFAz sites and 45 teams provided services to families living in 14 counties in Arizona.

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

- supporting effective parent-child interactions;
- providing child development, nutrition, and safety education;
- teaching appropriate parent-child interaction and discipline;
- promoting child development and providing referrals for screening if delayed;
- encouraging self-sufficiency through education and employment;
- providing emotional support and encouragement to parents; and
- linking families with community services, health care, child care, and housing.

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

The Healthy Families America® Program has been designated an “effective” program by the Office of Juvenile Justice and Delinquency Prevention. In Arizona, the HFAz Program is committed to continuous improvement. Site evaluations and quality assurance activities ensure fidelity in practice, and more than two decades of annual program evaluations have consistently demonstrated that HFAz is a highly effective program. According to the *Healthy Families Arizona Annual Evaluation Report FY2020*, HFAz served 4,337 families in FY2020. This represents all families in the program, regardless of how long they have been in the program. The average length of time that families continued in the program was ten months. The evaluation highlights both prenatal and postnatal services. The outcomes in 2020, for families after twelve months in the program were fairly consistent when compared to the prior several years. The 2020 outcomes include the following:

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- child abuse and neglect: 96.3% of participating families had no substantiated DCS reports,
- substance abuse: 70% of parents received a substance abuse screening,
- child development: 6% of the screenings indicated a child had a developmental delay and another 12% indicated a child has a higher potential for future delay and would benefit from additional developmental support, and
- child safety: 94% of parents locked up household poisons, 99% used car seats, and 92% used smoke alarms at 24 months.

The Healthy Families Parenting Inventory (HFPI) revealed statistically significant improvement on all subscales except social support at 12 months. This indicates that Healthy Families Arizona participants are continuing to see reductions in their risk factors related to child abuse and neglect. Parents reported significant changes over time in problem solving, personal care, mobilization of resources, parenting role satisfaction, parent/child interaction, home environment, parenting efficacy, and depression.

During much of SFY 2021, Healthy Families staff contact with participants was completed virtually or via phone. The staff also provided monthly goodie bags to families and held drive-through events to provide families with child development activities and ideas to encourage the continued development of the children.

During SFY 2021, the Healthy Families Program updated and conducted two Healthy Families staff surveys to gather information related to the participant experiences during the COVID-19 pandemic. Significant differences were seen in the program participants during this time period, including:

- significantly more families declined services during the active COVID-19 time period,
- more parents were unemployed at enrollment,
- more parents enrolled prenatally, and
- more mothers and fathers presented with a medium to high risk.

#### ***Positive Parenting Program Initiative***

The Department continues to support the efforts of a broad-based consortium of community stakeholders, known as Triple P Practitioners, interested in implementing the Positive Parenting Program (Triple P) model in Arizona. Triple P is an evidenced-based parenting program that has had impressive results increasing parenting skills and reducing child abuse and neglect, both internationally and in Arizona.

During Child Abuse Prevention Month and throughout the year, DCS and its provider network, distribute the Triple P top 10 tips. Additionally, at the urging of DCS, some of the In-Home Services, Parent Visitation, and RCAPC providers offer Triple P in their communities. In 2020, the DCS Office of Prevention purchased 100 Triple P Online Codes for teen parents and parents in the community, allowing additional families to participate and benefit from the program by taking the online course, along with conversations after completion through online and phone support.

#### ***Thriving Families Safer Children***

In December 2020, the DCS Office of Prevention, Prevention Child Abuse Arizona, and other stakeholders including the Arizona Council of Human Service Providers, First Things First, Arizona Children's Action Alliance, a parent, and a youth, applied to Round 2, Thriving Families/Safer Children (TFSC); moving from child welfare to child well-being technical assistance. Arizona was one of many states chosen to participate in TFSC and has participated in technical assistance opportunities offered by the Children's Bureau, Prevent

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Child Abuse America, and Casey Family Programs during March and April 2021. The Arizona team is convening with other members of the community, providers, and stakeholders to determine at least one goal to address racial equity, include parent and youth voice, and have a primary prevention focus.

#### ***Protective Factors Train the Trainer***

The Strengthening Families Protective Factors Framework is a national and international initiative aimed to develop and enhanced five protective factors (Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support in Times of Need, and Social and Emotional Competence of Children), which help to keep families strong and children safe from abuse and neglect. The Framework was designed to assist professionals who work with children and families in promoting the optimal development of all children while protecting vulnerable children from maltreatment.

The DCS Office of Prevention invested in the Children’s Trust Fund Alliance “Bringing the Protective Factors Framework to Your Life at Work” training of trainers and certified 40 Trainers in January 2021. Those certified included DCS staff, home visitor programs, educators, professionals from other agencies, RCAP council members, and parents from the Parent Advisory Committee (PAC). This training is designed to teach participants how to train family service professionals, parents, caregivers, educators, and others about the protective factors and how to incorporate them into their lives and work. This scholarship pays for participant tuition and training materials.

The following counties were represented by the 39 participants:

- Maricopa: 22 (Phoenix: 17; Mesa: 4; Goodyear: 1)
- Yavapai: 5 (Prescott Valley)
- Pinal: 4 (Casa Grande)
- Coconino: 2 (Flagstaff)
- Pima: 2 (Tucson)
- Gila/Graham: 1 (Peridot)
- Mohave: 1 (Lake Havasu City)
- Navajo: 1 (Winslow)
- Santa Cruz: 1 (Nogales)

The following agencies were represented by the 39 participants:

- AZ Center for African American Children
- AZ Department of Education
- Casa Grande Alliance
- Child & Family Resources
- Child & Family Support Services
- Children's Advocacy Center of Southern AZ
- City of Phoenix Head Start
- Coconino Coalition for Children and Youth
- CPLC Parenting Arizona
- Department of Child Safety
- Differently Abled Mothers Empowerment Society (DAMES)
- Family Involvement Center
- H.A.V.E.N. Family Resource Center
- House of Clai Ventures
- Lutheran Social Services of the Southwest

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- Maricopa County Head Start
- NACOG Head Start
- Prevent Child Abuse Arizona
- TERROS
- Three Precious Miracles
- University of AZ Cooperative Extension
- West Yavapai Guidance Clinic

Training participants must conduct at least three trainings during the year following their certification. Training participants will need to deliver some part of the training within the first 6 weeks after being certified. The DCS Office of Prevention will provide for the training cost of the participant's first three trainings, which will ensure the trainings provided during the first portion of 2021 be free to the community. Additionally, the training participants must attend community of practice meetings, which will be held via Zoom on a quarterly basis to enhance their trainings and share in best practice delivery of the curriculum.

#### ***Housing: Family Unification Program (FUP) and Foster Youth to Independence Tenant Protected Vouchers (FYI-TPV)***

The Department 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 the 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.

Arizona continues to accomplish an increase of 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, remove housing barriers for the reunification of children and parents, and prevent homelessness for foster youth aging out of care. Arizona has a total of 441 FUP vouchers across the state among six housing authorities: the City of Mesa, Tempe, Phoenix, Maricopa County, City of Tucson, and City of Yuma. As of April 1, 2021, the housing authorities are close to reaching their utilization capacity in the four housing authorities that lie within Maricopa County.

The Department has been able to offer support to young parents who have previously been involved with the child welfare systems as children, who do not have any history of involvement with child welfare systems as parents. By utilizing the CBCAP grant, DCS was able to assist with the costs associated with leasing an apartment, completing other necessary tasks associated with a lease, or other unforeseen costs and circumstances as they arise.

Toward the end of 2019, DCS began to explore the possibility of implementing the newly launched Foster Youth to Independence Tenant Protected (FYI-TPV) voucher program, also offered through Housing and Urban Development. FYI-TPV is a dedicated program aimed to support the housing needs of young people who were in any state or tribal foster care program at age 16 or older. The program allows for up to 25 vouchers within a fiscal year to be issued within a single housing authority for youth ages 18 through 25 (not yet 26). The program has since been successfully launched through recruitment and partnership development among four housing authorities: City of Glendale, City of Scottsdale, City of Flagstaff, and Mohave County. The goal is to continue expanding the availability of the vouchers in an effort to help support families and young people

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with a history of child welfare involvement. Developing processes for both programs has been ongoing, and continuous throughout the year, and has allowed unique opportunities to involve both families and youth to offer feedback and support. Parents and youth have been invited to attend quarterly discussions in reference to the housing programs that also serve as a review of processes to ensure that there is no breakdown occurring at any point, and around any discussions meant to further streamline the application process.

#### ***Young Parent University (YPU)***

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 an 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 involved with the child welfare system 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 Office of Prevention has facilitated the Young Parent University (YPU) for the past 3 years.

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 are used by the planning team members and was an integral part of the 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 establish collaborations with partners across the state who provided valuable insight specific to their communities.

The two-day YPU 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 to 21 year olds 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 laptops to provide to the participants who reported not having access to a stable and reliable device to participate in the Young Parent University or receive other communication throughout the year from DCS.

Education topics included healthy relationship, co-parenting during COVID-19, breastfeeding, mental health in pregnancy, postpartum depression, fatherhood, home safety, appropriate caregivers, developmental milestones, infant and toddler mental health, budgeting, well-child doctor visits, Dads Matter Too, and the online Triple P Positive Parenting Program. The young parents were also provided with educational materials including books, learning flash cards, a play mat, snack containers, and various 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, as well as raffle prizes including diaper backpacks, health kits, baby monitors, baby journals, baby clothes, age appropriate toys, pack and plays, strollers, and hygiene items. The next YPU is scheduled to be held virtually in October 2021.

#### ***Prevention Media and Communication Materials***

DCS Office of Prevention uses Facebook as a social media outlet to share child safety tips, protective factor knowledge, and community events. During the month of April, DCS specifically uses Facebook to increase public awareness of Child Abuse Prevention Month activities along with other topics such as safe sleep, home

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visiting programs, and parenting tips. These communications served as an opportunity to provide and share supportive services and concrete resources to families across the state who found themselves at home utilizing social media outlets at a higher rate, as well as being a link to their communities.

During the month of April 2021, Child Abuse Prevention Month, 4.4 million impressions were delivered via an integrated media campaign designed to share actionable resources with the community that help families implement the five protective factors. The focus of the 2021 campaign is “Parenting Takes a Community.” The campaign’s goal is to bring awareness and a sense of support to parents and caregivers in the community to minimize the taboo of asking for help, and providing a reminder that a support community can be comprised of whomever and whatever a caregiver needs it to be. A special focus was placed on the Protective Factors. New to the campaign for 2021 is the development of a video public service announcement. Similar to the radio public service announcement, which is being aired online and on traditional radio channels, the video offers a brief overview of the campaign and the online webpage dedicated to this campaign. The results of the April campaign included 781,628 impressions on Facebook and Instagram, 2,800,000 views on Digital Billboard Advertisements, and 550,000 reached through Radio Advertisements. A new component of the 2021 campaign included a 30 second commercial that was shared via local news stations, and online through streaming services that allow for advertisements. The total performance results for the commercial are not yet available as media partners have continued to share this content after the campaign period.

#### ***Outreach to Spanish Speaking Communities***

In April 2020, the Office of Prevention was invited to participate in two, one virtual and one televised, community forums via Telemundo Arizona, the state’s leading Spanish-language media outlet, to help support families across Arizona with resources during the COVID-19 pandemic. The topics discussed included the protective factors, the importance of the protective factors, and actionable ways in which the community could successfully support families.

#### ***Youth Mentoring Program***

In collaboration with Child & Family Resources Inc, the DCS Office of Prevention facilitates a mentorship program in Greenlee, Gila, and Graham Counties. The purpose of this partnership is to reach out to youth in rural areas to provide youth with an adult who serves as a positive role model. The Youth Mentoring Program is designed to match the youth with at least five mentors in the community for a 12-month consecutive period; however, due to COVID-19 restrictions, the youth will initially be matched to one mentor. The Youth Mentoring program launched in April 2021.

#### ***Car Seat Program***

The DCS Office of Prevention facilitates the Car Seat Program, which collaborates with community agencies about the importance and correct use of car seats, booster seats, and restraints. The Office of Prevention provides car seats and trainings to the community agencies, who ensure the information is shared with those that receive the gift of a car seat. The community agencies that collaborate with the DCS car seat education program include the following.

- Against Abuse Inc
- Banner Desert Medical Center
- Banner Estrella Hospital
- Banner Thunderbird Hospital
- Banner University-Phoenix
- Banner University Family Medicine

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- Banner Ocotillo
- Cobre Valley Regional Medical Center
- Cochise Health & Social Services
- Graham County
- Holy Cross Hospital (Carondelet Health Network)
- Hopi Health Care Center
- Little Colorado Medical Center
- Mountain Park Health Center-Baseline
- Mountain Park Health Center-Gateway
- Mountain Park Health Center-Maryvale
- Mountain Park Health Center – Tempe
- Phoenix Children’s Hospital
- Hushabye
- AZ Youth Partnership-Payson
- AZ Youth Partnership-Globe
- University of Arizona Cooperative Extension

#### ***Educational Materials Available at Medical Health Clinics***

The DCS Office of Prevention delivered 500 bags containing injury and child abuse prevention materials to five health clinics in Maricopa county in an effort to share prevention information with low income and minority families who utilize the clinics. The information bags were utilized as an alternative to community events that would typically occur, but were not possible during the COVID-19 pandemic. The following educational materials were included in the bags.

- Triple P Positive Parenting Free Online class
- 211 Arizona: Statewide directory for resources and connections
- Safe Sleep education (alone, on his back, and in a crib)
- Free home visitation program that serves pregnant women and families of newborns
- Protective factors activity book
- Top Ten Tips for Parents
- Top Ten Tips for Parents during COVID
- Who do you trust with your child? Tips for choosing a safe caregiver

Ongoing evaluation is planned to assess the public interest in the educational material bags, including follow-up phone calls to understand the outcome of the implementation.

#### ***The Arizona Substance Abuse Partnership (ASAP)***

The Arizona Substance Abuse Partnership (ASAP) is the Governor’s statewide council on substance abuse prevention, treatment, enforcement, and recovery efforts. The body is composed of representatives from state governmental agencies, federal entities, and community organizations, and provides strategic oversight and direction to its Arizona Substance Abuse Epidemiology Work Group (Epi Work Group), the Community Outreach and Training Workgroup, the Arizona Substance Abuse Program Inventory Work Group, the Arizona Substance Abuse Recidivism Reduction Work Group, and the Policy Workgroup.

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

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

Please see the ASAP website, <https://goyff.az.gov/councils-commissions/arizona-substance-abuse-partnership>, for additional information about the Partnership.

#### ***The CarePortal***

An example of a faith based prevention collaboration is the CarePortal, which is an initiative coordinated by the Office of Prevention, and has grown to be active in five Arizona counties. The CarePortal connects DCS families to the local churches who want to serve their communities by providing basic goods and services to families in an effort to keep families together, reunify families, and support kinship living arrangements. During the COVID-19 pandemic, the CarePortal expanded the assistance available by allowing non-faith based agencies participate by providing goods and services as well. The CarePortal is a secondary and tertiary prevention program, in as much as it serves families already involved with DCS, as well as young adults who are aging out of foster care. The CarePortal addresses a large range of needs, such as cribs, beds, furniture, home or car repairs, and assistance eliminating lice. The CarePortal began in Pima County in December 2015. The program expanded in 2017 to include Maricopa and Yuma Counties, and in 2018 to include Yavapai and Coconino Counties. From July 2020 to March 2021, the CarePortal supported 514 families, totaling \$140,369 of goods and services. This is a significant increase compared to the 166 families served during the same timeframe the prior year. During SFY 2022, the CarePortal will continue to onboard additional churches to increase supportive efforts.

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

#### ***The Arizona Child Abuse Hotline***

The Arizona Child Abuse Hotline is the community's first point of contact for concerns about abuse and neglect of a child present or residing in Arizona. The Hotline receives communications through its 24/7 toll free reporting line, an online reporting service, fax, and mail. The online reporting service is designed for professional mandated reporters whose child abuse and neglect concerns are non-emergency and non-urgent. Concerns of abuse and neglect are received from a variety of sources including school personnel,

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law enforcement, parents, relatives, private citizens, social service professionals, judicial entities, and anonymous sources. Intake Specialists at the Hotline use interview cue questions and other tools to focus the call and obtain all available information about the reporter's concerns. Concerns of abuse or neglect are either "screened-in" as meeting statutory criteria as a DCS report for investigation or "screened-out" as not meeting statutory criteria.

The Hotline uses standard work and a tiered visual management system in order to track, monitor, and respond to quality and service level trends at both the individual and team level. Use of the management system has allows the workforce to promptly recognize and identify when either quality or service levels are not within the target ranges and take corrective action. Due to the implementation of the new CCWIS, Guardian, the average speed of answer increased to eight minutes, 36 seconds during SFY 2021, compared to the previous 50 seconds average speed of answer. Hotline management has been working with DCS administration to identify barriers and business practices contributing to this increase and is deploying remedies and identifying new standards for the average speed of answer moving forward.

Two oversight positions continue to be embedded at the Hotline to perform quality assurance reviews of Hotline decisions. One position reports to the Office of Accountability and the other reports to the Office of Child Welfare Investigations. The Practice Improvement Specialist reviews a random sample of communications on a monthly basis and rates the accuracy of intake screening decisions. The accuracy rate for both the intake screening decision and priority response time decision is consistently over 90%. The Office of Child Welfare Investigations Hotline Analyst reviews all high priority physical and sexual abuse reports dispositioned for investigation that were not coded by the Intake Specialist as criminal conduct, indicating that a felony crime against a child occurred, for fidelity monitoring purposes. The accuracy rate is consistently over 90%.

In 2020, the Hotline transitioned to a partial-remote work model. Qualified workforce members are eligible to work a percentage of their shift from home or an alternate location. The benefits to the workforce included a reduction in personnel onsite at the same time during the COVID-19 pandemic and a reduction in commute time that increases the employee's personal and family time. Additionally the remote work model allows for the critical Hotline functions to continue in the event of a service outage at the Hotline worksite. Those employees working offsite can continue to serve the public if there is a service outage or interruption that renders the worksite inaccessible or unavailable.

#### ***Family Functioning Assessment, Safety Assessment, and Safety Intervention***

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

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

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The Department's policies and procedures provide DCS Specialists with a framework for assessing present and impending danger of serious or severe harm to children and determining the need for protective action to ensure child safety. The Department utilizes ACTION for Child Protection's Safety Assessment and Family Evaluation (SAFE) model for family functioning assessment, safety assessment, and safety intervention decisions. The initial Family Functioning Assessment assists DCS Specialists to explore pertinent domains of family functioning and identify present or impending threats of danger to a child, and is completed within 45 days of case opening. The first Family Functioning Assessment-Ongoing is to be completed by the DCS Specialist within 60 days of the child's removal or the opening of the case for ongoing services for any child indicated as unsafe. Reassessments are required at least every 90 days, and at other times in the case such as when considering unsupervised visitation, reunification, or case closure.

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

#### ***Office of Child Welfare Investigations***

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

The OCWI jointly investigates criminal conduct reports with law enforcement. Just as with DCS Specialists, OCWI investigators have the authority to protect children by taking temporary custody when a child's safety cannot be guaranteed. Since SFY 2019, OCWI began providing support and advisory consulting statewide, as needed, on investigations not assigned to an OCWI investigator. With this added consultation, OCWI has been involved, either as the primary investigator or as support, in 100% of criminal conduct reports received by the DCS Hotline since May 2019.

The OCWI continues to support the Department by providing joint investigation training throughout the state to DCS staff and community partners. The OCWI has a position housed at the DCS Child Abuse

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Hotline. This position is responsible for quality assurance as it relates to the addition of the criminal conduct tracking characteristic to reports. This position also completes training for hotline staff related to criminal conduct allegations. The OCWI continues to be successful in locating and recovering missing, endangered, and/or abducted children known to the child welfare system, and will continue assisting both the Department and law enforcement in this effort.

#### ***Multi-Disciplinary Approach in Child Abuse and Neglect Investigations***

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

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

There are approximately 20 advocacy centers in Arizona, located in Maricopa, Pima, Pinal, Navajo, Coconino, Yavapai, Mohave, Cochise, and Yuma Counties. There are memos of understanding in place with several other counties to allow law enforcement and child welfare to utilize the nearby centers as needed. In addition to the advocacy centers, there are satellite offices and mobile units, which allow victims to receive services without having to travel long distances. There are also advocacy centers in Arizona that have signed memos of understanding with Arizona Tribes to allow tribal law enforcement and child welfare to utilize the centers as needed.

#### ***Superior Court Dependency Alternative Program (DAP)***

The Pima County Superior Court implemented the Dependency Alternative Program in July 2015. This program allows the court to enter orders on custody and legal decision-making issues that would ensure the child's safety while at the same time removing the need for a dependency petition to be filed. The Pima County DAP model has been presented to seven counties across Arizona, with plans to continue the presentations to the remaining counties over the next year. Currently, several of the counties have

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developed protocols and have begun to accept DAP referrals from DCS, while other counties are continuing on develop their DAP protocol as they move towards implementation.

#### ***Protective Services Review Team (PSRT)***

Accuracy of findings is necessary for identifying perpetrators of child abuse and neglect in the DCS Central Registry. The state's appeal process, including PSRT, is designed to ensure due process for alleged perpetrators and accuracy of findings. Each alleged perpetrator is provided notice of the proposed finding via a letter or through a filed dependency petition with the juvenile court prior to being entered onto the DCS Central Registry. Alleged perpetrators with a standard proposed substantiated finding (findings that are not pending dependency adjudication) may request an administrative hearing on the proposed finding within a specified timeframe. Alleged perpetrators with a proposed substantiated finding pending dependency adjudication are not eligible to request an administrative hearing because their due process rights are met through the juvenile court process.

PSRT management continually utilizes resources within the agency, including visual management system methods, to identify and address barriers to timely processing of findings. During SFY 2021, PSRT continued improvement efforts previously in place to maintain the timely processing of the findings. PSRT has been able to review and process findings of alleged perpetrators not involved in the juvenile court process, within the statutory timeframe of 14 days. Once findings are reviewed and processed, the letter providing due process rights information is sent. From July 1, 2020 to January 23, 2021, PSRT reviewed an average of 300 alleged perpetrators per week.

During the reporting period, PSRT made revisions to policy and developed a training to further educate field staff on the requirements necessary to establish a probable cause finding of abuse or neglect. The policy revisions and training will be implemented during SFY 2022.

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

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

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

In-home services provided through the Department include Building Resilient Families; Family Preservation, including the Substance Exposed Newborn Safe Environment (SENSE) program; and Family Reunification and Placement Stabilization. Family Preservation services include two levels: intensive and moderate. Families whose children are assessed as safe, but need assistance and guidance to strengthen family protective factors and reduce the likelihood of future reports are referred to the Building Resilient Families service. Families can be referred to reunification services at the time of reunification. Placement stabilization services can be initiated to support foster and kinship caregivers, to avoid placement disruptions, or to assist with living

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arrangement transitions. All types of in-home services are available within all of the counties across the state and are provided by contracted community-based agencies.

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

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

The Substance Exposed Newborn Safe Environment (SENSE) program continues to be available for families who come to the attention of the Department due to having a substance exposed newborn. SENSE is a family-centered, strengths-based approach to serving families that provides home visiting services while holding parents accountable for healthy choices and behavioral changes. This program is designed to keep infants in their homes with their parents. The primary goal of the program is to ensure that vulnerable infants and their families are provided a coordinated and comprehensive array of services to address identified safety and risk factors. The SENSE team includes the family, an in-home service DCS Specialist, a nurse consultant, Healthy Families Arizona or other home visitor program, the In-Home Service Program, and a substance abuse treatment provider that may include the Arizona Families F.I.R.S.T. program. To be eligible for enrollment in the program, the infant must be under 90 days old and in the physical custody of the parent, and the parent must be willing to participate in all aspects of the program. Services are typically provided for 90 to 120 days, but may continue if the parent requires additional time to complete substance abuse treatment services.

The SENSE program started in Maricopa County, the largest county in Arizona, in 2006. The SENSE program has expanded since that time, and is now available to families in Maricopa, Mohave, Pinal, Cochise, Coconino, Yuma, Yavapai, LaPaz, and Pima Counties. The SENSE program includes partnerships with Health Start and the Parents as Teachers (PAT) home visitor program in order to serve families in areas where Healthy Families is not available.

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

The SENSE program includes two staff assigned to the program from the FCS unit, a Service Coordinator and a Nurse Consultant. The Service Coordinator monitors the program as a whole by conducting provider agency site visits and performing case reviews. The Service Coordinator collects data for the program and shares the information at quarterly provider meetings to discuss practice and needs for the program. FCS also works closely with the Contracts office to report performance trends and assist with Vendor

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Performance Reports. All the data and information is also shared with the Office of Quality Improvement to help inform future changes to the program design.

The Nurse Consultant reviews all nurse assessments and screenings for medical and safety concerns, and takes appropriate follow-up action when necessary. The Nurse Consultant facilitates a monthly statewide nursing conference call to provide technical assistance, information, resources, and answer questions. Trends seen by the Nurse Consultant during the reviews are discussed during the monthly calls in an effort to increase the effectiveness of the program.

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

For over a decade, DCS has been involved with the Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs (The SEN Task Force). The Department co-chairs this task force, which meets monthly and reports to the Governor's Office. The goals of this task force include building awareness and capacity of programs to work with families of substance exposed newborns and assisting OB/GYN doctors, hospitals, and perinatologists in addressing the needs of substance exposed newborns and their families. Task force members include DCS staff, CMDP staff, and community stakeholders representing Department of Health Services, hospitals, and pediatricians.

#### ***Parent Aide and Supervised Visitation Only Services***

Both parent aide and supervised visitation only services are available statewide. In SFY 2020, the Department provided parent aide services to approximately 2,875 families and supervised visitation only services to approximately 5,769 families. These services are available to parents and caregivers whose children have been placed in the Department's physical custody, after being referred by the DCS Specialist. Parent aide services provide a range of supports, instruction, and assistance to parents and caregivers. Services are provided in a culturally appropriate manner and can include, but are not limited to, parenting skills training in the residence of the client; education and training in activities related to home management tasks; education on accessing emergency assistance, supports, and community resources; and arrangement and supervision of parenting time between children and their parents, guardians, and/or siblings to promote a continued relationship and to practice parenting skills. Parent aides use modeling and individual or group training to educate parents in areas such as child development, child nurturing, behavior management, discipline, problem solving, decreasing social isolation, positive coping, home maintenance and care, meal planning and preparation, budgeting, clothing care, personal care and hygiene, securing housing, obtaining basic provisions (food and clothing), child health and safety, obtaining documents (such as identification cards), and job search and training. The supervised visitation only services provide transportation and supervision of visits between parents/guardians and their children, or visitation between siblings. Parent aide services incorporate the concept of parental protective capacity, which focuses on the enhancement of a parent's behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with the ability to care for and keep a child safe.

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

The mission of Arizona Families F.I.R.S.T. (AFF) is to provide family-centered substance abuse treatment and recovery support services to parents/caregivers whose substance abuse is a significant barrier to maintaining or reunifying the family. The overarching goals of the program are to promote permanency for children and

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stability in families, protect the health and safety of abused and/or neglected children, and promote economic security for individuals and families.

AFF provides an array of structured interventions statewide to reduce or eliminate abuse of, and dependence on, alcohol and other drugs, and to address other adverse conditions related to substance abuse. Contracted community providers use modalities that include Substance Abuse Awareness, Outpatient, Intensive Outpatient, Residential treatment, and Recovery Maintenance services. Some factors contributing to the programs' success include an emphasis on face-to-face outreach and engagement at the beginning of treatment, concrete supportive services, and the Recovery Maintenance phase to manage relapse occurrences following treatment. Data from the most recent program evaluation indicates that AFF received 5,745 new referrals in SFY 2020.

The following data describes how the AFF program is working to meet the legislative goal of increasing the availability, timeliness, and accessibility of substance abuse treatment. AFF contractors were successful in conducting outreach with 97.8% of the 11,117 individuals referred in SFY 2020, with 91.3% of the individuals receiving outreach within one day of the referral. Sixty four percent of all SFY 2020 referrals resulted in clients providing a Release of Information, signifying their voluntary acceptance of AFF services. The Department has enhanced oversight of the AFF evaluation process to increase data accuracy. Of those who were assessed as needing substance abuse treatment during SFY 2020, 33% successfully finished treatment, 8% were still in treatment at end of the SFY2020, and 59% did not complete treatment during SFY 2020. During SFY 2020, 48% of children of AFF-referred parents remained in their home before, during, and after treatment, compared with 46% in SFY 2019 and 42% in SFY 2018. For those children who were removed and their parents completed the AFF program, 90% of the children achieved permanency compared to 72% of children whose parents did not complete the AFF program. Eighty percent of children of parents who completed the AFF program achieved permanency through reunification compared to 49% of children whose parents did not complete the AFF program. The mean number of days of removal was less for AFF program completers (average of 429 days) compared to those who did not complete the program (average of 560 days) (source: AFF Annual Report 2020).

#### ***Housing Assistance***

The Housing Assistance Program has continued to be available during the reporting period. The program provides financial assistance to families for whom the lack of safe and adequate housing is a significant barrier to family preservation, family reunification, or permanency. This program operates in the form of vendor payments payable for rent, rent arrearages, utility deposits or payments, and utility arrearages on behalf of eligible families. The Housing Assistance Program can only be used if other community resources have been explored and are found to be unavailable. Housing Assistance Program eligibility requirements include that at least one child in the family must be involved in an open DCS case and that the adult caregiver (usually, but not always, the parent) is a U.S. citizen or otherwise lawfully present in the United States.

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

The maximum amount of money available to each family for an incident may not exceed \$1,800 in a six-month period. In SFY 2020:

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- the Housing Assistance Program provided financial support for the reunification or permanent living arrangement of 831 children within 318 families throughout Arizona, which is an increase of 127 children and an increase of 21 families compared to SFY 2019, and
- the total amount expended statewide was \$489,646, about \$39,395 more than in SFY 2019.

In SFY 2020, the average length of stay in out-of-home care prior to reunification was 369 days (12.1 months). An estimated \$6,885,029 would have been expended by the Department for foster care maintenance if the 831 children who benefitted from Housing Assistance during SFY 2020 had entered or remained in foster care. Based on the SFY 2020 Housing Assistance Program expenditures of \$489,646 there was a cost avoidance of \$6,395,383.

#### **4. Permanency Planning and Caregiver Support Services**

##### ***Permanency Planning***

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

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

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

The DCS SAFE AZ SharePoint site contains documents that provide example questions for DCS Specialists to ask families when gathering information to assess functioning and protective capacities. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in the identification of their own unique strengths and needs. The Department uses information gathered during the interviews to develop a family-centered case plan to support achievement of the permanency goal and address the child's educational, physical health, and mental health needs. The thorough information gathering results in a case plan that is tailored to the unique needs identified by the family or other sources. DCS Specialists arrange and monitor services to address diminished protective capacities within the home, maintain family relationships, and support timely achievement of the permanency plan. DCS Specialists facilitate information sharing among team members, and report progress and barriers to the juvenile court and Foster Care Review Board (FCRB). The Department conducts a planned transition

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of the child to the home when the in-home safety analysis indicates the threats can be safely managed in the home under a safety plan. The Department may develop this plan with the family in a Team Decision Making (TDM) meeting, and puts follow-up and support services in place to ensure a safe and successful reunification.

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

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

The Department must fully consider all other permanency options before implementing a permanency goal of independent living as another planned permanent living arrangement (APPLA). Department policy prohibits a permanency goal of independent living, which is the state's version of APPLA, for children younger than sixteen. Many regions also require management approval for a goal of independent living. Although independent living is not the preferred goal, these youth often live in a stable setting with relatives or foster parents.

#### ***Out-of-Home Living Arrangements and Caregiver Support***

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

- place children in the least restrictive living arrangement available, consistent with the needs of the child;

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

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

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

The Department has a standardized process for locating relatives and kin for children in DCS custody, and a specific note type in Guardian is used to provide a standard location for documentation of efforts and information. In addition, Family Engagement Specialists, whose job duties include searching for relatives and kin for children referred to the Fostering Sustainable Connections program, and field staff located at the various offices across the state have access to person search software called LexisNexis. This software can be used to conduct initial searches for family members of the child, and if efforts are not successful, a referral can be made to the DCS Locate team for more extensive search efforts.

During the reporting period, DCS continued a collaboration with Voices for CASA to fund a position to conduct Seneca searches for children without an identified long-term caregiver. In addition to the Seneca search, this resource also includes an interview with the child, when appropriate, and a search through the family's child welfare file to identify potential important connections for the child. During the reporting period, this service was utilized for eight children, including a sibling group of three children.

The Department has a centralized and standardized process for selecting family foster homes and congregate care facilities for children when a kinship caregiver has not yet been identified. Management system tools are utilized, and qualitative reviews are conducted to monitor the decisions to place children in a group home setting. During the reporting period, the Department developed several specialized living arrangement types, called Qualified Residential Treatment Programs, including group homes for sexually maladaptive youth, youth with a significant trauma history, youth with medical challenges, and parenting youth. The development of these specialized group homes ensures youth who may be more difficult to match with a family-like living arrangement have caregivers trained to meet their needs.

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

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

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

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

- to be treated with dignity and respect;
- to be included as a valued member of the team that provides services to the foster child;
- to receive support services that assist the foster parent to care for the child;
- to be informed of all information regarding the child that will impact the foster home;
- to contribute to the permanency plan for the child in the foster home;
- to have the caregiver's information kept confidential when necessary for protection of the foster parent and the foster parent's family;
- for assistance in dealing with family loss and separation when a child leaves the foster home;
- to be informed of agency policies regarding the foster parent's role;
- to receive training to enhance the foster parent's skills;
- to be able to receive services and reach agency personnel at all times;
- to be provided a reasonable plan for respite;

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- to confidentiality regarding issues that arise in the foster home;
- to not be discriminated against on the basis of religion, race, color, creed, sex, national origin, age, or physical handicap; and
- to receive an evaluation of performance.

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

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

#### ***Kinship Caregiver Identification, Assessment, and Support***

Consistent with national best practice standards, the Department gives caregiver preference to relatives and others who have a significant emotional connection to children who require out-of-home care. The Department promotes practices that recognize that kinship connections are not limited to blood relationships, and has policies and procedures in place requiring staff to identify and pursue all of a child's important emotional connections. Kinship caregivers often provide a means to maintain connections to neighborhood, community, faith, family, tribe, school, and friends. On September 30, 2020 there were 7,029 children placed in a kinship foster home (source: AFCARS Report 43).

The Department has focused on identifying and engaging kin as early as possible in the life of a case, increasing the percentage of children placed with kin, and increasing the financial and emotional supports provided to kinship caregivers, including licensure. Aside from the many advantages for the children living with kinship caregivers, there are advantages to the child welfare agency. Primarily, use of kinship caregivers dramatically reduces the need for non-relative licensed family foster homes. On December 31, 2020, 47% of children age birth to 17 out-of-home care in Arizona were living with a kinship caregiver, reducing the need for licensed family foster home beds by 6,432 children (source: Semi-annual Child Welfare Report, March 2021).

Arizona's percentage of children with kin, which is above the current national average of 32%, indicates effective practice that is grounded in clear policy and procedural guidance (source: The AFCARS Report <https://www.acf.hhs.gov/cb/report/afcars-report-27>). Additionally, Arizona juvenile court rules require that at the preliminary protective hearing the court order the parent or guardian provide the names, types of relationship, and all available information necessary to locate persons who are related to, or have a significant relationship with, the child. The court must further order the parent or guardian to inform the Department immediately if the parent or guardian becomes aware of new information related to the existence or location of a relative or person with a significant relationship to the child.

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

- procedures for the DCS Specialist to identify relatives and persons who have a significant relationship with the child, and make efforts to determine if those persons have interest in providing care for the child;
- a Relative Search Best Practice Guide, which provides information about the importance of finding and involving relatives, as well as practice standards for conducting diligent and comprehensive relative searches;

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- guidance to explore family connections as a pre-removal resource for ensuring child safety and for caregiver options in the event that the child enters out-of-home care;
- the use of a relative information note type, which allows staff to easily locate information about kin and assessments of kin as out-of-home caregiver resources; and
- the use of family locate referrals to search for and locate relatives of children in out-of-home care.

Also, as part of Fostering Sustainable Connections, Family Engagement Specialists, whose job duties include searching for relatives and kin, have access to person search software, LexisNexis. It is believed this software increases the number of relatives and kin located for children in congregate care settings. Other aspects of the Department's support to relative and kinship identification includes:

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

Team Decision Making Meetings are another helpful resource for locating and engaging kin. From July 2020 through April 2021

- 49% of the present danger TDMs were attended by a relative associated with the case,
- 52% of the safety planning TDMs were attended by a relative associated with the case,
- 31% of the placement stabilization TDMs were attended by a relative associated with the case,
- 24% of the reunification TDMs were attended by a relative associated with the case,
- 24% of the permanency planning TDMs were attended by a relative associated with the case,
- 11% of the age of majority TDMs were attended by a relative associated with the case,
- 69% of the life long connections TDMs were attended by a relative associated with the case, and
- 15% of the Youth in Transition TDMs were attended by a relative associated with the case.

The above percentages are slightly less than those seen in the prior year. The slight decrease is possibly attributed to the effects of the COVID-19 epidemic.

Of the 8,644 children discussed during present danger and safety planning TDMs that resulted in a decision the child would enter or remain in out-of-home care, a relative or kinship caregiver was identified for 56% of the children.

The Department employs six Kinship Liaisons who are housed in Maricopa and Pima Counties. The Kinship Liaisons meet with kinship families upon placement of the children, and work to connect the families to resources that help the families with items such as clothes, safety items for the children, and bedroom items including cribs and mattresses. The liaisons also connect families with community support groups that can assist them in their child welfare experience. In addition, the liaisons explain the Department, legal, and behavioral health systems, and make efforts to stabilize living arrangements to avoid placement changes.

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Department policy indicates that the assessment of a relative or significant person who asks to be a kin caregiver option must be initiated within ten working days of the request. The assessment begins with a discussion of the child's needs and the potential caregiver's interest and intentions towards the child now and in the future, a preliminary determination of the potential caregiver's ability to meet the child's needs and support the case plan, and a preliminary determination that the potential caregiver can pass criminal and child abuse background checks. Based on the results of this discussion, a formal home study may be initiated. In Arizona, kinship home studies are conducted through a contract with community agencies. Financial support, in the form of Temporary Assistance for Needy Families (TANF) is encouraged through the Home Assessment and Courtesy Supervision contracts, which requires providers to speak with and assist the families with the submission of TANF applications. The hope is to increase the number of caregivers that apply for TANF and facilitate this assistance to occur earlier in the placement episode. During SFY 2021, between 315 and 400 kinship home studies were requested per month. Contracted staff visit the kinship homes early in the placement process to conduct the home studies and provide information on resources available through DCS and community based agencies (including licensing, financial, social and educational resources). Kin are encouraged to pursue licensing and must meet the same licensing standards as non-kin foster parents, with the exception of certain non-safety standards that may be waived. On a case-by-case basis, the Department works with the Office of Licensing and Regulation and contracted licensing agencies to grant waivers of non-safety related licensing standards that would prevent kinship caregivers from becoming licensed. During SFY 2021, no waivers were granted.

The Department recognizes that the relationships between kinship caregivers, the children in their care, and the birth parents present special issues that require sensitivity, knowledge, and skill among DCS Specialists and service providers. The Department continues to develop the knowledge and skills of staff in relation to these special needs and to identify services and supports to promote permanency and stability with kinship caregivers. The *Applying for "Child-Only" Cash Assistance (TANF)* guide, which includes instructions for the DCS Specialist to submit the application for the family through a designated email address for timelier processing, continues to be available for DCS Specialist. The "Assessing and Supporting Kinship Families" practice guideline, which provides information and best practice tips for working with kinship out-of-home caregivers, also continues to be utilized.

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

- medical, dental, and mental health insurance for the child through the Comprehensive Medical and Dental Program (CMDP);
- child care, parenting skills, and assistance with transportation for necessary appointments;
- monthly clothing and personal allowance and other "special" allowances (diapers, supplemental tuition, emergency clothing, high school graduation, etc.);
- respite care of up to 144 hours per year (provided through a licensed agency);
- TANF "child only" cash assistance benefits, with no benefit "cap" for kinship providers caring for children in DCS custody;

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- the “Kinship Stipend” for children living with unlicensed relatives was expanded through the SFY 2019 legislative session to include all unlicensed kin caregivers caring for children in DCS custody, without consideration for the caregiver’s income;
- kinship resource and family support centers in the urban areas, offering services to strengthen kinship families, access to community professionals who can help in a variety of areas, and information on topics such as discipline, attachment and bonding, brain development, legal, and other issues; and
- community based agencies such as Aid to Adoption of Special Kids (AASK), Duet, Benevilla, Child Crisis Arizona, Arizona Helping Hands, Aviva, Boost a Foster Family, Family Involvement Center, Grandparent Ambassadors, and Arizona’s Children Association (AzCA) continue to provide an array of services and supports to kinship caregivers across the state.

Department staff conduct outreach activities through phone calls, mailings, and in-person information sessions to inform kin about their role as a kinship caregiver, and provide critical information on meeting the needs of the children in their care. DCS CHP provides outreach to caregivers when children are first placed in their home, which includes identifying a primary care physician and primary dental provider as close to their home as possible, assistance with appointment scheduling, follow up with specialty health care providers, referrals to other community/agency resources, and care coordination with caregivers and health providers for children/youth with special health care needs. Caregivers receive contact information so they may contact DCS CHP Member Services should any issues/concerns arise or simply need to know what their rights are in accessing services for the children/youth in their care. Examples of some of the information or support provided by DCS CHP Member Services include translation to allow effective communication between the caregiver and health care provider, assistance with medication questions or issues, and assistance in locating a health care provider with more experience related to a child with special health care needs. In addition, the Kinship Foster Care booklet continues to be distributed and is available in English and Spanish. The booklet provides extensive information for kinship caregivers, including DCS expectations for the care and supervision of children in DCS care, benefits and services available to children in their care, licensing process and waivers, and information about other pertinent subjects.

The DCS Kinship Support Program Supervisors provide direct support to kin caregivers by responding to phone calls and email inquiries to a designated e-mailbox. Assistance is typically sought to resolve payment issues, contact the assigned DCS Specialist, or gain general program information and guidance. The DCS Kinship Support Program Supervisor participates in collaborative efforts with stakeholders to identify kinship caregiver needs and offer supports. Community groups and partnerships include the following.

- The Central Arizona Kinship Care Coalition is an advocacy and information group consisting of kinship caregivers and Phoenix area community agency staff who provide services to kinship caregivers. This group meets bi-monthly to exchange resource information and identify kinship caregiver needs and issues.
- The Southern Arizona Community Programs and Supports meeting is an information sharing and collaborative group consisting of Southern Arizona community agency staff who provide services to kinship caregivers. This group meets monthly to share resources and identify additional ways to support kinship caregivers.
- The Arizona Grandparent Ambassadors is an advocacy group and support network for grandparents raising grandchildren and other non-parent caregivers raising children. This group holds an annual Grandparent Ambassadors Summit and an annual Day at the Capital for kinship caregivers to connect, share resources, and learn self-advocacy skills.

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- The Maricopa Family Support Alliance is a network of family support agencies working together to increase the opportunities for families to be successful. The group meets quarterly to share family support service ideas and improve access to services for families through collaboration.

The Kinship Support Program Supervisors also monitor efforts and provide support through technical assistance and training throughout the state. Recent efforts include the following.

- Rural areas in the South and Northern Region continued to support kin caregivers by having a designated case aide in each field office visit each new kinship home to offer information on resources, available assistance, and the dependency process. The contract agencies who complete the Kinship Home Studies and Courtesy Supervision can also assist in helping unlicensed kinship families find resources in their areas.
- In both Pima and Maricopa Counties, Kinship Support Specialists provide support to unlicensed kin caregivers. The support centers around helping families to access resources and complete the fingerprint process timely. The assigned Specialist makes contact with the family within a specified period of time, schedules an in-person meeting with the family, and conducts follow up visits every 30 days for up to 90 days. If a family needs additional support, a referral can be made to a community agency that can provide the family with additional support for the duration of the dependency. The contract agencies who complete the Kinship Home Studies and Courtesy Supervision can also assist in helping unlicensed kinship families find resources in their areas.
- Kinship Engagement Support Specialists also support field staff in seeking connections and/or kinship caregivers for children recently entering who are not placed with a kinship caregiver. Kinship Engagement Support Specialists seek potential relatives by utilizing a search database. The Specialists then make contact and assess potential kinship caregivers to be connections or placement resources for the child. Kinship Engagement Support Specialists also complete DPS and Central Registry checks once a potential kinship caregiver has confirmed the desire to be a caregiver for the child.
- Kinship Support Program Supervisors provide training to newly hired DCS Specialists related to policy and best practices for supporting kinship caregivers.
- The Statewide Placement Administration primarily locates licensed caregivers for children in out-of-home care when a kinship caregiver has not been identified. This administration also supports kinship caregivers by providing or directing kin to tangible resources including emergency food, clothing, beds, and infant care items. This referral service has provided assistance to struggling kinship caregivers to help resolve barriers to maintaining children in their homes. The Statewide Placement Administration includes three Kinship Specialists who provide outreach and support to kinship caregivers in Maricopa County and one Family Engagement Specialist to assist in identifying individuals with a significant relationship to the child. From July 1, 2020 to January 31, 2021, Kinship Support Specialists supported an average of 105 kinship caregivers each month. From July 1, 2020 to January 31, 2021, Kinship Support Specialists made around 510 contacts with kinship caregiver via email, phone calls, and text messages per month.

The South and Northern Regions utilize case aides, where available, to provide outreach and support to kinship families.

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Kinship providers continue to have the option to call a toll free line, the DCS Warm Line, which is staffed by a bilingual member of the Department who can answer or research inquiries. The Warm Line typically receives calls with needs ranging from families who need assistance with completing forms, to families who are applying to receive the Kinship Stipend. Calls to this line are answered Monday-Friday from 8am-5pm, and typically voicemails are responded to the next working day. This support is available to all kinship caregivers to provide easier access to information and assistance setting up benefits such as TANF and child care. The caregivers calling the Warm line appear to benefit from the support, and often comment how they appreciate the timeliness of the information provided.

Children in out-of-home care also often receive childcare paid for by the Department, every kinship caregiver automatically receives a \$75 per month Kinship Stipend, and the children are also typically eligible for TANF cash assistance and SNAP nutrition assistance while living with a DCS arranged kinship caregiver.

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

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

The Safe and Timely Interstate Placement of Foster Children Act of 2006 encourages timely home studies. A home study is considered timely if within sixty days of receiving a request to conduct a study "of a home environment for purposes of assessing the safety and suitability of placing a child in the home," the state completes the study and sends the other state a report, addressing "the extent to which placement in the home would meet the child's needs." Arizona received 1,513 ICPC requests for a home study of an Arizona family as a potential placement resource during FFY 2020, 386 less than the 1,127 requests in FFY 2019. In FFY 2020, Arizona made 1,055 requests to other states for home studies, which is 496 less than the 1,551 requests in FFY 2019. During the reporting period, DCS utilized the NEICE system for ICPC data tracking. Eight hundred nine requests for home studies were received from other states also using the NEICE system. DCS completed 485 of the home studies within the 60-day timeframe. Referral processing has been significantly improved with most processed within seven days of receipt due to DocuSign integration. During this same time period, DCS sent 1,013 ICPC home study requests to other states using the NEICE system, and 695 were completed within the 60-day timeframe.

During SFY 2021, DCS implemented its new data system, Guardian with the NEICE system in order to improve request processing and timeliness. DCS will continue to improve the efficiency of the completion of home studies by continuing to work with contracted provider and relaying expectations.

## **5. Adoption Promotion and Support Services**

### ***Adoptive Home Identification, Placement, and Supervision Services***

Throughout the reporting period, the Department has continued to provide adoption promotion and support

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services with the goal of placing children in permanent homes. There were no major changes during SFY 2021 nor planned changes for the upcoming year. These services provide placement of the child on the Adoption Registry, assessment of the child's placement needs, preparation of the child for adoptive placement, recruitment and assessment of adoptive homes, selection of an adoptive placement, supervision and monitoring of the adoptive placement, and application for adoption subsidy services. Adoption promotion and support funds are used to support adoptive families through pre-placement adoptive family-child visits and facilitation of post-placement visitation with siblings. Services are provided by contracted providers who are experts in adoption. There are no geographic limitations on adoptive home identification, placement, and support services, although some support services, such as specialized counseling, may be more readily available in some areas.

The Department places a child in an adoptive home that best meets the social, emotional, physical, safety, and mental health needs of the child. Selecting a family that is able to meet the needs of the child is the primary consideration in the selecting a family. Contracts for foster care and adoption home study, recruitment, and supervision emphasize targeted and child specific recruitment. The contracts encourage placements for sibling groups, teens, children whose ethnicity is over-represented in the foster care system, and children with special needs. The Department and its contract providers continue to collaborate on addressing disproportionality by specifically targeting recruitment within African American, Hispanic populations, and American Indian populations. Targeted recruitment also focuses on homes for older youth and siblings. The Department requests that the agencies recruit homes in specific geographical areas and provide recruitment estimators to contractors to assist in focusing recruitment strategies to specific counties in which the need is high. The estimator takes into account that some homes will close their licenses, that the pool of homes needs to be larger than the population of children needing placement, and that some child characteristics can be more difficult to match to foster families than others. This tool is an estimate to help inform recruitment efforts, and as such, unexpected changes are not able to be reflected in the tool.

Arizona uses an array of interstate resources in order to locate permanent homes for children across jurisdictional lines. These include internet resources such as Adopt Us Kids and Children's Heart Gallery; features on nationally syndicated programs; and monthly digital newsletters posted on the AZDCS.gov. Families with certified adoptive home studies can also be listed on the Adoption Registry. Adoption promotion funds are available statewide to provide transportation services that encourage, facilitate, and support cross-jurisdictional placements. Transportation services include pre-placement visits, and visits with siblings and relatives living out-of-state or in other regions of Arizona.

In an effort to better support families who adopt children with special needs from our foster care system, the Department has also used adoption promotion and support funding for respite services.

#### ***Adoption Subsidy***

Throughout the reporting period, the Department has continued the title IV-E Adoption Assistance Program and the state run adoption subsidy program, which subsidize adoptions of special needs children who would otherwise be difficult to place for adoption because of physical, mental, or emotional disorders; age; sibling relationship; or racial or ethnic background. The physical, mental, or emotional disorders may be a direct result of the abuse or neglect the children suffered before entering the child welfare system. Services include monthly maintenance payments, eligibility for title XIX services, reimbursement of services rendered by community providers, crisis intervention, case management, and information and referral. The majority of children receiving adoption assistance are eligible and receiving title IV-E subsidy. Those children who do not qualify for the title IV-E subsidy often qualify and receive state subsidy.

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The number of children eligible and receiving adoption subsidy continues to increase. The number of children served in the adoption subsidy program grew from 34,589 on March 31, 2020 to 35,047 on March 1, 2021, with 3,013 new special needs adoptions being subsidized in SFY 2020. The Department reimbursed \$3,652,738 of nonrecurring adoption expenses in FFY 2020. Of the 3,013 children who were adopted during SFY 2020, approximately 86% were covered under a title IV-E adoption agreement, and the remaining 14% were covered under a state agreement. An executed adoption assistance agreement is required for reimbursing adoptive parents for their one-time non-recurring legal fees for adoption, and is required for the child's coverage through AHCCCS, therefore nearly all adoptions of children with special needs from foster care have an executed adoption assistance agreement.

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

- The Adoption Subsidy handbook provides information about the program and addresses frequently asked questions from adoptive parents. In addition, a booklet about adoption subsidy services, specifically respite services, is available to assist families.
- During SFY 2020, the Department introduced a new specialized adoption subsidy rate for children who have significant developmental delays or behavioral health needs.
- Adoption subsidy staff continue to collaborate with staff from the Regional Behavioral Health Authorities and to coordinate services to meet the behavioral health needs of adoptive children. During SFY 2020, the Department continued to fund the Behavioral Health Clinical Coordinator positions to ensure that the needs of families could be met statewide. These positions assist families navigate the behavioral health system, including attendance at Child and Family Team (CFT) meetings to assist adoptive parents understand and advocate for their children's needs.
- The Department is developing a scope of work for the utilization of the Triple P Parenting Skills program to support post permanency families who are experiencing additional stressors in the home.
- Adoption subsidy staff participate in the November National Adoption Day celebrations.
- The Department has compiled a list of support groups for adoptive families across the state. This list is provided to the licensing agencies, adoption subsidy workers, and the DCS field staff to be provided to families as needed. Examples of agencies that support adoptive families include the Lodestar Family Connections Center in Phoenix, the KARE Family Center in Tucson, Arizona Children's Association (AzCA) in Yuma, and the Family Involvement Center in Phoenix and Prescott Valley. The Department continues to identify new community resources for children eligible for adoption subsidy.

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

The Department used the Adoption Incentive Funds during the past year to provide monthly adoption subsidy maintenance payments to adoptive families. The Department intends to continue this same support to families during FFY 2022. The Department has not encountered changes, challenges, or issues regarding timely expenditures with the 36-month expenditure period.

The Department did not receive funding under the federal Legal Guardianship Incentive Program during the reporting period. The Department's guardianship subsidy program is a state funded program providing

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a monthly reimbursement to caretakers appointed by the court through an Arizona Revised Statutes Title 8 guardianship.

#### ***Adoption Savings***

The Department has used the Adoption Savings Funds during SFY 2021 to fund the expansion of adoption subsidy and provide respite care. The Department will continue to use the Adoption Savings to meet the needs of the growing Adoption Maintenance population, as well as expansion of post-adoption services including:

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

The Department will spend 50% of the unused savings in the next 12 to 18 months. The remaining portion will be exhausted in FFYs 2022 and 2023. The Department continues to use the Children's Bureau Method to calculate the adoption savings and has not made any changes to the calculation method since the prior submission.

#### ***Services for Children Adopted from other Countries***

Community services are available to adopted children and their families, including families who have adopted a child from another country. These services can address risk factors associated with adoptive placement disruptions and dissolutions. For example, private agencies such as Lodestar KARE, the Family Involvement Center, and AzCA provide support services to any family raising a child that was not born to them. These community agencies provide assistance including information and referral services, and support groups for adoptive children and families in Arizona. Behavioral health services for children, including counseling and residential services, are available through the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program for children who qualify. Services for children with developmental disabilities are available through the Department of Economic Security's Division of Developmental Disabilities.

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

### **6. Subsidized Guardianship and Independent Living Services**

#### ***Subsidized Guardianship***

Guardianship subsidy is a state funded program providing a monthly reimbursement to caretakers appointed by the court through a title 8 guardianship. Most of the permanent homes supported by the state Subsidized Guardianship program were kinship arrangements while the child was in out-of-home care. The children for whom the subsidy is provided, are required to be in the care, custody, and control of the Department at the time the guardianship is granted. One year after the guardianship is granted, the court completes a paper review of

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reports submitted to the court to verify the child is still residing with the guardians. As of March 1, 2021, there were 2,907 children receiving guardianship subsidy with 1,751 families.

#### *Independent Living and Transitional Independent Living*

Provision of effective services to support young adults improves placement stability, reduces foster care re-entry, increases the percentage of youth placed with siblings and relatives, reduces the number of youth in out-of-home care, and increases the number and percentage of youth who exit to permanency rather than at the age of majority. Youth and Department staff work together to establish youth-centered case plans that include services and supports to assist each youth to reach his or her full potential while transitioning to adulthood, and to maintain safe, stable, long-term living arrangements and relationships with persons committed to their support and nurturance. State policy requires a Preparation for Adulthood Plan for all youth age 14 and older, regardless of his or her permanency goal, and for young adults age 18 and older participating in continued care through a voluntary agreement. The Department provides life skills assessments and services to ensure each youth acquires the skills and resources necessary to live independently of the state foster care system at age eighteen or older.

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

Department policy allows youth to continue to receive Department services and supports to 21 years of age through voluntary foster care services and/or the Transitional Independent Living Program. Young adults served under the Transitional Independent Living Program are former foster youth, 18 through 20 years of age, who were in out-of-home care and in the custody of the Department while age 16 or 17. This Program provides job training, skill development, and financial and other assistance to former foster youth, to complement their efforts toward becoming self-sufficient. During CY 2020, 208 former foster youth received assistance from this program, which was almost the same as the 209 youth served during CY 2019. The Transitional Independent Living Program continues to do community outreach to identify and assist youth who would be eligible for the services.

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

The Department and AHCCCS continue to respond to the need for timely and accessible services to address the unique needs of families with teenagers by providing and developing services specifically geared toward teenagers. Examples include the following:

- Transition to Adulthood service planning assists youth to make a smooth and seamless transition from the children's behavioral health system into the adult system. Transitional planning begins once the youth turns 16, or earlier if the Child and Family Team (CFT) determines that more time is needed for the youth to acquire the necessary skills. If needed, a request can be made to have a representative from the adult behavioral health system attend the youth's CFTs. Arizona behavioral health providers utilize the "Transition to Independence Process" or TIP Model to inform the

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delivery of services. The Regional Behavioral Health Authorities have provided technical assistance to providers to implement the TIP Model to fidelity. DCS continues to collaborate with AHCCCS, RBHAs, and behavioral health agencies to ensure this population receives the Seriously Mentally Ill (SMI) determination when appropriate. AHCCCS has contracted with a single provider to manage the SMI eligibility process.

- Some child services continue to 21 years of age, when appropriate, including the TIP Model. This is supported by a special capitation rate for youth 18 to 21 years old. Transition Facilitators actively work with youth and young adults on their future planning and skill development. Peer support specialists utilize their own direct experience with mental health services to collaborate with, coach, and challenge the young person to view their situation as an opportunity for growth.
- Support and Rehabilitation Services are available for children, adolescents, and young adults, including a variety of home-based and community services with a goal of keeping children in their homes and community. Support services are services designed to facilitate the delivery of, or enhance the benefit received from, other behavioral health services. These services include case management, family support, peer support, unskilled respite, and transportation. Rehabilitation services include educating, coaching, training, and demonstrating. These services include behavioral health prevention/promotion education, medication training, and psychoeducational services such as pre-job training and job development and ongoing support to maintain employment.
- The Child and Adolescent Service Intensity Instrument (CASII) is used for all children ages six through 17 to identify the need level and recommended service intensity. Those members with a score indicating a higher need, are assigned a high needs behavioral health case manager, also called a recovery coach, who has a low caseload and meets with the member weekly. The results inform the CFT process, through which services and supports to best meet the youth's needs are identified. The CFT process mandates a crisis plan and a Strengths, Needs, and Cultural Discovery (SNCD) for youth with a CASII score indicating high needs. These youth are also assigned an intensive/dedicated case manager to provide support in the delivery of services.

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

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

Young adults who reached the age of 18 while in out-of-home care may be eligible for medical services through the YATI Program, a Medicaid program operated by AHCCCS. All foster youth who are Medicaid eligible are pre-enrolled into an AHCCCS plan as they turn 18 years of age. This program provides continuous health coverage until the age of 26, regardless of income. There were 614 YATI referrals submitted for young adults who reached the age of 18 while in foster care during CY 2020, an increase of 18 youth compared to CY 2019.

#### *Education and Training Vouchers*

Through funding received from the Federal Education and Training Voucher (ETV) Program, the Department provides vouchers to support post-secondary education and training costs, including related living expenses, to eligible young adults up to age 26. As of March 1, 2021, Arizona accepted the Federal option under the Family First Prevention Services Act to serve young adults up to the age of 26, as long as

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they are making satisfactory progress toward completing their course of study or training, and have not participated in the program for a total of more than five years.

In accordance with the current state Chafee Foster Care Program for Successful Transition to Adulthood, a youth may apply for assistance through the state ETV program if the young adult:

- is a resident of Arizona;
- is a current or former foster youth who
  - was in any state or tribal foster care program on or after his or her 16<sup>th</sup> birthday or
  - was adopted from any state or tribal foster care program at age 16 or 17; and
- is in good standing and progressing towards completion of the program.

Additional information about the Independent Living, Transitional Independent Living, Young Adult Transitional Insurance, and Education and Training Vouchers Programs is located in *Section X: Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program State Plan*.

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

### ***Family-Centered Case Management***

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

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

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

- Family Engagement Training continues to be required for all DCS Specialists during their first year

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of employment. This course covers practice skills and strategies for improving engagement with the families served. The course is a review of strength-based child welfare practice, engagement skills and strategies, connecting the engagement process with appropriate application of protective authority, engagement practice for difficult conversations, and how to avoid trauma fatigue.

- In partnership with Casey Family Programs and Seneca Family of Agencies, the Department began to train staff during SFY 2016 on family finding techniques through the Fostering Sustainable Connections, A Family Finding Model training. The goal of Fostering Sustainable Connections is to identify and locate relatives and kin for children in congregate care to allow these children to achieve permanency more timely, develop important connections, and experience more positive emotional and social outcomes.
- Arizona's case planning policies and procedures require full disclosure about the reasons for DCS involvement, the reason for a child's removal, the permanency planning process, and permanency related timeframes. State law defines the rights of parents, including the right to be informed upon initial contact of the specific allegation made against him or her, to provide a response to the allegation, and to be verbally informed of the child's removal and the reason for the removal. State procedures require that the DCS Specialist discuss and stress with the parents the importance of permanency, engage the parents in a discussion of the available alternatives to achieve permanency, and inform the parents that if significant progress toward the outcomes listed in the case plan is not made by the time of the Permanency Hearing the Department may recommend, or the court may order, that the permanency goal be changed from family reunification to another permanency goal, such as adoption or guardianship.
- Children age 12 years or older are to be included at critical decision points in the life of the case to ensure each child is: 1) informed of his or her role and rights in participating in the case plan and court proceedings; 2) informed about the Department's goal of achieving permanency for the child in a safe home; 3) informed of all available alternatives to achieve permanency, including family reunification through the parents' successful participation in services, consent to adoption, consent to guardianship, and adoption through termination of parental rights; 4) made aware that individualized services addressing the reasons for Department involvement are made available to families; 5) informed about his or her parents' activities and progress toward reunification, unless returning home is not a possibility; 6) helped to identify significant adults with whom relationships can be maintained; and 7) encouraged to maintain contact with the birth family and kin, unless such contact is detrimental to the child's health and safety.
- State statute and Department policy require an exhaustive search for all adult relatives (grandparents, great-grandparents, adult siblings, parent who has custody of any sibling, aunts, uncles, and first cousins) of each child in care and assessment of relatives who request to be considered for placement of the child or to otherwise be involved in the child's life. The Department's policy has contributed to the number of children placed with relative caregivers on December 31, 2020 being 47%, which continues to be above the national average of 32% (source: The AFCARS Report <https://www.acf.hhs.gov/cb/report/afcars-report-27>).
- Parents, children twelve years of age or older, and people who are a support to the family are encouraged to attend case plan staffings, CFT meetings, TDM meetings, court hearings, and FCRB hearings to provide ongoing input into the case plan. The Round 3 CFSR PIP data demonstrates improvement in the area of family involvement in case planning, and the PIP goal was achieved.
- Content on family engagement is currently included in DCS Specialist core training, as well as case aide core training. DCS Specialist core training has an emphasis on engaging fathers. The

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Department's Field Break Activity Guides also include opportunities for new staff to practice family engagement and family-centered practice techniques. Data retrieved from the Department's Business Intelligence Dashboard (data current as of January 28, 2021) shows that the statewide average contact rate by the assigned DCS Specialist or another person (such as the supervisor or case aide) with children was 96% for CY 2020. This data excludes children whose most recent placement was out-of-state, in-home, parent/guardian, missing child, or runaway. Data retrieved from the Department's Business Intelligence Dashboard (data current as of January 28, 2021) shows that the statewide average contact rate by the assigned DCS Specialist or another person (such as the supervisor or case aide) with parents was 68% for CY 2020.

- The Department's Program Supervisor Learning Track includes classroom training, which includes a focus of when and how often to have clinical supervision discussions with DCS Specialists in order to develop strategies for engagement with the family. Classroom training also covers the concept of coaching in child welfare, and the importance of modeling a strengths-based coaching approach with staff so that staff will mirror this approach in their work with families (known as the parallel process). Classroom training further includes discussion on the concept of caregiver self-determination, and what approaches, attitudes, and techniques should be encouraged and developed in staff to enhance family engagement, and by extension, sufficient information collection. All concepts trained in the classroom are reinforced on the job through the use of structured field break activities and discussion with the Program Manager.
- Foster parents are encouraged to engage and communicate with the birth parents of the children placed in their home. During the COVID-19 pandemic, the Department launched and has continued to utilize a Shared Parenting Journal to assist in the engagement and relationship between caregivers and families. The Department also has created a landing page dedicated to the project at <https://dcs.az.gov/sharedparenting> where printable pages are available to families.
- The Department's policy and procedures manual includes a series of Practice Guidelines that provide information on specific topics along with ways to engage parents and youth in conversations and information sharing. Practice Guidelines describe current best-known skills, techniques, and knowledge to guide individualized practice and achieve positive outcomes.

#### ***Team Decision Making***

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

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The Department utilizes several types of TDM meetings to meet the needs of the family situation. TDM meetings may occur when a child is found to be in present danger and has been removed from his or her family home (Present Danger TDM); when a child has been found to be in impending danger (Safety Planning TDM); when there is potential for placement disruption or an unplanned placement change occurs (Placement Stabilization TDM); when a parent has met conditions for return and a child can be transitioned from an out-of-home safety plan to an in-home safety plan (Safety Planning TDM); when a child's permanency goal may need to change or a child may begin the reunification transition to their family (Permanency Planning or Reunification TDM); when a child has been in care for an extended period of time and life-long kin/family connections or placement have been identified (Life Long Connections TDM); when a youth is in need of a discharge plan upon their exit from care (including youth reaching the age of majority); or a youth has reached age 18 and wants to voluntarily participate in services with the Department until his/her 21<sup>st</sup> birthday (Age of Majority TDM). A new TDM type, Youth Transition TDM, was implemented in October 2020, which focuses on the exploration of the current and future needs of youth age 14 to 16 years to assist them in mapping out a clear path for their future, regardless of their permanency goal. The overarching goal of the Youth Transition TDM is to successfully transition youth out of care prior to age 18, and for them to have a specific, supportive plan for their transition to adulthood.

Trained TDM Facilitators guide the teams to identify the current present or impending danger condition; explore opportunities and resources to prevent removal, re-entry, or to preserve a placement; discuss permanency options and transition planning; and plan for adulthood. In many cases, the family and team are successful in identifying a sufficient in-home safety plan.

TDM policy clarifies there should be every attempt to reach general agreement to support decisions and recommendations with all team members, but if agreement cannot be reached, the final recommendation regarding the child's safety planning will be the responsibility of the DCS Specialist and DCS Program Supervisor. TDM procedures help TDM Facilitators, the family, and DCS Specialists work hand-in-hand toward shared goals of child safety, as well as selecting the safest, least restrictive placement for the child.

TDM meetings continue to be held statewide, in all regions and counties. From July 2020 through April 2021, 1,767 or 21% of TDMs were Present Danger TDMs, 3,253 or 39% were Safety Planning TDMs, 587 or 7% were Placement Stabilization TDMs, 1,057 or 13% were Permanency Planning TDMs, 965 or 12% were Reunification TDMs, 570 or 7% were Age of Majority TDMs, 36 or less than 1% were Life Long Connections TDMs, and 86 or 1% were Youth Transition TDMs.

The Department continues to collect and disseminate data with regard to all TDMs, including the number of meetings by type, attendees, and child specific outcomes. From July 2020 through April 2021:

- 95% of present danger TDMs were attended by one or more parent, 10% were attended by a youth, and 49% were attended by a relative associated with the case;
- 96% of safety planning TDMs were attended by one or more parent, 10% were attended by a youth, and 52% were attended by a relative associated with the case;
- 56% of placement stabilization TDMs were attended by one or more parent, 22% were attended by a youth, and 31% were attended by a relative associated with the case;
- 99% of reunification TDMs were attended by one or more parent, 16% were attended by a youth, and 24% were attended by a relative associated with the case;
- 64% of permanency planning were attended by one or more parent, 41% were attended by a youth,

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and 24% were attended by a relative associated with the case;

- 83% of life long connections TDMs were attended by the youth, 53% were attended by one or more parent, and 69% were attended by a relative associated with the case;
- 97% of age of majority TDMs were attended by the youth, 16% were attended by a parent, and 11% were attended by a relative associated with the case, and
- 99% of Youth Transition TDMs were attended by the youth, 26% were attended by one or more parent, and 15% were attended by a relative associated with the case.

The total number of children discussed at all TDM types from July 2020 through April 2021 was 12,869. Of the total number of children discussed during all meeting types, kinship caregivers were identified for 4,084, or 32%. It is important to note that 39% of all TDMs focus on children who are already in out-of-home care.

The total number of children discussed at present danger and safety planning was 8,644. Of those children, out-of-home care (including 90 day voluntary foster care agreements) was recommended for 4,978 or 57%. Of the total number of children recommended for out-of-home care, relative/kinship caregivers were identified for 2,791, or nearly 56%.

TDM management continues to monitor the use of TDMs throughout a family's involvement with the Department in order to identify trends and opportunities for improvement in utilizing TDMs. The data has assisted in identifying gaps of knowledge regarding TDM policy, procedure, and best practice. The TDM refresher training continues to be available for staff, and clarifies staff roles and responsibility associated with TDMs.

Newly hired Team Decision Making facilitators attend a five-day TDM facilitation training. After this initial training, TDM regional advisors and seasoned TDM co-workers support and mentor newly trained TDM facilitators. The TDM statewide coordinator focuses on implementing TDM initiatives statewide, providing technical support, refining data elements and collection, identifying and addressing TDM program issues, determining continued needs, and mentoring the TDM regional advisors individually and collectively. The TDM statewide coordinator and TDM regional advisors work together to ensure the fidelity of the TDM model statewide.

#### ***Case Manager Face-to-Face Contacts with Children***

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

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

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and/or caregiver requires more frequent face-to-face visits and/or telephone contact between face-to-face visits.

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

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

The Department has worked to ensure the total number of monthly DCS Specialist visits to children in foster care is not less than 95% of the total visits that would be made if each child were visited once per month, and at least 50% of the visits occur in the child's home. The Department met the federal standard in 2017 and has continued to meet the standard since that time.

From mid-March to mid-May 2020, DCS administration approved a temporary procedure to conduct required monthly child contacts with children in out-of-home care and children in home with a safe parent using virtual technology, specifically video conferencing. If video conferencing was not available for one or both parties, the Department was allowed to make the required contact by telephone. The temporary procedure included the requirement that if a concern about child safety arose during a monthly contact, or the child could not be reached via virtual technology, or the child was non-verbal and video conferencing was not available, the decision of whether the child must be seen in-person was to be determined through a Supervision Conference with the Program Manager. In-person monthly child contacts continued to be required for children who remained in the home with a parent under a safety plan to manage danger threats.

The temporary virtual child contact procedure was extended through August 17, 2020 for several residential inpatient facilities within Arizona and May 31, 2021 for one facility. The temporary virtual child contact procedure was extended through June 30, 2021 for several of the American Indian communities within Arizona.

From July 1, 2020 through August 17, 2020, a temporary procedure was approved related to if anyone in a child's home was being tested for COVID-19. The procedure indicated:

- if anyone in a child's home is being tested for COVID-19, the DCSS should delay in-person contact until the results of the test are received. If this will result in a missed monthly contact, the DCSS and Supervisor should notify the Program Manager and request virtual visitation. If the result of

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the test is negative, efforts should be made to see the child in-person during the current calendar month. If they are positive, the DCSS and Supervisor should inform the Program Manager and request virtual visitation.

DCS uses the federal Monthly Caseworker Visit Grant to reduce turnover and retain staff responsible for child safety assessments, family engagement, and permanency planning activities, and to invest in mobile technology for field staff.

#### ***Case Manager Contacts with Parents***

If the child's permanency goal is remain with family or family reunification, the DCS Specialist is required to have face-to-face contact with the mother and father at least once a month, including any alleged parents, parents residing outside of the child's home, and incarcerated parents. These contacts are opportunities for the parents to discuss progress toward the behavior changes outlined in the case plan, and for the DCS Specialist to gather information to inform the continuous assessment of family functioning. Exceptions to monthly face-to-face contact with parents may be approved by the supervisor on a case-by-case basis, based on the unique circumstance of the family. At a minimum, the DCS Specialist is to have telephone contact or written correspondence with these parents once every three months.

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

#### ***Family Locate Efforts***

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

If the DCS Specialist is unable to locate a family member, a referral is sent to the local DCS representative responsible for locate efforts. If the person is not located or is suspected to be located in another country, a referral is sent to the DCS Locate team. Referrals to the DCS Locate team are also initiated through the Attorney General's Office and DCS adoptions units. The searches utilize information in Guardian, Arizona Tracking Locator Automated System (ATLAS), Arizona Technical Eligibility Computer System (AZTECS), Arizona's General Unemployment Insurance Development Effort System (GUIDE/BG01), Motor Vehicle Division records, Juvenile Access Communication Exchange (JAX), and social media including, but not limited to, Facebook and Google to potentially identify contact information for the person. The Department also utilizes a robust investigative tool, Accurint, that is capable of searching databases such as national driver's license bureaus, birth and death records, criminal records, social networking sites, phone information (cell and land line), and other appropriate resources. Additionally, the DCS Locate team collaborates with Foreign Consulates, U.S. Embassies, U.S. Immigration and Customs Enforcement (ICE), and the Federal Bureau of Prisons in an effort to strengthen search efforts and results. From July 2020 to March 2021, the DCS Locate team attempted to locate 3,945 people and obtained location information for 1,606 (41%) of the individuals.

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Another resource for relative and kin searches was implemented in July 2016 through the Fostering Sustainable Connections (FSC) project, which is now a statewide program. Contracted Family Engagement Specialists (FES) conduct searches for children in congregate care settings to identify relatives and other supportive connections through Seneca searches, LexisNexis, case mining, social media, and one-on-one engagement activities with the child. FES staff are provided specialized training and given access to the Department's electronic database. The goal of FSC is the identification and contact with family and kin to increase the natural supports and family-like settings for children in out-of-home care. From July 2016 through March 2021, FSC has served 951 children. Of the 951 children that have been served, 306 children were placed in a less restrictive family-like setting and 30 are pending placement in a less restrictive family-like setting. In addition to the more family-like placement settings facilitated for the children, the FES staff have identified 7,288 individuals who have been identified as having a connection with one of the children. These individuals have started to engage in the child's life since being identified in various ways, such as having phone contact with the child, writing letters, visiting with the child, and inviting the child to family events. During the COVID-19 pandemic, connections were established and maintained via virtual visits and phone calls.

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

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

##### ***Educational Services***

DCS Specialists collaborate with parents, out-of-home care providers, and schools to ensure children are provided services to achieve their educational potential. Educational plans are discussed and developed with parents and youth in forums such as case plan staffings, CFT meetings, informal meetings between the DCS Specialist and parent, and special education meetings initiated by the child's school. The case plan for every child in out-of-home care specifies the child's educational status and needs, and services provided to the child or out-of-home caregiver to address the child's educational needs. Education related tasks may be included in the case plan for children served in-home. Children receive educational services through the Arizona public school system, which includes tuition-free specialized charter schools. DCS Specialists coordinate with parents, school officials, teachers, out-of-home care providers, and others to monitor each child's educational needs and plan, and modify services as necessary. DCS Specialists frequently advocate for services through sister agencies such as the Department of Education and the Department of Health Services/Division of Behavioral Health Services. During COVID-19, DCS Education Specialists made additional attempts to ensure children and youth who were not attending in-person classes had a home environment that could support their educational needs. The DCS Education Specialists assessed over 200 children and youth living in foster and group home settings to confirm educational supports were available for children and youth participating in on-line learning.

According to the DCS State IL/ETV Report, the number of youth enrolled in post-secondary education has decreased during the reporting period. In June 2019, 246 youth were enrolled, compared to 211 in June 2020. This decrease was likely related to the COVID-19 pandemic. Youth attending post-secondary programs reported difficulty in taking on-line classes. The Department's ETV provider identified 99 youth

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who failed, withdrew, or became disqualified to complete their program. In comparison, the previous year prior to the COVID-19 pandemic, only 25 youth failed, withdrew, or became disqualified to complete their program. The Department also recognized there was lower than normal enrollment reported in all Arizona post-secondary programs and this was not specific to youth who have been involved with the Arizona foster care system.

The number of youth who received a high school diploma or GED increased slightly during the reporting period, from 326 in June 2019 to 335 in June 2020. The DCS Educational Unit continues to work with Arizona's contracted provider for Education and Training Vouchers, to support post-secondary education and training opportunities, and conducted educational information trainings across the state with DCS Specialists to ensure an understanding of monitoring and supporting education for youth in foster care. During CY 2020, 90% of cases reviewed during the PICR process were rated strength in relation to the educational needs of child. Cases are rated strength in the PICR if the child's educational needs were appropriately assessed and necessary services were provided, or if the agency made concerted efforts to advocate for services through the educational system.

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

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

Activities to support educational outcomes for foster youth continued across Arizona during SFY 2021, including the following examples.

- FosterEd is an initiative of the National Center for Youth Law aimed at improving the educational experience and outcomes for foster youth. In May 2016, HB 2665 was signed by the Governor, and included provisions to establish and fund a statewide expansion of FosterEd from Pima County to other areas of the state. Maricopa County was the first targeted area of the expansion in August of 2017. To support the statewide expansion, FosterEd Arizona's team has grown from a team of five based in Pima County to a team of 15, including ten Education Liaisons located in Pima and Maricopa Counties. Three Education Liaisons are co-located in high schools within the Phoenix

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Union High School District, working with students with a high level of need, and three Education Liaisons are co-located in DCS offices working with students in kindergarten through twelfth grade who have an emergent need for educational support. FosterEd has continued to expand to additional regions of Arizona. As of August 2018, two Education Liaisons serve children and youth in Yavapai County. Key partners include the Prescott Unified School District, the Yavapai Accommodation School District, and the Juvenile Court. FosterEd has partnered with DCS and community partners to create a standard operating procedure guide to be used as a support for assisting school age children through their educational enrollment and participation.

- The federal Every Student Succeeds Act (ESSA), designed to improve educational stability for children in foster care by removing barriers to remaining in the school of origin and other issues, became effective December 10, 2016. Arizona Department of Education (ADE) and DCS have assigned state level “Point of Contacts” (POC) in addition to Regional Liaisons who assist to resolve issues related to school of origin, transportation, and other services. The Department’s POC has joined with counterparts within ADE to reach out to local educational agencies to assist in facilitating the statewide implementation of ESSA. POCs meet regularly to discuss needs surrounding ESSA. Additionally trainings on ESSA offered to foster parents, DCS, and ADE staff have been beneficial in the community’s and stakeholders’ understanding of ESSA.
- The Department’s Education Specialists participated in ongoing communication and consultation with various school representatives, administrators, counselors, and teachers to form alliances to better meet and address the educational needs of youth in the child welfare system. Education Specialists also updated and distributed the State Reference Guide to Arizona scholarship, grant, and financial aid information, specifically created for current and former foster care youth, foster care providers, and community partners.
- The Education Specialists are members of the Arizona College Access Network / College Success Arizona, comprised of 225 member organizations statewide. The vision is that every Arizona student has the knowledge and resources necessary to successfully attain a post-secondary education, in order to succeed in life and contribute to the Arizona economy.
- The Department’s Education Specialist, who covers Maricopa County and the Northern portion of Arizona, helped youth achieve educational outcomes by:
  - assisting and collaborating with staff at Northern Arizona University (NAU) to support NAUs "Fostering Success" program, which provides current foster care students and students who are aging out of foster care a transitional pathway from high school to NAU, and provides personalized assistance while attending NAU to increase graduation rates;
  - participating as a member of the Arizona State University Nina Mason Pulliam Advisory Council, a scholarship program dedicated to providing educational opportunities for individuals who would not typically receive traditional academic scholarships, and whose personal commitments and financial circumstances would preclude their attendance without substantial long-term scholarship support;
  - participating as a member of the Bridging Success Advisory Council, which offers resources and guidance to assist current and prior foster care youth successfully transition from secondary to post-secondary education programs at both Arizona State University and Maricopa County Community College;

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- participating in monthly group home site visits to offer foster youth direct and consistent educational assistance with a goal of decreasing barriers to graduating from high school or obtaining the GED;
  - assisting and collaborating with FosterEd staff in Maricopa and Yavapai Counties to address the educational needs of youth in foster care, offer educational support services, advocate for educational services, and provide resources; and
  - assisting and collaborating with staff and administrators of the Keys to Success Program through Arizona Friends of Foster Children Foundation to support their intensive, individualized career planning, education, and employment services.
- The Department's Education Specialist, who covers Pima and Pinal Counties and the Southern portion of Arizona, helped youth achieve educational outcomes by:
    - assisting and collaborating with United Way's Youth on the Rise (YOTR) council, which focuses on the re-engagement of 16 to 24 year olds not connected to school or work;
    - participating as a member of the Juvenile Detention Alternatives Initiative in both Pima and Pinal Counties, which has contributed to a reduction in juvenile detention rates without a corresponding increase in juvenile crime;
    - participating in the Bridging Success Advisory Council, which offers resources and guidance to current and prior foster care youth with a goal of successfully transitioning from secondary to post-secondary education programs at both Arizona State University and Maricopa County Community College;
    - providing information and resources through various presentations to DCS staff statewide and community members such as, Pima and Pinal County Court Appointed Special Advocates program, Grace Retreat licensing worker, Casey Family Programs, Office of Children's Council, Pima County Juvenile Court Judges, local ESSA education liaisons and Youth On Their Own;
    - collaborating with FosterEd Arizona, the Pima County Juvenile Court Liaison, and DCS Every Student Succeeds Act point of contact to complete trainings in July 2020 for all Pima County DCS staff regarding educational needs of youth in foster care;
    - collaborating with the Department of Economic Security Vocational Rehabilitation, Pre-Employment Training Services, and Sonoran UCEDD at the University of Arizona to facilitate a strong relationship and increase referrals for services for youth with identified disabilities who are involved with the foster care system;
    - participating as a member of the Pima County Youth Homelessness Coalition through Tucson Pima Coalition to end Homelessness (TPCH). This collaboration was an integral part of the planning for the Youth Homelessness Demonstration Project grant planning;
    - collaborating with FosterEd and the Department of Ed Foster Care Liaison on an education presentation for First Star ASU Symposium;
    - assisting with Youth Thrive training for DCS staff and community members statewide;

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- collaborating with Foster Care to Success to create a new ETV flyer;
- collaborating with Pima Community College staff to help build supportive programming and resources for former or current youth in foster care;
- attending quarterly meetings with the ESSA Points of Contact in Pima County from local districts and schools, as well as FosterEd and DCS staff to discuss collaboration between schools and DCS as a way to ensure open communication with regard to enrollment issues, transportation issues, and school of origin best interest determinations; and
- collaborating with the Goodwill METRO educational program to have designated hours for the DCS Education Specialist to be onsite once per month to be available to youth frequenting the center who could benefit from assistance with post-secondary education planning. The Education Specialist met with all staff at Goodwill to educate them on the foster care system in Arizona and how they can best support youth in their programs who have experienced foster care.

The Department and its partners continually consult with youth to assess the effectiveness of the improvement activities and identify new goals and activities. See *Section X: Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program* for additional information about the Department's performance and activities to support educational outcomes for young adults, including the Education and Training Voucher Program.

#### ***Psychological Consultation***

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

#### ***DCS Comprehensive Health Plan and Consultation with Physicians or Other Medical Professionals***

The majority of children in Arizona's foster care system receive health care coverage through the Department's Comprehensive Health Plan (DCS CHP). DCS CHP operates as an integrated care health plan under contract with Arizona's Medicaid Agency, the Arizona Health Care Cost Containment System (AHCCCS), for children who are determined Medicaid eligible. Non-Medicaid eligible children are provided the same services with State of Arizona funding. A small number of children are enrolled through an alternate AHCCCS health plan due to meeting diagnostic and function criteria for Arizona Long Term Care Services (ALTCS). A health home (medical and dental home) approach is utilized by CHP, which is an approach to providing comprehensive health care that facilitates partnerships between patients, clinicians, medical staff, and families. The goal is to provide accessible and coordinated care to improve health outcomes for children and youth.

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DCS CHP, in partnership with DCS Specialists and foster caregivers, oversees the provision of appropriate and quality health care services for the well-being of Arizona's children in foster care. Full coverage of health care is provided to all children placed in out-of-home care by the Department or in the custody of Arizona Office of the Courts/Juvenile Probation Offices and placed in a foster care setting. DCS CHP serves eligible children in foster care placed in Arizona, and serves those placed out-of-state until they are Medicaid enrolled in that state.

DCS CHP's Provider Network includes an array of health care providers who meet the needs of children and youth in out-of-home care. Health care providers are distributed geographically by specialty throughout the State of Arizona. Children and youth are able to see any provider in the Mercy Care DCS CHP network.

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

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

State policy requires a comprehensive medical examination that meets EPSDT requirements within 30 days of a child's initial placement in out-of-home care, periodic EPSDT exams (based on age and American Academy of Pediatrics recommended guidelines), and semi-annual dental exams. The DCS Specialist and out-of-home caregiver are responsible for ensuring necessary follow-up of recommended care. DCS CHP Mercy Care monitors compliance with referrals made during EPSDT exams. Each child's health and medical needs are reviewed as part of the case planning process, and the case plan identifies necessary tasks to meet the child's medical needs.

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

DCS CHP Mercy Care maintains a system of outreach and reminder notifications for medical and dental services. Outreach activities conducted by DCS CHP rely on written and verbal communication with

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members and all responsible parties, such as DCS Specialists, out-of-home caregivers, and Primary Care Providers (PCPs). DCS CHP outcome data suggest that these intensive outreach efforts are very effective.

DCS CHP identifies children who have not received necessary preventative medical or dental services. DCS CHP strives to have all children seen within 30 days of a placement as per DCS policy; however, when DCS CHP has not received a claim for a child, the DCS Specialist is contacted and asked to work with the caregiver to ensure the child receives the appropriate services. If there is no response from the DCS Specialist within seven days, the supervisor is contacted to ensure the child gets the required services. DCS CHP continues to enhance its outreach efforts by implementing processes and collaborating with DCS Specialists and foster caregivers upon removal of the child in order to promote timely health services. As a result of the combined outreach efforts to initiate services in 30 days, as well as follow up on the service provision, DCS CHP has seen a marked increase in the number of claims that have been received, indicating more children are receiving the required services timely.

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

During the COVID-19 pandemic, DCS CHP provided direct support to children, caregivers, and DCS staff, including:

- collaboration with the Arizona Department of Health Services and development of an expedited COVID testing process. The process directed treating health care professionals to route test specimens to the Arizona State Public Health Laboratory (ASPHL) for expedited results. The results were provided to the health care provider and DCS CHP within approximately 24 hours of the test.
- monitoring of COVID testing and results for children in out-of-home care and providing guidance and resources to caregivers regarding testing, isolation, and quarantine practices.
- modified prior authorization requirements as mandated by AHCCCS to ensure convenient access to health care services including critical medications for children in out-of-home care.
- partnering with mobile units which offered COVID testing as well as wellness screening checks for children in care.
- coverage of telehealth services as mandated by AHCCCS and DCS provided guidance to caregivers, health care providers, and DCS staff on the types of services covered by telehealth.
- continued outreach to caregivers regarding the importance of wellness exams upon entry into care.
- providing assistance with identifying healthcare providers that offered telehealth.

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

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

#### ***Child Behavioral Health Services and Efforts Toward Integrated Care***

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

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emergency behavioral health services, behavioral management, medical and pharmacy services, support services, crisis intervention, inpatient services, residential services, and behavioral health day programs.

Throughout most of the reporting period, behavioral health benefits for Medicaid eligible children in out-of-home care were provided through AHCCCS contracted Regional Behavioral Health Authorities (RBHA). On April 1, 2021, DCS CHP began providing behavioral health benefits as well for Medicaid eligible children in out-of-home care. DCS CHP continues to provide coverage for behavioral health services for children in foster care who are not eligible for AHCCCS coverage. American Indian children are served through DCS CHP or one of the five Tribal Regional Behavioral Health Authorities (TRBHAs) that have Inter-Governmental Agreements (IGAs) with the Arizona Department of Health Services (ADHS). The Gila River Indian Community, the White Mountain Apache Tribe, the Navajo Nation, and the Pascua Yaqui Tribe each have an IGA for both title-XIX (Medicaid) and State Subvention Services, and the Colorado River Indian Tribe has an IGA for State Subvention Services. Services to other American Indian Tribes are provided and covered by DCS CHP Mercy Care. Tribal members continue to have the choice of receiving their care through their TRBHA, tribally operated behavioral health program, Indian Health Services, or DCS CHP.

The Arizona practice model for behavioral health is based on the “wrap-around” model and includes a Child and Family Team component. When children in care are enrolled in Arizona’s behavioral health system, a Child and Family Team (CFT) is developed. The child’s behavioral health services are monitored and coordinated through the CFT. The CFT model is used statewide to develop an Individualized Service Plan (ISP) for behavioral health services for each child. As each child is unique and has different needs, the CFT may be composed of family members, the DCS Specialist, DCS CHP staff, behavioral health service providers, and other child serving agencies and supports. Typically facilitated by a behavioral health case manager or other behavioral health staff person, CFTs are responsible for identifying the strengths and needs of children and families and for developing and monitoring treatment goals and tasks. Teams are responsible for obtaining appropriate behavioral health services, and may request services requiring a prior authorization (i.e. residential placement or psychological testing) that are subject to medical necessity determination by DCS CHP.

Behavioral Health Services for all children in the Department’s custody are initiated as soon as they enter out-of-home care through the Rapid Response referral process. If the child has already established care with a behavioral health provider prior to removal, the child is re-engaged by this provider through the Rapid Response request, to ensure continuity of care. If the child is not already engaged with a provider, one will be assigned through this process. The behavioral health provider must complete the Rapid Response assessment within 72 hours of the referral. The Rapid Response assessment is followed by a more in-depth mental health assessment. For younger children, the Birth-to-Five Assessment is completed within 45 days and can continue as an ongoing assessment process. Children in foster care receive ongoing behavioral health services for a minimum period of six months unless services are refused by the guardian or the child exits out-of-home care.

The Department’s CHP System of Care Coordination (SOCC) team, provides consultation and technical assistance to DCS staff and other key stakeholders, and facilitates collaboration between the Department and the Behavioral Health System when barriers are present. The SOCC coordinates activities with the behavioral and physical health systems to provide all DCS CHP members with accessible, comprehensive behavioral health services.

The Department also provides contracted services to treat behavioral health issues that contribute to safety threats or risks to children. The Department’s in-home services program provides therapeutic support for families whose children can remain at home, the Arizona Families F.I.R.S.T. program provides expedited

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access to substance abuse assessment and treatment, and the Department arranges specialized psychological evaluations or other services on a case-by-case basis.

In March 2016, HB 2442, also known as Jacob's Law, was signed into law by Governor Doug Ducey. This legislation amended several statutes related to child welfare and the provision of behavioral health services in Arizona. The Department, foster parents, AHCCCS, local RBHAs, services providers, and other key stakeholders worked jointly to implement several key components of this law, which include the following.

- The DCS placement packet must be provided to the out-of-home placement provider immediately, and must include a designated point of contact to access behavioral health services, the telephone number to the AHCCCS customer services line, and access to a list of AHCCCS registered providers.
- The out-of-home caregiver of a Medicaid eligible child may contact the DCS CHP directly to request a screening and evaluation of the child.
- If a Medicaid eligible child in the custody of the Department moves to a different county because of the location of the child's out-of-home living arrangement, the caregiver may choose to have the child continue any current treatment in the previous county.

Additionally, the law requires AHCCCS to track several key data metrics, including but not limited to the number of times crisis services were initiated because a crisis services provider was unresponsive, and the number of times services were not provided within the 21 day time frame.

#### ***Psychotropic Medication Prescribing Oversight***

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

- AHCCCS has required that its contracted health plans have oversight over psychotropic medication being prescribed to Medicaid enrolled youth, including those in foster care.
- Informed consent/assent for psychotropic medication procedures have been implemented.
- ADHS/DBHS implemented the practice guideline, *Psychiatric Best Practice for Children Birth to Five Years of Age*, in October 2009. AHCCCS practice guidelines encourage the use of psychotherapeutic interventions for young children with psychiatric diagnoses prior to a psychopharmacologic trial. Adoption and dissemination of practice guidelines to providers has occurred as required by the AHCCCS Medical Policy Manual, Chapter 1020.
- AHCCCS requires
  - prior authorization for antipsychotics for children age 0-5,
  - prior authorization for concomitant antipsychotics, and
  - review of prescribing trends by medication category at the contracted health plan's Pharmacy and Therapeutics Committee.
- AHCCCS requires its contracted health plans to implement a monitoring system which reviews the skill, training, and scope of practice of clinical staff prescribing psychopharmacological treatments to children age birth to 5 years.

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During the reporting period, as part of psychotropic medication prescribing oversight, CMDP conducted monthly retrospective reviews of records to assure the appropriate psychotropic medication prescribing by the Primary Care Physicians (PCPs). This process monitored PCPs who prescribe psychotropic medication for ADHD, anxiety, and depression. As part of this process, CMDP members were referred to the appropriate behavioral health services. From July 2020 to March 2021, the Primary Care Provider Psychotropic Prescribing Oversight team reviewed records for 230 members. Of the 230 member records, one deficiency letter was sent to a PCP psychotropic prescriber who did not furnish medical records demonstrating full adherence to best practice standards. Providers that receive deficiency letters are followed on a shortened cycle to review their records to determine if a quality of care investigation is warranted. No providers required a subsequent Quality of Care investigation for continued lack of adherence to best practice standards.

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

Collaboration between the Department, AHCCCS, and the RBHAs is an important factor supporting achievement of child mental health outcomes, which in turn affects achievement of safety, permanency, and other well-being outcomes. Collaboration has continued to occur during the CFSP period on multiple levels including statewide system planning and coordination, and individual child or family coordination. DCS CHP began operating as a fully integrated health plan beginning April 1, 2021. For additional information, see the *Arizona Health Care Oversight and Coordination Plan*.

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

The Department of Economic Security (DES), Division of Developmental Disabilities (DDD) provides supports and services that help enable individuals with developmental disabilities to lead self-directed, healthy and meaningful lives. DCS CHP has continued to collaborate with the DDD during the CFSP period to coordinate care for the children that qualify for the Arizona Early Intervention Program (AzEIP) and enhance system provision of services. In addition, DCS CHP staff serve on the Executive Committee of Interagency Coordinating Council for Infants and Toddlers. This council provides guidance and support to Arizona's Early Intervention system and processes in support of infant and toddler development. On a case-by-case basis, DCS CHP participates in care coordination of children in out-of-home care receiving supports and services from the DDD to enhance coordination efforts and service provision.

#### ***Integrated Service Delivery***

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

In February 2018, AHCCCS hired Mercer Government Human Services Consulting to perform an independent analysis for the development and implementation of an integrated health plan for children in foster care. The analysis identified the operational and ongoing infrastructure requirements of an integrated health plan administered through DCS CHP.

An Administrative Services Organization (ASO) Request for Proposal (RFP) was released in calendar year 2019. There were no responses to the RFP as written. Based on proposed bidder feedback, DCS pursued an alternate direct contract approach with a Managed Care Organization (MCO). With this contract, DCS

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CHP retains policy and care guideline development, secondary approval authority for prior authorization of services, and clinical and operational oversight of the MCO functions. MCO functions include medical management, utilization management, care coordination, development and maintenance of a health provider network, and claims payment. DCS CHP launched a full integrated service model with its contracted partner, Mercy Care on April 1, 2021.

#### **9. Programs and Services for Young Children**

##### ***DCS Child Care***

The Department provides referrals for child care assistance for children who are in the Department's legal custody, or as a preventative service for those at risk of requiring protective services. During the COVID-19 pandemic, the total number of child care referrals and utilization of child care decreased as many families were able to stay home with their children as opposed to utilizing child care. The Department currently provides child care assistance for approximately 11,000 children, a decrease of over 3,000 active referrals from May 2020. Despite this overall decrease in the number of active referrals, DCS's utilization of *quality* child care continues to increase. As of May 2021, 54% of these children are currently attending quality-rated child care providers, up from 50% of active referrals a year prior.

During the COVID-19 pandemic, the Department collaborated with the Department of Economic Security and Administration for Children and Families' Office of Child Care to ensure continued child care payments throughout the pandemic. Beginning in March 2020, actual utilization of child care decreased to 35% of capacity, leaving providers in a dire situation. Arizona undertook multiple approaches to stabilize child care providers and received approval from the Office of Child Care to continue to pay providers based on enrollment, ensuring their continued financial stability. This played a vital role in stabilizing child care providers across the state, with the vast majority being able to fully reopen.

##### ***DCS Expulsion Prevention Program***

Beginning in September 2018, and in partnership with the Department of Economic Security and Southwest Human Development, the Department has provided supportive services to children at risk for expulsion from their early childhood care settings. These supports allow childcare providers to receive training, technical assistance, and a dedicated mental health professional to improve the quality of care and reduce a child's risk for expulsion. Over the past year, this service has been greatly affected by the COVID-19 pandemic, with the supports shifting to virtual consultations. Referrals for support had decreased significantly through March 2021 in line with the overall trends for childcare attendance, but the service still proved highly successful in stabilizing children within their child care settings. From July 2020 to June 2021, services were requested for 67 children across the state. Of these 67 children, only 12 referrals were closed with the child being expelled from the childcare setting. Furthermore, four of these 12 expulsions were immediate and did not afford the Department a chance to stabilize the situation. The remaining children receiving the supports were either stabilized or transitioned to a higher quality center that could better meet their individual needs.

##### ***Head Start***

The Department continues to partner with the various Head Start grantees throughout the state to continue to ensure the availability of Head Start and Early Head Start for children in out-of-home care. In August 2019, the Department launched an initial pilot project with four of the state's nine grantees to streamline enrollment of foster youth into their programs. This program provides the Department with weekly availability updates for each of a grantee's Head Start and Early Head Start programs, allowing DCS to

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identify, match, and outreach to potential families in an effort to enroll additional children into these programs. This program was highly successful, but was placed on hold throughout the COVID-19 pandemic, as Head Start classes shifted to virtual learning during that time. Due to the initial success of the pilot, all nine of the state's Head Start grantees have agreed to participate in the streamlined enrollment program beginning in July 2021.

#### ***Populations at the Greatest Risk of Maltreatment***

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

The Department's attention to this highly vulnerable population starts at the Hotline. Arizona law does not allow the Department to classify communications about unborn children as reports for investigation; however, the information is recorded in the Guardian system for possible future use.

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

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

- The Healthy Families Arizona (HFAz) program is a nationally-credentialed, community-based, family-centered, voluntary home-visitation program serving at-risk prenatal families and families with children age newborn through five. The infant must be under three months of age at the time of enrollment into the program, as services are focused primarily on prevention through education and support in the homes of new parents. Program services are designed to strengthen the families' capacity during the first five years of a child's life, when vital early brain development occurs. The program is designed to prevent child abuse and neglect and promote positive parenting, child development, and wellness.
- Arizona's specialized in-home Substance Exposed Newborn Safe Environment (SENSE) program continues to be available for families who come to the attention of DCS due to having a child exposed to substances during utero. The primary goal of the program is to ensure that vulnerable infants and their families are provided a coordinated and comprehensive array of services to address identified safety threats and risks of future abuse and neglect. The SENSE team includes the family, an in-home service DCS Specialist, a nurse consultant, Healthy Families Arizona, the In-Home Service Program, and Arizona Families F.I.R.S.T. (substance abuse) programs. The SENSE program is currently available in Maricopa, Mohave, Pinal, Cochise, Coconino, Yuma, Yavapai, La Paz, and Pima Counties. The number of SENSE referrals decreased from 677 new referrals during SFY 2019 to 602 new referrals during SFY 2020 (source: FY21 Monthly Operational

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Outcomes Report April 2021).

- The Practice Improvement Unit conducts Active Case Supports, which provide real-time coaching to promote thorough information gathering and accurate safety decisions during some of the most complex investigations involving children under the age of three. Investigations may be selected for an Active Case Support if the family has a combination of risk factors including violence in the home, parental mental health concerns, parental substance abuse, a significant other living in the home, and parental history of involvement with the Arizona child welfare system. From July 2020 to January 2021, the Practice Improvement Unit conducted Active Case Support consultations for approximately 166 families for which the Department had received a report of child abuse or neglect.

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

The number of children who were under the age of five and in out-of-home care increased from 5,032 on December 31, 2019 to 5,348 on December 31, 2020 representing a 6% increase. The children under the age of five represented 39.7% of the total DCS out-of-home population on December 31, 2020 (age birth through 17) (source: Semi-annual Child Welfare Report March 2021, placement tab).

Of children who were under the age of one and entered care in CY 2019, 27% exited to reunification within twelve months of entry and 34% exited to reunification by December 31, 2020 (includes all lengths of stay). Of children who were age one, two, three, or four and entered care in CY 2019, 36% exited to reunification within twelve months of entry and 45% exited to reunification by December 31, 2020 (source: Business Intelligence Dashboard, Reunification as Exit Reason, January 13, 2021). Services are provided to maintain the parent-child relationships and achieve reunification when a child's safety can be maintained. Reunification services include visitation to maintain secure attachments for the child. Arizona's Best for Babies initiative has resulted in greater attention to the need for young children to have frequent visitation with their parents.

Of children who were under the age of one year at the time of entry into out-of-home care in CY 2018, 46% had exited to adoption by December 31, 2020. Of children who were age one, two, three, or four at the time of entry in CY 2018, 24% had exited to adoption by December 31, 2020 (source: Business Intelligence Dashboard, Adoption as Exit Reason, January 13, 2021). Most of these children are adopted by their kinship caregivers or foster parents. Adoptive home recruitment activities identify permanent placements for young children with no identified adoptive home. See the *Foster and Adoptive Parent Diligent Recruitment Plan*, submitted with this APSR, for a description of these general and targeted recruitment activities.

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

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Services have been designed to meet the developmental needs of young children, including needs for those children served in-home or in a community-based setting, such as the following:

- The Arizona Health Care Cost Containment System (AHCCCS) continues to maintain protocols regarding infant and toddler mental health, including Practice Tools and Guidelines such as *Working with the Birth through Five Population*, *Children's Out-of-Home Services*, *Psychiatric and Psychotherapeutic Best Practices for Children: Birth through Five Years of Age*, *Family and Youth Involvement in the Children's Behavioral Health System*, *Unique Behavioral Health Services for Need of Children, Youth, and Families Involved with the Department of Child Safety*, and *Youth Involvement in the Children's Behavioral Health System*. These guidelines and tools address practice points such as medication taper for children who have had a positive response to medication; use of medications only for children with moderate to severe psychiatric symptoms that significantly interfere with their normal development and result in impairment that persists despite the use of clinically appropriate psychotherapeutic interventions; and requirements for consultation and re-consultation of a child psychiatrist by non-child psychiatric providers.
- Several counties have specially trained "Baby CASAs," who advocate for the unique needs of maltreated infants and toddlers. Baby CASAs consult with each other and the larger CASA program staff to share challenges with their cases and get information about systems issues and community resources helpful in their advocacy role. In many counties, Baby CASAs reference specific developmental checklists and attend trainings specific to understanding the physical, mental, and behavioral health needs of infants and toddlers.
- All families with children age birth to three served by Summit Healthcare Regional Medical Center and North Country Healthcare in Apache and Navajo Counties are offered a program called Healthy Steps, which is funded by First Things First and works with families to help them learn more about child development, and specifically their own child's development.
- Staff training includes instruction on the needs of young children. DCS Specialist core training teaches new employees about child development, the vulnerability of young children as a factor increasing the likelihood of safety threats, and the process for obtaining evaluations through the Arizona Early Intervention Program and Regional Behavioral Health Authorities.
- The Best for Babies program facilitates monthly or quarterly meetings in counties across the state, all of which are attended regularly by DCS staff, as well as a broad range of community providers. Systems issues and a 'topic of the month' are presented and discussed by those present. The meetings allow for collaboration and consultation for current and upcoming projects concerning the birth to five population. DCS staff have presented information during the reporting period related to DCS in-home services available to families with young children.
- The DCS Comprehensive Health Plan Chief Medical Officers provided trainings to judges, attorneys, and other groups during the reporting period on child abuse and neglect, substance exposed newborns, Adverse Childhood Experiences, toxic stress, trauma, and the effects on development and subsequent behaviors of the child.

The following programs and activities have continued since the submission of the 2020-2024 CFSP to reduce the length of time children under the age of five are in foster care without a permanent family, along with the other overarching strategies described in this section of the APSR that relate to all children.

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Safe Babies Court Teams (SBCT) is a national initiative of ZERO TO THREE that was adopted by Arizona's juvenile courts. It is referred to as Best for Babies in some Arizona counties and as Cradle to Crayons in Maricopa County. The California Evidence Based Clearinghouse for Child Welfare rates SBCT as a promising practice. SBCT is considered an approach to community engagement and systems change and has ten broadly defined core components. SBCT works at the micro level of the family to protect children birth to three years of age from further harm due to maltreatment, and to address the trauma that may have come from being separated from their caregiver and placed in out-of-home care. SBCT also works at the broader community level to improve how the courts, child welfare agency, and related service organizations work together. SBCT was designed to transform the dependency process from a siloed system to a collaborative community approach in order to facilitate integrated service delivery and achieve expedited permanency as reflected by the aims below.

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

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

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

The Maricopa County Juvenile Court implemented SBCT on July 1, 2011, under the title Cradle to Crayons (C2C). Judges are encouraged to order more frequent hearings in an effort to expedite permanency. After the initial hearing, families are generally back in the court within six to eight weeks. Birth to five assessments are ordered to assess children's developmental needs, and judges are encouraged to review the assessment reports. The judge determines if clinical services from C2C would be appropriate, and if so, the parent is referred for a clinical intake. If there are allegations of substance abuse, the judge will refer the parent to observe a session of Family Treatment Court (FTC). The referral process to FTC allows parents to self-refer and parents' attorneys to make referrals as well. Maricopa County DCS has six dedicated C2C DCS Specialists located throughout the county. The dedicated specialists allow for increased collaboration on cases the courts are serving through the program, and increases timely and appropriate service delivery.

The Maricopa County Juvenile Court is the leader of supporting best practices and evidence-based services into the SBCT core component framework. The goal of the community coordinator in C2C is to facilitate ongoing communication, advocate for timely and high-quality services, and identify and resolve system barriers. The majority of referrals for children's services include age appropriate behavioral health, education assessment, medical and dental services, and early intervention. A conciliator is assigned to families to help coordinate community services and act as a mediator. Maricopa County initiated mediation opportunities at each of its two C2C locations. The mediation practice model renders more robust agreements between parties, saving time in the court and freeing up calendars. C2C Clinical Services offer recommended SBCT components including: assessment of the parent child relationship, which identifies existing trauma between the parent and child and the trauma caused by the child's removal; visit coaching that includes teachable moments; and individual appointments for parents for psychoeducation, child-parent psychotherapy, Triple P parenting program, individual trauma therapy, and resource coordination.

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

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

Maricopa, Yavapai, and Coconino County's Best for Babies programs offer Family Time Visitation Coaching, developed by Dr. Marty Beyer, which is a model to increase the quality of parenting time for families and reduce time in care. The model uses a three-part approach including working with the parent to identify the child's needs before the visit, prompts and modeling parenting behavior during the visit, and a debrief after the visit. Yavapai's court team has seen an increase in shared parenting practices through partnerships between behavioral health and the court while using programs like the visit coaching, '2for2' book program, and the Parent-to-Parent form.

In Yavapai County, two local agencies are partnering to offer standardized services that include developmentally appropriate, relationship based and trauma informed assessments, resource coordination, Parent Peer Support Programs, Group services and parenting classes, Family Time Coaching, and enhanced shared parenting services through therapeutically facilitated parent meetings. Evidence based therapies for children and families and adult trauma therapy will also be offered.

The Coconino County Juvenile Court shares the focus of the Safe Babies Court Team approach related to minimizing trauma and its impact on early development. The court is also taking steps to become a trauma-informed court center, while providing services and supports that improve outcomes for young children. The Coconino County Juvenile Court is currently going through the process of becoming the first Certified Trauma-Informed court center in the state through the Arizona Trauma Institute (ATI) and Trauma Institute International. All staff will take part in extensive coaching and training through ATI over the coming months to complete the certification process. The primary dependency and delinquency judge will become certified as well. The process will involve an organizational assessment, Executive Leadership training and coaching, creation of an Implementation Team, all-staff training in compassion fatigue, and a Certified Trauma Support Specialist. All training sessions include follow up coaching and select members of the juvenile court will become Internal Trainers/Coaches to ensure that any new staff can also become certified upon hire. Ongoing certification supports will also be put in place through ATI.

The annual statewide court team meeting is scheduled for July 2021. This provides an opportunity for all court teams in the state to receive advanced training, as well as the opportunity to discuss goals and progress on a statewide and county level.

Several County Court Teams meet monthly. The Maricopa Community Court Teams presented "Topic of the Month" discussions during the reporting period, including the following.

- ACESDV Presentation on Domestic Violence
- Southwest Human Development's Birth to Five Helpline and Fussy Baby Program
- DCS New Service Array
- DCS Initiatives with Shared Parenting and the Parent Advisory Board
- AzCA/Foster 360 Partnership Presentation

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- DCS Initiatives for Transition-Age Youth Presentation
- Find Help Phoenix and 211 Arizona Presentations
- Supporting Mothers with Substance Use Disorders
- Supporting Parents Involved with DCS with Substance Use Disorder Presentation by Terros on Arizona Families First Services

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

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

The Best for Babies initiative has continued to provide training and technical assistance to counties developing Court Teams and continuing implementation during the reporting period, including training by experts on services with a developmental approach and the impact of trauma on infant and toddler development.

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

Children under the age of five often spend time at childcare centers while their caregivers work or attend to other daily activities. Children under the age of five are eligible for the Childcare Expulsion Prevention

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program, which matches an Early Childhood Mental Health Consultant with a child identified as being at risk for childcare expulsion. The majority of the children referred to the program are for children under the age of five. From July 2020 to June 2021, services were requested for 67 children statewide. Of these 67 children, only 12 referrals were closed with the child being expelled from the childcare setting. Furthermore, four of these 12 expulsions were immediate and did not afford the Department a chance to stabilize the situation. The remaining children receiving the supports were either stabilized or transitioned to a higher quality center that could better meet their individual needs.

The Department also shares information about programs and services available to substance exposed newborns and their caregivers through various meetings, trainings, and collaborative efforts.

Youth involved in child welfare who are expectant and/or parenting are at greater risk for poverty, substance abuse, and homelessness. For the third year in a row, the DCS Office of Prevention partnered with community partners to develop and offer a virtual Young Parent University for teen parents who are in out-of-home care and also teen parents from the community. The young parents participated in workshops and were provided with educational materials for their children including books and flash cards.

DCS continues the Safe Sleep Campaign and the Baby Box Program. The current Safe Sleep Campaign, “Don’t wake up to a tragedy” urges parents to use the “ABCs” of safe sleep.

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

#### **10. Clinical and Administrative Supervision to Support Child Safety, Permanency, and Well-Being**

During SFY 2021, the Department continued the implementation of new forms and procedures, including standardized safety discussion guides so that strength-based supervision focuses on critical outcomes and practices, including child safety, family engagement, permanency planning, child well-being, bias, and worker safety. Proactive clinical supervision at key decisions points dictate the frequency and timing of the discussions, which correspond with natural discussion, assessment, and decision points during the time the Department works with the family. The revised process encourages frequent, timely, and thorough discussions between the DCS Specialist and the Supervisor, to support critical thinking, increased information collection, and accurate safety and permanency decisions. During investigations, clinical supervision discussions occur at the decision points of pre-commencement, present danger, sufficient information, impending danger, safety planning, level of intervention, and findings. During ongoing cases, clinical supervision occurs at the points of preparation and introduction, exploration, case planning, progress update, and aftercare planning. Within any of these clinical supervision conversations, topics such as parenting time and the child’s living arrangement are discussed to confirm the child’s and family’s needs are being met.

The Department implemented a SAFE AZ knowledge assessment for DCS Program Supervisors, Supervision Coaches, Program Managers, and Program Administrators. This evaluation is a computer-based questionnaire of approximately 70 questions, covering the major areas of the state’s safety assessment model. The information gathered from this assessment is used to identify areas for the employee’s continued professional development and learning. Newly hired Supervisors are required to take the SAFE AZ assessment within two months of being hired.

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The Department continues to support Program Supervisors and Program Managers in both clinical and administrative supervision through the Supervision Coach Program. The Department has 16 full-time Supervision Coach positions. Supervision Coaches receive intensive initial training and participate in ongoing Coaching Collaboratives to obtain peer-to-peer support, increase their knowledge on areas of practice, and refine their coaching skills. They capture their learning objectives and activities for continued professional development on an Individualized Expert Development Plan. Areas of practice addressed through the Supervision Coach Program include safety assessment, clinical case management, clinical supervision, administrative supervision, coaching in child welfare, and creating a culture of safety and learning. Supervision Coaches, Program Supervisors, and Program Managers identify learning objectives and activities for ongoing professional development; receive monthly 1:1 coaching sessions; and receive monthly observation conducting clinical and administrative supervision followed by feedback from the observing Supervision Coach or Program Manager. The Supervision Coach Program develops proficiency of leaders in safety assessment, clinical practice, supervision, and coaching so that leaders view themselves as responsible for personal and staff-development and have the skills to support staff toward practice fidelity and proficiency.

The Supervision Coach program uses the parallel process to model and develop strength-based family engagement practice. The intentional use of structured, goal-oriented, strength-based coaching sessions in the Supervision Coach–Supervisor relationship parallels and models strength-based supervision in the Supervisor–DCS Specialist relationship, which parallels and models strength-based and solution-focused contacts in the DCS Specialist–family relationship. Similarly, the process of assessment, feedback, self-reflection, and individualized planning to develop Individualized Expert Development Plans parallels and models a strength-based and solution-focused case planning process.

# **Section IV**

## **Assessment of Outcome Achievement**

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### Section IV: Assessment of Outcome Achievement

The Department continually assesses performance by reviewing data on safety, permanency, and well-being outcomes, as well as system functioning. Information is gathered through administrative data reports, qualitative case reviews, and interactions with stakeholders. This APSR provides data from a variety of sources, including reports published by the Department, Child and Family Services Review (CFSR) Data Profiles supplied by the U.S. Department of Health and Human Services (DHHS), internal data reports, and case reviews. Data may be reported by federal fiscal year (FFY), state fiscal year (SFY, July 1 through June 30), or calendar year (CY), depending on availability. Data for the same reporting period may have small variations from data reported in other Department reports because of the date of extract from the state's Statewide Automated Casework Information System (SACWIS) in place through January 2021 or the state's Comprehensive Child Welfare Information System (CCWIS) starting in February 2021, or differences between data extraction programs, such as the Adoption and Foster Care Analysis and Reporting System (AFCARS). Data sources, extract dates, and operational definitions are included throughout the document. Frequently cited data sources include the following:

- *CFSR Data Profiles* – These data profiles are generated from the state's AFCARS and NCANDS data files. Data reported from CFSR Data Profiles and contained in this APSR describe the State's risk-Standardized Performance. The Children's Bureau implemented risk-standardized performance data to control for differences in outcomes due to factors such as the number of children served and age distribution of these children, in order to provide a more fair comparison of state performance against the national performance.
- *Semi-Annual Child Welfare Report* – This report consists of data tables that track frequently used metrics at a county level including number and types of investigations, out-of-home care population, placements of children in out-of-home care, and children exiting from care. Data is primarily extracted from CHILDS, as close as possible to the date of report publication.
- *The Monthly Operational Outcomes Report* – This report consists of data tables that track frequently used operations, workforce, and financial metrics. The Monthly Operational and Outcome Report includes key metrics for monitoring agency process improvement, including metrics from the program areas of intake, investigations, out-of-home care, permanency, prevention, and support services.
- *Business Intelligence Dashboards* – The Department uses data dashboards to track performance on several key indicators, including but not limited to timeliness of initial response to reports; timeliness of investigation finding data entry; the number of open and closed investigations; in-person contacts with children, parents, and out-of-home care providers; child removals and exits; time to reunification; and time to adoption. These data dashboards were utilized for data extracted from CHILDS until the implementation of the new CCWIS, Guardian. The most recent full month of data available through these data sets is December 2020.
- *Practice Improvement Case Reviews (PICR)* – Information is generated by reviewing Hotline communications, and investigation, in-home, and out-of-home care cases using instruments that evaluate practice in many of the same practice areas evaluated during the CFSR. The PICR is an important source to identify areas of relative strength and need in Arizona's child welfare outcomes and generate qualitative information on factors contributing to practice strengths and needs. This information helps the Department to target areas for further analysis and improvement. The case review data is broken into four quartiles, the first quartile representing 0% to 25% of cases rated strength and the fourth quartile representing 76% to 100% of the cases being rated strength. Each quartile indicates general information about the observed performance, for example, the first quartile suggests an area of practice requiring focus and improvement and fourth quartile suggests

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

The Department's reports are available to the public on the Department's internet site, [DCS Reports | Arizona Department of Child Safety \(az.gov\)](#). Additionally, the Department publishes numerous reports required by Arizona statute. The reports include, but are not limited to, data on Independent Living, housing, kinship care, financial expenditures, staffing, title XIX behavioral health expenditures, out-of-home care population, and open reports. Data is also distributed to stakeholders within committees, at topical meetings, and upon public information requests. The data and statistical information provided through the Department's semi-annual reports are used by community advocates, legislators, and other policy makers and partners to advocate for system improvement. The Department's Data Community meetings are held six times a year to review the data from the Department and partner agencies, such as the court system. This allows the Department an opportunity to inform stakeholders about data available to the agency, how to better understand the meaning of the data, and explain its limitations. The meetings also provide stakeholders the opportunity to provide input to the Department about what child welfare data is relevant and important to them; to inquire how data is collected, defined, and produced; and discuss opportunities to produce data that will inform better practices, policies, programs, and joint efforts to meet common goals.

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

During the reporting period, the Department continued to implement strategies to reduce DCS Specialist workload and thereby improve capacity for high quality safety assessments and services for children, parents, and caregivers. The Department works diligently to safely maintain or reduce the number of open reports for investigation and the number of children in out-of-home care, while increasing the number of filled DCS Specialist and Supervisor positions. These and other efforts continue to have demonstrably positive effects on workload.

During SFY 2020, the Department received 45,142 new reports to the Child Abuse Hotline, which is 1,858 reports fewer than SFY 2019. This decrease was likely due to the effects of COVID-19 and the social distancing that occurred during the last four months of SFY 2020. According to the Monthly Operational Outcomes Report (April 2021), region investigation caseloads ranged from 10 to 17 reports per investigator for the month of December 2020. Region out-of-home caseloads ranged from 20 to 31 children per DCS Specialist and in-home caseloads were 28 children per worker, except one Region that averaged 47 children per DCS Specialist.

Arizona historically had a high rate of children removed per 1,000 in the state's population compared to other states, and the number of children in out-of-home care grew from 2009 through 2015. However, the out-of-home care population has significantly reduced and continues to maintain at a substantially lower number of children in out-of-home care. The zero to 17 year old out-of-home care population decreased from 18,917 children on March 31, 2016 to 13,617 children on March 31, 2021 (source: Monthly Operational and Outcome Report).

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There has been focused work during the reporting period to fill 100% of positions and achieve turnover goals so that staff are able to provide quality services to children and families. Significant work has taken place to fill positions statewide, including frequent meetings between executive management, the regional Program Managers, and Human Resources Managers. Recruitment and retention data is tracked and reviewed bi-monthly. As of June 8, 2021, the Department had filled 85% of the 1,406 funded Specialist positions.

To support this effort, the Department implemented the following statewide strategies.

- The agency continues to use the streamlined hiring and selection process for DCS Specialists. In November 2020, the Department started utilizing an upgraded version of its talent acquisition system called PageUp. PageUp provides an automated recruiting and onboarding platform, allowing for better candidate relationship management and applicant sourcing capabilities.
- DCS continues to offer case aides with five or more years of experience to promote to DCS Specialist positions, which brings staff already familiar with the child welfare system to areas of need.
- The Department continues to use the Predictive Index (PI) assessment to predict the work performance for potential new hires. A profile of the model candidate for the DCS Specialist position was established. During SFY 2021, DCS began using the assessment to determine if an applicant is a good fit for the Specialist position. DCS has been monitoring those hired using this method to validate the success of the model built for the position.
- The Department continues to ensure a thorough Program Supervisor recruitment process, which mandates all candidates complete mandatory Supervisor training before applying, completion and review of the PI assessment for each final applicant with the Program Manager, a mandatory first day onboarding process for all new supervisors by the Program Manager, training the first week of hire facilitated by the Program Administrator, and subsequent training sessions during the first year of hire.
- A contract with LinkedIn was renewed in May 2021. The LinkedIn system allows recruiters to search for viable candidates by specific qualifications and make contact to discuss job opportunities available. The system allows recruiters to look in specific zip codes for candidates in our rural locations that are historically difficult to fill.

Additionally, to attract and hire more qualified Specialist candidates, the Department has implemented the following recruitment outreach efforts.

- The Department has increased its Direct Contact efforts by:
  - Exploring potential internal candidates and promoting staff from within the Department. This includes having career conversations with our current Case Aides who meet the qualifications for DCS Specialist positions.
  - Engaging with previous employees and encouraging them to apply and rejoin the Department.
  - Re-engaging with past applicants, discussing the various pathways of the Specialist position, and matching them with more appropriate positions/locations.

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- The Department has increased efforts to create and foster relationships with local universities, colleges, and high schools by connecting with students and partnering with their instructors and career services departments. In the past year, the Department has participated in several career days, virtual career fairs, and speaking engagements. The Department hopes to expand these partnerships to include opportunities for mock interviews, job shadowing, and internships.
- The Department increased the use of online ads, university career pages/job boards, social media platforms, community job boards (Work for Warriors, AZ Job Connections, Arizona @Work, PATCH, Claz.org), and created contacts with Chambers of Commences throughout the state. For example, the Department is utilizing Facebook to join groups throughout the state of Arizona where classified ads can be placed. These groups include Prescott Valley Jobs, Tucson Job Opportunities, Payson Job Openings, and Phoenix AZ Jobs.

In 2017, the Maricopa West Region initiated a peer mentoring program to build leadership capacity, increase retention, and increase opportunities for career development. Peer Mentors are assigned to new or existing DCS Specialists, and coach the Specialists to develop critical and reflective thinking skills, responsible decision-making and personal accountability, and the ability to work effectively with those different from themselves. Peer Mentors do not carry a caseload; however, are often assigned as primary case manager on the cases of the new employee being mentored. The Peer Mentor meets regularly with the Specialist, Program Supervisor, and when necessary, the Program Manager, to provide written and oral progress updates. An assessment is completed at the end of the predetermined mentoring time, and recommendations for continued support for additional skill development is discussed, if required.

From June 2018 to December 2020, 206 Specialists within the Maricopa West Region were assigned a Peer Mentor. During CY 2020, 90 of the 134 newly hired DCS Specialists and three previously hired Specialists participated in the program. Sixty-eight percent of the Specialists successfully completed the program and 55% of the Specialists remain employed with DCS. The Peer Mentor role has also helped to prepare mentors for leadership positions. Since June 2018, 12 Peer Mentors have promoted to leadership positions and continue to be employed in these positions.

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

**2. Safety Outcomes 1 and 2**

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

***Safety Outcome Progress Measures***

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

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

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The percentage of investigations initiated within state policy timeframes will be 95% or more (source: Business Intelligence Dashboard, Report Response Timeliness)

FFY 2019: 94.6% (of 46,252 reports)  
FFY 2020: 95.6% (of 43,454 reports)

DCS policy requires a priority level be assigned to each report of abuse or neglect received by the Arizona Child Abuse Hotline with the following corresponding response times:

- Priority 1 (2 hours),
- Priority 2 (48 hours),
- Priority 3 (72 hours), and
- Priority 4 (7 days).

The DCS Specialist shall initiate the response to a DCS report by having in-person contact with an alleged child victim identified in the DCS report, or by attempting to have in-person contact with an alleged child victim at the child's known or probable location. The Department shall make reasonable efforts to have in-person contact with each alleged child victim within the assigned report response time frame. When there are multiple children in the report or a child's location is not confirmed, DCS procedure prompts the DCS Specialist to initiate the response early enough to allow reasonable efforts to have in-person contact with all of the children within the report response time frame. Reasonable efforts include actions to identify and respond to the probable location(s) of the child victims (such as the child's home, non-custodial parent's home, school or child care setting, and/or other probable locations identified in the report or through other means). DCS procedure also indicates prompt follow-up must occur until all alleged child victims and other children in the home have been seen in-person and the safety of each child has been assessed and managed, or reasonable efforts to locate each child have been made.

The Department's report response rate has remained consistently high over the past several years. Of the 10,610 reports received from October 2020 through December 2020, the most recent full month available from this data set, 96.1% received a response within the state policy timeframe (source: Business Intelligence Dashboard, Report response Timeliness).

CFSR Item 1 was identified as an area to address in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data indicates the PIP improvement goal for CFSR Item 1 was met. The Department continually monitors data and practice on timeliness of initial response via scorecards and visual process adherence tools that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

CFSR National Data Indicator: Repeat maltreatment

Of children who were victims of substantiated maltreatment during a 12-month period, the percentage who were victims of another substantiated report within 12 months will be 9.5% or less (source: CFSR Data Profile, February 2021, Risk-Standardized Performance)

FFY 2017: 6.6%  
FFY 2018: 7.2%

DCS data indicates 6.57% of victims of substantiated maltreatment during CY 2019 were victims of another substantiated report within 12 months (source: DCS Context Statistics and Outcome Data report, January 2021). This DCS data is not risk-standardized and is the actual observed data. According to the CFSR Arizona Final Report published in December 2015 and reissued in 2017, the Department's risk-standardized

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performance was 6.9%, which is better than the national CFSR standard that 9.5% of children or less have a substantiated report of abuse or neglect within twelve months of a substantiated report in a base year.

CFSR National Data Indicator: Absence of maltreatment in out-of-Home Care

Of children in out-of-home during a 12 month period, the rate of children with a substantiated report per 100,000 days of out-of-home care will be 9.67 or less (source: CFSR Data Profile, February 2021, Risk-Standardized Performance)

FFY 2017: 5.81

FFY 2018: 4.74

DCS data indicates the rate of children with a substantiated report per 100,000 days of out-of-home care was 1.4 for SFY 2020 (source: Monthly Operational Outcomes Report, April 2021). This DCS data is not risk-standardized and is the actual observed data.

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

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

The percentage of cases in which the agency took least intrusive actions to control present or impending danger (and therefore prevent removal or re-entry, and serve children in the home when safe to do so) will be 95% or more (Investigation PICR Questions Item 1F and Item 7B3)

All thirty applicable cases reviewed during the 2015 Arizona CFSR were rated strength in relation to providing safety related services to prevent entry into OOH care. The Department's CFSR PIP did not require case reviews related to CFSR Item 2.

The 2020 PICR results indicated that when a child is determined to be unsafe in the parents' home, least intrusive safety plans are usually developed (third quartile for present danger plans, fourth quartile for impending danger plans). The PICR also evaluates the quality of the safety actions and written safety plan. Together, these two elements indicate that DCS is acting to keep children safe, but additional efforts can be made to confirm in-home safety plans are considered and utilized when appropriate. For example, this would include thorough efforts to assess non-custodial parents and extended family who might be able to control the safety threats so that the child can remain in, or return to, his or her home.

CFSR Item 3: Risk and Safety Assessment and Management

The percentage of investigation cases in which the agency took sufficient actions to control present or impending danger will be 95% or more (Investigation PICR Questions Item 1E and Item 7B2)

The percentage of in-home and out-of-home cases in which the agency completed thorough risk and safety assessments at times required by State policy, maintained an up to date safety plan, communicated the safety actions to the safety monitor, used the required safety planning forms, and addressed safety concerns while in out-of-home care will be 95% (In-Home and Out-of-Home PICR Item 1 Questions A3 and B1-7)

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

The 2020 investigation PICR results indicated that when a child is determined to be unsafe in a parent's home, sufficient safety plans are usually developed (third quartile).

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

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

The 2020 out-of-home and in-home PICR results indicate that when a child is determined to be unsafe in the parents' home, sufficient safety actions are typically taken to control present or impending danger (fourth quartile). The majority of cases reviewed received a safety assessment and had a plan for ensuring the child's safety; however, assessments and safety planning could improve through timely documentation of subsequent formal written assessments (first quartile), ongoing sufficient efforts to locate missing parents, and timely documented discussions with the responsible adult about his or her responsibilities to take action to protect the child when necessary.

The Department of Child Safety's vision is that children thrive in family environments free from abuse and neglect. In order to achieve this vision, the Department has identified strategies to improve safety related processes and safety outcomes. During SFY 2021 the Department implemented improvement strategies as described in the Arizona CFSP and Department strategic plan.

**3. Permanency Outcomes 1 and 2**

This section describes administrative data and case review results on permanency. Many of the Department's measures match those used in the CFSR process. To integrate the CFSR process and the Child and Family Services Plan, the target percentage for many goals is 95%, which is the level used by

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the U.S. Department of Health and Human Services for case review items when determining whether a state must enter into a PIP for continuous improvement following a CFSR On-Site Review. States are expected to have a CFSR PIP unless there is virtually no room to improve. To date, all states have had a PIP following their CFSR On-Site Review. Improvement goals included in a CFSR PIP measurement plan are set to ensure positive progress, but achievement of 95% is not required to successfully complete the PIP. The 95% target percentage is therefore a long-range goal representing a very high standard of practice.

***Permanency Outcome Progress Measures***

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

CFSR Item 4: Stability of Foster Care Placement

CFSR National Data Indicator: Placement Stability

Of all children who enter care in a 12-month period, the rate of placement moves per 1,000 days of out-of-home care will be 4.44 or less (source: CFSR Data Profile, February 2021, risk-standardized performance)

FFY 2019: 3.99

FFY 2020: 3.90

DCS data indicates moves for children in out-of-home care remain low. Children who entered care in SFY 2020 experienced 3.1 moves per 1,000 days of out-of-home care of (source: Monthly Operational Outcomes Report, April 2021). This DCS data is not risk-standardized and is the actual observed data. Arizona is performing better than the CFSR national standard for placement stability. According to the February 2021 CFSR data profile, Arizona's risk-standardized performance is that of all children who entered care in FFY 2020, the rate of placement moves per 1,000 days of out-of-home care was 3.90, which is better than the national standard of 4.44 or less. This data indicator counts all moves, including those necessary for clinical treatment to address a child's medical or mental health needs, and moves to a less restrictive setting, to a kinship caregiver, to an adoptive home, or to be placed with siblings.

CFSR Item 4 was identified as an area to address in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data indicates the PIP improvement goal for CFSR Item 4 was met as of October 2018. The Department continually monitors data and practice on living arrangement stability via scorecards that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

CFSR Item 5: Permanency Goal for Child

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

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

The 2020 PICRs revealed that the child's permanency goal is typically appropriate to the child's needs (fourth quartile) and set timely (high third quartile). The 2020 PICR data indicates efforts to file a motion for TPR or document a compelling reason was observed to be in the third quartile. There are opportunities to improve

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including implementing concurrent goals and activities when the prognosis for reunification is poor, and increasing the timely documentation in a case plan or court minute entry of a compelling reason for not filing a TPR motion. In some cases, reviewers observed there was a compelling reason, but that reason was not clearly documented in the required location in the case record. Within the new Guardian system, a text box for the documentation of a compelling reason is now available for all children requiring the documentation of a compelling reason, which is expected to improve the documentation of a reason when it is required.

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

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

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

CFSR National Data Indicator: Timeliness of Permanency

Of children who entered care in the year shown and remained in care for eight days or longer, the percentage who discharge to permanency within 12 months of removal will be 42.7% or more (source: CFSR Data Profile, February 2021, risk-standardized performance)

FFY 2017:       32.3%  
FFY 2018:       32.8%

According to the CFSR Data Profile reports, the percentage of children who discharged to permanency within 12 months of removal has consistently increased since FFY 2014, when the percentage was 29.6%.

DCS data indicates 35.6% of children who entered care in CY 2019 and remained in care for eight days or longer, discharged to permanency within 12 months of entering care (source: DCS Context Statistics and Outcome Data report, January 2021). This DCS data is not risk-standardized and is the actual observed data.

Of children in care on the first day of the year shown who had been in care between 12 and 23 months, the percentage who discharge to permanency within 12 months of the first day will be 45.9% or more (source: CFSR Data Profile, February 2021, risk-standardized performance)

FFY 2019:       57.3%  
FFY 2020:       55.8%

DCS data indicates 59% of children who were in care on the first day of SFY 2019 and had been in care between 12 and 23 months discharged to permanency within 12 months of the first day (source: Monthly Operational Outcomes Report, April 2021). This DCS data is not risk-standardized and is the actual observed data.

Of children in care on the first day of the year shown who had been in care for 24 month or more, the percentage who discharge to permanency within 12 months of the first day will be 31.8% or more (source: CFSR Data Profile, February 2021, risk-standardized performance)

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FFY 2019: 42.9%  
FFY 2020: 39.2%

DCS data indicates 43.4% of the children who were in care on the first day of SFY 2019 and had been in care for 24 months or longer discharged to permanency within 12 months of the first day (source: Monthly Operational Outcomes Report, April 2021). This DCS data is not risk-standardized and is the actual observed data. Arizona is exceeding the two CFSR national standards on permanency within twelve months for children in care at the start of the year. According to the February 2021 CFSR data profile, Arizona's risk-standardized performance is that of all the children in care on the first day of FFY 2020 who had been in care continuously between 12 and 23 months, 55.8% had discharged to permanency within 12 months of the first day, exceeding the national standard of 45.9% or more. Of children in care on the first day of FFY 2020 who had been in care for 24 month or more, 39.2% discharged to permanency within 12 months of the first day, exceeding the national standard of 31.8% or more. Many of the children who have been in care for 24 months or more exit to adoption.

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

The 2020 PICR results indicate efforts to achieve timely permanency was observed to be in the high second quartile. Opportunities to improve the timely achievement of permanency for children include having quality in-person contacts with each parent monthly, initiation of parent locate searches for parents whose whereabouts are unknown, and implementing in-home safety plans when the safety threat can be controlled in the home.

The 2020 PICR results indicate efforts to identify and place youth age 16 and 17 in a permanency living arrangement was observed to be in the fourth quartile.

CFSR National Data Indicator: Foster Care Re-entries

Of all children who entered care in the year shown and discharged to reunification, live with relative, or guardianship, the percentage who re-entered out-of-home care within twelve months from the date of discharge will be 8.1% or less (source: CFSR Data Profile, February 2021, risk-standardized performance)

FFY 2017: 6.9%  
FFY 2018: 6.8%

DCS data indicates of the children who entered care during CY 2018 and discharged to reunification, live with relative, or guardianship within 12 months, 12.07% re-entered care within twelve months from the date of discharge (source: DCS Context Statistics and Outcome Data report, January 2021). This DCS data is not risk-standardized and is the actual observed data. Arizona has achieved the CFSR national standard for re-entry within 12 months of exit to reunification, live with relative, or guardianship. According to the February 2021 CFSR data profile, Arizona's risk-standardized performance is that of all the children who entered care in FFY 2018, and exited to reunification, living with a relative, or guardianship, 6.8% re-entered care within twelve months. The national standard is 8.1% or less.

CFSR Item 7: Placement with Siblings

Of all children in out-of-home care on the date shown with at least one sibling also in out-of-home care, the percentage in which all siblings are placed together will

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be 75% or more (source: EINSTEIN ad hoc report, includes kin living arrangements, includes children in out-of-home care  $\geq$  24 hours)

9/30/19:	62%
9/30/20:	63%

Of all children in out-of-home care on the date shown with at least one sibling in out-of-home care, the percentage in which at least two siblings are placed together will be 85% or more (source: EINSTEIN ad hoc report, includes kin living arrangements, includes children in out-of-home care  $\geq$  24 hours)

9/30/19:	84%
9/30/20:	83%

On September 30, 2020, 63% of children, who were part of a sibling group and had been in care for 24 hours or more, were in the same out-of-home care setting as all of their siblings, and 83% of children who were part of a sibling group and had been in care for 24 hours or more were in the same out-of-home care setting with at least one sibling. This measure is limited in its ability to describe the experience of children in out-of-home care because it measures if siblings are living in the same out-of-home care setting on the given day, even if the children spent other days in separate homes. This data indicator includes all sibling groups, including those who require separate living arrangements to meet a child's needs, such as behavioral health needs while keeping a sibling in a family setting, to place half/step-siblings with relatives that they do not have in common, or when residing together would be unsafe. This data may not include all siblings residing together, as some service authorizations were entered into CHILDS in a manner that does not allow for matching across the sibling group. Because of this data limitation, it is likely that additional siblings were residing together. This sibling data excludes any children in a case in which there is no other child with an open removal. This could potentially exclude a small number of children from the count whose siblings have a removal entered in another case. The target goals are set at 75% and 85% in recognition that placement of siblings together is not always in the children's best interest.

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

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

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

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

The 2020 PICR results indicate concerted efforts to ensure a sufficient frequency of parenting time (visitation) was more common with mothers (high third quartile) than with fathers (low third quartile). In some cases, parenting time did occur but sufficient frequency was not maintained throughout the entire review period. This area can also improve through ongoing efforts to locate missing parents and engage them in parenting time. The quality of the parenting time that did occur was rated in the fourth quartile for both mothers and fathers.

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

CFSR Item 9: Preserving Connections

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

FFY 2019: 93%

FFY 2020: 93%

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

FFY 2019: 44%

FFY 2020: 53%

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

The Department monitors data on maintenance of family connections for American Indian children. The Department has maintained its performance on exits of American Indian children to permanency before age 18 and the percentage of American Indian youth living with a relative or parent.

Case reviews continue to indicate that compliance with the ICWA requirements is typically occurring. Of the cases reviewed during CY 2020, sufficient inquiry to determine whether the child may be a member of, or eligible for membership in, an Indian tribe was documented in more than eight of every ten cases. Timely notification was provided to the tribe in all eight eligible cases and the child's caregiver was in accordance with ICWA placement preferences or concerted efforts was seen in 16 of the 17 applicable cases.

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

CFSR Item 10: Relative Placement

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

Of children age birth to 17 in out-of-home care on December 31, 2020, 47% were placed with a relative (Semi-Annual Child Welfare Report). This percentage has remained steady over the last several years, hovering around 45%. Arizona's percentage remains higher than the national average. The AFCARS Report (<https://www.acf.hhs.gov/cb/report/afcars-report-27>) indicates that nationwide, 32% of foster children were placed with relatives. During CY 2020, case reviewers found that the child was placed with a stable relative placement, or that sufficient efforts to identify and assess maternal *and* paternal relatives had been made, in 71% of cases reviewed. Nearly all cases have some efforts to locate and assess relatives. Practice could improve through identification of *all* relatives, particularly paternal relatives. DCS' improvements to the supervision process and implementation of the Supervision Coach program is expected to positively influence this area of practice. In addition, LexisNexis person locate software has been provided to various staff in the local regional offices to assist in identifying and locating relatives for children in out-of-home case. For additional information, please see *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being*.

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

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

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

The 2020 PICR results indicate concerted efforts to ensure parents are involved in a child's appointments and activities while in out-of-home care was more common with mothers (high second quartile) than with fathers (low second quartile). PICRs show there are opportunities to improve in this area through clarification of practice expectations, staff and foster parent training, and efforts to address barriers to involvement of parents in activities such as the child's medical and educational appointments, extracurricular activities, and meetings. During the reporting period, the Department continued to utilize a Shared Parenting Journal to assist in the engagement and relationship between caregivers and families during the COVID-19 pandemic. See *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being* and *Section V: Assessment of System Performance* for additional information.

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

The Department of Child Safety's vision is that children thrive in family environments free from abuse and neglect. In order to achieve this vision, the Department has identified strategies to improve permanency related processes and permanency outcomes. During the reporting period, the Department has implemented improvement strategies as described in the Arizona CFSP and Department strategic plan.

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

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

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

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

The percentage of cases in which the needs of the child(ren) are assessed and necessary services are provided (excluding independent living skills for children age 14 or older in out-of-home care) will be 95% or more (In-Home and Out-of-Home PICR Item 8A1 & A2)

The percentage of cases in which the agency made concerted efforts to provide the youth age 14 and over with services to adequately prepare the youth for independent living will be 95% of more (In-Home and Out-of-Home PICR Item 3A)

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

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

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

During the last few years, case reviewers have found that the children's needs were assessed and services were provided in more than 80% of cases reviewed. Although there are opportunities for improvement in this area, foster and kinship caregivers interviewed during PICRs often report that they are pleased with the support they receive and that the child's and the caregiver's needs are promptly addressed by the DCS Specialist.

The 2020 PICR case reviews have indicated that the provision of sufficient services to meet a parent's known needs (high third quartile for mothers, low third quartile for fathers) is a stronger practice area than the assessment of needs (low third quartile for mothers, low second quartile for fathers), and that practice is stronger with mothers than with fathers. Practice can improve through greater consistency in concerted efforts to locate and maintain contact with parents, including incarcerated parents and parents who have not been involved with their children.

The 2020 PICR results indicate concerted efforts were made to assess the needs of the out-of-home caregivers in 87% of the cases reviewed and services were provided to meet the out-of-home caregiver's needs in nearly 70% of the cases reviewed.

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

CFSR Item 13: Child and family involvement in case planning

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

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

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

The Department's PICRs generate statewide data on the involvement of mothers, fathers, and children in the development of the family's case plan. The PICRs conducted during CY 2020 continued to find that fathers were less likely to be involved in case planning (second quartile) than either mothers (third quartile) or children age six or older (third quartile). Cases rated strength had evidence that the mother, father, and/or child was invited to participate in CFT and/or TDM meetings held during the period under review and had periodic substantive conversations with the assigned DCS Specialist, or the DCS Specialist made concerted efforts to have these conversations.

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

The Department's CFSR PIP case review data indicate the PIP improvement goal for CFSR Item 13 was met as of May 2018. The Department continually monitors data and practice on the involvement of the family in case planning through the Practice Improvement Case Review process.

CFSR Item 14: Caseworker visits with children

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

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

Case reviews continue to indicate sufficient frequency of in-person visits between the child and the assigned DCS Specialist is typically accomplished. The CY 2020 PICRs found that 90% of cases reviewed indicated at least monthly in-person caseworker contact with children in out-of-home care or involved with a in-home service case. At times other DCS Specialists, DCS Supervisors, Program Specialists, and Case Aides conducted additional in-person contacts with children. These contacts are helpful toward ensuring the children's safety and well-being, but are not counted as case manager contacts during the PICRs. Data retrieved from the Department's Business Intelligence Dashboard (data current as of January 28, 2021) shows that the statewide average contact rate by the assigned DCS Specialist or another person (such as the supervisor or case aide) was 96% for CY 2020. This percentage continues the higher trend seen since the increase from 91.5% in CY 2015. This data excludes children whose most recent living arrangement was out-of-state, in-home, parent/guardian, missing child, or runaway.

Case reviewers have observed opportunities to improve the quality of the case manager's contact with the child. Contact quality could improve through increasing the percentage of verbal children who are seen alone for part of at least one contact per month and the percentage of contacts that include conversations about topics such as permanency planning, services, needs, etc. For the purpose of the PICRs, a child under the age of 3 or a child who is not able to communicate through other means such as sign language or writing is not considered a verbal child.

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

CFSR Item 15: Caseworker visits with parents

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

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

PICR data reveals higher rates of contact with mothers (third quartile) than fathers (second quartile), and opportunities for improvement in relation to both mothers and fathers. Practice can improve through greater and continual efforts to locate a missing parent, and contact with detained or incarcerated parents. The quality of contacts is also observed to be slightly better with mothers (low third quartile) than fathers (high second quartile). Practice can improve by having high quality conversations with parents related to their needs, services, caregiver protective capacities, and the status of their children.

Data retrieved from the Department's Business Intelligence Dashboard (data current as of January 28, 2021) shows that the statewide average contact rate by the assigned DCS Specialist or another person (such as the supervisor or case aide) was 68% for CY 2020.

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

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

CFSR Item 16: Educational needs of the child

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

Practice Improvement Case Reviews have shown the Department has maintained a high level of performance in the area of assessing and providing for the educational needs of children. Approximately 90% of cases reviewed during CY 2020 were rated strength. Cases are rated strength in the PICR if the child's educational needs were appropriately assessed and necessary services were provided, or if the agency made concerted efforts to advocate for services through the educational system.

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

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

CFSR Item 17: Physical health of the child

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

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

- timely EPSDT or other comprehensive medical examinations,
- timely dental examinations,
- appropriate services provided for any physical or dental health needs identified, and
- oversight of prescription medications for physical health issues during the entire period under review.

The PICR evaluates whether the Department’s specific practice standards for physical and dental health assessments were met (for example, that the child had a comprehensive physical examination within thirty days of entering care and at least annually thereafter). During CY 2020, case reviewers observed that children who had been in care for more than twelve months typically had a comprehensive physical health examination in the most recent twelve months, but fewer of the children who had been in care for less than twelve months had an examination within thirty days of removal. Case reviewers also observed that practice can improve through timely provision of preventive dental care. Oversight of the child’s physical health medication was observed to be in the high second quartile. From July 2020 to December 2020, 90% of the referrals made by a PCP at the time of the EPSDT well visit were confirmed to have occurred.

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

State Medicaid audits continue to indicate DCS CHP’s maintenance of high performance in all health care performance measures, with DCS CHP rating among the highest performing health care plans in the state. DCS CHP exceeded the statewide average in all of the nine performance measures. DCS CHP is evaluating health care data to determine accuracy of the data and programming fidelity.

In addition to the performance data below, DCS CHP also monitors data related to medical and dental appointments occurring for children in foster care. DCS CHP uses outcome-based performance measures to monitor the quality of medical care and the appropriateness of services delivered to children and youth in care. Outcome results for all measures are compared with Arizona’s Medicaid Program (AHCCCS) benchmarks and are evaluated to identify areas that need improvement. Results are also compared with those of other AHCCCS Health Plans and national Healthcare Effectiveness Data and Information Set (HEDIS) benchmarks.

**DCS CHP Acute-Care Measure Performance – contract year ending (CYE) 2019 (10/1/18-9/30/19)\***

Measure	Minimum Performance Standard	Denominator	Numerator	DCS CHP Performance
Children's Access to Care (12 - 24 months)	93%	706	687	97.38%
Children's Access to Care (25 months - 6 years)	84%	1940	1792	94.97%
Children's Access to Care (7 - 11 years)	83%	603	569	94.03%
Children's Access to Care (12 - 19 years)	82%	1,069	1034	96.88%
Well Child Visits (3-6 years)	66%	1,521	1,147	72.9%
Adolescent Well Care Visits	41%	5,200	3,774	72.6%
Annual Dental Visits (2-20 years)	60%	5,673	4,239	92.9%
Developmental Screening in	TBD	1,558	694	44.7%

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the 1 <sup>st</sup> 3 Years of Life				
Ambulatory Care: ED Visits	TBD	155,555	7,407	59.56 (per 1,000 MM)
Inpatient Utilization- General Hospital/Acute Care-Total Inpatient	TBD	155,555	2,938	26.12 (days per 1,000 MM)
Inpatient Utilization- General Hospital/Acute Care-Maternity	TBD	60,763	156	4.9 (days per 1,000 MM)
Inpatient Utilization- General Hospital/Acute Care-Surgery	TBD	155,555	1,134	7.3 (days per 1,000 MM)
Inpatient Utilization- General Hospital/Acute Care-Medicine	TBD	155,555	1,648	10.6 (days per 1,000 MM)

\*Data provided by AHCCCS are draft rates for CYE 2019. MM=member months

CFSR Item 18: Mental/behavioral health of the child

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

Practice Improvement Case Reviews have shown the Department has maintained a high level of performance in the area of assessing and providing for the mental health needs of children. Nearly 90% of cases reviewed during CY 2020 were rated strength in relation to the assessment of the child’s mental/behavioral health and nearly 85% were rated strength in relation to the provision of identified services. Oversight of the child’s behavioral health medication was observed to be in the third quartile. Many children did not require behavioral health services during the period under review or were receiving the necessary services.

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

# **Section V**

## **Assessment of System Performance**

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### **Section V: Assessment of System Performance**

#### **1. Statewide Information System Capacity**

##### *Statewide Information System Description*

From February 1998 to January 2021, Department of Child Safety staff have used the Children's Information Library and Data Source (CHILDS) Statewide Automated Child Welfare Information System (SACWIS) to document the status, demographic characteristics, location, and permanency goal for every child in foster care. CHILDS has supported Hotline functions, investigation, child welfare appeals, case management, adoption, eligibility determination, staff management, provider management, and payment processing. The system also provided online help, policy documentation, court documents and forms, key case event alerts, and other mechanisms necessary to support the delivery of children's services.

Starting in February 2021, the Department of Child Safety began using the new Comprehensive Child Welfare Information System (CCWIS) solution known as Guardian. Guardian is available statewide to DCS staff in all local offices with more than 3,000 registered. As needed, providers and other agencies are granted limited access to the system or utilize the system portal set up specifically to support their efforts. Case management service providers, the Office of the Attorney General, the Administrative Office of the Courts (particularly FCRB and juvenile justice), and tribal social service agencies with title IV-E agreements are provided access designed specifically for their needs. Guardian is a CCWIS compliant system that conforms to CCWIS security standards.

Guardian training for DCS staff is critical to the success of the system. Staff are provided with a Guardian Overview computer-based training, which provides basic information about the Guardian system. Supervisors are provided with an additional computer-based trainings specific to supervisory functions. Specialized trainings have also been presented to staff in the areas of Intake, Assessment, Case Management, Permanency, and Support Services. New employee training covers e-mail usage, where Guardian resources are located, how to gain access to Guardian, and Core trainings focusing on specific areas in Guardian. DCS Specialist new hire training provides a more in-depth training for new staff related to the Assessment and Case Management areas in Guardian. Training covers system navigation; creating and updating Person, Assessment Person, and Case Person records; entering a Present Danger Plan; documenting Notes and Monthly Contacts; submitting Service Requests; completing the Family Functioning Assessment – Investigation, Ongoing, and Progress Update; documenting Case Plans and Family Contact Plans; completing Removal Screens; entering Legal information and generating Court Reports; and Aftercare Planning, Case Closure, and Transfer. Hotline Core training covers the Intake area of Guardian, with a focus on system navigation; entering Source Provided information; creating Person records; researching in Guardian; and completing and finalizing Intakes, with consideration to Intake Categories/Types, Allegations, Tracking Characteristics, Criminal Conduct determination, Source Types, Collateral Contacts, Cross Reporting, and Narrative writing. Guardian Specialists, Guardian Super Users, and the Learning and Development Guardian Training Resources website have an important role in supporting staff when system changes and enhancements are implemented. Super Users have been provided lab and Q&A sessions to remain updated about the Guardian system. Future Super User training will ensure they understand their role, including their own attitude towards Guardian. Training will focus on data integrity, delete capability, case transfer, and advanced finds.

The Guardian system was built with the ability to capture the data necessary to respond to the evolving needs of its users and maintain CCWIS compliance. Guardian enhancements and modifications are prioritized, reviewed, and approved by the business based upon the Department's needs. The system is supported utilizing agile development, which allows consistent enhancements and fixes on a regular cadence. Each release is prioritized by the business based on priority and factors such as state and federal regulations, Governor and Director directives, and recommendations from process improvement work groups.

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***Statewide Information System Assessment***

Systemic Factor Item 19:           Statewide Information System

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

The Department's Statewide Information System, CHILDS, was rated strength and achieved substantial conformity during the Round 3 2015 Child and Family Services Review. CHILDS, and now Guardian, functions to ensure that, at a minimum, the state could readily identify the status, demographic characteristics, location, goals, and placement of every child who is (or within the immediately preceding 12 months, has been) in out-of-home care. CHILDS, and now Guardian, is available to caseworkers, supervisors, managers, administrators, and others, statewide. The system is fully operational and available at all times, except in brief periods of routine maintenance. Information about each child's removal status, location, demographic characteristics, and permanency goal is available and easily accessible to administration and field staff. Guardian is scheduled to undergo an audit by the Administration of Children and Families during the first quarter of SFY 2022.

Guardian includes components to increase data quality, such as interfaces with other state agency and supporting information systems to collect and confirm the accuracy of case participant demographic information, as well as other information needed to support the health and safety of each child. For example, interfaces with the Arizona Department of Education, the Arizona Department of Economic Security, and with the Credit Check Bureaus, support the validation of the specific data each of those entities house to ensure the information about the child is up to date and accurate.

The role out of Guardian has not been without challenges. During the first 60 days, many providers and foster family payments were delayed due to an issue with Guardian's interface with the State of Arizona Financial System. Other key areas that have been impacted during the initial role out of the system include additional delays for some vendor and provider payments and provider and vendor portal issues. While the major issues have been addressed, DCS continues to make system improvement and enhancements based upon provider feedback and needs. Like all new systems, business work flow and system adoption adjustments take time for both the business and the end user.

Future enhancements are planned to existing interfaces, such as the statewide Family Assistance Administration (FAA) system, which allows Guardian to inquire about participants receiving services such as Temporary Assistance to Needy Families (TANF). This interface allows verification of household member names, dates of birth, family's address, and other information that is obtained and verified during eligibility determination processes by the FAA. The new Guardian solution will continue to update and add interfaces as needed, such as NEICE, which supports the Interstate Compact on the Placement of Children (ICPC), HEA+, and more.

The Department's Adoption and Foster Care Analysis and Reporting System (AFCARS) files include data extracted from CHILDS, such as the removal status, demographic characteristics, location, and goals of every child in foster care. AFCARS data compliance reports provide the number of records with missing data. The Department's FFY 2020B AFCARS submission was in compliance with the AFCARS standards for determining compliance in the six-month submission. The Department has an open AFCARS Assessment Review Improvement Plan and will resolve pending AFCARS issues with the finalization of the new CCWIS, Guardian. The 2021A AFCARS submission was due May 1, 2021; however, it was not able to be compiled and submitted due to the implementation and finalization of the new CCWIS system.

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The Statewide Assessment Item 19 requires states to have in place a statewide information system to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care. The FFY 2020B data quality report provided the following error rates on AFCARS elements that are pertinent to Statewide Assessment Item 19:

FC-06 Date of Birth:	0 missing records of 18,408
FC-07 Sex:	3 missing records of 18,408 (0.02% failing)
FC-08 Race:	0 missing records of 18,408
FC-09 Hispanic Origin:	0 missing records of 18,408
FC-18 First Removal Date:	0 missing records of 17,111
FC-20 Last Discharge Date:	0 missing records, 6 internal consistency errors of 17,111 (0.04% failing)
FC-21 Latest Removal:	0 missing records, 9 internal consistency errors of 18,408 (0.05% failing)
FC-41 Current Placement:	289 missing records of 18,408 (1.57% failing)
FC-42 Out-of-State:	518 missing records of 18,408 (2.81% failing)
FC-43 Most Recent Goal:	170 missing records of 17,111 (0.99% failing)

“Missing records” means that the data is not entered in the field from which the AFCARS data is extracted; it does not mean that the data is unknown to the Department. For example, based on Practice Improvement Case Reviews conducted on a monthly basis, every child’s living arrangement is known to the Department; 289 children did not have current placement data entered into the placement field in CHILDS, but the placement information can be found in the case file and CHILDS narrative documentation. The Department periodically utilizes data reports to identify and correct data missing in CHILDS. For example, AFCARS error and placement reports are sent to the Regional Automation Liaisons, who work with the DCS Specialists and Supervisors to enter missing information.

**2. Case Review System**

*Case Review System Description*

The Department’s policies and procedures require written case plans that address all the federally required elements be developed within sixty days of a child’s removal from the home or identification that a family will receive in-home services, and that these case plans be developed with family and child input. Case plan staffings, TDMs, CFTs, and other meetings provide facilitated opportunities to engage family members in decisions and other aspects of case planning.

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

Staff are trained about the need to provide case plans to the court, Foster Care Review Board (FCRB), and the assigned Court Appointed Special Advocate. Case plans are provided to the court, and discussed at court and FCRB hearings. The Department’s court report requires the DCS Specialist to provide information about various aspects of the case plan, such as the permanency goal, services to the parents to support reunification, living arrangement of the child, services to the child, and visitation with parents and siblings.

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

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

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

Foster parents, pre-adoptive parents, and relative caregivers of dependent children are to receive notification and an opportunity to be heard in reviews and hearings held with respect to children in their care. With the new Guardian system, DCS and FCRB are developing a data exchange process, which will allow contact information for caregivers to be accessed by FCRB staff to assist with the accurate notification of FCRB hearings to the team members, including the out-of-home caregivers. In addition, state policy requires that the records provided to the caregiver at the time of placement include a copy of any minute entry setting a future dependency or delinquency hearing involving the child, and a copy of the most recent FCRB report if the initial review has been held. The FCRB reports contain the date of the next FCRB hearing.

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

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

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The Courts are also attentive to the need for team members, particularly out-of-home caregivers and youth, to receive notice and an opportunity to be heard in hearings held with respect to dependent children. Arizona statute requires the court to provide notice of Periodic Review Hearings to interested parties, and require that foster parents, pre-adoptive parents, and relative caregivers be provided notice of and the right to be heard in all dependency proceedings with respect to the child. The FCRB is especially diligent in encouraging caregiver and youth participation in reviews. The FCRB Program Specialists conduct research to ensure the correct out-of-home caregivers and interested parties are invited to the hearings. Notices are generated in English and Spanish and include an information pamphlet encouraging attendance and explaining participation options. Additionally, FCRB invitations sent to children age 12 and over include a link to the Youth Over Age 12 Form, which allows youth to submit information to the FCRB via a digital form.

***Case Review System Assessment***

Systemic Factor Item 20:           Written Case Plan

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

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

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

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

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

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

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

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The region scorecards continue to track the timeliness of initial case plan development. Of the initial case plans that were due from July to November 2020, the typical Region performance was around 50%, with the usual range being between 40% and 60% for each Region.

The region scorecards also continue to track the timeliness of subsequent case plan development. Region performance related to the timely completion of subsequent case plans from July to November 2020 hovered around 85% to 90%. For the month of January 2021, on-time subsequent case plan completion ranged from 82% to 95%.

For information related to the written case plan being developed jointly with the child's parent(s), see Section IV: Assessment of Outcome Achievement, CFSR Item 13.

#### **Systemic Factor Item 21: Periodic Reviews**

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

The occurrence of periodic review hearings for each child no less frequently than once every six months was rated strength during the Arizona 2015 CFSR Round 3. In Arizona, report and review hearings, initial permanency hearings, permanency hearings, and FCRB hearings all meet the requirements of periodic review hearings, and therefore are counted as such. Report and review hearings, initial permanency hearings, and permanency hearings are held before the court and FCRB hearings are held before a review body of trained citizens. Each of these hearing types include a comprehensive discussion of the case status, including the child's safety, the continuing necessity for and appropriateness of the out-of-home living arrangement, the extent of compliance with the case plan, and the extent of progress toward mitigating the need for out-of-home care. Permanency hearings additionally include discussion to determine the child's permanency plan.

The Arizona Administrative Office of the Courts (AOC), Court Improvement Program, conducted a review of 220 cases statewide from February 2020 to March 2021. This review found that 100% of the applicable cases reviewed (158 of 158 applicable cases) had a periodic review at least once every six months. The AOC's Court Improvement staff reported that there are no known data quality issues.

DCS monitors compliance with the periodic review requirement using AFCARS data. An AFCARS file is extracted from CHILDS (through January 2021) every month, and includes the date of the most recent periodic review hearing within the removal episode for children who had been in out-of-home care for more than seven months at the time of discharge or the period end date. The hearing date is only extracted for periodic review hearings (report and review hearing, initial permanency hearing, permanency hearing, and FCRB). This data shows that of all the children in care on September 30, 2020, who had been in care more than seven months, the percentage who had a periodic review hearing in the six months prior was approximately 94% (source: AFCARS Report 43).

Data quality issues include lack of complete or timely data entry. Furthermore, the AFCARS data extraction program only identifies the date of the hearing types that are clearly periodic review hearings. If a review hearing is held jointly with another hearing type (such as when a report and review hearing is held jointly with an initial dependency hearing), and the employee documents the hearing as a type other than one of the periodic review types, the hearing date will not populate to the AFCARS file. These data quality issues reduce the percentage of children with a timely hearing recorded in CHILDS. Given the AFCARS data confirms that 87% of children had a periodic review hearing and the data quality issues can only result in

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underreporting, the Department is able to confidently report that more than 94% of children in care for seven months or more have had a periodic review hearing in the past six months.

Systemic Factor Item 22: Permanency Hearings

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

The occurrence of permanency hearings for each child no later than twelve months from the date the child entered foster care and no less frequently than every twelve months thereafter was rated strength during the Arizona 2015 CFSR Round 3. The Arizona Administrative Office of the Courts (AOC), Court Improvement Program provided the following data based on the Round 8 Operational Review completed from February 2020 to March 2021 on a sample of 220 cases statewide:

- None of the applicable cases applied to the requirement to hold a permanency hearing within 30 days of the disposition hearing, if a goal other than reunification was ordered,
- 89% of the children (74 of 82 applicable cases) who were under the age of three at the time of removal had a permanency hearing within six months of removal, and
- 94.8% of the children (32 of 36 applicable cases) who were age three or older at the time of removal had a permanency hearing within 12 months of removal.

The AOC's Court Improvement staff reported that there are no known data quality issues. County courts are known to enter permanency hearing data routinely, based on court minute entries.

Systemic Factor Item 23: Termination of Parental Rights

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

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

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

To improve the timely filing of TPR motions and the documentation of compelling reasons, the new CCWIS system, Guardian, includes an available compelling reason text box for all case plans. If the child has been

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in out-of-home care for 15 of the prior 22 months and there is no indication the parental rights have severed, the computer system requires text in the compelling reason text box prior to saving the case plan.

Systemic Factor Item 24: Notice of Hearings and Reviews to Caregivers

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

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

The Department's PICR instrument includes a question to assess whether the out-of-home caregivers were given notice of, and invited to attend, court hearings and FCRB hearings that occurred during the period under review. During CY 2020, case reviewers indicated 86% of applicable cases were rated strength.

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

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

**3. Quality Assurance and Quality Improvement Systems**

***Quality Assurance and Quality Improvement Systems Description***

The Department includes seven units whose roles contribute to one or more stages of the Continuous Quality Improvement (CQI) cycle, and together provide the means to solve problems with a methodical and science-based approach.

- *The Office of the Ombudsman* – The Office of Ombudsman receives and addresses complaints and inquiries from parents, family members, foster parents, oversight agencies, and other concerned citizens. In addition to the quality assurance function in individual cases, the Ombudsman contributes to CQI by aggregating complaints to identify and define problems that may need to be systemically addressed.
- *The DCS Safety Analysis Review Team* – The Safety Analysis Review Team is responsible for tracking all child fatality and near-fatality reports made to DCS for the purpose of releasing information to the public as governed by A.R.S. § 8-807.01. This involves research to determine if the fatality or near-fatality meets the criteria for posting on the Department's website. Additionally, this unit reviews all critical incident cases, which include fatality and near

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fatality reports, received by DCS in order to identify and analyze systemic issues and generate recommendations for improvements. The Systemic Critical Incident Review is a formalized process comprised of a robust analysis of the case to identify trends and formulate considerations to DCS leadership. This unit also participates in the Arizona Child Fatality Review Program for Maricopa County, and tracks and monitors other high profile cases, to assist with agency coordination, communication, and decision making, as well as to provide support for department personnel in situations that generate a high level of public visibility. Members of the unit conduct training and feedback to field staff regarding identified problem areas. Additionally, this unit contributes to continuous improvement by identifying problems and gathering information on specific cases so that trends can be systemically addressed.

- *The Practice Improvement Unit* – This unit leads the Child and Family Services Review, oversees the CFSP process, and conducts qualitative Practice Improvement Case Reviews of investigation, in-home service and out-of-home cases, and processes at the Hotline. These activities assess the quality of services and the effectiveness of processes and systems by measuring achievement of safety, permanency, and child and family well-being outcomes, and implementation of related practices. The PI Unit also conducts Active Case Supports, which provide real-time coaching related to information gathering and safety decisions during some of the most complex investigations. During the reporting period, Practice Improvement Specialist positions were physically located in four of the Department’s five Regions.
- *The Policy Unit* – This unit develops program and administrative policies and procedures for the Department based on state and federal laws and rules, as well as best practice standards. The Policy Unit coordinates with others within the Department to ensure policies and procedures are updated, provides information sessions to staff when a significant policy change is made, and is available to answer questions and provide guidance to the field related to policy and procedures.
- *The Protective Services Review Team (PSRT)* – The Protective Services Review Team provides notification to persons who have been alleged to have abused or neglected a child and about whom the Department proposes to substantiate a finding in the DCS Central Registry. The PSRT receives and processes questions and appeal requests from parents, guardians, or custodians who disagree with a proposed substantiated finding of abuse or neglect. The PSRT unit conducts a quality assurance review of the proposed substantiated findings to ensure the incident fits the statutory definition of abuse or neglect, and ensures the related documentation needed to support the finding has been gathered and is contained within the file. After a parent’s due process is complete, PSRT enters the finding, which may result in the person being placed on the DCS Central Registry. The PSRT unit is also available to DCS staff to provide assistance as needed. PSRT staff are considered subject matter experts when testifying at administrative hearings on behalf of the agency.
- *The Office of Continuous Improvement* – The Office of Continuous Improvement uses experts in Lean practices to install DCS Management System elements. This includes training, mentoring, and coaching to increase proficiency in standard tools to help improve the Department’s functioning.
- *DCS Consultation and Research* – The DCS Consultation and Research (C&R) team applies implementation science and DCS Management System tools and processes to design, implement, evaluate, and innovate programs and services, including internal and contracted programs and services. C&R also provides practice expert case consultation, Supervision Coach Program oversight, data analytics, program and practice evaluation services, and management of strategic

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initiatives, such as the strategic initiative to standardize clinical and administrative supervision in all DCS field operations units.

During the reporting period, the Department continues to integrate the DCS Management System into administrative supervision, which has seven elements that drive improvement and sustainability: (1) People Development, (2) Leader Behaviors and Standard Work, (3) Culture of Safety, (4) Visual Performance Management, (5) Problem Solving, (6) Standard Work and Visual Process Adherence, and (7) Tiered Connectivity and Accountability. Models and tools used include A3 thinking to strategic initiatives and breakthrough projects. The A3 tool captures the purpose, current situation, strategy, milestones, responsibility, and deliverables for the improvement being sought. The tool contains the planning and analysis, an actionable strategy, measured results, and the elements installed to sustain the gains.

DCS sustains improvements using tiered accountability and visual management tools, including data in various formats such as charts, scorecards, huddle boards, A2s (a problem solving tool that uses A3 thinking for smaller scale problems), and counter-measure sheets. DCS assesses performance through regular reviews of visual management. When an issue or problem arises, it is identified on a counter-measure sheet with an action that includes an assigned owner and target date.

Using standard processes and procedures promotes accountability and continuous improvement. Processes are changed or created, and tested by people that are experts in the area of focus including practitioners, with objectives defined by the organization. A standardized processes that allows for objective assessments of adherence to the process, with quality assurance or controls embedded, increases consistency of performance and allows evaluation of process effectiveness and outcomes.

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

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

- *Foundational Administrative Structure* - The Department's policy and procedures manual describes statewide practice standards. The Department's implementation of key practices and achievement of related outcomes are measured statewide through administrative data reports, scorecards, and case reviews conducted by the Office of Accountability.
- *Quality Data Collection* – Administrative data was collected through CHILDS until February 2020 and will now be collected through Guardian. Instructions for data entry are included in the Department's *Policy and Procedures Manual* and Guardian user manuals. The Central Office Reports and Statistics Unit provides AFCARS and other error reports to the Regional Automation Liaisons so they can identify and correct data errors. The Information Technology Administration, including the Reports and Statistics Unit, provides technical assistance to region and Central Office personnel to increase data accuracy. Regional Automation Liaisons in each region identify and facilitate correction of data errors.
- *Case Record Review Data and Process* - The Practice Improvement Case Review (PICR) provides a method to identify strengths, areas needing improvement, and contributing issues in Arizona's

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child welfare system. Central Office staff from the Practice Improvement Unit review a random sample of Hotline communications, investigations, in-home service cases, and out-of-home cases from each region throughout the year to measure the rate of outcome achievement and gauge current practice related to the Department's safety, permanency, and well-being standards and goals. Review of investigation cases focuses on the practice of thorough safety assessments. Review of in-home and out-of-home cases is limited to Department goals that cannot be measured through the Department's CCWIS or other quantitative data, and areas requiring improvement for which qualitative information is needed. Using the PICR process, the Department:

- identifies practices and systemic factors that enable or hinder positive safety, permanency, and well-being outcomes for children and families;
- provides management, committees, and workgroups with information to identify and initiate improvement activities;
- provides an opportunity for direct service and management staff to learn from peers; and
- identifies training needs for direct service and management staff.

Randomly selected cases are reviewed from each region each month, with the exception of some of the smaller regions. Regions carrying a higher proportion of the statewide caseload have a higher percentage of cases in the annual case review sample. During CY 2020, the Practice Improvement (PI) Unit reviewed 90 investigation cases, 144 in-home service or out-of-home care cases, and 382 Hotline communications, along with other reviews focusing on targeted areas of practice. The PI Unit also facilitated approximately 256 Active Case Supports statewide, which provide real-time coaching related to information gathering and safety decisions during some of the most complex investigations. Approximately the same number of reviews are scheduled to be completed during calendar year 2021. The Department has eight dedicated Practice Improvement Specialist positions responsible for conducting the various case reviews, as well as other tasks to monitor, inform, and support practice. All PI Specialists must have direct service child welfare experience.

As part of the in-home service and out-of-home care case reviews, the PI Specialists must make a concerted effort to complete interviews with the assigned DCSS, out-of-home caregiver, parents involved during the review period, and youth age 14 or older involved in an in-home case, or who is identified as the target child for review. Additional interviews are conducted when necessary to fill gaps in the information or to obtain a complete understanding of the family's experience and case outcomes.

The Central Office Practice Improvement Unit maintains PICR Reviewer's Guides that provide comprehensive instructions for completing the PICR instruments. The PI team consults with policy, training, and field staff to clarify unclear practice standards as necessary. A member of the Practice Improvement management team conducts a second level quality assurance review of a sample of the cases reviewed by each PI Specialist.

DCS plans to continue to utilize the PICR to complete the state's ongoing QA/CQI process. DCS does not plan to utilize the federal Onsite Review Instrument (OSRI) as part of Arizona's ongoing QA/CQI process as the current OSRI does not include several measures DCS views as important to monitor.

- *Analysis and Dissemination of Quality Data* – The DCS Management System includes analysis and dissemination of data through the use of scorecards, huddle boards, and counter-measure sheets.

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Data monitored on a regular basis include field operation data such as number of open reports, information gathering and quality documentation, out-of-home population size, use of congregate care, child placement changes, reunification timeliness, and caseload size. Agency-wide and strategy deployment data is also monitored, including data related to implementation of improvement processes such as the Supervision Coach program. Region and Central Office staff also analyze data through administrative data reports relevant to the Department's safety, permanency, and well-being goals. These data reports include key performance indicators.

The DCS Consultation and Research team conducts data analysis related to the CFSR outcomes and issues identified by the Department's executive administrators. Each region employs one or more Regional Automation Liaison who gather, correct, and disseminate data.

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

- *Feedback to stakeholders and decision-makers and adjustment of programs and process* - Distribution and discussion of quality improvement information, including case review results and quantitative data about practice trends and outcomes, occurs within all regions.

The DCS Consultation and Research team works with DCS leadership to collect and disseminate data on systemic issues, to improve administrative and local decision making and strategic planning. The DCS Consultation and Research team lead meets monthly with the DCS Director to review child safety and permanency outcome data, program and service fidelity data, and case review results. The Reports and Statistics Unit and the Regional Automation Liaisons ensure timely distribution of data reports to DCS leadership. Reports on the Department's business intelligence dashboard were available while CHILDS was being utilized for monitoring and data correction, as needed.

During SFY 2021, the Region Program Administrators began to attend the quarterly Systemic Critical Incident Review aggregate data meetings, which allows the leaders to be involved in the conversations and quickly initiate practice changes as they are identified during the critical incident reviews.

Department leadership uses field staff input, administrative data, PICR results, and external evaluations to inform the selection of improvement goals and strategies, and adjust these goals and strategies based on the data we gather and analyze. Department leadership may form a team to identify root causes and improvement strategies, and monitor the completion and effects of those strategies. When relevant, external stakeholders are included in the team or consulted during the information gathering and analysis phases. Such stakeholders might include youth, parents, resource parents, tribal social service organizations, juvenile court judges or administrators, contracted provider agencies, other State agencies, and local community leaders. The Department seeks to engage a broad array of partners in program and process improvement.

#### ***Quality Assurance and Continuous Quality Improvement Systems Assessment***

Systemic Factor Item 25:           Quality Assurance System

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

The Department of Child Safety's quality assurance (QA) and continuous quality improvement (CQI) system received an overall rating of strength during the 2015 CFSR Round 3. As described above, the Department's QA and CQI system meets all of the federal CFSR standards: operates in jurisdictions where the services are provided, has standards to evaluate the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures. DCS employs a team of ten individuals to conduct various types of qualitative case reviews, including state case reviews for CFSR purposes, and the Department plans to sustain the ability to continue these reviews. For additional information, see *Section IV: Assessment of Outcome Achievement*.

#### **4. Staff Training**

DCS initial and ongoing staff training is managed through the DCS Learning and Development (L & D) team, and includes a variety of training venues, such as classroom training, computer-based trainings, hands-on training, and webinars. The L & D Administrator reports directly to the DCS Deputy Director of Field Operations to allow for direct information sharing and coordination between daily field work with the families served and the training which supports this work.

During SFY 2021, L & D enforced the following precautionary steps for training due to the COVID-19 pandemic.

- Cleaning supplies were provided including hand sanitizer, disinfectant wipes and/or spray and paper towels, and tissue.
- Tables and chairs were arranged to allow physical distanced seating of six feet.
- Facial coverings were required for all participants.
- Communal snacks were not allowed.
- Participants with symptoms consistent with COVID-19 or with a positive test result within 10 days of the training were asked to not attend the training.
- Handouts were passed out by the trainer only to decrease movement around the room.
- Laminated handouts were sanitized between use.
- Class sizes were decreased to minimize the number of people per classroom at a time.
- Two Advanced Academy trainings were cancelled and one Parent Aide Core class was cancelled.
- SENSE training and Guardian Super User trainings were provided via a live Teams meeting.
- The 2020 Leadership Summit allowed for both virtual and in person attendance, with approximately half of the participants attending virtually.

#### **Systemic Factor Item 26: Initial Staff Training**

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

The Department's initial staff training received an overall rating of strength during the 2015 CFSR Round 3. The Department continues to meet the requirement to provide initial staff training that includes the basic

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skills and knowledge required for the DCS Specialist position, as described in the Staff and Provider Training Plan submitted with this APSR.

**Systemic Factor Item 27: Ongoing Staff Training**

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

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

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

DCS Program Supervisor Core Training is also provided by L & D and described in the Department's training plan. The Program Supervisor Learning Track consists of Supervisor Core Classroom Training, two classroom quizzes, two Field Activity Guides, computer-based trainings, and a final test. As of August 2021, 88% of all Program Supervisors have completed the required Supervisor Core Training. Of the 27 Program Supervisors who have not yet completed the training, 20 are still within the allotted time frame to complete the training. Efforts are being made to ensure the seven Program Supervisors who are overdue for training completion finalize the training as soon as possible.

As part of the ongoing staff training, L & D develops and facilitates additional trainings as needed. For example, during SFY 2021, L & D created a computer-based training for DCS employees, which was launched in March 2021, related to the new healthcare plan for children in out-of-home care, entitled Mercy Care DCS Comprehensive Health Plan. Also during SFY 2021, L & D developed a training for DCS employees, as well as providers, related to the new DCS service array. These ongoing trainings, along with others described in the training plan, provide staff with the skills and knowledge needed to serve the families who come into contact with DCS.

**Systemic Factor Item 28: Foster and Adoptive Parent Training**

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

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

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#### *Foster Parent Training*

Foster parent pre-service training is provided statewide through contracted provider agencies presenting the Blended Learning Pre-Service Training Program offered by Foster Parent College with additional material developed by DCS training staff. The program consists of five three-hour meetings and 12 online classes over a four-week training cycle, for a total of 15 hours of combined in-person and classroom hours and approximately 24 hours of online training content. These online courses cover the following topic areas: the Child Welfare Team, Child Abuse and Neglect, Parent-Child Attachment, Understanding Behavior in Foster Children, Child Development, Cultural Issues in Parenting, Working Together with Primary Families, Caring for Children Who Have Been Sexually Abused, Reducing Family Stress, Foster Care to Adoption, Supporting Normalcy for Youth in Care, and Trauma Informed Parenting. The five three-hour meetings review the online learning content, introduce new concepts through interactive group activities, and provide valuable overarching child welfare systematic overviews and operation information. The topics covered during the five meetings include: the preservice training process, Strategies to Decrease Placement Stress, Cultural Issues in Parenting, Working with Primary/Biological Families, Impact of Fostering on the Caregiving Family, Overview of the Child Welfare System and Foster Care, Overview of DCS, Court System, Comprehensive Medical Dental Program (CMDP), Behavioral Health System, and the Education System. In March 2020, the three-hour meetings were authorized for transition to virtual attendance due to the COVID-19 pandemic.

Prospective adoptive parents are able to participate in the aforementioned pre-service training program if they request or are asked to do so during the certification process. Many adoptive parents are licensed foster parents prior to adopting a child, and therefore received the training during the foster parent licensing process. All prospective non-relative adoptive parents participate in an assessment and home study process and must be certified to adopt by the court. The contracted assessment agency or the court can require the prospective parents to complete training to strengthen their ability to care for a child.

The Department continued to utilize an online orientation for prospective foster, kinship, and adoptive parents during SFY 2021. This online orientation is comprised of five videos featuring a foster and adoptive parent. The goals of the on-line orientation curriculum are to provide consistent information throughout the state and strengthen the relationship between the Department and foster parents. The online orientation is available to families as soon as their interest in foster or adoption begins and they do not have to wait for the next available in-person session in their community. In addition, the on-line orientation provides rural communities more immediate and convenient access to information about the Department and foster parenting.

From July 2020 through April 2021, 898 initial foster home licenses were issued. All of the foster parent applicants completed at least the minimum hours of pre-service training before the license was issued. These new licenses included 15 therapeutic foster homes and one family foster group home. For all foster parent applicants, a checklist and quality assurance process is used to confirm the training requirements have been met prior to issuance of a license. According to Arizona's licensing rules, the Department "may issue a provisional license to a foster parent who has not completed training, when the Licensing Authority makes a finding of hardship as prescribed in A.R.S. § 8-509(D). The Licensing Authority may find a condition of hardship when failure to issue a provisional license would result in displacement of a child or the inability to place a particular child." A provisional license cannot exceed six months and is not renewable. Foster parents who are issued a provisional license have started the training and must finish the training within the timeframe of the provisional license. There were no provisional licenses issued since July 2020. In accordance with federal policy, the Department does not claim title IV-E for children who are placed in a foster home with a provisional license.

An annual individualized training plan is created with each foster parent to identify needs and in-service

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training for the subsequent year. In-service training is primarily provided or arranged by the contracted foster home recruitment, study, and supervision agencies. In-service training may also be received through alternative means such as the internet, conferences, video presentations, or community workshops. Alternative training is approved by the contracted agencies, who must determine it is relevant to the needs of the foster parent or the children that are or will be placed in the home.

License renewals were issued for 884 family foster and therapeutic foster homes from July 2020 through April 2021. All of the foster parents completed, at minimum, the required twelve hours of in-service/ongoing training prior to renewal. In order for a license to renew, the licensing agency must provide information to the Office of Licensing and Regulation (OLR) on the in-service training topics and number of hours credited to the foster home. An administrative review and a substantive review of the information are completed by OLR staff prior to license renewal.

Foster parents with a therapeutic foster home license must complete an additional 24 hours of in-service training every two years, related to the special needs of the children for whom they are providing care. From July 2020 through April 2021, 68 therapeutic foster home license renewals were approved. All of the foster parents in these homes completed, at minimum, the additional in-service/ongoing training.

#### *Child Welfare Facility Staff Training*

Child welfare facilities that provide group and shelter care services are licensed annually by the DCS Office of Licensing and Regulation (OLR). Licensing rules require the agencies to orient and train their own staff. Specifically, licensing rules state that “A licensee shall have a written plan for orientation and training of all staff. The plan shall include a method for the licensee to evaluate whether the person has actually learned the information that was the subject of orientation or training.” Additionally, “All staff shall receive initial orientation and training before assignment to solo supervision of children.”

The licensing rules describe the required content for initial training, including topics such as “the licensee’s policies and procedures, including those on confidentiality, client and family rights, grievances, emergencies and evacuations, behavior management, preventing and reporting child maltreatment, recordkeeping, medications, infection control, and treatment philosophy,” “cardiopulmonary resuscitation,” “the initial health screening,” “de-escalation and any physical restraint practices used at the facility,” “specific child care responsibilities,” “expected responses to and side effects of medications commonly prescribed for children,” and “the licensee’s emergency admissions process.” Licensing rules require that full-time support staff shall receive at least four hours of annual training and full-time direct care staff shall receive at least 24 hours of annual training. This annual in-service training “shall cover matters related to the person’s job responsibilities, and at least the following subjects, as appropriate to the characteristics of the children in care at the facility:

- Child management techniques;
- Discipline, crisis intervention, and behavior management techniques;
- A review of the licensee's policies;
- Health care issues and procedures;
- Maintenance of current certification in CPR and first aid;
- Attachment and separation issues for children and families;
- Sensitivity towards and skills related to cultural and ethnic differences;
- Self-awareness, values, and professional ethics; and
- Children's need for permanency and how the agency works to fulfill this need.

During the initial licensing process, the application process requires that the applicant facility provide

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confirmation of all required items in the personnel file, including orientation training. Typically there are few staff present at the time of application because the facility is just materializing. The Department's OLR staff verify the initial training requirements are met for all staff of the applicant facility before the license is issued.

The agency may be required to submit a corrective action plan, be placed on provisional license status, or have the license suspended or revoked if the requirements have not been met. The renewal application process includes an on-site review by OLR staff who examine the facility's personnel files to confirm that staff training requirements as specified in rule and the facility's written policy has been met. A random sample of the personnel files are selected and reviewed. If problems are noted in this sample, or a trend is noted, a larger sample of files are then reviewed. At the time of annual renewal, the random sample is stratified to include the files for employees whose files have never been reviewed, and files for staff who have been employed for more than one year to verify that they are complying with ongoing training requirements. OLR utilizes the Quick Connect database to process agencies employees DCS background checks, Fingerprint Clearance Cards, and track the training requirements. If training is provided by individuals or companies not employed by DCS, the trainer's credentials are reviewed by OLR staff.

During the COVID-19 pandemic, OLR communicated regularly with the child welfare facilities related to training exceptions that could be approved by OLR and the process to obtain this approval. OLR tracked the requests and followed up with the facility if information was not provided that the training had occurred as planned. No requests for training exceptions have been made since January 2021. Agencies have adjusted by providing training for their staff either virtually or in person with appropriate physical distancing. All of the previous training exceptions have been completed and there are currently no outstanding trainings exceptions. For file reviews, OLR conducted virtual visits with each agency, and information was shared by video during the visit or by sending documents via email.

For additional information about the trainings available during the reporting period, see the Arizona Staff and Provider Training Plan for FFY 2022.

#### **5. Service Array and Resource Development**

##### *Description of the Child and Family Services Continuum*

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

- Healthy Families Arizona Program
- Child safety assessment, risk assessment, case management, and permanency planning
- In-home service continuum
- Parent aide
- Parent skills training
- Arizona Families F.I.R.S.T. substance abuse treatment program

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- Housing assistance
- Behavioral health services, including referral to the title XIX behavioral health services
- Family team meetings, such as Team Decision Making and the behavioral health system's Child and Family Teams
- Out-of-home placement and placement supervision
- Kinship caregiver identification, assessment, and support
- Subsidized Guardianship
- Adoptive home identification, placement, and supervision
- Adoption Subsidy
- Independent Living and Transitional Independent Living services, including skills development, subsidy, young adult transitional insurance, and educational vouchers
- Comprehensive Health Plan for youth in out-of-home care
- Referral to community and faith-based resources
- Psychological evaluations
- Supervised parenting time
- Transportation
- Building Resilient Families
- SENSE
- Drug testing

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

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

- intake/Child Abuse Hotline;
- administration costs, including planning activities, service coordination, preparation for or follow-up to service delivery, indirect costs associated with procurement, payroll processing, personnel functions, management, maintenance and operation of space and property, data processing and computer services, accounting, budgeting, and auditing;
- case manager duties, including the development of case plans, counseling services, assessments/evaluations of family circumstances, case management and referral to service providers; and
- planning services, including service coordination, preparation for or follow-up with service delivery (e.g. recording progress notes).

The Social Security Act (section 424(c)), indicates a state may not expend more title IV-B, subpart 1 funds for childcare, foster care maintenance, and adoption assistance payments in any fiscal year beginning after September 30, 2007 than the state expended during FFY 2005. During both FFY 2005 and FFY 2020, the State of Arizona did not expend any title IV-B, subpart 1 federal money for foster care maintenance, adoption assistance, or childcare.

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

- contracted in-home family preservation, reunification, and support services,
- respite care for pre-adoptive placements,

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- recruitment of and home studies for adoptive families, and
- planning services, including service coordination, preparation for or follow-up with service delivery (e/g/ recording progress notes).

During FFY 2019, the State of Arizona expended \$6,641,362 title IV-B, subpart 2 Promoting Safe and Stable Families Program funds for family preservation, family support, family reunification, and adoption promotion and support services. Approximately 20% of the title IV-B, subpart 2 funding was used for each of the four service categories. For comparison, the State of Arizona expended \$3,976,000 during 1992, which is considered the base year amount to meet the non-supplantation requirements in section 432(a)(7)(A) of the Social Security Act. The state will monitor levels of spending on an ongoing basis to ensure current state and federal spending is not supplanted with title IV-B, subpart 2 dollars.

The Department of Child Safety used title IV-B, subpart 2 FFY 2020 kinship navigator funds to expand the kinship stipend program to all eligible unlicensed kinship foster caregivers to assist them in continuing to provide a safe and healthy placement setting for one or more of their under age 18 kin who could not safely remain living in their parent's home. The \$75 per month per child kinship navigator funding assists in providing the kinship caregiver with financial assistance needed for supporting the placement.

DCS also used kinship navigator funds to initiate a Kinship Liaison Program Pilot. This pilot assists kinship caregivers in learning about, finding, and using programs and services to meet the needs of the kin foster children in their care. Kinship Liaisons make contact with kinship caregivers within 72 hours of being assigned. After the initial visit, the Kinship Liaisons also follow-up with kinship families at the 30, 50, and 80 day mark. These follow-up visits help prevent disruption of the placement and services. The Kinship Liaisons also encourage the kinship foster caregivers to become licensed as foster parents by explaining the benefits of having both a DCS Specialist and a contracted Licensing Specialist.

Kinship Navigator funds also helped support the establishment of a "Fast Pass" initiative. The Fast Pass Initiative coordinates the application process for DCS kinship foster caregivers to get expedited TANF child-only benefits on behalf of the kin foster child. Since TANF benefits are administered through the Arizona Department of Economic Security and Kinship Foster Care is administered through the Arizona Department of Child Safety, Fast Pass greatly streamlines the application and approval process for benefits coordinated between two state agencies.

There were many accomplishments achieved with the use of this fiscal year's kinship navigator funding.

- A kinship stipend benefit was not only provided to more kinship caregivers but in a much more expeditious manner.
- The Kinship Liaison Pilot provided hands-on support kinship foster caregivers needed. After the initial visit, the 30, 50, and 80 day visits between the kinship caregiver and the kinship liaison helped stabilize the placement by reducing the disruption of placements and services.
- The number of kinship caregivers who became licensed as foster parents increased. This was attributed, in great part, to having a kinship liaison available to the kinship caregiver. The liaison was able to explain to the caregiver that some non-safety licensing standards can be waived if the kinship caregiver was not able to satisfy the standard but was viewed as the best placement for the child.

The Department has used, and will continue to use, FFPSA Transition Grant funding to support activities directly associated with the implementation of the Family First Prevention Services Act. This includes, but is not limited to, training the internal staff and provider community; development, expansion and coordination of programmatic services; continuation of coordinating efforts in promoting the safety, permanence, and well-being of children in foster care or with adoptive families. To support implementation of Part I – Prevention Activities under title IV-E, the Department has invested in

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programmatic support in preparation for FFPSA. Specifically to section 50711, the Department invested outcome assessment tools, data collection, and reporting for the evidence-based Nurturing Parenting Program. Families who will be served through the Nurturing Parenting Program will have a behavioral change goal related to one of the NPP parenting constructs (appropriate expectations, empathy, non-violent discipline, appropriate family roles, child's power and independence), at least one child residing in the home or a parent in the home who has parenting with a child, and at least one parent who is physically and cognitively able and available to participate in NPP. To support implementation of Part IV – Ensuring the Necessity of Placement That is Not a Foster Family Home, the Department has partnered with the group home community to support additional capacity for significant trauma beds and capacity building for QRTPs. The FFPA Transition Grant funds are not being used for projects, services, or activities that were authorized under the Department's title IV-E Waiver.

The Department has not yet used FFTA Funding Certainty Grant funding. The Department plans to use the funds to implement the Family First Prevention Services Act. The Department will also continue to fund child welfare and administrative activities that were previously conducted as part of the title IV-E child welfare demonstration project. The Department will continue to invest in the Family Connection Program. The Family Connections Program is a trauma-informed and empowering service, provided to families in the context of their own communities and cultures. Family Connections provides change-focused interventions to achieve core outcomes of improved social support, family functioning, family resources, child well-being, parenting attitudes and behaviors, and management of parenting stress. For additional information on the Family Connections Program, see *Section VII: Progress Implementing the Goals, Objectives, and Interventions*. FFTA Certainty funding will also be used to increase and recruit kinship families to become licensed foster parents, with the goal of reducing the need for group home placements for children in out-of-home care and increase the capacity for children to be placed in a family-like setting.

The Department used Coronavirus Aid, Relief, and Economic Security Act (CARES Act) funding to upgrade IT infrastructure (network bandwidth, servers and IT equipment), which allowed telecommuting options for field operations staff and the Arizona Child Abuse Hotline. This allowed the Department to continue services and support to the community during the COVID-19 pandemic.

The Department has used the Supplemental PSSF funds to support program development, such as training and manuals for the Nurturing Parenting Program. The funding will also be used to support portions of the service delivery to families through the Nurturing Parenting Program.

Arizona did not receive or utilize any Disaster Relief funding.

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

- The Department is working closely with federal Administration for Child and Families Systems Professionals in assuring the new Comprehensive Child Welfare Information System (CCWIS) allows for Child Welfare Contributing Agencies to enter and access case information for which they are responsible. Automated "portals" for information entry will increase data quality, data completeness, and data timeliness for case record documentation.
- State legislation was enacted during the 2019 legislative session that facilitated the integration of behavioral health services for children in out-of-home care under the Department's Comprehensive Health Plan during SFY 2021. This integration facilitates the coordination of health care services (medical, dental, and behavioral health) for these children.

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- The Department continues to collaborate with WIC representatives to improve services to DCS involved families. Coordination includes resource information sharing and clarification that all children in DCS custody under the age of five qualify for WIC.

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

- DCS Specialists or OCWI staff are co-located with law enforcement and other agencies in child advocacy centers in Maricopa, Yuma, and Pima counties.
- AFF staff are housed at the Casa Grande and Apache Junction offices. Behavioral health providers are co-located in the DCS Welcome Centers.
- Assistant Attorney General staff are co-located in the Flagstaff, Prescott, and Kingman offices.
- Arizona State University MSW program child welfare training units are housed in DCS offices in Pima and Maricopa Counties, and a Northern Arizona University BSW child welfare training unit is housed in a DCS office in Flagstaff.
- Several DCS units in Pima County are co-located at the Multi-Service Center in central Tucson to allow for greater collaboration on cases where DCS and Department of Economic Security (DES) are both working with a family and/or child. Agencies housed at this Multi-Service Center include the Department of Developmental Disabilities, Child Care, Adult Protective Services, Employment Administration, Child Support Services, Attorney General, Jobs Program, FAA, and Vocational Rehabilitation Services. In other areas of the state DCS and DES staff share separate sections of an office building, including Nogales and Peoria.
- Since its inception in 2001, the Family Drug Court (FDC) in Pima County provides intensive case management and judicial oversight to serve dependency-involved parents affected by substance abuse and their children. The program achieved 119% of the SAMHSA grant goal for FFY 2020, and is recognized as a National Peer Learning Court. With 88 parents and 135 children as the average monthly enrolled census, the number of parents and children served has doubled since 2016. FDC uses a coordinated, trauma-informed, family-centered, evidence-based, multi-system approach in attaining lasting permanency. The program promotes child safety and provides comprehensive treatment through which improved sobriety, parenting capacity, family functioning, and child well-being are achieved. A fundamental aspect of FDC's operation is the successful incorporation of peer support through staff Recovery Support Specialists who have the unique role to provide additional support and accountability for the parents. FDC collaborates with DCS to co-locate DCS ongoing case managers at the Pima County Juvenile Court Center alongside the FDC team. Having a co-located specialized DCS unit promotes positive outcomes for the families that FDC serves, and efficient use of valuable resources. The reunification rate for children with a parent who participated in FDC during 2020 was 80% (98% for parents who graduated; 97% for parents who voluntarily discharged; 42% for parents who were involuntary discharged).

The family drug court program in Maricopa County is a collaboration between the Juvenile Court, Terros Health, and DCS. The Maricopa County program began in 2012 at the Durango Juvenile Court in Phoenix. In 2013, the program was expanded to the Southeast Facility Juvenile Court in Mesa. In 2016, the name was changed to Family Treatment Court (FTC). FTC is a problem solving court that holds parents accountable to their substance abuse treatment and sobriety. FTC is

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designed to improve outcomes for parents who have dependency court involvement and an allegation of substance abuse. The program involves frequent hearings before a judicial officer who helps motivate and provide accountability to parents as they work toward sobriety. Parents who successfully complete FTC experience higher reunification rates than the general DCS population. Due to the COVID-19 pandemic, the in-person FTC hearings were altered in March 2020 to be staffings between FTC staff, treatment staff, and commissioners; however, after a period of time the hearings with the parents were resumed via telephone. During this time, the FTC staff continued to maintain regular contact with the parents to continue to support the parents and their efforts to obtain/maintain sobriety.

- DCS has partnered with Tucson Medical Center and Banner Hospital in Pima County, and Phoenix Children's Hospital in Maricopa County, to co-locate one DCS Specialist at each facility to conduct safety assessments, as necessary, and improve communication and information sharing between medical staff and the Department.
- Representatives of the FosterEd program are co-located in DCS offices within Pima County.

#### *Service Array Assessment*

##### Systemic Factor Item 29: Array of Services

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

The Department's service array was rated an area needing improvement during the Round 3 2015 Child and Family Services Review because at that time, there were gaps in accessibility of some services and wait lists for others. Since that time, the Department has improved service availability statewide and continues to work with providers to address the wait lists through tracking capacity reports, in-sourcing visitation services, and adding counties to existing contracts. The Department utilizes a statewide service approval matrix to standardize the service referral and authorization process and address service referral issues, including wait lists. The approval matrix and authorization process has helped to monitor and increase the proper use of contracted services for families.

During SFY 2021, the length of time a referral has remained on the wait list for urban areas has averaged 14 to 21 days. The wait list time for rural areas has averaged 20 to 37 days. This data is known to have some data quality issues since the implementation of the Guardian system in February 2021. Efforts will continue to make improvements to the new computer system to enable it to accurately provide this information.

Providers in rural areas have experienced difficulty hiring and retaining qualified staff in those areas of the state. To improve accessibility, DCS has:

- has pursued emergency procurements to award additional service providers in areas that need more capacity;
- continued providing information on the service array to the field staff who make the referrals;
- referred families to behavioral health agencies or community resources, which can often provide the services more quickly and remain involved with the family after DCS case closure;

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- given contractors demographic information on families served, so that they can plan staffing based on family needs, age of children, which affects service deliver days/times, and other factors; and
- formed a centralized DCS unit of Service Coordinators to communicate with providers during Active Contract Management meetings and site visits where problem-solving can occur.

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

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

During the reporting period, the Department has focused on building new monitoring tools and processes to more closely monitor the fidelity and compliance of the upcoming contracts. The Fidelity & Compliance Services unit has worked with ACTION for Child Protection and the national trainer for the Nurturing Parenting Program to identify key areas to monitor for the new programs as well as new ways to collect program information. The new tools include surveys for families and direct support staff, as well as a new system "Qualtrics" that will be used to track site visit reports as well as assessments and surveys. During the first year of the new contracts, the Department will continue to receive technical assistance from the program developers. ACTION for Child Protection will conduct case reviews in during 2022 and will test interrater reliability with the Fidelity & Compliance Services unit by reviewing the same cases and comparing findings.

The Department's SENSE and Building Resilient Families in-home service programs allow more children to remain safely with their parents or support least restrictive settings while in out-of-home care. The Department's safety assessment and safety management model provide a decision-making framework for developing in-home safety plans to achieve reunification as soon as it is safe, feasible, and sustainable. The Department's Fostering Sustainable Connections project has increased the number of children who can be safely served in-home or in a relative's home by engaging with children in congregate care and their families. The Department will be replacing the Building Resilient Families program with the Family Connections program, which is an evidenced based program. The SENSE program will be included in the Family Connections contract and essentially remain the same. The Department is actively working on a

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contract for a Nurse Consultant role to support the SENSE nurses by providing more training and technical assistance opportunities.

#### Systemic Factor Item 30: Individualizing Services

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

The Department's individualization of services was rated an area needing improvement during the 2015 Round 3 Child and Family Services Review mainly because, at that time, more services could be offered to families in languages other than English. Since that time, the Department has implemented strategies to improve the availability of services in other languages. For example, any new contracts include the requirement that the contractor will, at a minimum, be able to provide the service in English, Spanish, American Sign Language, Arabic, Farsi, or Swahili. The contracts also include that DCS will reimburse the contractor for any expenses for interpretation or translation services for any other language required to serve the family. Local office protocols include information of how to access interpreter services for individuals with limited English proficiency. All DCS contracts with service providers also include language relating to individualizing services to meet the needs of families served related to developmental, cultural, disability, and other special needs. The Department's Audit Management Services completes an annual compliance review to ensure these processes are followed.

Arizona provides a wide array of services, as described above and in *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being*.

## **6. Agency Responsiveness to the Community**

#### Systemic Factor Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

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

The Department's framework for collaboration with stakeholders includes three components: a strategic plan, targeted engagement activities, and continuous engagement initiatives. These components provide access to stakeholders, forums for consultation, and a method to articulate the Department's strategic vision, mission, goals, objectives, and activities so that improvement initiatives are supported and sustainable. This framework also allows for stakeholder input, including families, youth, tribes, and courts, into the assessment of performance, updates to the plan for improvement, and updates on progress made to improvement outcomes.

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

#### Systemic Factor Item 32: Coordination of CFSP Services with Other Federal programs

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

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 32: how well is the agency responsiveness to the community system functioning statewide to ensure that the state's services are coordinated with services or benefits of other federal or federally assisted programs serving the same population. DCS has continued to work closely with federal programs that serve the same families as DCS. The federal programs DCS coordinates with include the Department of Health, the Department of Education, Woman, Infants, and Children (WIC); Medicaid, related to the integration of behavioral health system under CHP; the Federal Education and Training Voucher (ETV) Program; Foreign Consulates, U.S. Embassies, U.S. Immigration and Customs Enforcement (ICE), and the Federal Bureau of Prisons in an effort to strengthen search efforts for missing parents; and the federal Administration for Child and Families Systems Professionals related to the development of the state's new Comprehensive Child Welfare Information System.

**7. Recruitment of Foster and Adoptive Homes**

**Systemic Factor Item 33: Standards Applied Equally**

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

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

During the reporting period, all of the foster parent applicants completed at least the minimum hours of pre-service training and the required criminal background checks were completed before the license was issued.

The Department has no bans, restrictions, or limitations related to licensing of foster or adoptive families based on race, ethnicity, religion, or sexual orientation. The Department recognizes that children enter foster care with their own cultural backgrounds, which influences their behavior, beliefs, and world views. Because children benefit when foster parents respect and are supportive of their cultural differences, the Department has developed a well-rounded approach to recruit foster and adoptive families who reflect the ethnic and racial diversity of the children in the state for whom foster and adoptive homes are needed.

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

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

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

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Arizona requires all foster and adoptive families, including anyone living in the home age 18 or older, to have a valid Level 1 Fingerprint Clearance Card. DCS also completes an Adult Protective Services check, an Arizona child welfare check, and a sex offender registry check for each individual at the time the family applies for a license, at the time of license renewal, and when any amendments are made to the license. The Office of Licensing and Regulation (OLR) receives a daily report, which includes any fingerprint clearance cards that have been denied, suspended, or revoked, which allows the Department to monitor the clearance cards.

In May 2020, the Department and the Department of Public Safety (DPS) began a new partnership with Thales/Gemalto for fingerprinting services. This partnership was helpful during the COVID-19 pandemic as families were able to use both Fieldprint and Thales/Gemalto sites that were able to remain open. Nearly all of the Thales/Gemalto locations use live-scan fingerprints, which electronically transmit the information to FBI and DPS, expediting the processing time.

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

DCS does not develop case plans for foster and adoptive placements, unless children in their legal custody (biological, adoptive, guardianship) become involved with the Department due to a concern of abuse or neglect.

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

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

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

There were 652 newly licensed foster homes from July 2020 through April 2021. The Department had a total of 3,481 licensed homes as of April 30, 2021 with 7,690 bed spaces in these homes (source: Quick Connect, May 1, 2021).

Many of the foster home closures that occurred during the reporting period were due to finalization of an adoption or guardianship. In September 2020, 49 of the 129 licenses closed due to adoption or guardianship of the child by the foster parent. Department staff conduct outreach to all foster parents who indicate a reason of dissatisfaction on their license closure paperwork, and reach out to previously licensed foster families after they have closed their license due to an adoption to inquire about their interest in becoming relicensed.

The following chart provides information related to the approximate race and Hispanic ethnicity of children in out-of-home care, age birth through 17, and of existing foster homes.

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	<b>African American</b>	<b>American Indian</b>	<b>Asian or Pacific Islander</b>	<b>Caucasian</b>	<b>Hispanic</b>	<b>Unknown or other</b>
<b>AZ Foster Homes</b>	15.4%	1.8%	3.1%	64.7%	23.7%	0%
<b>AZ Children in OOH Care (birth to 17)</b>	16.2%	8.2%	1.0%	33.0%	32.6%	9.0%

Sources: OOH Database 1/28/2021 and OLCR Active License Report 5/1/2021.

The FFY 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan goal is to increase the percentage of foster children in a family-like setting.

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

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

June 2020 Data: As of March 31, 2020, 82% of all children age 0 to 17 in out-of-home care were placed in a family foster home, which includes relative/kin caregivers and licensed foster homes (source: Monthly Operational Outcomes Report, April 2020).

Current Data: As of January 28, 2021, 81% of all children age 0 to 17 in out-of-home care were placed in a family foster home, which includes relative/kin caregivers and licensed foster homes (source: Monthly Operational Outcomes Report, April 2021).

To achieve this goal, the Department will continue to use the multi-pronged approach described in the *Foster and Adoptive Parent Diligent Recruitment Plan*, which includes recruiting new family foster homes, while at the same time improving family foster home retention. The Department’s strategic plan has included strategies to increase the number of children in family-like settings. During the reporting period, the need for additional family-like settings for teens continued, and the efforts to recruit homes for teens, including homes for American Indian children, also continued. The Department also created internet landing pages for the recruitment campaigns created, including versions in Spanish.

The Department continues its long history of active and diligent recruitment, including general recruitment, child-specific recruitment, targeted recruitment, and collaboration with community and faith-based organizations. The Department continued to conduct foster home placement needs analyses during the reporting period. These analyses continued to indicate the most significant need was for teens, sibling groups, and children who have complex medical needs. The August 2020 recruitment estimator indicated a need for 531 homes for teens and 415 homes for children with complex medical needs including those who receive services through the Department of Developmental Disabilities (DDD). Other areas of progress and accomplishments to implement Arizona’s *Foster and Adoptive Parent Diligent Recruitment Plan* during the reporting period include the following.

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Recruitment plan objective 1.1: Ensure effective and appropriate communication statewide with agencies that support foster and adoptive families, as well as directly with the families to establish collaborative partnerships and successful outcomes

- Kinship providers, licensed foster parents, community resource providers, and others continue to have the option to call a toll free line, the DCS Warm Line, which is staffed by a bilingual member of the Department who can answer or research inquiries. The Warm Line typically receives around 200 calls per week, with needs ranging from families who need assistance with completing forms, to families who are applying to receive the Kinship Stipend. Calls to this line are answered Monday-Friday from 8am-5pm, and typically voicemails are responded to the next working day; however, during the launch of the new Guardian computer system, the number of calls increased and the call back time increased despite the Department dedicating additional staff to the calls. During the COVID-19 pandemic, this phone line also served as an additional resource to families who needed assistance with tangible goods, food, cleaning supplies, PPE, etc.
- The DCS Foster Recruitment and Retention Specialist has continued to complete outreach with agencies and families. The Specialist attends AZ Kids Consortium (KIDS), Foster Adoptive Council of Tucson (FACT), and Foster Care Adoption Northern AZ (FAN) consortium meetings to communicate with the agencies directly about both the Department and agencies' updates and needs. The Specialist uses these meetings as opportunities to address concerns and to ensure the agencies have a channel to have their needs and the needs of the licensed families heard. The Specialist has communicated directly with families who are in need of assistance, including families who are experiencing challenges with the licensing process, families who have taken in children and need help with locating and utilizing services, and families who are on the verge of disruption and need support. The Department believes that this outreach and assistance will mitigate disruptions and license closure.
- The KIDS Consortium and FACT are comprised of groups of foster care and adoption agencies that work together to educate their communities about the need for high quality, caring, foster and adoptive parents. Prior to the COVID-19 pandemic, the DCS Foster Recruitment and Retention Specialist attended the meetings to facilitate communication between the Department and the agencies, discuss the agencies' needs and concerns, and obtain feedback on Department efforts and improvement strategies. Due to the transition to virtual meetings, additional members of the Department have begun to attend consistently as well. This includes the Assistant Director of Foster Care, the Foster and Adoption Recruitment Manager, as well as multiple OLR managers. Information sessions hosted by the Department and KIDS were held virtually during the COVID-19 pandemic. The Department shared flyers with the information on how to attend, created by KIDS, on the website and social media pages.
- To assist with reunification efforts, the Department continued to utilize the Shared Parenting journal during SFY 2021. This journal was created to be shared between the caregivers and the biological parents, to provide them with a safe opportunity to communicate and build their relationship for the betterment of the child(ren) in care. If the families are not comfortable meeting and sharing the journal physically, it can be passed through the assigned DCS Specialist. In the journal are pages that describe the child's routines and preferences, information on the different stakeholders on a case (DCS, court personnel, behavioral health teams, etc.), and coloring pages for the child(ren). The Department believes that not only will this journal help to build a positive relationship between the caregivers and parents, leading to reunification, but will continue past reunification and decrease reentry of the children into the foster care system.

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

- The Department continued to utilize an online orientation for prospective foster, kinship, and adoptive parents during SFY 2021. This online orientation is comprised of five videos featuring a foster and adoptive parent. The goals of the on-line orientation curriculum are to provide consistent information throughout the state and strengthen the relationship between the Department and foster parents. The online orientation is available to families as soon as their interest in foster or adoption begins and they do not have to wait for the next available in-person session in their community. In addition, the on-line orientation provides rural communities more immediate and convenient access to information about the Department and foster parenting.

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

- The Department continues the referral campaign for families who are currently licensed. Families who referred and supported a new family through to licensure were eligible to earn a \$200 gift card. As of January 2021, this campaign resulted in 15 new families becoming licensed. During the campaign, the Department's contracted marketing company, LaneTerralever utilized targeted marketing on social media. Individuals who were identified on social media as falling into specific categories saw these advertisements more frequently, such as the LGBTQ community, retirees, and young professionals.
- The launch of the Family Support Plan, which are plans to assess and support the strengths and needs of out-of-home caregivers, provided insight into the motivations for families who become licensed. Members of the Department's Foster & Adoption Recruitment team read nine Family Support Plans each quarter to ensure compliance and fidelity, as well as to identify areas for additional training and education. Through reading the completed Family Support Plans, it was observed that there are families who can simultaneously provide foster care and adoption. Previously, it was thought that families would be interested in either providing foster care with a goal of reunification or adoption with a goal of providing a forever home for a child; however, this is not always the case.
- The Department continues to create recruitment campaigns that use images of actual children in care, as well as real foster and adoptive families. This imagery shows an accurate representation of the makeup of the communities in Arizona. Over the 2020 holiday season, the Department utilized a campaign titled, *Light up a Life*, which featured a variety of images and videos of children who are currently in care, as well as children who were adopted from care. The videos for the *Light up a Life* campaign were shot in slow motion and showed a young Hispanic girl, a school aged African American boy, and a Caucasian teen girl smiling. Along with the videos, billboards were featured with these images in zip codes identified by the Department as having high needs for new foster homes.
- The Foster Recruitment and Retention Specialist as well as the Foster and Adoption Recruitment Manager attended the quarterly ICWA Recruitment meetings hosted by the DCS ICWA Liaison. Multiple local tribes send representatives to provide ideas for new recruitment efforts. The Department created a specific advertisement targeted at increasing leads of inquirers who self-identify as Native American, which was launched in July 2019. Additionally, a specific landing page was created to track these inquirers. Due to the campaign's continued success, the campaign continues to be active. From February through December 2020, the Department recorded 271

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inquirers who self-identified as Native American.

- Due to the COVID-19 Pandemic, Children's Heart Gallery photoshoot events were scaled back to ensure the health and safety of all participants by eliminating the use of volunteers to accompany the children during this reporting period. Heart Gallery staff continued to provide a day of pampering for the children who participated. The photoshoots have occurred in locations such as the Desert Botanical Garden in Phoenix, Reid Park Zoo in Tucson, Dryer Ranch in Phoenix, and the Scottsdale Jewish Community Center. Children were still able to get a haircut, pick out a new outfit and pair of shoes, enjoy breakfast and lunch, and have photos taken by a professional photographer. All attendees wear masks and hand sanitizer is provided at every station.
- DCS staff attend the ICWA Placements Project Workgroup, which includes monthly meetings and membership from five Arizona tribes and Casey Family Programs. The purpose of this workgroup is to increase recruitment and retain American Indian foster homes, as well as work with the DCS Office of Licensing and Regulation to reduce barriers to tribally licensed families and reduce duplication of foster home licensing studies.

Recruitment plan objective 1.4: Explore ways to retain licensed foster families through increased partnership with licensing agencies and by working directly with the foster families to provide supports and services

- The Department implemented new special foster care rates, such as a DDD rate and a parenting teen rate, based on the level of need of the children in order to increase placement stability for children in family-like settings. The percentage of children receiving any type of special rate increased from 6.5% in July 2020 to 9.3% in January 2021. These children may have otherwise been in congregate care settings or the foster care providers may not have been able to continue to care for the children due to the higher level of needs of the children, such as medical and behavioral health appointments. One possible indicator of the success with this effort is the number of disruptions from licensed foster homes. Between July 1, 2020 and September 30, 2020 there were 207 disruptions. From October 1, 2020 through December 31, 2020, there were 75 disruptions, representing a significant decrease.
- Due to the COVID-19 pandemic, the Department did not host the AZ Families Thrive conference since the start of the pandemic; however, many resources were utilized to support and retain foster families through this challenging time. At the beginning of the pandemic, when resources were limited, the Department worked with 14 agencies that support foster families to document, collect, and deliver requested resources. This effort led to 1,350 resources being delivered to 235 foster and kinship families, which served 540 children in care. Items included clothing, PPE, cleaning supplies, food, laptops for virtual schooling, games/toys, and hygiene items.
- The Department continued to send satisfaction surveys to currently licensed families during the reporting period. The surveys are typically sent twice a year; however, due to challenges with the Guardian transition the March 2021 surveys were not able to be sent. The Department plans to utilize the surveys again in SFY 2022. The Department also continues to send a closure survey to families who close their licenses. The Department hopes to identify detailed closure reasons, with the intention of providing a better experience to currently licensed and not yet licensed families. The results continue to show the top three reasons provided for licensure closure are adoption, reunification of the child, and other time commitments.
- Throughout SFY 2021, there have been various events to honor and support foster families. For

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National Foster Care Month in May 2021, the Department collaborated with local businesses to provide free and discounted meals and experiences to foster families, as well as raffles for prizes such as tickets to Medieval Times. Additional retention efforts continue to include appreciation certificates, which are personalized and mailed to families who have been licensed for one year, five years, ten years, and 15 years. In April 2021, mailers were delivered to foster families that contained a personalized “foster parent license” that can be cut out and carried to show pride in their service. The mailers also included a website link for a list of giveaways the Department had procured, such as for the Arizona Science Center and Papa John’s Pizza.

Recruitment plan objective 1.5: Provide support and assistance to maintain children in kinship care; recognizing and enhancing the support available to kinship families

- The Department employs six Kinship Liaisons who are housed in Maricopa and Pima Counties. The Kinship Liaisons meet with kinship families upon placement of the children, and work to connect the families to resources that help the families with items such as clothes, safety items for the children, and bedroom items including cribs and mattresses. The liaisons also connect families with community support groups that can assist them in their child welfare experience. In addition, the liaisons explain the Department, legal, and behavioral health systems, and make efforts to stabilize living arrangements to avoid placement changes.
- The Department partnered with Arizona’s Children Association (AzCA) to employ three Kinship Navigators from January 2019 through July 2020. The Kinship Navigators engaged in similar ways as the DCS Kinship Liaisons; however, the navigators focused on families served through three Maricopa County DCS offices with high rates of kinship placements.
- In February 2021, the #LoveUp Foundation hosted a drive-through event for kinship caregivers in Maricopa County during which caregivers received a \$250 grocery gift card, a food box, hand sanitizer, and a flower. This event served 200 kinship families and a second event is currently being planned for early SFY 2022.
- The Department has continued efforts to inform kinship foster caregivers about the option of becoming licensed as foster parents. Through licensure, kinship caregivers are able to receive a monthly foster care payment to help offset some of the expenses of providing out-of-home care for one or more of their kin. Licensed kinship caregivers also receive the ongoing support of a contracted Licensing Specialist who visits the home at least quarterly and arranges supports such as respite and mentors. Due to licensure passed in 2019, all kinship caregivers continue to receive the \$75 per child monthly stipend.

Recruitment plan objective 1.6: Continue to utilize the Children's Heart Gallery to increase permanent connections for children

- The DCS Foster and Adoption Recruitment team continued to meet with the contracted Child Specific Recruitment (CSR) agencies and the DCS Match Meeting Specialists on a quarterly basis to discuss successes and barriers, and offer ideas to mitigate barriers during the reporting period. Through these meetings, an improved line of communication has been established, and the Department believes that this has led to better outcomes for the children monitored by these teams. Additionally, the three DCS Adoptions Recruitment Specialists have been assigned to be a liaison for each contracted CSR agency, which further improves the connection between the Department and the agencies. Each agency has been given the option to staff cases with their assigned liaison and the DCS Recruitment Manager. These meetings have provided additional creative recruitment

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methods for the agencies to attempt. During these quarterly meetings data related to the number of adoptions and placements that have occurred is also shared.

- The Children's Heart Gallery includes a website, mobile display, and other recruitment strategies that feature children in Arizona's foster care system who are awaiting a permanent adoptive home. Child who are to be added to the gallery attend a photoshoot event along with community volunteers, including photographers, hairstylists, and others, who support the children by providing makeovers and professional photos to be displayed through the gallery. The Department understands that families and individuals who are certified to adopt have varying preferences, including the child's age and gender. Active efforts are made to specifically invite families who are on the Adoption Registry to be guides to children at the gallery events that meet their desired preferences. By attending a Children's Heart Gallery photoshoot, families and individuals are given an opportunity to get to know a wide variety of children, and perhaps expand their preferences. This allows volunteers and children to meet in a lower stress setting with the hopes that a connection can be made or that the volunteers know of someone else who may be interested in adopting the child. The Department offers certified families and individuals who volunteer at a Children's Heart Gallery photo shoot two hours of training credit to be applied to the hours required for license renewal. Please also see information related to the Children's Heart Gallery under objective 1.3.

Recruitment plan objective 1.7: Increase specialized recruitment for children whose characteristics create challenges to permanency

- The Department has continued to contract with three agencies to conduct Child Specific Recruitment (CSR) services. CSR contracts are being redeveloped with a goal of utilizing new practices to locate family or kin placements for children in care. In addition, a Phoenix contractor is the recipient of a Wendy's Wonderful Recruiter grant from the Dave Thomas Foundation for Adoption. The grant is used to fund two recruiters at the community agency.
- During the reporting period, DCS continued a collaboration with Voices for CASA to fund a position to conduct Seneca searches for children without an identified long-term caregiver. In addition to the Seneca search, this resource also includes an interview with the child, when appropriate, and a search through the family's child welfare file to identify potential important connections for the child. During the reporting period, this service was utilized for eight children, including a sibling group of three children.
- The Department has continued to focus specifically on recruitment of homes for children who are age ten and under, have a permanency goal of adoption, and are currently living in congregate care. Actions which have begun and are in process include:
  - examining barriers to placement, such as therapeutic recommendations related to the timing of placement in a family-like setting, and the creation of plans with the child's team to mitigate these barriers;
  - improving communication with field staff about services available to locate family and kin placements for children, such as Seneca searches;
  - the creation of a system within the Department to improve work with families who inquire about becoming licensed or certified; and
  - the use of a visual management tool called a Kanban from the Lean Management system to document barriers to placement in a family-like setting, which is expected to show

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trends related to barriers for placement. Problem solving efforts are used to mitigate the barriers and place the child in a family-like setting.

Recruitment plan objective 1.8: Continue active partnerships with faith-based and community organizations

- The Department continues to work with Giving Sole, a nonprofit organization, which provides a new pair of shoes for children in care. Representatives attend the Children's Heart Gallery event to measure each child's feet and allow them to pick out a pair of shoes. Typically, Giving Sole teams with the Love Up Foundation to host Shop and Sole events at local malls; however, due to COVID-19, this did not occur during the reporting period.
- Arizona continues to partner with many faith-based and community organizations across the state to support children in out-of-home care and their foster care providers. The DCS Community Liaison & Volunteer Program Manager works to create and highlight partnerships with the community. The Department frequently posts on various forms of social media to give appreciation to the community partners and volunteers who give their time, efforts, tangible items, and financial support to create positive outcomes for children in care. The Department will continue to work with these community providers to ensure that children in care have access to a variety of groups that can support their interests and help them grow during their foster care experience. These partnerships will also benefit foster families, kinship families, and biological families in meeting their goals and assisting them in meeting the needs of the children in their care.
- One 4 All AZ, a collaboration of 14 faith-based and community agencies, worked together during SFY 2021 to document, collect, and deliver requested resources. This effort led to 1,350 resources being delivered to 235 foster and kinship families, which served 540 children in care. Items included clothing, PPE, cleaning supplies, food, laptops for virtual schooling, games/toys, and hygiene items.

Recruitment plan objective 1.9: Develop cross-jurisdictional relationships to increase permanent connections for children

- Arizona received 1,513 ICPC requests for a home study of an Arizona family as a potential placement resource during FFY 2020. During FFY 2020, Arizona made 1,055 requests to other states for home studies. During the reporting period, DCS utilized the NEICE system for ICPC data tracking. Eight hundred nine requests for home studies were received from other states also using the NEICE system. DCS completed 485 of the home studies within the 60-day timeframe. During this same time period, DCS sent 1,013 ICPC home study requests to other states using the NEICE system, and 695 were completed within the 60-day timeframe.
- The Department continues to utilize [AdoptUSKids.org](https://www.adoptuskids.org) to connect children with prospective adoptive parents cross-jurisdictionally. Photos taken at the Children's Heart Gallery photoshoots are available for the agencies to use when adding a child to AdoptUSKids.org. All inquiries on children featured on the website are responded to by staff within the Department. The Department, including the DCS Foster and Adoption Recruitment team, DCS Match Meeting Specialists, as well as recruiters from all three contracted CSR agencies, participated in a training provided by AdoptUSKids for the use of the "Find a Family" tool. This tool can be used to match children's profiles to the profiles of families who have registered on AdoptUSKids from across the United States.
- Adoption Promotion funds continue to be used to facilitate visitations prior to placement, specifically outside of Arizona. From July 2020 through May 2021, approximately 40 Adoption

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Promotion Fund requests were granted, including funds for flights to and from Arizona, vehicle rental, gas/mileage reimbursements, and meals.

For additional information, see the Arizona Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention Plan for FFY 2022.

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

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

Arizona received an overall rating of area needing improvement during the Arizona 2015 CFSR Round 3 for Item 36: cross-jurisdictional resources due to the state's SACWIS system, CHILDS, not being able to provide data related to the number of children who were free for adoption. The Department is addressing this data issue through the development of the new CCWIS system, Guardian. New methods to collect the data have been built into Guardian, including an indicator on the person record for "legally free," an indicator on the adoption details screen related to if the child's current placement is an identified adoptive home or not, and an indicator on the case plan related to if the child is in an adoptive placement.

During FFY 2020, Arizona received 1,513 ICPC requests, 386 more than in FFY 2019. The majority of the requests, 809, were received from states also using the NEICE system. Arizona completed 485 of the 1,513 home studies within the 60-day timeframe. Barriers to completing more of the home studies within the 60-day timeframe include COVID-19 pandemic related challenges, contracted agencies not receiving or sending documentation timely, and DCS staff not sending the reports in a timely manner. Arizona plans to upgrade to NEICE 2.0 during the first portion of SFY 2022, which should help to track the status of ICPCs and increase the number of ICPC home studies completed timely. During this same time period, DCS sent 1,031 ICPC home study requests to other states using the NEICE system and 695 were completed within the 60-day timeframe.

## **Section VI**

# **Update to the Continuous Improvement Plan**

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**The Arizona Strategic Plan**

The Arizona Department of Child Safety is committed to achieving safety, permanency, and well-being for Arizona’s children and families. DCS is driven by the commitment, as well as a desire to be a national leader for child safety through a well-run, efficient, and effective organization based on best practices and continuous improvement. Creating and maintaining a world-class child welfare agency is a journey that cannot be accomplished alone. A key focus of the Department has been to strengthen communication and engagement across the state in an effort to identify areas where the Department and its partners can collectively move toward improved child safety, permanency, and well-being outcomes.

The Department’s SFY 2022 strategic plan includes the following objectives, initiatives, and metrics.

#	Multi year Objectives	Multi year Initiatives
1	All decisions are data informed, timely, mission-focused, built for sustainability, and considerate of system implications	<ol style="list-style-type: none"> <li>1. Implement standardized clinical supervision in remaining ongoing case management units</li> <li>2. Implement standardized administrative supervision, process flow, transfer processes, proves adherence, and performance management in remaining ongoing case management units</li> <li>3. Refine standard work, process adherence resources, and performance management processes (including mobile and telecommuting work force)</li> </ol>
2	DCS culture that fosters and inspires mission-driven professionals who believe in and practice our shared values	<ol style="list-style-type: none"> <li>1. Develop and implement an aligned leadership and management culture that embodies and promotes our shared values, a learning and coaching mindset, and behavioral integrity</li> <li>2. Increase and improve communication to develop relationships and trust between DCS and the community, and to develop skill in recognizing and discussing bias during clinical supervision</li> </ol>
3	Design, implement, and ensure fidelity of a service array that is individualized to strengthen families, cost efficient, and accessible by all who require support	<ol style="list-style-type: none"> <li>1. Implement enhancements to the direct services array (supports FFPSA)</li> <li>2. Increase awareness of cross-agency process and develop efficient, operational partnerships with child-welfare system partners to improve service delivery that promotes child safety, strengthens families and promotes child well-being (ADE, DHS, AG’s, DES, QFCO, Courts, and others)</li> <li>3. Stabilize and enhance an integrated behavioral and physical health system within DCS</li> </ol>
4	Every child is paired with a caregiver who receives necessary supports, and is able to meet the child’s needs and support the child’s permanency goal	<ol style="list-style-type: none"> <li>1. Increase the skills and array of caregivers, including the development of QRTPs</li> <li>2. Refine and implement caregiver training to improve support of children and youth with higher needs</li> <li>3. Redefine the support infrastructure for foster families to improve the recruitment experience and match the</li> </ol>

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		<p>level of support between caregivers and the needs of children in their care</p> <ol style="list-style-type: none"> <li>4. Finalize and implement a child to out-of-home caregiver matching process</li> <li>5. Settlement Compliance: Develop and implement a standardized review of required actions               <ol style="list-style-type: none"> <li>a) Engage plaintiffs’ counsel in ad hoc subject matter conferences and semi-annual review conferences</li> <li>b) Identify, review, and provide deliverable documents to plaintiffs’ counsel as described</li> <li>c) Determine and request verification of compliance as actions are completed</li> </ol> </li> </ol>
<b>5</b>	DCS data is complete, accurate, protected, governed, and used to inform decisions	<ol style="list-style-type: none"> <li>1. Launch Guardian and update related business processes</li> <li>2. Implement continuous improvement for business processes through release and deployment</li> <li>3. Stabilize IT infrastructure and processes through continuous improvement initiatives</li> </ol>

**Objective 1 Metrics:**

- 100% of units will have standardized clinical and administrative supervision implemented
- 100% of DCS functions will have standard work, process adherence resources, and performance management measurements in place (including support of mobile workforce and telecommuting)

**Objective 2 Metrics:**

- Reduce agency employee turnover
- Reduce Supervisor turnover
- Increase percentage of leaders receiving coaching on a monthly basis
- Increase proficiency score of Supervision Coaches
- Quantitative measure of Leaders, PM and above, practicing our core values
- Qualitative measure of Leaders, PM and above, practicing our core values
- Increase percentage of clinical supervision discussions where a conversation about potential bias occurs

**Objective 3 Metrics:**

- Of children entering out-of-home care, increase the percentage who are reunified within 12 months of entry, without increasing post-reunification re-entry rates
- Improve the clinical and therapeutic supports for children served in-home or out-of-home, and their parents and caregivers
- Increase the percentage of children and youth in out of home care receiving timely comprehensive wellness exams (EPSDT) and behavioral health assessments

**Objective 4 Metrics:**

- Decrease the number of placement moves per 1,000 care days
- Increase the percentage of care days spent in a family setting
- Obtain a baseline of the number and percentage of care days per month spent in a QRTP, for each child cohort type
- Settlement Compliance: Substantial compliance met in 100% of required actions within applicable deadlines

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### **Section VI: Update to the Continuous Improvement Plan**

- Settlement Compliance: Outcome measures met and sustained for the periods specified, before 12/31/2025.

#### **Objective 5 Metrics:**

- Measure of Guardian readiness and launch
- Complete 100% of Guardian implementation plan based on refined scope

### **Child and Family Services Review Program Improvement Plan (PIP)**

As of May 2019, DCS met all required data improvement goals related to the Round 3 CFSR PIP. The Children's Bureau confirmed all required data targets and key activities of the PIP were completed and has released DCS of all potential financial penalties associated with the Round 3 CFSR. Arizona was the first state to complete the Round 3 CFSR process. The goals and strategies included in the DCS strategic plan and CFSP continue to support outcomes of focus within the CFSR PIP process, including safety assessments, timely permanency, family engagement, and child well-being. Please see the Arizona 2015-2019 Final Report for information that describes the Department's implementation of each strategy.

### **Title IV-E Review**

The Department has not been required to develop a title IV-E Performance Improvement Plan. Arizona's most recent title IV-E review final report was received in the fall of 2016, and indicated the state was in substantial conformity as 95% of the cases reviewed contained the required information.

### **NYTD Improvement Requirements**

The Department continues to make progress towards completing actions required by the Arizona NYTD PIP. During 2019, DCS completed and posted a NYTD policy, which provides guidance to DCS staff and the community regarding NYTD practices. DCS launched the new CCWIS, Guardian in February 2021, which includes NYTD services in the reporting feature of the program. DCS successfully completed a data sharing agreement with the Arizona Department of Education in 2018 to ensure DCS can receive the most recent grade level for youth in care and also identify if children have an active Individualized Education Plan. DCS anticipates the Guardian system successfully implementing the remaining NYTD data elements and anticipates submitting a request to finalize the NYTD PIP during the second half of CY 2022.

DCS completed the 2020 Baseline survey period with a total of 479 youth surveys. This is the first year that Arizona has been able to achieve a robust amount of Baseline participants, and as a result, Arizona was informed that DCS is eligible to request to have a sample population for the 2022 Follow-Up Cohort. DCS has begun to utilize the survey data for program improvements within the Department including the expansion of program delivery in the new Chafee Successful Transition to Adulthood contract.

### **AFCARS Improvement Requirements**

The Department's most recent AFCARS audit was in 2009. Areas for improvement were identified at that time, therefore the state initiated an AFCARS improvement plan with the Children's Bureau. The Department has an open AFCARS Assessment Review Improvement Plan and plans to resolve pending AFCARS issues with the continued development of the new CCWIS, Guardian. DCS began using Guardian in February 2021. Guardian was designed to allow DCS to report data based on the new CCWIS AFCARS reporting requirements. DCS is currently recreating the 1996 AFCARS code within Guardian to allow for reporting in FFY2021A and FFY2021B. Once complete, DCS will begin working on the updated code for the AFCARS 2.0 requirements.

# **Section VII**

## **Progress Implementing the Goals, Objectives, and Interventions**

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### **Section VII: Progress Implementing the Goals, Objectives, and Interventions**

#### ***Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Progress***

As of May 2019, DCS met all required data improvement goals related to the Round 3 CFSR PIP. The Children's Bureau confirmed all required data targets and key activities of the PIP were completed and has released DCS of all potential financial penalties associated with the Round 3 CFSR. Please see the Arizona 2015-2019 Final Report for information that describes the Department's implementation of each strategy.

#### ***Department of Child Safety SFY 2021 Strategic Plan Progress***

The Arizona SFY 2021 Strategic Plan included performance measures and objectives to guide and measure improvement related to five goals. The goals, objectives, and progress made are as follows.

#### **Goal 1: All decisions are data informed, timely, mission-focused, built for sustainability and consider system implications**

##### Objectives

1. Implement standardized clinical supervision in remaining ongoing case management units
2. Implement standardized administrative supervision and performance management in remaining ongoing case management units
3. Refine standard work, process adherence resources, and performance management processes (including mobile and telecommuting work force)

##### Objective 1 Metrics:

- 100% of units will have standardized clinical and administrative supervision implemented
- 100% of DCS functions will have standard work, process adherence resources, and performance management processes (including mobile work and telecommuting)

##### Progress Made

Two hundred sixteen of the 231 field units have implemented standardized clinical and administrative supervision. For the remaining 15 units that have specialized functions, such as adoptions management, exploration was conducted using the lessons learned from the previous supervision processes, including meetings with internal stakeholders. During SFY 2022, the Department plans to standardize the processes and decision points to transfer cases to adoption units.

During SFY 2021, DCS updated the process to transfer cases to an in-home unit. Process adherence measures, reviewed during the Region weekly huddle meetings, were created to track the identification of cases appropriate for transfer to in-home service units. Also, during the reporting period, transfer dialogue meetings were made mandatory on all cases transferring to an in-home unit. The goal of these dialogues is to ensure key elements relevant to the family and case, such as the impending danger assessment, current services in place, and natural supports, are discussed by the sending and receiving units prior to the In-Home DCS Specialist's contact with the family.

During SFY 2021, the Supervision Coach program continued to be in place to provide coaching and support to Program Supervisors, Program Managers, and Program Administrators. Also during the year, several Supervision Coaches were hired into promotion positions such as Program Manager and Statewide Lean Coach positions which provided an opportunity for Supervision Coaches to facilitate the Supervision Coach Training for incoming Supervision Coaches. This allowed the Supervision Coaches to increase their own proficiencies as well as to ensure the sustainability of the program.

During SFY 2021, the Department continued the implementation of new forms and procedures, including

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standardized safety discussion guides, so that strength-based supervision focuses on critical outcomes and practices, including child safety, family engagement, permanency planning, child well-being, bias, and worker safety. DCS administration began to monitor the number of clinical supervision discussions that meet the practice, policy, and procedure guidelines to determine where global problem solving efforts need to occur. Supervision Coaches also began to model clinical supervision discussions for Program Supervisors to identify strategies to improve effectiveness and quality of the discussions.

During SFY 2021, DCS worked to continue the standardization of supervision, specifically within adoptions units, as well as transfers of cases to adoption units. Internal stakeholder input was obtained from various tiers of DCS staff statewide to learn about the current practice. The information will be analyzed and used to develop a standard transfer process where the correct cases are identified, contain the appropriate documentation and documents, and are transferred timely for adoptions case management. After the transfer process has been standardized, work will be done to standardize the practice for adoptions cases.

#### **Goal 2: DCS culture that fosters and inspires mission-driven professionals who believe in and practice our shared values**

##### Objective

1. Develop and implement an aligned leadership and management culture that embodies and promotes our shared values, a learning and coaching mindset, and behavioral integrity

##### Progress Made

Exploration work has been completed and DCS has started installation in the area of psychological safety. A survey is being created to assess the culture as a baseline measure that can be used to assess progress, the audience of the survey has been defined and a memo of understanding and data sharing agreement are being developed with the contractor to move forward with the design and measures. When the baseline is established, timeframes and target goals will be established.

During the reporting period, the Department began to integrate and communicate the updated Department values with staff and community partners. The DCS Director held a Teams meeting to introduce and discuss the updated values with the DCS workforce. The SFY 2021 Supervisor Summit included information about the updated values and how they interact and influence the Department's mission and work with families served. Following the Supervisor Summit, several teams across the state created posters, held events, and decorated their work areas in ways that communicate and celebrate the updated values. Photos of many of these events were shared statewide through the SPIRT Committee email newsletter. Also during the reporting period, the SPIRT Committee High Five System updated the recognition categories to be aligned with the new core values so staff can recognize one another for practicing shared values. DCS staff were also asked to alter their email signatures to include a banner listing the Department's core values.

The Department has joined with stakeholders to develop a three-tiered structure for collaboration to reduce racial disparities in the child protection system. The DCS African American Racial Disparity in Foster Care Committee was formed by African American/Black DCS staff and includes DCS employees from the Policy Unit, Human Relations, Field Operations, Comprehensive Health Plan, and more. The second tier committee is hosted by the DCS Director and includes a core group of external African American stakeholders, the chair of the internal committee, and other stakeholders upon invitation based on the topic of activity. The third tier committee is hosted by Casey Family Programs and includes African American community leaders, the DCS Director, and other state agency Directors and child welfare community leaders. Each tier is or will be engaged in interconnected strategic planning and implementation.

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During SFY 2021, DCS modernized the DCS Specialist new employee recruitment process by utilizing social media campaigns. The Department increased its use of online ads, university career pages/job boards, social media platforms, community job boards (Work for Warriors, AZ Job Connections, Arizona @Work, PATCH, Claz.org), and created contacts with Chambers of Commences throughout the state. For example, the Department is utilizing Facebook to join groups throughout the state of Arizona where classified ads can be placed. These groups include Prescott Valley Jobs, Tucson Job Opportunities, Payson Job Openings, Phoenix AZ Jobs.

Also during the reporting period, the Department started utilizing an upgraded version of its talent acquisition system called PageUp. PageUp provides an automated recruiting and onboarding platform, allowing for better candidate relationship management and applicant sourcing capabilities. In addition, the contract with LinkedIn was renewed in May 2021. The LinkedIn system allows recruiters to search for viable candidates by specific qualifications and make contact to discuss job opportunities available. The system allows recruiters to look in specific zip codes for candidates in our rural locations that are historically difficult to fill.

#### **Goal 3: Design, implement, and ensure fidelity of a service array that is individualized to strengthen families, cost efficient, and accessible by all who require support**

##### Objectives

1. Implement enhancements to the direct services array (supports FFPSA)
2. Increase awareness of cross-agency process and develop efficient, operational partnerships with child-welfare system partners to improve service delivery that promotes child safety, strengthens families and promotes child well-being (ADE, DHS, AG's, DES, QFCO, Courts and others)
3. Implement an integrated behavioral and physical health system within DCS

##### Objective 3 Metrics:

- Complete 100% of implementation plan for improved service array
- Complete 100% of implementation plan for Behavioral health system within CMDP

##### Progress Made

During SFY 2021, the Department redesigned its contracted direct-service programs, including its family preservation, family reunification, and substance use disorder assessment and treatment programs. In February 2021, contracts were awarded for the updated Arizona Families F.I.R.S.T. program. Enhancements include expanded services for youth, emphasis on treating the family versus the individual, requirement to use of the ASAM standardized assessment, greater use of peer Recovery Coaches, and inclusion of medication-assisted treatment (MAT). In May 2021, the Department awarded contracts for the Family Connections Program and Nurturing Parenting Program. Beginning in July 2021, these new parent skill-building programs will replace the Department's current programs of Building Resilient Families, In-Home moderate and intensive, and Family Reunification. The Family Connections Program is trauma-informed, integrates family engagement strategies to improve service participation, and provides change-focused interventions toward the following core outcomes: social support, family functioning, family resources, parenting attitudes, managing parenting stress, and child well-being. The Nurturing Parenting Program is a curriculum-based parent skill building program that provides coaching toward the following parenting constructs: age-appropriate expectations, empathy, non-violent discipline, family roles, child power and healthy independence. The Department's SENSE program will also be updated beginning in July 2021 with enhancements to the registered nurse assessment component and Family Connections to replace the former in-home contract service for SENSE referrals. These programs will be delivered with consistency across providers to ensure that all families are getting the best opportunity to be protective, healthy, and strong. The Department believes these programs will decrease repeated reports to DCS,

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decrease the number of children entering out-of-home care, decrease racial disparity in foster care, and increase the percentage of children who leave foster care by reunifying with a parent. SFY 2022 will be used as a baseline measure to assess progress.

On April 1, 2021, the Department successfully implemented a new integrated behavioral and physical health system within the Department, the DCS Comprehensive Health Plan (DCS CHP). The majority of children in Arizona's foster care system receive health care coverage through the DCS CHP, which operates as an integrated care health plan under contract with Arizona's Medicaid Agency, the Arizona Health Care Cost Containment System (AHCCCS), for children who are determined Medicaid eligible. Non-Medicaid eligible children are provided the same services with State of Arizona funding. A small number of children are enrolled through an alternate AHCCCS health plan due to meeting diagnostic and function criteria for Arizona Long Term Care Services (ALTCS). For additional information related to the DCS CHP, please see the *Arizona Health Care Oversight and Coordination Plan FFY 2022 Update* and *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being*.

#### **Goal 4: Every child is paired with a caregiver who receives necessary supports, and is able to meet the child's needs and support the child's permanency goal**

##### Objective

1. Increase the skills and array of caregivers, including the development of QRTPs
2. Refine and implement caregiver training to improve support of children and youth with higher needs
3. Redefine the support infrastructure for foster families to improve the recruitment experience and match the level of support between caregivers and the needs of children in their care
4. Finalize and implement a child to out-of-home caregiver matching process

##### Objective 4 Metrics:

- Decrease the number of placement moves per 1,000 care days
- Increase the percentage of care days spent in a family setting
- Obtain a baseline of the number and percentage of care days per month spent in a QRTP, for each child cohort type

##### Progress Made

Placement changes per 1,000 care days reduced from 3.2 in July 2020 to 1.7 in November 2020. The percentage of placement days in a family-like setting for children age 0-17 remained at 82% from July 2020 to November 2020.

Four agencies have become certified as qualified residential treatment programs in the areas of significant trauma, structured, and sexually maladaptive, and have contracts to begin caring for children under this updated contract. There are 17 additional agencies in the process of becoming accredited as well as the QRTP certification. DCS will use SFY 2022 data as a baseline to measure the number and percentage of care days per month spent in a QRTP.

During SFY 2021, the Kinship Program Coordinator and two Kinship Engagement Support Specialists (KESS) continued to support field staff in the placement of children with kin and efforts to maintain kinship caregiver living arrangements. The KESSs supported field staff by completing tasks such as DPS checks for the adults in the kinship caregiver's home, kinship home assessments, motions for change of physical custody, and three post-placement follow-up contacts. During the COVID-19 pandemic, the Kinship Specialists also held quarterly team meetings to exchange resource information, discuss issues, problem solve, and develop solutions facing kinship caregivers throughout the state. Kinship Support Supervisors

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facilitated monthly presentations for new field staff regarding the role of the Kinship Support Specialists, TANF applications for kinship providers, and kinship resources available. The Department continued to utilize the Phoenix area and Southern Arizona kinship resources lists during SFY 2021, and worked towards the finalization of a Northern Arizona kinship resource list.

DCS also continues to make efforts to strengthen relationships with community organizations that support kinship caregivers. Kinship Support staff attend a monthly collaborative meeting with various Maricopa County community organizations to ensure up-to-date information about new and changing resources is shared. Kinship Supervisors also attended the Southern Region Kinship Collaboration meeting, which focused on supporting kinship caregivers and sharing information related to resources.

The Department continued to utilize Active Contract Management to monitor performance of Foster and Adoption Supports (FAS) and congregate care agencies during SFY 2021 in their delivery of services to ensure the strategic goals are achieved. The Department plans to work with the Capacity Building Center for States on further development of Active Contract Management specific to working with the FAS and congregate care providers.

Therapeutic foster care training is in the process of being redesigned through a contracted provider to enhance the skills of the therapeutic foster care community. The redesign includes a structured training curriculum to ensure consistent learning and quality training for caregiver.

The Department developed a curriculum outline to grow foster parent's skills to meet the needs of children in care. This work will continue into SFY 2022, including the refinement and implementation of caregiver trainings to improve support of children and youth with higher needs.

The Department continues to collaborate with FAS providers on the recruitment of families and assistance of the families' through the licensure process by ensuring successful conversion of leads. To improve this process, the Department launched a redesign of the Foster and Adoption landing page and new orientation that streamlines and connects families to the contracted agencies more quickly. In addition, the new website connects families to agencies that are consistent with the family's preferences and values.

#### **Goal 5: DCS data is complete, accurate, protected, governed, and used to inform decisions**

##### Objectives

1. Launch Guardian and update related business processes

##### Objective 5 Metrics:

- Complete 100% of IT implementation plan

##### Progress Made

The DCS new statewide Comprehensive Child Welfare Information System (CCWIS) solution known as Guardian launched on February 1, 2021. In addition to DCS staff, Guardian allows providers and other agencies limited access to the system to support communication and information sharing. During the reporting period, basic Guardian training was provided to DCS staff to ensure they had general information related to the use of the new system. DCS continues to make system improvement and complimentary business process changes based upon provider and employee feedback and needs.

The Guardian system captures the data necessary to respond to the evolving needs of its users and maintain CCWIS compliance. Guardian enhancements and modifications are prioritized, reviewed, and approved by the business based upon the Department's needs. The system is supported utilizing agile development,

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which allows consistent enhancements and fixes on a regular cadence. The Department is currently in the process of finalizing the system's full data reporting capability. Please see *Section V: Assessment of System Performance* for additional information.

#### ***Staff Training, Technical Assistance, and Evaluation***

See the Department's *Staff and Provider Training Plan for FFY 2022* for information on training to support the goals and objectives in the CFSP.

During the reporting period, the Fidelity and Compliance Services (FCS) unit continued to provide trainings and technical assistance to support providers contracted with DCS with the transition from CHILDS to Guardian, including assisting contracted providers with the provider portal. Provider and partner agencies were also provided technical assistance on various other topics such as improving parenting plans and service plans, documentation, family engagement, outreach strategies, data quality, infant development, bonding and attachment, substance abuse, and team communication. FCS has offered quarterly trainings for the SENSE program providers as well. Compliance driven technical assistance has been offered to help address any concerns with personnel files and CHILDS/Guardian uploads. Technical assistance and trainings offered by FCS are focused on improving service delivery and family outcomes. During the COVID-19 pandemic, FCS provided extra support to the provider agencies by holding regular provider support calls to answer questions, share community resources, and brainstorm ways to support families during the pandemic. The Department continues to offer bi-weekly calls with all the contracted providers to provide support related to COVID, Guardian, and FFPSA.

During the reporting period, the Department received technical assistance from the Capacity Building Center for States to build and implement the Active Contract Management (ACM) framework to help monitor the fidelity and compliance of our contracted services. It is through the ACM model that the Department engages contracted providers in a CQI cycle to improve the quality of services. The ACM model has helped the Department improve various metrics such as initial engagement of services with families, completion of services, and decreased re-referrals. The Center has provided coaching and consultation to staff to assist in the creation of fidelity tools for contract monitoring; increase staff knowledge about performance-based contracting and fidelity monitoring; enhance practice and support effective alignment across units and enhance CQI efforts to monitor contracts; and provide guidance on how to partner with the provider community to help enhance DCS' existing contracting process. During SFY 2021, the Capacity Building Center assisted in the development of monitoring tools for new contracts such as Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together), Family Connections, and Nurturing Parenting Program. These tools include case review tools, parent and staff surveys, and data workbooks. See *Section V: Assessment of System Performance* for additional information.

DCS continues to receive technical assistance from the Capacity Building Center for States to support exploration and installation of new parent skill-building programs that will become available to families beginning July 1, 2021.

The Department continued to receive contracted technical assistance from ACTION for Child Protection during SFY 2021. ACTION facilitated several Coaching Collaboratives attended by Supervision Coaches and Practice Improvement staff, completed a video focused on assessing and safety planning with families struggling with domestic violence, and began to develop a computer based training related to the introduction stage of the FFA ongoing process. Action for Child Protection is also provided contracted services to support installation and training of Family Connections.

DCS will receive continued support from the Children's Bureau related to interpretation of federal law and policy during FFY 2022, as needed.

# **Section VIII**

## **Consultation and Coordination with Tribes**

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*Coordination and Collaboration with Tribes*

Department staff worked closely with Arizona's 21 tribal communities and urban Indian programs throughout the reporting period. Communication and consultation between the state, tribes, and urban Indian programs are essential, especially in the areas of contract management, policies and procedures, Inter-Governmental Agreements, training, and Indian child welfare case-related issues.

The Arizona Department of Child Safety (DCS) continued to meet quarterly with the tribal nations of Arizona in cooperation with the Inter Tribal Council of Arizona (ITCA). The Inter Tribal Council of Arizona is a non-profit organization that represents 20 of the 21 Arizona tribes, all but the Navajo nation. The Navajo nation has an IGA with DCS that stipulates DCS shall meeting quarterly with the tribe. Quarterly meetings include a variety of topics and are considered official tribal consultation. All Arizona tribes are invited to participate. Topics have included discussion of policies and procedures, ICWA case related issues, and training opportunities. Typically, ten to twelve tribes are represented at these meetings, either in person or by telephone. During the COVID-19 pandemic, the meetings were held virtually. The first in-person meeting is scheduled to occur during the second half of CY 2021.

In addition to the official quarterly tribal consultation meetings, the Department regularly meets with the Urban Indian Coalition, hosted by the Phoenix Indian Center. Phoenix, Tucson, and Flagstaff combined have one of the largest urban Indian populations in the United States, with individuals and families representing well over a hundred different tribes. These meetings occur monthly and the Department has participated in several over the past year. Additionally, the Department meets regularly with the three Urban Indian Programs (Native Americans for Community Action (NACA), Native Health, and Tucson Indian Center) to discuss ongoing service and resource development.

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

Typically, the DCS Intergovernmental Tribal Liaison conducts yearly site visits to all 21 tribes in Arizona. The purpose of these site visits is to maintain a strong relationship between DCS and tribes, share information and updates, and discuss any specific cases that involve tribal members. The Department is committed to ensuring that all of Arizona's tribes have equal access to the Department, despite the challenge posed by travel and geography. This diversity includes the Havasupai tribe located at the bottom of the Grand Canyon, which is only accessible by helicopter, mule, or via a 16-mile hike; and tribes located on the Utah, Nevada, California, New Mexico, and Mexican borders. During SFY 2020, the DCS Intergovernmental Tribal Liaison met with all 21 tribes in Arizona; however, due to the COVID-19 pandemic, most of these visits were conducted virtually. Although in-person contact did not occur with all of the tribes, regular contact was maintained through a variety of means, including email and phone calls.

During the reporting period, DCS has continued to make significant improvements in its collaboration with Arizona's 21 tribal communities and urban Indian programs. The Department recognizes the importance of tribal and urban collaboration and has worked diligently to fulfill the obligations that were outlined in Arizona Executive Order 2006-14, which states in part that "All Executive Branch agencies shall develop and implement tribal consultation policies to guide their work and interaction with federally-recognized Tribes in Arizona" and "shall designate a member of their staff to assume responsibility for the Department's implementation of the tribal consultation policy and to act as the principle point of contact for tribal issues." Pursuant to this Executive Order, the Department finalized the Arizona DCS Tribal Consultation Policy on May 17, 2017, and updated the policy in November 2018. The Intergovernmental Tribal Liaison meets weekly with his counterparts in other state agencies to share information and discuss

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areas of mutual interest. Additionally the Intergovernmental Tribal Liaison meets bi-monthly with the Governor's Office of Tribal Relations to report on the activities of the Department in relation to the tribes and Indian families we serve.

The Department continues to have an Inter-Governmental Agreement (IGA) with the Navajo Nation. The IGA specifies that DCS will meet quarterly with the Navajo Nation to discuss items of mutual interest. This quarterly contact continued to consistently occur during the reporting period. The most recent Memorandum of Understanding (MOU) was signed by the Navajo Nation and DCS in October 2019. The Department is currently working with five other Tribal Nations to establish MOUs, with an anticipated completion date of December 2021.

The Department has IGAs with tribes for reunification, prevention, or support services including three agreements for Family Support, Family Preservation and Family Reunification Services; three agreements for Specialized Substance Abuse Treatment services; and one agreement for Comprehensive Services Development. The Department has agreements for Family Preservation, Family Support and Family Reunification Services with the following tribes: Navajo Nation, Pascua Yaqui Tribe, San Carlos Apache Tribe, and the Salt River Pima Maricopa Indian Community. The Department also has a comprehensive service agreement with the Navajo Nation.

Additional tribal collaboration activities that occurred during the reporting period include the following.

- The Department contracts with the Inter-Tribal Council of Arizona, Inc. (ITCA) for consultation, technical assistance, and liaison services to twenty tribal governments in Arizona. The ITCA disseminates information to tribal leadership, facilitates a forum for public comment, and provides policy analysis to promote tribal leadership's awareness of child welfare matters and understanding of federal and state policies.
- The DCS Tribal Liaison and ICWA Specialist continue to provide ongoing training for DCS Field Staff and tribal programs on a regularly scheduled basis. DCS also continues to collaborate with ITCA to provide a bi-annual ICWA academy for tribal and DCS staff. The DCS Tribal Liaison and DCS Learning and Development established a DCS/ICWA/Tribal Relations computer based training that is available to all DCS staff as well as Tribal Employees. The training provides the basic tenets of the ICWA law, how to work with Tribes, and other relevant information. New employees are recommended to take the course when they are hired by DCS.
- In addition to the quarterly meetings facilitated by ITCA, the Department continues to hold quarterly Tribal/State ICWA Liaison Workgroup meetings. These meetings are geared toward individuals in tribal communities that are responsible for ensuring ICWA compliance for their tribal community. All tribes are invited to participate as well as other relevant state agencies, community programs/agencies, and DCS staff.
- The Department continues to participate in the Arizona State, Tribal, and Federal Court Forum and its Indian Child Welfare Act Committee that are chaired by Judge Kathleen Quigley of the Pima County Juvenile Court and Judge Kami Hart of the Gila River Children's Court. The DCS Tribal Liaison is also a part of the Court Improvement Committee that is made up of a coalition of judges, attorneys, DCS, court staff and other stakeholders. Currently the DCS Tribal Liaison serves on the Safety and Prevention subcommittee chaired by Judge Anna Young of Yavapai County, as well as two subcommittees of the Safety and Prevention committee entitled Improving Parent Engagement/Involvement and Safety Guide training for the legal community. Projects currently

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being developed include an Attorney/Client training that has a portion dedicated to ICWA and the development of a Qualified Expert Witness training.

- The Department continues to collaborate with the Urban Indian programs located in Phoenix, Tucson, and Flagstaff. Coordination projects include community presentations, training of staff related to working with tribal communities, and ongoing training to DCS staff about the services and resources each agency provides to better comply with ICWA's active efforts requirement. Additionally the DCS Tribal Liaison has been working to improve the coordination of services with the urban programs particularly in areas of behavioral health and substance abuse counseling, as families are more likely to be successful when they are receiving culturally appropriate care.
- During SFY 2020, the Arizona Attorney General's office issued a directive to all attorneys in the Child and Family Protection Division that any changes to the permanency plan for ICWA cases be staffed with the DCS Intergovernmental Tribal Liaison. During the past year, the DCS Tribal Liaison has averaged nearly ten consultations per month, in addition to continued participation in TDMs and CFTs.

The Department will email a copy of this FFY 2022 APSR to the Arizona title IV-B tribes upon approval of the report by the Children's Bureau. The website where the supporting plans can be viewed and downloaded will be included in the email. The reports are also posted on the DCS public website (<https://dcs.az.gov/reports>) for tribes and any other community members to view.

#### ***Monitoring ICWA Compliance***

The Department monitors ICWA compliance in several ongoing ways. The Department funds and supports three full-time dedicated ICWA related positions, the Intergovernmental Tribal Liaison, an Indian Child Welfare Specialist position, and a Qualified Expert Witness (QEW) Coordinator. The Indian Child Welfare Specialist is dedicated to ICWA policy and practice compliance, and the QEW Coordinator provides technical assistance throughout the state and ICWA case monitoring functions. The Department's Tribal Liaison meets regularly with tribal communities and leadership to consult and review the progress made toward ICWA compliance, and the timely and appropriate delivery of Indian child welfare services. In addition to the regularly scheduled meetings referenced above, the Tribal Liaison is available to speak and consult with tribal communities at any time.

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

The Department continues to set goals for improving ICWA compliance based upon recommendations in a study conducted by Casey Family Programs entitled *Indian Child Welfare Examination of State Compliance in ICWA*. Additionally, DCS received technical assistance from the Center for States related to capacity building and ICWA compliance. This partnership formally ended in October 2018; however, the group has evolved into a DCS Tribal Advisory group, which will further enable DCS to receive input from tribes. Goals for improving ICWA compliance also continue to be derived from ongoing discussions and recommendations from the Tribal/State Indian Child Welfare Workgroup, and a review of the Indian Child Welfare Act by the Office of the Attorney General and the Department's Indian Child Welfare Specialist.

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The Department continues statewide efforts to improve data collection for monitoring ICWA compliance and outcomes for American Indian children. Collection of sufficient data allows the Department to better analyze ICWA compliance and identify best practices to achieve positive outcomes for American Indian children and families.

The DCS Office of Tribal Relations attempts to meet at least once a year with Arizona's 21 tribes in their communities (virtually for many communities during the COVID-19 pandemic). During these site visits, a general discussion regarding DCS practice and policy, as it relates to ICWA and tribal relations, occurs. Conversations regarding mutual cases also takes place, including a discussion related to ICWA compliance. ICWA compliance topics include if the tribe was properly notified of legal proceedings; if the tribe has been included in case meetings such as case plan staffings, TDMs, CFTs, etc.; and if DCS has engaged in active efforts related to the placement protocol. Generally speaking, these conversations result in information suggesting DCS maintains a high level of compliance in its adherence to ICWA. In those instances where an issue is identified, an immediate plan of action is developed to ensure the deficient is addressed.

#### ***Identification***

On January 28, 2021, there were 1,165 American Indian children in out-of-home care. Of these children, 67% had a permanency goal of reunification or live with a relative; 20% had a permanency goal of adoption; 80% were in a family-like setting, with 60% of the family-like settings being relative caregivers (source: OOH Database, run date 1-30-21).

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

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

The Department's Practice Improvement Case Review (PICR) in-home and out-of-home instrument continues to be used to monitor the documentation of sufficient inquiry to determine whether the child may be a member of an American Indian tribe. The percentage of cases reviewed in CY 2020 where there was sufficient inquiry was 81% (of 123 applicable cases).

Department challenges with identifying American Indian heritage include the following:

- Department staff indicate that some parents may be reluctant to disclose tribal information during their initial interviews as they do not want their tribe or their extended family to know that they are involved in an alleged child abuse or neglect investigation.
- There are times when Department staff do not document sufficient information regarding the family's tribal affiliation, and times when an immediate child enrollment inquiry with a tribe cannot be made.
- Many tribes require a birth certificate, social security card, and family tree to seek information regarding enrollment eligibility and extended family information. Since this information is many times lacking in the initial stages of the child abuse and neglect investigation, the process for

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obtaining these documents results in a delay in verifying an ICWA case.

***Notification***

The Office of the Attorney General initiates Arizona's notification process. When a case is identified as potentially ICWA eligible at the time the dependency petition is filed with the court, the dependency petition indicates this information. After the Office of the Attorney General receives the signed temporary custody order from the court, a notification to any identified tribe or the BIA is sent through certified mail, accompanied with the petition and the court order. At the first court hearing, the Department continues efforts to determine if ICWA applies to the case. The Office of the Attorney General and the Department diligently work to determine if ICWA services are needed prior to the next court hearing. DCS Specialists often also provide an informal notice to tribes within 48 hours of a dependency being filed, and provide basic information to the tribe when a report is received even prior to the decision to initiate a dependency action. This allows a tribe to be better informed if a dependency does get filed.

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

The Department's Practice Improvement Case Review (PICR) in-home and out-of-home instrument continues to be used to monitor timely notification to the tribe. The percentage of cases reviewed in CY 2020 where the tribe was provided timely notification was 89% (of nine applicable cases).

All internal ICWA trainings facilitated by the DCS Tribal Liaison include information about the right of tribes to intervene and assert their jurisdiction.

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

ICWA requires a child's out-of-home living arrangement be considered and selected in a specific order of preference. When an identified American Indian child is removed from a parent, every effort is made to follow the placement preference criteria. A living arrangement with a maternal or paternal family member who is willing and able to provide care for the child is always a priority when working with American Indian children. The biggest challenge continues to be the lack of available American Indian homes in state and tribal communities compared to the number of American Indian children needing out-of-home care. Currently the DCS Office of Tribal Relations is working on an American Indian foster care recruitment project that aims to increase the number of American Indian foster homes statewide.

In December 2016, the BIA issued new guidelines for implementing ICWA. These guidelines included information on placement preferences. A review of the guidelines revealed that no significant changes were needed to DCS policy in reference to making out-of-home living arrangements for American Indian children. Prior to placing an American Indian child in a non-American Indian foster home, the Department gives placement preference for an American Indian child as follows (unless the child's tribe has a different order of placement preference established): placement with child's extended family; a foster home licensed, approved, or specified by the child's tribe; an American Indian foster home licensed or approved by an authorized non-American Indian licensing authority; and an institution for children approved by an American Indian tribe or operated by an American Indian organization. With regard to an adoptive placement for an American Indian child, unless the child's tribe has a different order of adoptive placement preference, the Department gives placement preference to a member of the child's extended family, with

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other members of the child's American Indian tribe, or with other American Indian families. As described in the Arizona *Foster and Adoptive Parent Diligent Recruitment Plan*, efforts have been made and continue to be made to recruit and retain ICWA qualified foster and adoptive homes.

The Department's Practice Improvement Case Review (PICR) in-home and out-of-home instrument continues to be used to monitor ICWA placement preferences. The tool contains questions, which mirror the CFSR review instrument, related to placement of the child in accordance with ICWA placement preferences. Data from CY 2020 indicates 94% of the 17 applicable cases were rated strength, indicating the American Indian child was placed, or concerted efforts were made, to place the child in accordance with ICWA placement preferences.

According to the FFY 2020 AFCARS file (Report 43), 53% of all American Indian children in out-of-home care on September 30, 2020 were placed with a relative foster family or on a trial home visit with a parent. This percentage is higher than the prior five years, which hovered around 44%.

#### ***Active efforts***

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

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

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

- conducting a comprehensive assessment of the circumstances of the Indian child's family, with a focus on the safe reunification as the most desirable goal;
- identifying appropriate services and helping the parents overcome barriers, including actively assisting the parents in obtaining such services;
- identifying, notifying and inviting representatives of the Indian child's Tribe to participate in providing support and services to the Indian child's family and in family team meetings, permanency planning, and resolution of living arrangement issues;
- conducting or causing to be conducted a diligent search for the Indian child's extended family

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members and contacting and consulting with extended family member to provide family structure and support for the Indian child and the Indian child's parents;

- offering and providing available and culturally appropriate family preservation strategies and facilitating the use of remedial and rehabilitative services provided by the child's Tribe;
- taking steps to keep siblings together whenever possible;
- supporting regular visits with the parents or Indian custodians in the most natural setting possible as well as trial home visits of the Indian child during any period or removal, consistent with the need to ensure the health, safety and welfare of the child;
- identifying community resources including housing, financial, transportation, mental health, substance abuse, and peer support services and actively assisting the Indian child's parents or, when appropriate, the child's family, in utilizing and accessing those resources;
- monitoring progress and participation in services;
- considering alternative ways to address the needs of the Indian child's parents, and when appropriate, the family, if the optimum services do not exist or are not available; and
- providing post-reunification services and monitoring.

The Department continues to have two dedicated ICWA case management units in Maricopa County that provide case management to ICWA families exclusively, which helps to ensure ICWA compliance by focusing on providing support and services to ICWA families. Also the Department continues to have two Regional Tribal Liaisons, one for the Northeast Region and one for the Northwest Region, to provide further assistance to the field staff in those areas of the state. The Regional Tribal Liaisons work collaboratively with the DCS Tribal Liaison.

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

In general, when a report is received related to an American Indian child living on a reservation, the DCS Specialist or Program Supervisor will contact the appropriate tribe and provide the reported abuse or neglect information for assessment and service provision. If the alleged abuse is related to an American Indian child who resides off a reservation, DCS is responsible for the assessment and service provision. If the child is taken into DCS custody, or a dependency petition is filed, DCS provides notification to the tribe, allowing the tribe to intervene, if desired. If the tribe chooses to take jurisdiction of the dependency matter, it is the tribe's responsibility to provide child welfare services and protections for the child. If the tribe declines to take jurisdiction, DCS continues to provide these services. Approximately 348 reports were forwarded from DCS to a tribal social service agency for investigation between July 2020 and December 2020 (source: Semi-Annual Child Welfare Report, March 2021).

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

- If the child is an Indian child and resides and is currently located on the reservation, the Department does not have jurisdiction and the case must be referred back to tribal social services.

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- If the child is not an Indian child or does not reside/is not domiciled on the reservation but is currently located on the reservation, the Department contacts the tribe to allow access to the child to complete the investigation.
- If the child resides or is domiciled on the reservation but is currently located off the reservation, the Department may have jurisdiction and will continue assessing the immediate health and safety of the child unless an immediate removal is necessary to prevent severe harm to the child.

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

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

See *Section X: Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report* for additional information related to the Independent Living Program's Tribal Community Engagement activities.

***Title IV-E of the Social Security Act***

The Department continues to assist and mentor Arizona tribes in developing their own title IV-E programs. The Department provides tribes with documents needed when determining title IV-E financial eligibility and shares information about processes the state has in place to facilitate title IV-E eligibility determinations.

Three Arizona tribes currently have their own title IV-E programs approved by the Children's Bureau. These tribes are the Navajo Nation, the Salt River Pima-Maricopa Indian Community, and the Pascua Yaqui Tribe. The Department has a case transfer policy in place for children who are initially determined title IV-E eligible while under placement and care responsibility of the State and subsequently transfer jurisdiction to the tribe. DCS will forward all eligibility documents to the tribe, allowing the tribe to continue title IV-E for those children initially determined eligible by the State. During SFY 2021, the Navajo Nation, the Salt River Pima-Maricopa Indian Community, and the Pascua Yaqui Tribe participated in quarterly collaborative discussions with DCS related to extended foster care, Chafee, and ETV services.

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

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

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

In January 2019, the Department's ICWA Specialist attended the Indian Nations and Tribes Legislative day at the Arizona State Capitol. During future legislative days, the Department plans to have a greater visibility and presence, possibly in the form of a training, public forum, or information sharing.

# **Section IX**

## **Child Abuse Prevention and Treatment Act State Plan Update**

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***Use of CAPTA Funds to Support the Purposes of the Program***

The State's Child and Family Services Plan for FFYs 2020-2024 identified the following program areas for improvement:

- improve timeliness to permanency,
- increase the placement of children in a family-like setting,
- improve employee retention through improved supervision,
- develop and implement the agency IT infrastructure, and
- implement an integrated health plan.

The Department has made no significant changes to the state's previously approved CAPTA plan. The Department continues to propose the CAPTA funds be used to fund intake, assessment, screening, and investigation of reports of child abuse; case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families; and recruitment and retention of caseworkers through improvements in the skills, qualifications, and availability of individuals to provide services to children and families, as well as the direct supervisors of the caseworkers.

During SFY 2021, the Department used a portion of Arizona's five-year CAPTA Basic Grant to fund:

- the annual Leadership Summit for all Program Supervisors and Program Managers across the state, which improved the skills of the participants who provide services to children and families;
- a portion of the Arizona Child Abuse Hotline employee salaries, which assisted the Department to improve intake and screening of reports of child abuse and neglect;
- a portion of Human Resources employee salaries, which assisted the Department to improve recruitment of case workers; and
- the salaries of two Quality Coaching Managers, whose functions include managing the Supervision Coach Program and providing intensive onsite field staff support to supervisors and program managers to increase staff skills, knowledge, and expertise in child safety assessment and planning, family-centered assessment of strengths and needs, and behaviorally based case planning.

The Arizona Department of Child Safety currently and will continue to use CAPTA funding in a manner that aligns with and supports various programmatic areas enumerated in section 106(a) of CAPTA. With regards to section 106(a)(2)(B)(ii), the Department supports the activities listed within the law using a combination of funding including title IV-E Foster Care Administration, Social Services Block Grant, and State funds. The Department has not used CAPTA funding to improve legal representation and preparation.

The Department plans to use the supplemental CAPTA State Grant funding received through the American Rescue Plan to develop a community based prevention program at the neighborhood level through the use of a family resource center. The Department is collaborating with a university partner to conduct a survey to identify a specific area of the state with the strongest need.

***State's Continued Efforts to Support and Address the Needs of Infants Born Identified as Being Affected by Substance Abuse***

In 2017, Governor Doug Ducey signed an emergency declaration to address the growing number of opioid overdose deaths in Arizona. In the subsequent focus on the opioid epidemic and efforts to decrease

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fatalities, the state gathered data on the prevalence of the issue and implemented prevention strategies, including identification of infants with Neonatal Abstinence Syndrome, appropriate prescribing of opiates, and appropriate treatment of people with opioid use disorders, including pregnant women. The state now has up-to-date data to monitor the effectiveness of efforts to address the Opioid epidemic, available at the ADHS website: <https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php>.

In late 2018, Arizona received more than \$20 million to continue the efforts to combat the nation's opioid epidemic. The funding was provided by the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SMAHSA), and is the first of a two-year grant for the State Opioid Response (SOR). Specifically, this year's funding will support initiatives that:

- increase access to medication-assisted treatment in both urban and rural areas of the State;
- increase distribution and public awareness of the overdose reversal medication, Naloxone;
- expand access to recovery support services, including housing, peer support, and job search assistance;
- reduce recidivism by creating supports for individuals who transition from correctional settings; and
- enhance support for opioid-exposed newborns and pregnant women who have opioid use disorder.

Grant-funded focused efforts on populations that have identified unmet needs, including individuals in rural and isolated areas; veterans, military service members, and military families; pregnant women and parents with opioid use disorder; individuals experiencing homelessness; tribal populations; individuals who have experienced trauma, toxic stress, or adverse childhood experiences (ACEs); and individuals re-entering the community from correctional settings.

AHCCCS distributed SOR funding through many community partners and state agencies, including the Department of Child Safety. DCS was awarded a grant through the SOR funding and the funds were used during SFY 2021 for the Healthy Families Arizona Program, SENSE nurse visits, and the DCS SENSE nurse consultant position.

DCS CHP, along with other community stakeholders, collaborates with Arizona Department of Health Services (ADHS) via participation in the Arizona Prescription Drug Initiative Health Care Advisory Team. The goal of this team is to address the opioid epidemic and discuss possible approaches at a statewide level. The Advisory team, which has been in place since 2015, is made up of professional health care associations, practicing clinicians, and subject matter experts who met to review and update the Arizona Opioid Prescribing Guidelines.

DCS Office of Prevention staff also participate in Arizona's Statewide Task Force on Preventing Prenatal Exposure to Alcohol and other Drugs. The goals of this task force include building awareness and capacity of programs to work with families of substance exposed newborns and assisting OB/GYN doctors, hospitals, and perinatologists in addressing the needs of substance exposed newborns and their families.

During the reporting period, DCS did not have any challenges in continuing to support and address the needs of infants born substance exposed. DCS policy allows the Child Abuse Hotline to accept all reports of substance use during pregnancy and DCS continues to receive strong community support and involvement related to meeting the needs of children who were substance exposed in utero.

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DCS continues to utilize the Infant Care Plan form, and DCS policy remains aligned with CARA. The DCS policy mandates that:

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

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

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

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

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

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

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

The supervisory review tools contain prompts for the Supervisor to ensure Infant Care Plans are developed and updated by DCS Specialist as required. A supervisory review and discussion of the case is required monthly for children with permanency goals of reunification and remain with family, allowing an opportunity for the Supervisor to monitor the use and quality of Infant Care Plans regularly.

***State Laws or Regulations Affecting the States eligibility for the CAPTA State Grant***

A review of the 2021 Arizona legislative session bills was conducted by the Attorney General's office, which determined that no bills were passed that would impact the Department's CAPTA State Grant eligibility.

***State Liaison Officer (CAPTA Coordinator)***

Christi Shelton  
DCS Assistant Director  
3003 N Central Avenue, 23<sup>rd</sup> Floor  
Phoenix, AZ 85012  
[Christi.Shelton@AZDCS.GOV](mailto:Christi.Shelton@AZDCS.GOV)

# **Section X**

## **Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report**

***Agency Administering Chafee Foster Care Program for Successful Transition to Adulthood***

The Department of Child Safety (DCS) is the State agency responsible for administering the title IV-E program. The Department will continue to administer the Chafee Foster Care Program for Successful Transition to Adulthood under Sections 471, 472, 474, 475, and 477 in title IV-E of the Social Security Act, Title I, Improved Independent Living Program, Public Law 106-169, Foster Care Independence Act of 1999, and the Education and Training Vouchers Program (ETV) under purpose 6 of Section 477(a) of the Act. Arizona's Chafee Program is hereafter referred to as the Young Adult Program or YAP. A DCS specialized unit that serves youth in foster care at age 16 or older is hereafter referred to as a YAP unit.

The Chafee certification indicates the Department will expend no more than 30% of the allotment of Federal funds for room and board for youth who left foster care because they attained 18 years of age, but have not yet attained 21 years of age. For the purpose of this plan, room and board is defined to include housing (direct rental assistance or related costs such as security or utility deposits), food, expenses of a child in the youth's care, personal care, clothing, and basic furniture and household maintenance items. Room and board is available through the Department's program of continued foster care and through the program of aftercare services, called the Transitional Independent Living Program (TILP). The TILP provides an array of services and supports to legal residents of Arizona under the age of 21 years, who were previously in the custody of a state or tribal child welfare foster care program, in out-of-home care, at age 16 years or older. The Department's Permanency and Youth Service (PYS) Unit provides oversight of the programs and agencies that provide Chafee services and supports. The PYS Unit includes a Manager, a Statewide Independent Living Coordinator, a Permanency and Youth Services Coordinator, two Statewide Education Specialists, a Fostering Sustainable Connections Coordinator, two Administrative Assistants, and four Extended Foster Care Quality Reviewers. The PYS unit works closely with DCS field leadership to ensure that Chafee services and supports are provided to young people age 14 and older. The PYS Unit will continue to deliver technical assistance regarding all services related to the Chafee program.

The DCS Young Adult Program continued to operate as outlined in the FFY 2021 APSR. Youth, ages 14 and older who reside in out-of-home care and live in Arizona, continued to receive supports and services that complement their successful transition to adulthood. The title IV-E Extended Foster Care Program also continued to operate successfully, with 957 youth participating in 2020. In April 2021, DCS formally increased the age of Arizona's ETV Program to 26, in an effort to better support young people while obtaining post-secondary educational. During the COVID-19 pandemic, DCS ensured that the Arizona contracted provider for ETV, Foster Care to Success, was providing additional support to students.

***Planned and Actual Use of Additional Chafee/ETV Funding***

DCS has taken a multi-action approach to expending the additional Chafee and ETV funding from the Consolidated Appropriations Act. DCS gathered information from the DCS Youth Empowerment Council, community stakeholders, contract providers, national partners, and others to ensure DCS utilizes the money in the most effective way. One of DCS' first priorities was to allow youth who turned 21 to remain in Arizona's Extended Foster Care (EFC) Program. Eligible youth were notified by their DCS Specialist that their EFC cases would remain open until September 30, 2021. DCS also identified 167 youth who left EFC due to age from January 27, 2020 through April 20, 2021 and notified these youth that they are eligible to re-enter EFC until September 30, 2021. As of May 17, 2021, DCS re-entered 44 of the eligible youth into DCS's EFC Program. DCS made the decision to utilize DCS's contracted Chafee provider, Arizona's Children Association (AzCA), to facilitate re-entry into foster care without extending title IV-E agency placement and care to those youth, while still providing monthly financial support, age-appropriate supervision, and case management services to any additional youth who qualify. This process supported DCS field needs and ensured timely re-entry, expedited financial support, and service delivery to the remaining youth. As of May 17, 2021, AzCA re-entered 35 additional youth.

DCS' next priority was to make certain that a portion of the funding provides direct support to youth's needs. DCS created a web-based application system to support youth in directly requesting funds. The website application opened on March 29, 2021 and DCS supported 280 requests from eligible youth. Eligible youth is defined as a youth who was in foster care at age 16 or older and is not yet 27 years of age. DCS developed a differentiated approach to ensure that the Chafee and ETV programs did not supplement each other, while also ensuring to meet youth's needs. DCS' ETV contractor, Foster Care to Success (FC2S) and DCS worked together and directed ETV youth back to FC2S to complete an Economic Needs Impact Statement. As a result, eligible youth who had additional needs, had their ETV allotment increased. Upon evaluation of Arizona's allotment of ETV funding, the Department decided that eligible youth could receive \$2,000 or more in additional funding, in order to ensure there is funding available for the fall semester. ETV youth who identified needs for vehicles were directed back to DCS and funds were processed via DCS directly to youth.

DCS funded over \$500,000 directly to youth ages 16-27 through the DCS website application. On April 26, 2021, the DCS website was disabled, after DCS received feedback from several youth and community members who requested a more streamlined and expedited funding process. DCS heard and took action based on the feedback and is engaged with a community partner to facilitate additional funds to youth. The community partner is Arizona Friends of Foster Children Foundation (AFFCF), a 501(c)(3), who has provided funding to support foster youth for the past 30 years. DCS is confident that AFFCF's involvement will create a positive experience for the eligible youth.

The DCS Permanency and Youth Service (PYS) Unit and the DCS Director of Communications engaged with DCS' contracted marketing agency to support the required public awareness campaign for the Consolidated Appropriations Act (CAA) re-entry into EFC, availability of additional funding to youth, as well as marketing of DCS's normally offered Chafee funded services. The marketing company will utilize social media platforms, physical billboards, and strategic web-based interventions to successfully share the CAA information with as many eligible youth as possible.

Lastly, DCS has plans to apply the money for additional program development that will create long-term success for transition age youth experiencing foster care. The Arizona NYTD Baseline data, asked youth: How confident are you that you have the knowledge you need to understand financial topics such as banking, budgeting, interest, credit scores, financial contracts, saving, completing tax returns, and filling out tax forms for employment? Three hundred fifty four (77.7%) youth reported they felt somewhat confident or not confident, which supported the "Think of Us" data collected for Arizona during the COVID-19 pandemic. The "Think of Us" data, found that 33% of 397 survey participants identified they "need help creating a budget." DCS also had the opportunity to have many conversations with youth to discuss their funding needs during April 2021 and many of the conversations highlighted that young people had income but were struggling to manage their bills effectively. DCS plans to support youth's financial literacy needs by investing in a financial literacy and asset-matching program. DCS worked closely with the Annie E. Casey Foundation in 2020 and plans to make use of the Keys to Your Financial Future curriculum.

DCS intends to create and invest in additional programming for a driver's education program, tutoring for youth ages 14-21, and expanding the DCS Youth Advocacy Specialist positions to support a housing navigator, Youth Ombudsman, and Educational Support person.

### ***Youth and Young Adult Input***

DCS continues to utilize the DCS Youth Empowerment Council (YEC) as an integral component of including youth input in the implementation of Arizona's Chafee program. The DCS Youth Empowerment

Council and DCS Permanency and Youth Services (PYS) Unit, continued to hold monthly meetings during 2020, despite the COVID-19 pandemic, with virtually meetings being held after March 2020. DCS engages with young adults and allies through an Instagram account. Instagram has allowed the PYS team to ask questions from young people about their needs, provide updates, and share resources.

During the COVID-19 pandemic, the PYS Unit contacted every young person in Extended Foster Care who was living on their own and receiving a direct payment to subsidize their housing. These calls allowed the PYS unit to hear direct feedback from young people about the needs they had and to help identify supportive resources. Trends included that young people who had historically consistent work and school history continued to do well during this time; however, youth who had inconsistencies with housing, education, and employment prior to COVID-19 typically continued to struggle. DCS did identify some youth who were previously living independently choose to move back into a DCS paid placement arrangement during this time. Community partners in Arizona also rose to the occasion and two new community housing programs were opened in October 2020 and January 2021, to support the ongoing housing needs in Arizona.

As a result of direct conversations with young people, DCS directed DCS Specialists and field leadership to halt any exits from EFC as a result of a youth not being able to meet productivity requirements due to COVID-19. This allowed young people to feel secure in their housing, while working through any COVID-19 related hardships that arose during this time. DCS continues to waive this requirement under the direction of the Consolidated Appropriations Act.

DCS and four members of the YEC participated in the Jim Casey Youth Opportunity Initiative Activating Youth Engagement Summit. The Arizona team was excited to participate and learn from others across the country. One of the key takeaways from the Summit was the work several states shared regarding having young professionals with lived experience serving young people in the Chafee program. As a result, DCS successfully hired three young adults with lived experience to the PYS Unit. Two of the positions are Youth Advocacy Specialist (YAS) positions. The role of a YAS is to support the YEC, and meet directly with young people and hear their voices and needs to inspire system change within the Department and outside service systems. The third position is another new role who will support the IV-E Credit Reporting requirement, provide direct coaching and support to youth around credit needs, and support other youth related needs.

DCS and members of the DCS YEC participated in several of the Children's Bureau Virtual Roundtables. The Roundtables provided youth a space to share how the COVID-19 pandemic affected them and what supports they needed from states and community partners. DCS learned that youth felt isolated and unsupported by too many virtual service deliveries. DCS utilized this feedback, and with the support of the DCS contracted life skills and Transitional Independent Living Program (TILP) provider, Arizona's Children Association (AzCA), were able to return to in-person service delivery in June 2020, with precautions in place.

AzCA conducted a survey during August and September 2020 to gather youth input on Chafee service delivery. The survey asked youth if they felt they were receiving the desired outcomes of the program, even with the different service delivery options of in-person or virtual during the COVID-19 pandemic. A total of 138 youth completed the survey via Survey Monkey during or after completing a session with their skills trainer.

- 115 (83%) were completed by clients who participate in Independent Living Skills and 23 (17%) were completed by clients participating in TILP.
- 81% of the survey respondents utilized virtual visits during the pandemic.

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- 93% of respondents felt comfortable meeting with their skills trainer virtually and 88% felt comfortable meeting in-person with their skills trainer.
- 99% of respondents indicated they have been able to learn the skills they need to meet their goals and 96% indicated they have been able to practice the skills.

#### ***Services Provided Since the Submission of the 2021 APSR***

Since the 2021 APSR submission, DCS focused on creating a scope of work for a new Chafee contract that will replace the current life skills and after-care contract. The new contract will be called the Successful Transition to Adulthood (STA) Program, and will mirror the key components outlined in the Chafee Program. Key components to the new program include lowering the age from the 16 to 14 to meet the Chafee changes from 2018. The new Program will include specific services to support young people in finding permanency and reconnecting with past family and non-familial relationships, with supportive interventions including the 3-5-7 model and the Family Finding Model. The Program will also include support to ensure young people have educational plans for both secondary and post-secondary goals, including career exploration and planning. STA Navigators will assist young people in ensuring that they are satisfied with their living arrangement and ensure that the caregiver is involved in each aspect of service delivery and able to support youth in long-term implementation of learned concepts.

The Department, through a collaboration with the Capacity Building Center for States, developed an active contract management process to ensure fidelity and compliance of contracted services for children, youth, and families served through Arizona's child welfare agency. In 2020, the DCS Fidelity and Compliance Services Unit began Active Contract Management for the two contract services for Chafee youth: Education and Training Voucher and Life Skills Training/Aftercare Support. This process produced opportunities for program improvement by identifying and developing countermeasures for problem areas. This process also provided an opportunity to highlight successful partnerships and strategies for working effectively with youth that may be replicated in other areas.

DCS continues to utilize AzCA to provide Living Skills Training and the Transitional Independent Living Program. AzCA's Young Adult Services (YAS) served 208 young adults in the Transitional Independent Living Program and 1,149 young adults in the Living Skills Training Program between January 1, 2020 and December 31, 2020. AzCA delivers services in all 15 Arizona Counties and approximately 65 Young Adult Services employees provide support to youth throughout the state. Due to the COVID-19 pandemic, services for youth were delivered virtually from March 24, 2020 until June 30, 2020. AzCA provided virtual services utilizing the Zoom platform with video and phone options, depending on which technology was available for youth. While some virtual services continued for youth (based on COVID-19 symptoms and/or request) from June 30, 2020 until September 30, 2020, all service delivery transitioned to in-person as of October 1, 2020.

From January 2020 until December 2020, AzCA YAS provided Youth Empowerment Groups for the following topics: Arconic Workshops focused on supporting youth in building employment and career preparation skills, a support group for youth affected by the pandemic, Meditation, Water Safety Parent Encouragement Group, sexual health skills, tax preparation, positive peer engagement, and the Arizona ETV program.

#### ***NYTD and the State's Quality Assurance System***

DCS completed the 2020 Baseline survey period with a total number of 479 youth surveys. This is the first year Arizona has been able to achieve a robust number of Baseline participants, and as a result, Arizona was informed that DCS is eligible to request to have a sample population for the 2022 Follow-Up Cohort.

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Arizona State University (ASU) administered the 2020 Baseline survey and with the University's resources, were able to successfully engage with youth to ensure DCS has the valuable data obtained from the surveys. The ASU NYTD team also presented the NYTD data to various stakeholder groups throughout 2020 and 2021, including Arizona's Jim Casey Youth Opportunities Initiative Site, DCS' Citizen Review Panel, and DCS Youth Empowerment Council.

DCS has been able to utilize the survey data for program improvements within the Department. For example, the DCS data workgroup, including members from Children's Action Alliance and Mercy Care, reviewed the NYTD data in March 2021, and utilized the data to inform larger strategic goals within the Department. Respondent's answers to questions surrounding gender identity and sexual orientation prompted the development of a DCS LGBTQ policy and practice guidelines. The group found specific interest in the youth's response to the question, How do you describe your gender identity? One hundred twenty of 479 respondents identified as gender fluid, which highlights the ever-evolving concept of gender in the lives of the young people being served. This data will also be utilized to educate DCS staff about young people's views about gender and sexual orientation, and ways that they can support young people as they explore these areas of their transition to adulthood.

The NYTD data also informed the expansion of program delivery in the new Chafee Successful Transition to Adulthood contract. NYTD responses highlighted the need for additional family support, educational support, and financial literacy, which have all been included in the new contract. DCS also plans to support these goals with the additional funding from the Consolidated Appropriations Act.

### ***Involvement of the Public and Private Sectors***

Arizona continues to work closely with community partners from both the public and private sectors in order to assist young people in developing the skills they need to live outside the foster care system. The PYS Unit facilitates bi-annual stakeholder meetings, in which over 150 members of the community are invited to participate. The meetings allow DCS to provide updates on how Arizona is implementing the Chafee program and allows community partners an opportunity to share information about their resources and program updates.

During the bi-annual meeting in September 2020, the PYS Unit provided updates on title IV-E Extended Foster Care program, NYTD Baseline data, DCS Youth Empowerment Council updates, Fostering Sustainable Connections, and ETV program and data. Community members from Onward Hope presented information related to a new transitional housing program, which provides additional supportive housing programs for youth ages 18-24. AzCA presented updates about the Chafee contracted services they administer through their Young Adult Services. Members from the Arizona Department of Education (ADE) and PYS Manager provided an update on Every Student Succeeds Act and efforts made by DCS and ADE to ensure that students are remaining in their school of origin, as well as the use of education Best Interest Determination meetings.

The bi-annual meeting held in March 2021 provided an opportunity for DCS to discuss the Consolidated Appropriations Act and DCS' plans to implement the provisions of the Act. DCS discussed the Governor's decision to utilize House Bill 2010 to facilitate approval for eligible youth to re-enter Extended Foster Care. DCS shared drafts of materials that outlined how DCS would be advertising the direct funding to youth portion of the Act and asked participants for feedback and suggestions on the plan. The PYS Unit introduced the Youth Advocate Specialists to the community and explained that they are able to assist young people ages 14-21 who need support or encouragement. The DCS Office of Prevention team presented on the FUP and FYI voucher process and current status of voucher usage across the state.

The March 2021 meeting also included several updates from the educational community. Attendees from the post-secondary community included Arizona State University's Bridging Success Program and First Star, University of Arizona's Fostering Success Program, and Maricopa Community Colleges Bridging Success Program. FosterEd also provided updates on the trends their teams have seen surrounding online school fatigue and students falling behind due to the inconsistencies in school over the past year due to the COVID-19 pandemic. DCS shared the finalized decision to expand ETV eligibility to the age of 26 on a permanent basis. DCS also highlighted plans to expand educational planning to youth in care.

Several community housing programs shared information and how they can collaborate with different community partners. The Mesa United Way, Foster 360 Program opened a personal development program that includes a housing component in January 2021. This program is innovative in that it is a two-year commitment and focuses on youth in a holistic and trauma informed way. The Onward Hope President and CEO also introduced their new housing director and provided an update on their housing program.

Lastly, the DCS' Medicaid plan for youth in foster care completed integration of physical and mental health on April 1, 2021. The new plan is the Comprehensive Health Plan (CHP), and Mercy Care acts as the Health Plan for youth. The Mercy Care Transition Age Youth Manager discussed how the new health care plan will meet the needs of the youth and what changes the partners serving the youth may experience.

AzCA's YAS Program supported additional interactions with members of the public and private sector including Coconino CASA for Kids (CCFK), Coconino Prevention Council, Yavapai CASA Council, the Northern Arizona Council of Governments (NACOG), Yuma Main Library, Parker Library, Yuma County Health Department, Crossroads Mission, Amberley's Place, Yuma County Food Bank, Sunset Community Health Center Yuma County Rotary Club, San Luis Public Library, U of A Yuma, Arizona Western College, Adult Literacy Plus, YPIC, Pathways, Horizon Health and Wellness, Foothills Library, Nina Pulliam, Scholarship, Maricopa County Health Department, Grad Solutions, Arizona Family Health Partnership, Foster Care to Success ETV Program, YMCA WIOA Program, Thrive AZ, Arise Housing, Foster 360, Grad Solutions, Key to Success, AFFCF, Homebase Youth Services, Inter Tribal Council of Arizona, Dream Center of Arizona, UMOM, Arizona Complete Health, Arms of Love Supportive Housing Program, ACYR of Arizona, University of Arizona: Sonoran UCEDD, Arizona @ Work Maricopa County Youth Services, Bridging Success MCCC, Bridging Success ASU, FosterEd, MLK Center, and Heritage Library.

### ***Coordination with Other Federal and State Programs for Youth***

In 2020, the PYS unit strengthened relationships with other youth serving organizations in Arizona. The IL Coordinator continued efforts to collaborate with partners serving youth with disabilities by serving on the Arizona Community of Practice on Transition (AZCoPT) workgroup. The AZCoPT continues work on a transition guide for youth with disabilities living in Arizona. The transition guide offers comprehensive information about sheltered workshops, school-to-work programs, and local employment agencies. Relationships built with AZCoPT have assisted DCS in understanding the resources available to youth through Rehabilitation Services Administration (RSA) and Vocational Rehabilitation, both in the schools and in the community.

The Sonoran UCEDD initiated a new project in 2019, Fostering Positive Outcomes, which assesses the transition needs and supports for youth with disabilities in foster care. The project is currently surveying youth who are over 18 years old who experienced foster care, as well as community supports who serve the youth. The DCS IL Coordinator, members from DCS' Youth Empowerment Council, and Chafee contracted staff continue to serve as members on the project's advisory committee. DCS is committed to

understanding the unique needs of young people who have a disability in the foster care system and look forward to continued collaboration on this project.

In addition to identifying supportive programs for youth with disabilities, DCS has also enhanced partnerships with workforce programs in Arizona. DCS' contracted life skills provider, AzCA, refers clients to Vocational Rehabilitation, Workforce Innovation and Opportunity Act (WIOA) programs, and community programs like Arizona Friends of Foster Children Foundation's Keys to Success, to support young people with their employment goals. Valley of the Sun YMCA created a complimentary program to their WIOA programming, specifically designed to support youth who experienced foster care. The partnership with YMCA has been integral because they are able to serve young people up to the age of 24. The YMCA program constantly shares information regarding resources, employment, and vocational training opportunities for young adults. The program has also been beneficial in funding programs and students who are not eligible for federal financial aid opportunities. In 2020, Valley of the Sun YMCA served 25 youth from their Foster Care specific WIOA program.

DCS and the NYTD team at ASU identified a natural partnership between NYTD survey participants and partners in the WIOA sector. As a result, DCS, the ASU NYTD Team, and the WIOA program Opportunities for Youth, met twice in September 2020 to explore how ASU survey administrators could connect interested youth with WIOA programming when the youth express an interest in career or employment needs. The PYS Unit Manager also presented the DCS' YAP to WIOA members in 2021, to continue educating this important Federal partner in how to collaboratively serve this population of young people.

During to COVID-19, the ability to provide the Teen Pregnancy Prevention Program to youth in group home and foster care settings was dramatically impacted due to group home and foster care facilities allowing only minimal visitors. In response to this decision, ADHS contractors offered to continue services via a virtual platform; however, this was not successful in all areas due to technological gaps that exist across the state depending on geographic and socioeconomic influences. Recently group homes and foster care settings have begun to allow outside services into the environments again and Teen Pregnancy Prevention Program contractors are currently serving 40 youth in five group homes.

DCS actively engages with community partners to support housing opportunities and options for young people. The PYS unit attends Arizona's two Continuum of Care (CoC) meetings in Maricopa and Pima counties. The Maricopa CoC facilitates a monthly Youth Collaborative meeting for partners who support transitional housing for youth. Local community partners include Thrive, Dream Center, Native American Connections, and UMOM. The Maricopa Youth Collaborative meeting reviews youth served by the Homeless Management Information System. Community partners review resources available through Rapid Rehousing, Permanent Supportive Housing, and Foster Youth to Independence (FYI)/Family Unification Program (FUP). DCS representatives share how Chafee and title IV-E Extended Foster care services can support eligible youth.

The Pima County CoC facilitates a monthly Homeless Youth Subcommittee (HYS) meeting for partners who support homeless and opportunity youth in the community. Local community partners include AzCA YAS, Youth On Their Own, Goodwill METRO, Our Family, SIROW Lighthouse, AzYP, Sin Puertas, Fostering Success, the Arizona Department of Education Homeless Education Program State Coordinator, youth who have experienced homelessness, and local ESSA and McKinney Vento school coordinators. The Homeless Youth Subcommittee works in conjunction with the Youth Advocacy Council through the Tucson Pima Coalition to end Homelessness (TPCH). Community partners review resources available through Rapid Rehousing, Permanent Supportive Housing, FYI/FUP, and other supportive services. DCS and AzCA YAS participates in the HYS to share how Chafee and title IV-E Extended Foster care services

can support eligible youth. TPCB received \$4.558 million from the Youth Homelessness Demonstration Project (YHDP) grant to provide funding for projects and services specific to youth homelessness in Pima County. DCS and AzCA YAS staff have actively participated in the core planning of this project and participated in the process to approve agencies that are utilizing these funds. Various agencies in the community have started their programs and DCS staff engaged in the Coalition have been able to refer young people who have exited foster care to these programs for assistance with housing issues.

AzCA YAS also engaged with the Federal programs for the Family Unification Program and Foster Youth to Independence Housing Vouchers, Arizona @ Work WIOA, ETV services, the Yavapai County TRiO program, Grad Solutions, Youth on the Rise (YOTR) WIOA program, and Tucson and Pima Collaboration to end Homelessness.

DCS continues to collaborate with juvenile justice agencies in Arizona. The PYS unit receives weekly email correspondence from Arizona's Department of Juvenile Corrections (ADJC) to evaluate if young people admitted to ADJC are also wards of DCS. This communication ensures that DCS and ADJC coordinate needs and services for the young people at ADJC. This also aids in better collaboration and case planning with the youth's ADJC team, including probation officers and transition specialists. AzCA collaborated with DCS and ADJC to enroll incarcerated foster youth into AzCA's programming before discharge from an ADJC facility. AzCA and DCS encourage engagement between the youth and TILP providers before youth discharge from a facility to ensure a smooth transition of services. Monthly collaborative meetings between DCS, AzCA, and ADJC team members include individual youth and case staffings, transition planning for youth exiting the Adobe detention facility, as well as updates on youth needs or concerns. This ensures every dually involved youth currently at Adobe receives appropriate transition planning for their exit to the community, when appropriate. These collaborative meetings also ensure problems are dealt with in a timely manner and that open-ended issues can be worked through as a team. The PYS team has direct communication on a weekly basis with many of the transition specialists at ADJC to address individual youth, DCS Specialist, or probation issues as they come up. ADJC presented information to 95 DCS employees in March 2021 regarding decisions to set-aside adjudications, sex offender registration, chronic felony offender law and adult charges, and extended jurisdiction.

### ***State's Efforts to Support and Facilitate the Coordination of FYI Vouchers***

The DCS Office of Prevention manages the Department's participation in the FYI and FUP Voucher Programs. Between July 2020 and April 2021, the Foster Youth to Independence Program successfully leased up 15 young people throughout the four participating housing authorities: Glendale, Scottsdale, Mohave County, and Flagstaff. Between July 2020 and April 2021, 30 youth FUP vouchers have been issued and thirteen youth have been successfully leased up. For more information on FYI vouchers, see *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being*.

### ***The State's Efforts to Engage or Re-engage Students whose Post-secondary Education was Disrupted by the COVID-19 Pandemic***

In March 2020, youth participating in the AZ ETV program were surveyed about their housing status and the transition to online classes due to COVID. If a student indicated having housing issues, student advisors contacted the youth by phone, email, and text message to provide resource information. To support students who indicated challenges with online classes, ETV created a tip sheet to familiarize students with virtual learning. The advisors also assisted youth with navigating on-line platforms and understanding the new expectations for engagement and participation. In late April 2020, a second survey was emailed to students to ascertain the ongoing impact of the pandemic on their housing, employment, and ability to manage finances.

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As a follow up to the COVID-19 surveys, ETV staff emailed general information about community resources and included links for local food banks, free and low cost internet options, emergency assistance, and COVID-19 testing throughout the spring semester. Students received information about unemployment benefits as well as tips for accessing stimulus assistance. ETV workers also helped those who experienced a loss of income or other COVID-19 related hardships to revise their budgets and ETV awards were increased, when possible, to assist with meeting the youth's needs.

During the spring of 2020, 344 youth received services and funding through the ETV program. Of these students, 108 students did not return for the 2020/21 academic year. Efforts to re-engage the students began in the summer of 2020 and were ongoing throughout the fall 2020 and spring 2021 semesters. Advisors acknowledged the challenges experienced by students as they transitioned to on-line learning, helped students reflect about what went well and where they struggled, and encouraged them to fully access both community and campus supports as they considered a return to school. If students indicated uncertainty or a desire to take time off, advisors assisted them with developing a plan and possible timeline for resuming their post-secondary programs. Attempts to contact these students occurred on multiple occasions.

- In July, August, and December of 2020, and again in January of 2021, the youth received text messages and email reminders prompting them to reapply for the 2020/21 academic year, to submit grades, and schedule time with their advisors.
- Students received monthly phone calls from advisors encouraging them to be in touch with ETV, to provide updates about their current circumstances, and discuss school plans.
- When applicable, student advisors reached out to DCS case managers by phone and email, and phone calls were made to emergency contacts identified by students in their ETV applications.

In April and May of 2021, current and former students were emailed about ETV funding and supports available through the Consolidated Appropriations Act to assist youth who experienced a financial need or hardship related to the COVID-19 pandemic. ETV staff disseminated links to an Economic Needs Assessment and ETV budget to identify any COVID-19 related needs or hardships, and offered former students the opportunity to develop a Success and Re-engagement Plan with a student advisor.

The DCS continued the development of a new Successful Transition to Adulthood contract to replace the previous life skills contract. The DCS created the new contract by utilizing information provided from youth directly relating to goals identified by DCS' Youth Empowerment Council, surrounding the following areas: youth satisfaction in living situation, youth connection to natural supports, financial literacy, and normalcy activities. In July 2020, the PYS Unit also surveyed the DCS YAP Specialists, with 24 participants providing feedback around important components to include Successful Transition to Adulthood contracts. The new contract will be able to support youth as young as age 14, as compared to age 16 with the prior contract. The new contract will also allow for flexibility in service delivery, with youth voice leading the frequency of visits as well as content to be explored. The anticipated start date for the new contract is the first quarter of SFY 2022.

#### ***ETVs Awarded***

Arizona's ETV program operated similarly in 2020 as it did in 2019. DCS continues to contract with the ETV Program Foster Care to Success (FC2S). Foster Care to Success has three Student Advisors who work directly with young people to support their educational goals. FC2S provides young people their ETV awards directly. As of March 1, 2021, Arizona accepted the Federal option under the Family First

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Prevention Services Act to serve young adults up to the age of 26, as long as the youth is making satisfactory progress toward completing his or her course of study or training, and has not participated in the program for a total of more than 5 years.

	<b>Total ETVs Awarded</b>	<b>Number of New ETVs</b>
<b>Final Number: 2019-2020 School Year</b> (July 1, 2019 to June 30, 2020)	486	206
<b>2020-2021 School Year*</b> (July 1, 2020 to June 30, 2021)	445	145

\*in some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year

***Chafee Training***

As outlined in the 2020-2024 CFSP, DCS has continued to utilize the Center for Study of Social Policy’s Youth Thrive™ training to ensure that DCS Specialists and community partners receive information about optimal approaches for serving transition age youth experiencing foster care. The Center for Study of Social Policy’s Youth Thrive™ framework incorporates the key aspects of Positive Youth Development, including knowledge of adolescent development, social connections, cognitive and social emotional competencies, concrete supports in times of need, and youth resiliency. The COVID-19 pandemic affected the PYS Unit’s ability to continue with in person training for a portion of 2020, but as of February 2021, the two-day in person Youth Thrive™ trainings have resumed. Despite challenges related to COVID, the PYS Unit successfully trained 98 DCS staff and 15 community members using the full two-day training between January 2020 and May 2021. The PYS Unit will offer two in-person trainings for CASA volunteers during the summer of 2021. DCS continues to provide a computer based training (CBT) for new DCS YAP Specialists and any other DCS staff who are interested in learning about supports for youth ages 14 and older. The CBT includes information on Chafee, NYTD, ETV, protective and promotive factors, adolescent brain development, trauma informed care, case planning for older youth, natural supports, and transitional support services.

***Consultation with Tribes (section 477(b)(3)(G) of the Act)***

The DCS Statewide Independent Living Coordinator facilitates regular communication with each tribe in Arizona regarding Chafee/ETV services. Tribal representatives from every Arizona tribe were invited to participate in the bi-annual Transition Age Youth meetings facilitated by the Department during September 2020 and March 2021. During these meetings, DCS Chafee and ETV contractors provide information about program eligibility, including services to youth in tribal foster care. During August 2020, DCS facilitated a conversation with the Navajo Nation, the Salt River Pima Maricopa Indian Community, and the Pascua Yaqui tribe, the three Arizona Tribes identified by the Children’s Bureau as having a Chafee and/or IV-E Extended Foster Care Program. The collaboration included an overview of the services provided to this population of youth in state and tribal foster care, eligibility criteria and funding for the services provided, and a discussion related to any potential gaps in serving youth in tribal care in Arizona. This group continues to have meetings on a quarterly basis.

The Arizona Young Adult Program continues to offer the Chafee funded life skills and after-care contract, as well as ETV services, to youth who are in tribal foster care. Arizona Children’s Association, the

contracted Chafee life skills provider, is contractually required to conduct outreach to inform tribes of the services available. The Salt River Pima Maricopa Indian Community and Pascua Yaqui tribe operate Chafee programs for youth in their tribal foster care systems. In addition, Pascua Yaqui operates an ETV Program for eligible youth. Navajo Nation is identified as having a title IV-E Extended Foster Care Program, and youth ages 16 and older are eligible for Arizona's Chafee contracted life skills and after-care program, TILP. Youth in the custody of the Navajo Nation's foster care system will be eligible to participate in DCS' new Chafee funded Successful Transition to Adulthood contract at the age of 14 and older.

During the COVID-19 pandemic, in-person presentations, events, and other outreach opportunities with tribal communities throughout the state was not possible, including on the reservation lands. Youth living on reservation lands in Arizona were provided options for virtual services via the Zoom platform in accordance with the DCS Visitation Guidelines. Youth who requested in-person services were granted this option in order to provide additional support in times of great need. AzCA plans to engage in more outreach efforts with the tribes in Arizona in the future based on additional guidance from the Center for Disease Control and individual tribes regarding COVID-19 precautions. Tribal representatives from every Arizona tribe were invited to participate in monthly virtual DCS Transitional Age Youth check-ins, during which Chafee and ETV services were discussed, as well as other COVID-19 related support for youth in Arizona.

Over the course of the last year, 89 youth referred for services were identified as American Indian/Alaska Native, and 51 of the youth were confirmed as having tribal membership. In addition, Tribal Social Service Workers sent 20 referrals for youth from nine tribes throughout the state of Arizona, including the Pascua Yaqui Tribe, Navajo Nation, Colorado Indian River Tribes, Yavapai-Prescott Indian Tribe, Yavapai-Apache Nation, Tohono O'odham Nation, Quechan Tribe, Hopi Tribe, and Fort McDowell Yavapai Nation.

In February of 2020, the Southern Arizona region connected with Pascua Yaqui Tribe Case Managers to support referrals and coordination of services for young adults eligible for Living Skills Training and Transitional Independent Living Program services. In addition, throughout the year of 2020 there were ongoing communications and collaborations via phone calls and emails with the Pascua Yaqui Tribe and the Tohono O'odham Nation Child Welfare Case Managers to support the services and new referrals for eligible participants in the DCS Living Skills Training and Transitional Independent Living Programs.

Throughout 2020, DCS staff in Northern Arizona engaged in coordination of care efforts with the Navajo Nation Social Services Department to discuss services for enrolled Navajo youth. The DCS staff also remained connected to Eagle Dancer Family and Youth Services in Snowflake, AZ to support Navajo youth receiving services. One Navajo youth in Chinle, AZ enrolled in the Transitional Independent Living Program received consistent in-person support throughout the COVID-19 pandemic to order his vital documents from the Tuba City Social Services office and to complete his housing application with the Navajo Nation Housing Authority. The Program Administrator also sent information on available services to the Hualapai Tribe and Colorado Indian River Tribes.

In addition to the above, the DCS Office of Tribal Relations intends to make additional attempts to collaborate with the Arizona tribes during SFY 2022 by:

- conducting yearly site visits with Navajo Nation, the Salt River Pima Maricopa Indian Community, and the Pascua Yaqui tribe to specifically collaborate with the tribes regarding Chafee and ETV services for youth,
- facilitating semi-annual meetings with all tribes with land within Arizona to discuss Chafee and ETV services for youth,
- ensuring the new DCS contractor for Chafee services develops a plan, to be provided to and

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approved by DCS, that describes outreach and engagement of tribal youth and their caregivers, as well as how they intend to provide culturally appropriate services to meet the needs of tribal youth,

- developing correspondence jointly with the DCS Permanency Youth Services Unit specifically related to Chafee and ETV services that can be provided to youth and tribes, and
- collaborating with the DCS Permanency Youth Services Unit to develop a quarterly newsletter to be shared with tribes, including information related to Chafee and ETV services available to youth.

# **Section XI**

## **Statistical and Supporting Information**

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***CAPTA Annual State Data Report Items***

*Information on DCS Specialist Workforce*

The Department of Child Safety (DCS) series positions are responsible for intake, screening, assessment, and investigation of child abuse and neglect reports. The Agency uses a full spectrum of staff recruitment activities, including job fairs, establishing relationships with educational institutions offering social work and related degree programs, posting employment opportunities on Arizona's employment website, azstatejob.gov, and utilizing social media recruitment campaigns.

Candidates apply online through the State's online job board website. As part of the online application process, candidates are asked a series of pre-qualifying questions and are asked to watch the DCS Specialist realistic job preview video. Information on candidates who wish to continue and who successfully answer the pre-screening questions is forwarded to a hiring manager for review. The hiring authority may schedule an interview with qualified candidates and candidates are asked to complete the State's application process. Upon successful completion of the interview, candidates who are recommended for hire undergo a background check, which includes obtaining a fingerprint card, Department of Motor Vehicle verification, and employment verification. Candidates must successfully pass all the background requirements before an offer of employment is extended.

*Education, Qualifications, and Training of Personnel*

DCS Specialist Trainee: Master's or Bachelor's Degree from an accredited college or university or five years of experience as a DCS Case Aide with the Arizona Department of Child Safety

DCS Specialist: Master's or Bachelor's Degree from an accredited college or university and 22 weeks as DCS Trainee experience or Master's degree in Social Work (MSW)/Bachelor's degree in Social Work (BSW) acquired through the DCS-ASU/NAU title IV-E program

Office of Child Welfare Investigations Investigator: Law enforcement experience or two years of experience as a DCS Specialist experience in an investigations unit

DCS Program Specialist: Master's Degree or Bachelor's Degree from an accredited college or university and three years as a DCS Specialist or OCWI Investigator

DCS Program Supervisor: Master's or Bachelor's Degree from an accredited college or university and one year as a DCS Program Specialist, or four years as a DCS Specialist or OCWI Investigator, or three years of DCS Specialist or OCWI Investigator experience and one year of professional supervisory experience

DCS Program Supervisor Coach: Master's or Bachelor's Degree from an accredited college or university and two years as a DCS Program Supervisor

DCS Program Manager: Master's or Bachelor's Degree from an accredited college or university and three years as a DCS Program Supervisor, or one year as a DCS Program Supervisor Coach

DCS Program Administrator: Master's or Bachelor's Degree in social work or closely related field from an accredited college or university and experience, appropriate to assignment, as a Program Manager in a Child Protective Services agency

The following table provides the educational degrees for DCS Specialists and Supervisors who were employed on September 30, 2020, and for whom this data is entered into CHILDS.

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Degree	DCS Specialists	DCS Program Supervisor	Total Degrees	Percentage of Total
MSW	44	19	63	9.3%
Masters/Related	21	9	30	4.4%
Masters/Non-Related	13	6	19	2.8%
BSW	63	35	98	14.4%
BA/Related	323	66	389	57.3%
BA/Non-Related	59	21	80	11.8%
<b>TOTAL</b>	<b>523</b>	<b>156</b>	<b>679</b>	<b>100%</b>

Data source: EINSTEIN Data Warehouse, run date 3-23-2021

The entry of college degree information into CHILDS was not mandatory; therefore, not all degrees are included in the above data.

*Demographic Information of Personnel*

The following tables provide the race/ethnicity, gender, age, and tenure of CPS Specialists and Supervisors who were employed on April 7, 202 (source: Human Resources Information Solution {HRIS} maintained by ADOA).

RACE/ ETHNICITY	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
American Indian	2	17	4	23
Asian	5	28	5	38
Pacific Islander	0	5	0	5
African American	19	126	13	158
Hispanic	43	305	50	398
Caucasian	93	496	122	711
Two or more	6	39	3	48
Unspecified	1	51	26	78
<b>TOTAL</b>	<b>169</b>	<b>1,067</b>	<b>223</b>	<b>1,459</b>
GENDER	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
Female	130	869	185	1,184
Male	39	198	38	275
<b>TOTAL</b>	<b>169</b>	<b>1,067</b>	<b>223</b>	<b>1,459</b>
AGE	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
Under 30 yrs.	83	361	13	457
30-39 yrs.	43	292	92	427
40-49 yrs.	25	210	66	301
50-59 yrs.	16	146	40	202
≥60 yrs.	2	58	12	72
<b>TOTAL</b>	<b>169</b>	<b>1,067</b>	<b>223</b>	<b>1,459</b>

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<b>TENURE<sup>2</sup></b>	<b>DCS Specialist Trainee</b>	<b>DCS Specialist</b>	<b>DCS Program Supervisor</b>	<b>TOTALS</b>
<5 yrs.	169	813	151	1,133
5-10 yrs.	0	232	63	295
11-20 yrs.	0	20	8	28
21-30 yrs.	0	2	1	3
>30 yrs.	0	0	0	0
<b>TOTAL</b>	<b>169</b>	<b>1,067</b>	<b>223</b>	<b>1,459</b>

See *Section IV: Assessment of Outcome Achievement* for information related to caseload averages for DCS staff.

*Juvenile Justice Transfers*

In some cases, it is determined that the youth’s needs are best met through a juvenile probation agency or the Department of Corrections and that services through the Department of Child Safety are no longer necessary. During FFY 2020, four children were transferred to the custody of the Arizona Department of Juvenile Corrections, Arizona Department of Corrections, or another state’s correctional department at the time of exit from the foster care system.

These children were identified by creating, from the State’s FFY 2020 AFCARS data, a list of all children who were age eight or older at the time of their most recent entry into out-of-home care and had a removal end reason of “transfer to another agency” during FFY 2020. A review of narrative case information identified the agency to which each child transferred. All of these children were in the care and custody of the Department for at least one day during FFY 2020 before transferring to the sole custody of the juvenile justice or correctional agency.

*Efforts to Track and Prevent Child Maltreatment Deaths*

The Department of Child Safety, in conjunction with the Statewide Fatality Prevention Committee, developed the Department’s plan to prevent child maltreatment deaths during SFY 2019. The Department and Fatality Prevention Committee continued efforts to implement the plan during SFY 2021, including providing safe sleep education to the community, teen parents, families involve with DCS, and DCS out-of-home providers, including a safe sleep commitment form and baby box or pack and play, if needed. The Committee focused on prevention efforts with the pregnant and parenting youth in foster care population by holding a two-day Young Parent University program during SFY 2021. Three educational workshop tracks were offered; a track for injury prevention, track for pregnant and parenting infants, and a track for parenting toddlers and preschoolers. Topics included injury prevention, parenting skills, fatherhood workshops, nutrition, and mental health. Triple P online codes, laptops for young parents, education support materials, and door dash cards were provided to the young parents in attendance. Office of Prevention staff also call pregnant teens who are in foster care to offer a phone or in-person conversation related to home visitor programs, safe sleep education, and safe sleep environments. Fostering Youth to Independence Vouchers are discussed with youth that are exiting care and at risk of homelessness. Additionally, CBCAP grant funds are made available to young parents exiting foster care that need financial support to be successful in leasing their first home. The teens are also provided with a baby book filled with child develop information.

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<sup>2</sup> This is tenure in the classification not tenure in state service.

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During the reporting period, the Committee has continued efforts to explore the overrepresentation of African American child fatalities by forming a monthly workgroup to discuss data elements related to the overrepresentation of fatalities in the African American and Native American children in Arizona.

During 2020, DCS formed a team to participate in the 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. SAMSHA selected Arizona for 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 FFY 2021. To address racial and ethnic disparities and improve the outcomes for all pregnant and parenting families with substance use disorders, the team is purchasing the only evidenced based universal screening tool for screening for substance abuse disorders, domestic violence, and mental health, the 4 P's plus and will be piloting this tool at a women's clinic in Maricopa County and Yavapai County.

The number of child deaths reported in NCANDS and the CFSR Child Safety Profile includes the number of children with a substantiated finding of child death that was entered into CHILDS during the FFY, regardless of the date of the report or the date of the child's death. For example, if the child's death and the DCS Child Abuse Hotline report occurred in FFY 2019, but the substantiated finding was not entered into CHILDS until FFY 2020, the child would be counted in the Child Safety Profile data or NCANDS in FFY 2020, rather than 2019.

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

The number of maltreatment fatalities identified by the Child Fatality Review Committee is substantially higher than the number reported to NCANDS because the Child Fatality Review Committee includes fatalities where maltreatment was believed by the team to have *contributed* to the child's death, and also considers child fatalities caused by an individual other than the child's parent, caregiver, or custodian. The data in NCANDS includes only those child fatality reports with a substantiated finding of child death, which requires evidence of a *causal* relationship to meet the standard of proof, and that the death was caused by the child's parent, caregiver, or custodian. For example, if a baby dies due to complications at birth and the mother is known to have used drugs prenatally, the Child Fatality Review Committee may find that maltreatment (substance exposure) contributed to the child's death, but the Department would not be able to substantiate a finding of child death due to maltreatment unless a medical doctor provided an opinion that the child's death was caused by the mother's drug use. Furthermore, the Child Fatality Review Committee data includes deaths that occur outside of the State's jurisdiction, such as on an Indian reservation.

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*Education and Training Vouchers*

See Section X, *Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report* for information related to education and training vouchers.

*Inter-country Adoption Act of 2000 (ICCA)*

The ICCA seeks to ensure that inter-country adoptions are in the child's best interest and protect the rights of children, birth families, and adoptive parents involved in adoptions from countries subject to the Hague Convention on Protection of Children. The Act also improves the ability of the federal government to assist United States citizens seeking to adopt children from countries subject to the Convention. Children adopted from other countries who enter the Arizona child welfare system have continued to receive the same comprehensive services as any other child in out-of-home care during the reporting period.

Case information was reviewed for each child who entered out-of-home care during FFY 2020 and was identified in CHILDS as having been previously adopted. This review identified nine children who entered out-of-home care in FFY 2020 and were the subject of an inter-country adoption.

One child was adopted from a Russian orphanage at the approximate age of 2 years old. DCS does not have the name of agency that facilitated the adoption. The child's adoptive parents died in March and December 2014. Following their deaths, legal responsibility and care of the child was with the maternal aunt; however, due to the child's behaviors, the aunt left the child with his godfather under a power of attorney. The godfather then refused to continue to care for the child due to his aggressive behaviors and drug use. The child continues to be in out-of-home care and is working with the DCS Young Adult Program towards a successful transition to adulthood.

One child was adopted from an orphanage in African at 8 years old. The specific country and the agency that was utilized is unknown to the Department. This child was brought into care due to the child's delinquency behaviors and needs for treatment for PTSD as a result of trauma prior to adoption. This child reunified with the adoptive parent in August 2020.

One child was adopted from Latvia at 9 years old. The specific circumstances and the agency that facilitated the adoption is unknown to DCS. It is known that the adoptive parents participated in a program in which they visited and cared for the children during the holidays before officially deciding to adopt the child and the child's older siblings. This child entered out-of-home care due to the child's behaviors and the death of the adoptive mother. The adoptive father has subsequently blamed this child for the adoptive mother's death and no longer wishes to have any involvement with the child. The Department is engaging the child in the DCS Young Adult Program to work towards a successful transition to adulthood.

A sibling group of six children entered care due to significant neglect, emotional abuse, and physical abuse. The specific circumstances and the agency that facilitated the adoptions are unknown to DCS. The adoptive parent's rights have since been terminated and four of the six children have been adopted by a relative of the original adoptive parents. These four children include one child who was adopted from China at 10 months old, a child who was adopted from Ethiopia at 6 months old, a child who was adopted from Guatemala at 1 year old, and a child who was adopted from Ethiopia at 9 months old. The other two siblings remain in out-of-home care with permanency goals of adoption. Both children were adopted from China at 4 years old and have special medical needs related to Spina Bifida. The specific circumstances and the agency that facilitated these adoptions is also unknown to DCS. One of the children was reportedly abandoned as a baby and was in several different institutions and hospitalizations prior to the adoption. The

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other child was reportedly residing in a foster home prior to the adoption and currently displays some behavioral concerns.

*Monthly Caseworker Visit Data*

The FFY 2021 monthly caseworker visit data will be reported to the Children's Bureau by December 15, 2021, as indicated by the December 17, 2020 Program Instruction. The caseworker visit data previously submitted for FFY 2017 through FFY 2020 indicate DCS met the goals of 95% of children seen on a monthly basis by caseworkers and at least 50% of the total number of visits occurring in the child's residence. See *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being* for information about the use of the federal Monthly Caseworker Visit Grant.

*State Contact for the FFY 2022 APSR*

Christie Kroger  
Practice Improvement Administrator  
Department of Child Safety  
2750 South 4<sup>th</sup> Ave.  
Tucson, AZ 85706  
(520) 638-4852  
[Christie.Kroger@azdcs.gov](mailto:Christie.Kroger@azdcs.gov)

# **SECTION XII**

## **Updates to Targeted Plans within the 2020 – 2024 CFSP**

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**Foster and Adoptive Parent Diligent Recruitment Plan** – Changes are reported in the separate document entitled *Arizona Foster and Adoptive Parent Diligent Recruitment Plan* included with the submission of the FFY 2022 APSR.

**Health Care Oversight and Coordination Plan** - Changes are reported in the separate document entitled *Arizona Health Care Oversight and Coordination Plan FFY 2022* included with this submission of the FFY 2022 APSR.

**Disaster Plan** – There were no disasters during SFY 2021 requiring the use of the Arizona Disaster Plan. Changes to the Disaster plan submitted with the FFY 2020-2024 CFSP are reported in the separate document entitled *Arizona Disaster Plan June 2021* and included with the submission of the FFY 2022 APSR.

**Training Plan** - Changes are reported in the separate document entitled *Arizona Staff and Provider Training Plan FFY 2022* included with the submission of the FFY 2022 APSR.