



CHILD AND FAMILY SERVICES

Annual Progress and Services Report
FFY 2023

Department of Child Safety
STATE OF ARIZONA

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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 (CFSP) and administering title IV-B and title IV-E programs. The Department provides:

- prevention services
- child abuse and neglect investigations
- child safety assessments
- family support
- preservation and reunification services
- family foster 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
- 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
- Office of Accountability
- Foster Care and Adoptions Support
- Human Resources
- Prevention and Communications
- Continuous Improvement

Field Operations:

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

Support Services:

- Permanency and Youth Services
- Facilities and Business Support Services
- Procurement and Contracts
- Fidelity and Compliance Services
- Resources and Referral Units
- Finance
- Information Technology
- Comprehensive Health Plan

Consultation and Research:

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- Practice design
- Program development
- Data analytics

The Office of Accountability:

- 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:

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

Finance:

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

Communications:

- Office of Prevention
- Public Information
- Correspondence Control

Regional Operations

Arizona's fifteen counties are distributed into five regions. Maricopa East, Maricopa West, and South Regions encompass the state's urban areas while 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, parents and the community 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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The Department's framework for collaboration with stakeholders includes three components: a strategic plan, targeted engagement activities and continuous engagement initiatives. These components provide an opportunity for stakeholder collaboration, forums for consultation and a method to articulate the Department's strategic vision, mission, goals, objectives and activities to support and sustain improvement initiatives. This framework allows for stakeholder (families, youth, tribes, courts, etc.) input into the assessment of performance, updates to the plan for improvement and outcome progress.

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 (MOOR), Child and Family Services Plans (CFSPs) and Annual Progress and Services Reports (APSRs) are available to staff and stakeholders on the Department's [Performance Measures and Reports](#) website. The Department has presented outcome and goal-related data to staff and external stakeholders during committees, workgroups, huddles 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 utilizing available data and the advice and insight of numerous internal and external stakeholders. Parents, youth, American Indian Tribes, court partners, advocacy groups, service providing agencies, Department 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 the Department consulted with to inform the selection of goals and strategic initiatives. In SFY 2022, the Department's strategic plan continues the five multi-year strategic priorities and updates the strategic initiatives to describe the milestones planned for SFY 2023. 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 2021 and 2022, targeted engagement has focused on supporting all partners during the COVID-19 pandemic, implementing 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 implementation of Guardian, the Department's new Comprehensive Child Welfare Information System (CCWIS).

Meaningful collaboration and communication with staff are a top priority for the Department. Although the COVID-19 pandemic presented unique challenges, consistent and essential communication ensured the Department's commitment to children, families and the communities served. The Director supports and nurtures a culture that first and foremost listens, validates and seeks to solve and improve issues to retain employees. The Director has continued frequent video messages to staff and has visited field offices to develop and implement an aligned leadership and management culture that embodies and promotes shared values, a learning and coaching mindset and behavioral integrity. This provides an opportunity for

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Department staff to be informed about issues, initiatives and challenges the Department is facing and provide feedback and suggestions. Recurring continuous quality improvement efforts reinforce the relational ability to problem solve, develop counter measures and take actions for observed change which can be assessed and modified based on feedback and identified needs.

The Deputy Director of Field Operations meets quarterly with leadership of each region and meets with the program managers for Maricopa and Pima counties to review performance metrics and provide updates on the strategic initiatives. Feedback is encouraged and is important to understand the needs, perceptions and to assess success of learning, practice fidelity and continuous improvement from Department staff providing intake, assessment and permanency to shape changes and understand the impacts of policies, procedures and practice. The next quarterly meeting is scheduled for August 2022.

The Department has continued to improve communication and engagement with community stakeholders and partners as the result of learning during the pandemic. The Director continues to hold monthly calls with community non-profit organizations to share messaging and provide updates to strategic planning. In addition, the Assistant Directors of Support Services and Foster Care and Post Permanency Supports have established communication with key contracted partners to ensure messaging reaches the broader audience. This includes monthly calls and the distribution of community progress reports. Quarterly Provider Meetings continue to be held with Department contractors. The Department also holds regular sessions with the Arizona Council for Human Service Providers as well as the Foster Care Consortia around the state to ensure ongoing collaboration and partnership in strategic activities. The Department received assistance from the Center for States specific to foster and congregate care contractors to support an enhanced communication and engagement strategy with those providers. Additionally, many other initiatives and partnerships such as Positive Parenting Program (Triple P), Thriving Families Safer Children, Transition Aged Youth (TAY) Foster Care Survey and the DCS Data Community Committee demonstrate the Department's collaborative commitment. Many of these collaborations occurring during this reporting period include participation from parents, youth and families with lived child welfare experiences, which helps shape and support more effective practice. These collaborations advance initiatives and support the Department's priority goals and strategic plan.

The Department implemented service array enhancements July 1, 2021, by adding the evidence-based services Family Connections (FC) and Nurturing Parenting Program (NPP). The Department coordinated with the Arizona Council of Human Service Providers to co-host meetings with service providing agencies to obtain feedback on the implementation of FC and NPP, and what needed to be addressed to ensure programmatic success. Providers identified operational and staffing challenges and solutions, as well as how to refine the referral process. Furthermore, there was coordination, collaboration, and information sharing with providers regarding parenting time.

The requirements of the Family First Prevention Act included the implementation of Qualified Residential Treatment Programs. A new therapeutic foster care caregiver training was developed with input from behavioral health managed care organizations, licensing agencies, foster parents and other key stakeholders to review and update the training curriculum. Overall, the collaboration supports enhancements to direct services and increases awareness of cross-agency process to develop efficient operational relationships with child welfare system partners to improve service delivery. The service array increases the skills and variety of service providers and caregivers.

The Department launched its new Comprehensive Child Welfare Information System (CCWIS), Guardian, in February 2021. As with any undertaking of this magnitude, there have been challenges with reporting, ease of use and system operations. Department staff have provided feedback on Guardian functionality, which has been incorporated into system changes for ease of use. When feedback was received that the provider and caregiver portals were not meeting the customers' needs, those challenges were aggressively

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addressed. Continuous improvement for business processes has occurred with a dedicated infrastructure improvement team. Issues remain with data collection and reporting. This is a key priority for immediate improvement for the Department and multiple internal resources have been committed to monitor and improve data quality. The Department supports the critical area of usability by targeting communication essential to the functionality of Guardian to the workforce. These targeted communications from both the Policy Manger and Department Help Desk, provide critical and functional updates, notifications of system issues, and status of resolution. This prepares the user to navigate through the system with full awareness and knowledge of updates, functionality, and system issues. The communication also encourages users to identify and communicate concerns, ideas, suggestions, and observations.

The Department is collaborating with Action for Child Protection and Evident Change to evaluate the Team Decision Making (TDM) process. This will result in enhancement of facilitator skills. Policies are being reviewed and observations of the different types of meetings are occurring statewide. Families and youth with lived experiences and members of the African American and tribal child welfare communities are being consulted to improve fidelity and identify potential practice improvements to align with the SAFE AZ practice model. The goal is to develop long term coaching strategies and ensure best practice for cultural responsiveness, parenting time and domestic violence.

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 Empowerment Council

The Department continues to utilize the Department's Youth Empowerment Council (YEC) as an integral component of including youth input in the implementation of Arizona's Chafee program. The Department's Youth Empowerment Council, Permanency and Youth Services (PYS), and members from Executive Leadership meet on a monthly basis. The Department also engages with young adults and allies through an Instagram account. Instagram has allowed the PYS team to ask young people questions about their needs, provide updates, and share resources. YEC also continued their efforts around peer-to-peer interactions, which included "Coffee and Convo's," DCS Youth Convening "Treat Yo'Self," volleyball, kickball, a movie event, and more.

The Youth Empowerment Council continues to focus on improving the lives of youth in foster care. The Council's goals for 2021 were to ensure youth in group home care had information about the foster child bill of rights. On March 8, 2022, the Council president and vice president presented the goals and mission at the Quarterly Congregate Care Provider meeting. As the result of this meeting, the providers committed to posting the foster child bill of rights in their group homes. The YEC will also collaborate with providers to determine topics to present to youth in the group homes during the summer of 2022. The PYS Youth Advocate Specialists will support the YEC members in completing these presentations.

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In spring 2022, DCS YEC selected the Youth Conference Workshop presentations topics and organized the agenda. This event is scheduled for July 2022 in Flagstaff. YEC leaders will be the event emcees and assist youth during the conference. In May 2022, the DCS YEC participated in a roundtable discussion with ACF's Associate Commissioner Aysha Schomburg, discussing the needs of transition age youth experiencing foster care in Arizona.

The Arizona Citizen Review Panels (CRP)

The fundamental role of the Citizen Review Panels 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 consists of citizens with varying degrees of knowledge and experience in child welfare.

The Arizona Citizen Review Panels are composed of three individual panels:

- Community Advisory Committee
- Prevention
- Successful Transition to Adulthood (STA)

Community Advisory Committee: In May 2014, Arizona Revised Statute 8-459 was signed into law, establishing requirements for a Community Advisory Committee. The Committee is comprised of members from education, healthcare, law enforcement, child welfare, the faith-based community and Arizona's tribal community and serves as one of the three required Citizen Review Panels. The committee provides an opportunity for the Department and community stakeholders to strengthen families, collaborate to ensure child safety, and achieve permanency for children. All meetings are open to the public, and each meeting dedicates a portion of the meeting to public comment. Public attendance has significantly decreased during the pandemic. The public can view the meetings online and email comments, which are read into the official minutes of the meeting. During SFY 2022 the Community Advisory Committee held six virtual meetings. Meeting topics included the Department's service array roll-out, vaccines and COVID-19 procedures for children in congregate care, Department staffing shortages, attorneys for juveniles in dependency cases, Grand Canyon University's CityServe program, Citizen Review Panels, barriers for kinship caregivers obtaining foster care licenses, and the Department's efforts to mitigate disparity in the foster care system. The meeting agendas and recordings are available to the public on the Department's website. The Community Advisory Committee annual reports can be viewed at the Department's website.

Prevention: The Prevention CRP was formed in November 2021 after the dissolution of the previous committee. The prevention panel is still in its infancy stage; however, has met six times to date to identify a focus for this year. The proposed focus areas include strengthening the Department workforce by addressing caseworker burnout and bridging the gap between the Department and the community.

Successful Transition to Adulthood (STA): The STA panel met in September and October 2021 and February, March, April, May and June 2022. This CRP identified the following topics for further review: current practices to provide youth with information about sexual and reproductive health, educating youth about healthy intimate relationships, and current policies intended to encourage youth to maintain their cultural identity. This panel continues to explore how the Department can ensure that more youth in transition have the tools and skills needed to succeed.

See the Arizona Citizen Review Panel Annual Report available on the Department's Public Website for additional information. The *Arizona Citizen Review Panel Annual Report* was received by the Department on June 3, 2022 and the Department published the DCS Response to 2022 Citizen Review Panel Report on June 28, 2022.

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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 2022, the Arizona Council members worked with the Department on report consolidation, legislative policy agendas, therapeutic foster care, Guardian feedback, and potential flexibilities and modifications to the address workforce concerns. The Department and committee members have worked collaboratively on the transition to, and implementation of, parent skills training programs. The Arizona Foundation for Human Service Providers is the 501(C)3 arm of the Arizona Council. In 2017, the foundation entered 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 Department staff members, as well as foster and kinship caregivers have attended the Foundation's facilitator training.

The Arizona Council of Human Service Providers conducted a Transition Aged Youth (TAY) Foster Care Survey for this target population. The purpose of this survey was to get input from former and current foster youth, as well as Department staff, foster and kinship providers, and foster care licensing agencies on what is most needed to prepare the TAY population for success upon exiting the foster care system. The survey results showed three major areas in need of improvement: job skills training, affordable housing, and reliable and affordable transportation. This information will be used to help shape public policy and enhance programming for the TAY population moving forward.

Collective Impact for Child Safety and Well-Being

Arizona's Collective Impact for Child Safety and Well-Being formed in 2016 is a group of community and organizational leaders, including the Department, committed to improving outcomes for children by organizing cross-sector members to reduce the number of Arizona children entering foster care. The Collective Impact model focuses on solutions designed in partnership with people with lived experience by leveraging resources from its diverse partnerships to fund, initiate, test, and adapt strategies to connect families to supports and resources.

Individuals with lived experience in Arizona's child protection system have expressed challenges in accessing and utilizing support services. Arizona's Collective Impact for Child Safety and Well-Being seeks to address these barriers through a collaborative approach to coordinated service delivery systems that increase protective factors and support social determinants of health.

Collective Impact provides high-level systems alignment and improvement efforts led by a Core Team, and on-the-ground strategy development and testing by Action Teams. The Action Teams have identified two improvement strategies and are currently exploring a third.

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- The Strong Families Toolkit is a concrete tool for families to hold and organize the information about the services they access. The tool is intended to improve collaboration among resource providers and ensures families own their own resource information.
- A chat bot application aims to decrease the number of families in crisis through a text-based digital tool that connects families with support providers and resources using plain, accessible language.
- Collective Impact is working to address the disproportionate number of preventable infant deaths occurring in African American communities by exploring, analyzing, and adapting home visiting improvement strategies alongside members of these communities.

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, Assistant Director of Foster Care and Post Permanency Supports, and Tribal Liaison. The CI Program Manager and others from the Dependent Children's Services Division of the Administrative Office of the Courts 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 statewide expansion of the Dependency Alternative Program (DAP). The DAP has been available in Pima County for many years, and through this subgroup, continues to be introduced to counties in Arizona. For more information on the DAP, see *Section II: Programs and Services to Achieve Safety, Permanency, and Well-Being*. The Court Improvement Advisory workgroup provided the following trainings:

- The New DCS Service Array – A Response to Family Needs, Culture, and Readiness to Change
- Reasonable Efforts in Light of Better Understanding DCS Service Array
- Every Youth Needs Someone
- Truth and Healing Commission on Indian Boarding School Policies Act
- Culturally Appropriate Treatment Program
- Cultural Humility and Trauma Informed Care
- Tribal Values as relates to Parenting and Child Rearing

The Arizona 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. The circumstances surrounding every child death in Arizona is reviewed by one of the eleven local child fatality teams located throughout Arizona. The teams are comprised of experts including pediatricians, social workers, attorneys, advocates, law enforcement, representatives from the county Medical Examiner's office, and others. The teams must include local representatives from the Department. Department representatives bring expertise on the causes and signs of child maltreatment; answer questions regarding policy, protocol, and practice; and provide information about prior involvement with the family, if applicable to the case. The state team provides oversight to the local teams and produces an annual report

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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 made available to the public. The annual report summarizes review findings and makes recommendations regarding the prevention of child deaths. The Department has used this information to inform and develop the 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 2022, 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 met virtually in July 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 plans to re-engage internal and external stakeholders in discussions to focus on prevention efforts for the birth to five population, pregnant and parenting youth in foster care, accidental toddler opioid overdose and the overrepresentation of African American child fatalities specifically around co-sleeping. In SFY 2023, the Committee plans to extend invitations to local community leaders to partner with this committee to discuss ways to better meet the needs of the underserved populations as well discuss fatality and near fatality reports to identify collaborative cross system prevention methods.

The Parent Advisory Collaborative (PAC)

The Parent Advisory Collaborative consists of eighteen parents, many of whom had prior involvement with the Department. The PAC brings leadership and a community prevention voice which contributes to the development of best practices within the Department. Recommendations are provided to the community and Department to support the services and systems with compassion and respect for families and their culture, encouraging individual and family involvement.

The PAC meets quarterly with Department leadership to receive education on practices, updates, and share information. In addition, the PAC meets monthly for a parent workshop to focus on special projects. Current projects include newsletters, assisting with Department informational guides, brochures, pamphlets, policy, and surveys. The PAC has participated in awareness videos shared with Department staff and Child Abuse Prevention Month media campaigns. The PAC collaborated with the Arizona Department of Health Services to develop a poster about the effects of marijuana use that will be used in every licensed dispensary throughout the state. Members also participated as panelists for the 2021 annual Department leadership summit to discuss the importance of the inclusion of fathers in child welfare case activities. The PAC receives continuous education such as seminars, conferences, and protective factors training.

The Committee on Juvenile Courts

The Committee on Juvenile Courts (COJC) is a standing committee of the Arizona Judicial Council which helps to develop and implement policies to improve the quality of justice, as well as 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 areas of strengths and concerns with the statewide Arizona child welfare process. COJC and the Department

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worked together to develop Frequently Asked Questions (FAQ) for legal and judicial partners outlining the new service array of evidence-based programs designed to address specific behaviors. The FAQ was discussed during the *A Reasonable Efforts in the light of a better understanding of the DCS Service Array* training presented by the Administrative Offices of the Court. The FAQ has been published and distributed through the courts.

The Indian Child Welfare Act (ICWA) Committee

The ICWA Committee, overseen by the Arizona 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 Department staff, expert witness testimony, and ICWA Court.

Court Teams for Infants and Toddlers/Safe Babies Court Teams

Safe Babies Court Teams (SBCT) is a national initiative of ZERO TO THREE that was adopted by Arizona's juvenile courts. Rooted in developmental science, 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. It 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 for children.

Prevent Child Abuse Arizona hosts an annual statewide court team gathering. This gathering occurred virtually on July 16, 2021 and provided an opportunity for all statewide court teams to receive advanced training and discuss goals and progress on statewide and county levels. The statewide convening will be in person in 2022 and will feature a subject matter expert from ZERO TO THREE.

The initiative continually provides training and technical assistance to court teams statewide. In SFY 2022, statewide quarterly community of practice meetings began, which bring together coordinators from across the state to learn about how other counties are implementing SBCTs, address barriers and successes they have experienced, and network for solutions. Several SBCTs in Arizona have an active Community Team and meet monthly. Each meeting includes a training and the opportunity for networking. In Maricopa, as well as other counties, the Department attends these meetings and provides updates to the community teams.

Collaboration with the Juvenile Justice System

The Department continues to partner with the Juvenile Justice administrations on topics facing the two systems, including the implementation of Qualified Residential Treatment Programs (QRTP). On October 1, 2021, pursuant to federal law, the Department implemented QRTP as new trauma-informed group care facilities designed to assist minors who, for various reasons, are not able to maintain residence in a family setting. Collaboration between the Department and the Juvenile Justice system ensures QRTP placements are also available for dually adjudicated youth who would benefit from such placement.

Crossover Youth Practice Model

The Crossover Youth Practice Model (CYPM) is a joint effort between the Department and the Administrative Offices of the Court (AOC) including probation and detention, behavioral health and

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education partners to bolster the standardized process of preventing youth involved in the juvenile justice system from entering foster care. Additionally, the model ensures children in foster care who are arrested for a crime receive the same level of advocacy and support as a non-foster child. This program established statewide information sharing between the Department and AOC.

A CYPM all-sites meeting, led by the Department and CYPM stakeholders at Georgetown University was held on November 3, 2021, to celebrate the CYPM implementation in each Arizona county and at the state level. The program supported an increase of coordination with Juvenile Justice for youth involved in each system as the result of established data sharing protocols, and regional monthly and quarterly collaboration meetings. Due to its success, there are plans to sustain CYPM work throughout the state. Quarterly CYPM collaborative meetings are held in each region to discuss ongoing projects and collaboration between the Department, Arizona Department of Juvenile Corrections, and community partners. On March 16, 2022, the Department's Permanency and Youth Services Coordinator gave a presentation on the DCS Young Adult Program, Extended Foster Care and available transition service program information to Pinal County Juvenile Probation Officers and other community partners.

Family Drug Court

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 81% of the SAMHSA grant goal for FFY 2021 and is recognized as a National Peer Learning Court. With 88 parents and 140 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 for improved sobriety, parenting capacity, family functioning, and child well-being. A fundamental aspect of FDC's operation is the successful incorporation of peer support through staff Recovery Support Specialists who have the unique role of providing additional support and accountability for the parents. FDC collaborates with the Department by providing workspace at the Pima County Juvenile Court. Having a dedicated, specialized Department 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 2021 was 84% (98% for parents who graduated; 94% for parents who voluntarily discharged; 50% for parents who were involuntarily discharged).

The family drug court program in Maricopa County is a collaboration between the Juvenile Court, Terros Health, Medically Assisted Treatment, and Family Involvement Center's Parent for Parent Program. FTC is designed to improve outcomes for parents who have dependency court involvement and an allegation of substance abuse. The program involves frequent hearings before a judicial officer who helps motivate and provide accountability to parents as they work toward sobriety. The Maricopa County program began in 2012 at the Durango Juvenile Court in Phoenix. In 2013, the program was expanded to the Southeast 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. In 2020 the Department liaisons were removed from the collaborative, but FTC continues to outreach and welcome Department involvement and teamwork to ensure good communication. Parents who successfully complete FTC experience higher reunification rates than other families the Department serves. Due to the COVID-19 pandemic, the in-person FTC hearings were altered in March 2020. Hearings with the parents resumed in-person in 2021 at the Southeast Facility and remain virtual at the Durango facility. During this time, the FTC staff continued to maintain regular contact with the parents to support their sobriety. The Juvenile Court's FTC encourages the Department to outreach and refer parents with substance challenges to FTC to improve outcomes for families.

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Task Force on the Arizona Rules of Procedure for the Juvenile Court, Supreme Court of Arizona

The task force continues to meet monthly to review current and new 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. The Arizona Supreme Court accepted the proposed changes and additions in January 2022, including emergency approval of Rule 52.1/335, pertaining to Qualified Residential Treatment Programs (QRTF). The remaining rules go into effect on July 1, 2022.

Foster and Adoption Supports (FAS) Quarterly Statewide Services Meetings

During SFY 2022, the Department continued to hold FAS meetings to provide relevant information, data and updates to the provider community on the 2022 strategic plan, and initiatives and improvements. The meetings hosted in December 2021 and March 2022 were held in person. Topics of discussion have included a training on Narcan, responses to the current and former out-of-home caregiver surveys, the rubric for the secret shopper calls, policy and procedure for foster home investigations, transportation barrier for children, and agency needs for recruiting and retaining out-of-home caregivers. Participants include the Director, Assistant Director of Support Services, Foster Recruitment and Retention Specialists, and FAS agency staff including executive level leadership. These meetings serve as 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 a greater understanding of the secret shopper calls and Family Support Plans, which progressed into a workgroup to improve Family Support Plans. In addition, the Foster and Adoption Recruitment team continues to partner with agencies on community and foster events to increase awareness of the needed improvements 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.

During this reporting period, members of the Children's Bureau were invited to attend planning sessions for the quarterly provider meetings and share methods to improve delivery of information and collaboration with the agencies who attend both the FAS and Congregate Care meetings. The Children's Bureau assisted with structuring the meetings to ensure feedback and participation. Additionally, the members of the Children's Bureau are attending and consulting on other collaboration meetings including a monthly meeting between the Foster Home Licensing team and the FAS agencies on handling licensing concerns.

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 continued to be held virtually due to the COVID-19 pandemic. The DCS Foster Recruitment and Retention Specialists attend 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. The contractual relationship and practice related to the recruitment of foster families, nurturing leads and support is discussed. This drives potential practice change and collaboration. Those topics identified are included in other meetings. Additional members of the Department attend the meetings as well, including the Assistant Director of Foster Care and Post Permanency Supports, the Foster Supports Manager, and multiple Office of Licensing and Regulation managers.

Collaboration with University Partners

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The Department collaborates with university partners in relation to many improvement projects. It is anticipated Arizona State University (ASU) will continue to support the DCS Leadership Summit in SFY 2022. The Department worked jointly with Arizona State University to conduct the National Youth in Transition Database (NYTD) surveys. The Department has partnered with Grand Canyon University to provide full scholarships (tuition, fees and year-round room and board) for qualified foster children.

The Healthy Families Arizona Program (HFAz) Advisory Board

This community-based group was formed in 1993 and serves in an advisory capacity to the Department and the Healthy Families Arizona Program for 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 meeting program best practice standards. The Advisory Board takes a strong advocacy role and this year was instrumental in the legislative effort to provide additional funding for HFAz.

FosterEd

The Arizona FosterEd initiative of the National Center for Youth Law is 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, 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 Union High School District, working with students with a high level of need, and three Education Liaisons are co-located in Department 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 the Department and community partners to create a standard operating procedure as a support for assisting school age children through their educational enrollment and participation.

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, ASAP integrates strategies across systems to leverage existing funding and increase access to community services. 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](#) for additional information about the Partnership.

Safe, Healthy Infants and Families (formerly Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs)

For over a decade, the Department has been involved with the Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs (the SEN Task Force) now known as Safe, Healthy Infants and Families (SHIFT). This task force 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 physicians and hospitals to address the needs of substance exposed newborns and their families. SHIFT is comprised of members from the legal, child welfare, medical, behavioral health, early intervention, and public health communities

The mission of Arizona SHIFT is to identify and support pregnant and postpartum families in Arizona affected by substance use disorders by receiving person centered, high quality, trauma-informed, culturally responsive and compassionate care. The vision is to improve outcomes for babies and families affected by a substance use disorder with a commitment to forge a robust network of community care providers to support families with a coordinated, integrated, and non-stigmatizing approach. The goal of the pilot project is to demonstrate that the 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. 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 who have experienced substance exposure.
- increase the use of Prenatal Family Care Plan prenatally and post-partum.

The SHIFT Collaborative meets monthly to discuss system improvements. SHIFT members developed the Prenatal Family Care Plan, a prenatal plan of safe care and has continued its process of implementing the Prenatal Coordinated Care pilot project. The Prenatal Family Care Plan is comprised of information including the family's substance use treatment history including, mental and behavioral health records, drug testing results, family and medical contacts and safe sleep information, that will assist medical providers

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and the Department when working with the family at a critical and highly emotional time. The Prenatal Family Care plan was piloted in Yavapai County and has since expanded to Maricopa and Pinal counties. The Maricopa County SHIFT website went live in early 2022. SHIFT has partnered with a local provider, Hushabye Nursery, and has begun trainings in Pinal County as well as implementing a training for Department staff. The Prenatal Family Care Plan remains in its infancy stage as medical care providers and the Department continue to assess this new process. The SHIFT team is also working on a uniform discharge plan to be used by medical care professionals.

The statewide team consists of members from the Arizona Health Care Cost Containment System, Arizona Department of Health, a Juvenile Court Judge and Deputy Director, a medication assisted treatment provider, substance abuse treatment provider, a member of the PAC, a member of the American College of Obstetrics and Gynecology, a member of the Perinatology Trust, a pediatrician, a home visitor supervisor, Department Office of Prevention and Prevent Child Abuse Arizona. The statewide team continues to receive technical assistance from the National Center on Substance Abuse and Child Welfare, Children and Family Futures.

The Interagency Leadership Team (IALT)

The Interagency Leadership Team is a collaboration between the Department of Health Services, First Things First, the Department, Arizona Early Intervention Program (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. During this reporting period the IALT Statewide Data Management Workgroup was formed. This subcommittee is using data from Efforts to Outcomes (ETO) to determine the best options for statewide reporting of data. System reports were created for home visitation rates by county, program and zip codes. This data was used to determine the overall reach and impact of the home visiting programs. The committee is also working on determining the best methods for analyzing aggregate data for immunizations, well child visits and developmental screening.

The IALT collaborates to provide professional development to home visitors by assisting with a statewide home visitor annual conference and Home Visitor Supervisor Institute. This year the home visitor annual conference and the Home Visitor Institute are scheduled to be held in person. Professional development opportunities continue to offer 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 continue to be discussed and coordinated during IALT meetings to reduce or prevent child maltreatment.

Arizona Department of Juvenile Corrections (ADJC) Partnership

The Arizona Department of Juvenile Corrections Partnership was re-established in January 2021 with new members. Monthly collaborative meetings occur between ADJC and the Department to discuss dually involved youth and release plans for those youth incarcerated at Adobe Mountain, the Arizona Juvenile Corrections facility. The plans include any actions that need to be taken to ensure a successful transition from incarceration to the community. These collaborative meetings include Juvenile Corrections case managers and Youth Transition Specialists, the ADJC Chief Hearing Officer, placement coordinators and Department staff.

The Department Permanency and Youth Services (PYS) Coordinator attends staffings, Child and Family Team (CFT) meetings, and Team Decision Making (TDM) meetings to assist Department and ADJC teams in planning for a youth's successful transition to adulthood from Adobe Mountain. The support frequently

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includes conversations and direction about the Department's Young Adult Program (YAP), extended foster care, extended jurisdiction youth planning, and plans for family reunification, if appropriate.

On February 24, 2022, and March 8, 2022, the Department's PYS Coordinator presented on YAP, extended foster care, and available transition service program information to the ADJC Adobe Mountain Youth Transition Specialists and ADJC case management staff respectively.

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

The Department has engaged in a continuous improvement cycle with community partners 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 includes strategic planning, targeted engagement activities, and continuous engagement initiatives components. 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 Statewide Committee Coordinators to primarily support the Citizen Review Panels, stakeholder engagement committees, the Youth Empowerment Council, and the Parent Advisory Collaborative. The coordinators' roles are to:

- plan, support, and attend stakeholder committee meetings.
- at the request of the committee, schedule presenters, prepare meeting materials, and ensure meetings are posted in accordance with public meeting law, if applicable.
- ensure committees have a clearly identified charge and assist with execution.
- identify focus areas or topics on which the Department desires feedback.
- ensure there is no unintentional redundancy among the different stakeholder committees.
- determine whether intra-committee collaboration is necessary and facilitate collaboration
- 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 the Department and the child welfare community.
- 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 on a regular basis, and input from Department stakeholders is incorporated into decision making and CFSP goals. The Department's Semi-Annual Child Welfare Report, Monthly Operational and Outcome Report (MOOR), 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 Department's [strategic plans](#) are available on the Department of Child Safety's internet site.

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 service array development. Although the COVID-19 pandemic may have impacted attendance and participation, the new challenges have led to refocusing of priorities, goals and strategies in continuous engagement to more align with emerging and

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existing needs. Robust communication and shared experiences have created opportunities for assessment, re-alignment and improvement of engagement and outcomes through meaningful discussion and concentrated focus.

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) located throughout Arizona, to increase the public's ability to strengthen families. The councils organize engagement campaigns to heighten public awareness of child abuse and neglect and communicate strategies to help communities assist in prevention. Councils also advocate for effective prevention programs and policies that ensure the safety and well-being of children.

The councils are a primary and secondary prevention strategy funded solely by the Community Based Child Abuse Prevention (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 on the Department's [Office of Prevention webpage](#) and 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. There are now 18 statewide RCAPCs in all 15 counties.

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 at community and school resource fairs, and provide virtual and in person training that educates the public about the effects of Adverse Childhood Experiences (ACES) and the healing qualities of the Protective Factors. Articles were published in local newspapers for parenting tips. Spotify and Pinterest are utilized as a source of media distribution.

Since COVID-19 restrictions have been lifted, there were several in-person events held to bring awareness about child abuse prevention, such as a six-foot pinwheel painting activity for families, Superhero Day and several community resource fairs. The councils continue community engagement by developing family engagement bags containing prevention materials, community resources, and protective factor building activities such as books, child games, and coloring pages. In April 2022, the Office of Prevention Child Abuse Prevention Month media campaign focused on encouraging the community to "Take 10 for Child Safety," This message highlighted techniques to avoid Shaken Baby Syndrome by taking ten: distract with a 10-minute talk, distance with 10 feet of space and de-stress with a 10-minute break. This multi-media campaign included radio and television public service announcements, billboards, web pages, news articles, Facebook, Twitter, Instagram, and Spotify.

The Department 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. The Department promotes the protective factors by educating Department staff and members of the Parent Advisory Collaborative about the protective factors and integrating the concepts across the service array for families.

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Adverse Childhood Experiences Consortium

The Department is a founding member of the Arizona Adverse Childhood Experiences (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 Department comprehensively incorporates the trauma-informed practice principles including safety, collaboration, choice and transparency, which also align with the Department's values.

The Department Office of Prevention Coordinators are active members of the Consortium and facilitate quarterly meetings. The ACEs Consortium continues to hold workgroups on topics ranging from enhancing the train-the-trainer presentation, improving clinical practice, and integrating trauma informed practices into schools. The ACEs Consortium continues to grow, as 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 ACEs 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 Parent Advisory Collaborative (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 brochures that provide parents information on selecting safe caregivers and preventing 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 Department website. The "Who Do You Trust with Your Child" brochure is also included in the DCS Infant Care Plan and distributed with the Safe Sleep Baby Box Program.

Parent Advisory Collaborative

The Department 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 to form the Parent Advisory Collaborative (PAC). The group now consists of parents in the community and parents previously involved with the child welfare system to share ideas, strategies and services that strengthen families. The PAC focuses on primary, secondary and tertiary prevention and intervention strategies that are strength-based and family centered. The PAC works to increase parent involvement in child abuse prevention efforts and strategies to strengthen communities. The PAC members' accomplishments have been numerous and have occurred at local, state, and national levels, including developing a parent newsletter, presenting at conferences, participating in committees, and providing feedback on Department policy.

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 the Director and executive leadership. In February and May 2022, PAC members participated in the Protective Factors Training of Trainers and Community of Practice. From December 2021 to April 2022, PAC members revised the Parent's Guide to Arizona Department of Child Safety. The PAC revision included simplified verbiage and valuable information based on their previous interactions with the

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Department. The PAC fathers continue to participate in brainstorming sessions to inform the marketing firm and the Office of Prevention on communication strategies and recruitment efforts for fathers.

The members of PAC continue to provide consultation and advice to the Department by representing the voices of parents and families in the effort to decrease the separation of children and families. The goal is to create a child welfare system that is both compassionate, respectful and racially equitable for all children and families. The PAC has initiated several subcommittees to address the issues that challenge families including subcommittees related to 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 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. The Department began the Safe Sleep Campaign and Baby Box Program in November 2016. The Safe Sleep Campaign focuses on training DCS Specialists and contracted providers to address safe sleep practices with families who have children under one year of age. The Safe Sleep Campaign includes the provision of baby boxes for families involved with the Department who need a safe place for their infant to sleep.

Due to large disproportionalities in co-sleeping deaths, intentional efforts are being made to engage African American, Hispanic and Refugee communities in safe sleep awareness. In the coming months of CY 2022, the Department will begin participating in cultural orientation workshops with International Rescue Committee, Rice AZ Foundation and NewFound Hope to discuss safe sleep practices and distribute baby boxes as needed. 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, in addition to receiving the baby box. The online training focuses on the ABCs of safe sleep, which include the concepts that a baby sleeps safest alone, on the baby's back, and in a crib. The Department continues to supply DCS Specialists with laptops that provide staff with the ability to show the online training to the family in conjunction with the safe sleep conversation. Department policy also requires an Infant Care Plan be developed with the parents, to include information about safe sleep.

The Office of Prevention continues its baby box partnership with one of the Regional Child Abuse Prevention Council Agencies, Three Precious Miracles, which represents some communities on Native Tribal Lands. The collaboration allows the Department to provide safe sleep resources and education to Native communities to decrease the over-representation of unsafe sleep deaths in American Indian infants. This year Newfound Hope, who serves the American Indian Community, will be added to this partnership. Furthermore, the Office of Prevention continues its collaboration with local health care facilities to provide baby boxes to new parents without a safe sleep environment. The Office of Prevention hopes to partner with Arizona Department of Health Services to collectively spread a unified message of safe sleep practices. 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. The Office of Prevention plans to continue expanding the baby box program by partnering with additional community agencies and health clinics.

"Call to Action" Emails

The Department's 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, to provide DCS Specialists with resources and prevention information. These emails include information, resource listings for counties across the state, statistics, and tips that can help DCS Specialists learn more about prevention

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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 accredited, 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 FFY 2021, 11 HFAz sites and 44 teams provided services to families living in 14 counties in Arizona across 251 zip codes.

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.
- linking families with community services, health care, childcare, 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 FFY 2021, HFAz served 4,090 families during FFY 2021. This represents all families in the program, regardless of how long they had been in the program. The average length of time that families continued in the program was ten months, which is the same as in FFY 2020. The outcomes in 2021, for families after twelve months in the program were consistent when compared to the prior several years. The 2021 outcomes include the following:

- child abuse and neglect: 96.3% of participating families had no substantiated DCS reports
- substance abuse: 65.1% of parents received a substance abuse screening
- child development: 4724 screenings were conducted and of those 6% of the screenings indicated a child had a developmental delay and another 14% indicated a child has a higher potential for future delay and would benefit from additional developmental support
- child safety: 98% of parents locked up household poisons, 98% used car seats, and 93% used smoke alarms at 24 months

The Healthy Families Parenting Inventory (HFPI) revealed statistically significant improvement on the following subscales at 12 months of participation: Home Environment, Mobilizing Resources, Personal Care, and Problem Solving. In past years, significant improvements have also been consistently observed in Depression, Parent Self-Efficacy, Role Satisfaction, and Parent-Child Interaction; however, this year

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these factors remained approximately the same, or slightly lower. It is believed that these changes may be related to the COVID-19 pandemic and the challenges the pandemic posed for families. Overall, these improvements indicate that Healthy Families Arizona participants are continuing to see reductions in their risk factors related to child abuse and neglect.

During much of SFY 2022, Healthy Families staff continued to have contact with participants virtually with some in-person services utilizing social distancing practices.

The Healthy Families Program is in the process of developing an updated staff survey to gather information related to participant experiences surrounding equity and inclusion. It is anticipated the survey will be distributed in August 2022.

The Department was awarded the United States Department of Health and Human Services Maternal Infant and Early Childhood Home Visitation (MIECHV) grant in January 2022, which supports the provision of Healthy Families Arizona (HFAz) statewide. The Department will be receiving additional funding during SFY 2023 to expand the HFAz program to serve an additional 1,500 families.

Positive Parenting Program Initiative (Triple P)

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, the Department and its provider network, distribute the Triple P top ten tips. Additionally, at the urging of Department, some In-Home Services, Parent Visitation, and RCAPC providers offer Triple P in their communities. The Department continues to utilize the purchased codes for the program, online course, and online and telephonic support for distribution during the Young Parent University and for other teenagers and young adults involved with the Department. Department representatives attend quarterly Triple P Advisory meetings to learn about program updates in Arizona and share the potential impact on child welfare services. A new [Triple P referral website](#) was recently launched allowing the Department to refer families to available Triple P courses and practitioners in their area.

Thriving Families, Safer Children (TFSC)

The Thriving Families Safer Children (TFSC) movement is a national effort supported by the Children's Bureau, Casey Family Programs, the Annie E. Casey Foundation, and Prevent Child Abuse America to create a more just and equitable child and family well-being system. Arizona has been participating in TFSC since early 2021. The goal of the Arizona TFSC initiative is to specifically address the disparities faced by African Americans in the child protection system and other health and human service systems by engaging those with lived expertise in the design of strategies to prevent entry into out-of-home care, as well as help connect child protection involved families to supports to promote reunification.

The Department's Director is a member of the TFSC leadership team that includes organizations serving the African American community, advocacy organizations, and individuals with lived experience of the child welfare system. The core team meets twice monthly. The work of Thriving Families Safer community is a long term committed engagement between community and the Department. The group's work focuses on creating and enhancing networks of community-based supports and aligning government resources to provide a full prevention continuum that strengthens community protective factors and parental protective capacities and mitigate associated risk factors. Since the implementation of the decisions and with the

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support of additional technical assistance, the group continues meeting, improving engagement and making progress. TFSC has accomplished the following:

- established group priorities and group agreements on how to engage and treat one another.
- drafted change management structure to engage partners, support community voice in leading change, and finding connectivity between systems rather than working in silos.
- evaluated, submitted, and awarded grants to continue and expand community engagement.
- launched engagement with technical assistance on implementing the Culture Brokers Program. This intervention is a joint response program in which a community provider responds with the DCS Specialist to conduct the safety assessment. These efforts are very promising and have provided an intervention community and system partners' support.

TFSC met June 16, 2022 and identified focuses on the African American community and family well-being for the community involved with the child welfare system and the community at large, the voice of the African American family is at the center of the effort to inform, identify and co-design solutions and the shared responsibility to be involved and activated across sectors. Potential technical assistance, exploration of a model/potential pilot and proposed TFSC structure was discussed.

Protective Factors Train the Trainer

The Strengthening Families Protective Factors Framework is an international initiative aimed to develop and enhance 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), keep families strong and children safe from abuse and neglect. The Framework was designed to assist professionals who work with children and families to promote optimal development of all children while protecting vulnerable children from maltreatment.

The 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 30 trainers during the first half of CY 2022. Coconino, Cochise, Gila, Maricopa, Mohave, Pinal and Yavapai counties were represented by various community participants. Those certified included Department staff, home visitor program staff, educators, professionals from other agencies, Regional Child Abuse Prevention council members, and parents from the Parent Advisory Committee. 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.

Training participants must conduct at least three trainings during the year following their certification and a portion of the training within the first six weeks of certification. The 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 2022 are free of charge 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 and Foster Youth to Independence Tenant Protected Vouchers

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), In addition to the vouchers the following prevention-based services are provided to the youth to combat the contributing factors to homelessness: Families in Recovery Succeeding Together (Families F.I.R.S.T AFF) Substance Abuse Treatment Programs, Arizona's Interagency Pregnancy and Parenting Assistance Program, Arizona

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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 observe an increase in housing opportunities for families and youth involved with the Department. Arizona currently has one of the largest housing awards from the United States Department of Housing and Urban Development (HUD) for 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. Each year, Arizona has a total of 441 FUP vouchers across the state among six housing authorities (cities of Mesa, Tempe, Phoenix, Tucson, Yuma and Maricopa County). The housing authorities continue to be close to reaching their utilization capacity in the four housing authorities that lie within Maricopa County (except for the City of Phoenix) and Yuma. The barrier for voucher holders this during 2022 has been identification of available housing.

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

Since 2019, the Department has implemented the Foster Youth to Independence Tenant Protected voucher (FYI-TPV) 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 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 with the cities of Glendale, Scottsdale, and Flagstaff and Mohave County housing authorities. The goal is to continue expanding the availability of the vouchers to help support families and young people with a history of child welfare involvement. The Department developed a process for the program that has been ongoing, and continuous throughout the years that allowed unique opportunities to involve both families and youth to provide feedback for program improvement. Through the feedback, the Department has learned that the housing authority process is lengthy, and applicants have had difficulty identifying landlords that will accept these vouchers. With the continued raising cost of rent, youth and families are struggling to find affordable housing. The Department will continue to host quarterly discussions to obtain feedback, identify barriers and advocate for the best outcome for youth and families with the housing authorities.

Young Parent University (YPU)

Young people who are parenting or soon to become parents with a history of involvement with the child welfare system as a child, are at increased risk to experience income inequality, intimate partner violence, lack stable housing, and are almost twice as likely to become involved with the child welfare system as older parents. Young parents involved with the child welfare system are more susceptible to allegations of child maltreatment of 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 four years to counter act some of these increased risks.

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 other State of Arizona agency representatives, community partners and providers serving youth. Input from the previous year's YPU evaluations is used by the planning team members and is an integral part of the topic and presentation development. Historically, the Young Parent University has taken place in person, on-site at a conference

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center or meeting facility. The COVID-19 pandemic required the evolution of the University to a virtual program in 2020 and 2021.

The SFY 2021 two-day YPU event, held in October 2021, was able to offer a virtual mechanism to encourage frequent use of services and engagement with young parents throughout the year. YPU was a way to introduce to the availability of the services, supports and opportunities for collaborative engagement and reminding others that the supports remain available to them. It was determined that the most effective method of communication with the age group of 13 to 21 persons is through emails, texts, and social media. Based on the technology barrier identified in 2020, the Office of Prevention was again 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 Department.

The October 2021 YPU event education topics included healthy relationship, co-parenting during COVID-19, breastfeeding, mental health during 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 YPU will continue to be held annually and the October 2022 YPU is scheduled to be held in-person.

Prevention Media and Communication Materials

The Office of Prevention utilizes Facebook, Spotify and Instagram as social media outlets to share child safety tips, protective factor knowledge, and community event information. During the month of April, the Department specifically used Facebook to increase public awareness of Child Abuse Prevention Month activities along with other topics such as safe sleep, home 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. Local news channels aired an interview with a member of the Parent Advisory Council and her infant to discuss parenting tips.

During the 2022 Child Abuse Prevention Month, awareness messaging was delivered via an integrated media campaign designed to share actionable resources with the community that help families utilize protective factors and community resources while parenting a fussy child and feeling overwhelmed. The focus of the 2022 campaign is “Take 10 for Child Safety.” The campaign’s goal is to bring awareness and provide available support and resources to parents and caregivers in the community to prevent Shaken Baby Syndrome. The campaign suggests taking 10 minutes to distract oneself with a 10-minute talk, distance with 10 feet of space, or de-stress with a 10-minute break. This year’s campaign utilized a Spotify public service announcement, radio and television public service announcements as well as digital announcements via social media. The campaign can also be found on the Department website. The impression results are not yet available as media partners have continued to share this content as the campaign is currently ongoing.

Outreach to Spanish Speaking Communities

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During this reporting period, campaigns in Spanish and English were provided on multiple platforms such as social media, radio and outdoor advertising on topics of fatherhood and shaken baby syndrome. Foster parent recruitment campaigns were also conducted in Spanish and English.

Youth Mentoring Program

In collaboration with Child & Family Resources Inc, the Department's Office of Prevention facilitates a mentorship program in Greenlee, Gila, and Graham Counties. The purpose of this partnership is outreach 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 each youth participant 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 and has struggled to reach the intended potential due to required virtual sessions. In February and March 2022, mentors planned several successful in person outreach activities with the youth to engage participation. This program is scheduled to terminate in July 2022 as the funding was only provided for one year.

Car Seat Program

The 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 a car seat. The collaborating agencies include community prevention, medical, and social service agencies.

Educational Materials Available at Medical Health Clinics

During SFY 2022, the Office of Prevention delivered 500 bags containing injury and child abuse prevention materials to Phoenix Family Medical Clinic, which has five health clinic locations in Maricopa County. The purpose was to share prevention information such as resources, parenting tips, and preventative education with low-income, immigrants, or under-represented families who utilize the clinics. The following educational materials (Spanish and English) were included:

- 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) and Baby Boxes
- 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

The Department assessed the distribution of material in all five clinics. Staff at Phoenix Family Medical Clinic stated all bags were delivered, and families showed an interest in them. The Office of Prevention is hopeful this collaboration will continue and is in discussion with the clinic to partner with the Baby Box and Car Seat programs.

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 workgroup is composed of representatives from state governmental agencies, federal entities, and community organizations, and provides strategic

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oversight and direction to its Arizona Substance Abuse Epidemiology Workgroup (Epi Workgroup), the Community Outreach and Training Workgroup, the Arizona Substance Abuse Program Inventory Workgroup, the Arizona Substance Abuse Recidivism Reduction Workgroup, 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, ASAP integrates strategies across systems to leverage existing funding and increase access to community services. Specifically, the ASAP has the following duties and responsibilities:

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

Please see the [ASAP website](#) for additional information about the Partnership.

The CarePortal

The CarePortal is a faith-based prevention collaboration which is an initiative coordinated by the Office of Prevention and is active in five Arizona counties. The CarePortal is a secondary and tertiary prevention program, that serves families already involved with DCS, as well as young adults who are aging out of foster care. The CarePortal connects families involved with the Department to local churches who serve their communities by providing basic goods and services to keep families together, reunify families, and support kinship living arrangements. 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. The CarePortal hopes to continue expanding throughout the state. During the COVID-19 pandemic, the CarePortal expanded the assistance available by allowing non-faith-based agencies to participate by providing goods and services. The CarePortal addresses a large range of needs, such as cribs, beds, furniture, home and car repairs. The Department is collaborating with the CarePortal through community outreach to explain the need for and great benefits of helping families in their communities. During the height of the COVID-19 pandemic, the Department saw a significant decrease in CarePortal request fulfillments, which impacted the submission of CarePortal requests. Local churches were faced with identifying resources to meet the increased needs of all Arizona families, not just those families involved with the Department. Despite the barriers, the CarePortal supported 331 families, totaling \$125,762 of goods and services from July 2021 to February 2022. During SFY 2022, the CarePortal reports that it will continue to onboard additional churches to increase supportive efforts. The CarePortal and the Department are hopeful outreach efforts will increase the number of churches involved in the program and will allow the CarePortal to increase the number of families served next year.

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, 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 critical information available about the reporter's concerns. Concerns of abuse or neglect are either "screened-in" as meeting statutory report criteria for investigation or "screened-out" as not meeting statutory criteria.

The Hotline uses standard work and a tiered visual management system to track, monitor, and respond to quality and service level trends at both the individual and team level. This management system allows the workforce to promptly recognize and identify when either quality or service levels are not within the target ranges and take corrective action. The current average answer speed is 4 minutes, 19 seconds. This is a significant improvement compared to the 8 minutes, 36 second average callers experienced during SFY 2021, however, not within the target range for acceptable service levels. Although the average speed of answer increased in SFY 2021 due to the implementation of the new CCWIS, Guardian, the average speed continues to decrease as Guardian becomes more familiar to Intake Specialists and functionality improvements occur. Hotline management continues to work with Department administration to identify barriers and business practices contributing to this increase. There have been timesaving data entry modifications made that will continue to potentially decrease the average time to process a call, which than allows calls to be answered more quickly.

In May 2022 the Hotline transitioned from an on-premises call center platform to a cloud-based platform. The new platform provides additional stability and flexibility for call handling, monitoring, and reporting.

Two oversight positions continue to be embedded at the Hotline to perform quality assurance reviews of Hotline decisions. A Practice Improvement Specialist reports to the Office of Accountability and 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%. For fidelity monitoring purposes, the Office of Child Welfare Investigations Hotline Analyst reports to the Office of Child Welfare Investigations and 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. The accuracy rate is also consistently over 90%.

Workforce retention and workplace culture have been a focus of Hotline management this year. The Hotline expanded its remote work model to allow additional remote work hours and began testing full-time work from home positions. Diversifying remote work options has allowed the Hotline to offer flexibility that previously did not exist. Moreover, the remote work model allows for critical operations to resume 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.

In addition to expanding remote work options, the Hotline management team has increased its efforts to promote an engaged and inspired workforce culture. Efforts include daily engagement with staff members

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at all levels, standardizing recognition of those that model Department values and go above and beyond, and hosting office-wide activities. To emphasize and establish workplace culture expectations, all Hotline Supervisors that attended supervisor training prior to 2019 will be enrolled in the Department's newest Supervisor Core training that highlights the culture of the agency, creating a culture of support, and safety science.

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:

- investigate reports of abuse and neglect
- 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
- work cooperatively with law enforcement regarding reports that include criminal conduct allegations
- 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, severe physical abuse and neglect, sexual abuse, 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.

The Department's policies and procedures provide DCS Specialists with a framework for assessing present and impending danger 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 assessments, safety assessments, and safety intervention decisions. The Family Functioning Assessment-Investigation assists DCS Specialists to explore pertinent domains of family functioning and identify present or impending threats of danger to a child during the initial assessment process. The 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. Subsequent reassessments of the Family Functioning Assessment 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 Department oversight, the family's willingness to participate in voluntary child protective services, the existence of grounds for juvenile court intervention, and the Department's knowledge of the

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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 child welfare investigations into allegations of criminal conduct child abuse. The OCWI represents the Department of Child Safety in Pima, Pinal, 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 the Department in their investigations. The OCWI primarily receives referrals from the Department's Hotline, but referrals can also be submitted by field investigations staff if, during a field investigation, it is believed that criminal conduct is present and assistance from OCWI is needed.

The OCWI jointly investigates the child welfare portion of 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 is determined to be unsafe. Since SFY 2019, OCWI provides 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 assisting criminal conduct investigations across the entire state of Arizona.

The OCWI continues to support the Department by providing joint investigation training throughout the state to Department staff and community partners. The OCWI has a position housed at the Child Abuse Hotline. This position is responsible for quality assurance as it relates to the criminal conduct tracking characteristic, which was added to qualifying 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, OCWI Investigators, 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](#).

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, Pinal, and Pima Counties; law enforcement; medical professionals; advocates; mental health professionals;

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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, as well as reducing the traumatization victims endure. 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 MDTs, 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 memoros 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 memoros 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 DAP 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 DAP model was presented to all Arizona counties. Three counties have adopted DAP and have already begun to process cases and five additional counties are preparing to initiate the DAP model.

In conjunction with DAP, Pima County has also implemented the Family Preservation Legal Clinic (FPLC). FPLC a legal and social work clinic offered by the Pima County Public Defender's Office intended to help parents avoid removal of their children and the filing of a dependency petition, when possible. The purpose of the FPLC is to utilize the resources of the Public Defender's Office to reduce the number of dependency filings by addressing potential safety issues that can be resolved quickly and efficiently without the need for court oversight. Assistance may include such things as obtaining an order of protection, warrant resolution, assistance in filing for a contested divorce or custody orders, paternity actions, housing resource referrals, and employment resources.

Protective Services Review Team (PSRT)

The Protective Services Review Team (PSRT) was created by the Department to review allegations proposed for substantiation to ensure the listings on the DCS Central Registry are consistent with Arizona's standard of evidence and statutory definitions of abuse and neglect. The Department is required to notify each alleged perpetrator by mail or personal service of a proposed substantiated finding and ensures due process for all alleged perpetrators. This notification includes information related to the alleged perpetrator's right to request an appeal through the administrative court process. Once an appeal request is received, PSRT will proceed with reviewing the entire case record along with supporting documentation provided by the field investigation team in order to proceed with an administrative hearing, if the situation is applicable to this process, based on the standard of probable cause. The outcome of the administrative process will determine whether the alleged perpetrator will be entered into the Central Registry. Further, alleged perpetrators with a pending dependency adjudication are not eligible to request an administrative hearing as their due process rights are being met through the juvenile court process. Alleged perpetrators

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with findings involving a dependency matter, are provided notice through the filing of the dependency petition. Should a judge in the juvenile court process make a finding of abuse or neglect through the court process, the alleged perpetrator's name will be entered on the Central Registry.

The Department policy was revised in early 2022 to include additional descriptive guidance for each finding type and the revised computer-based training is required for all field staff. This is a mandatory training to provide guidance on statutory definitions and the administrative court process to increase the rate and success of substantiation. PSRT has also revised and updated resource documents for field staff to utilize when choosing to propose a substantiated finding.

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

Family Connections and Nurturing Parenting Program

The Department recognized the need to create services that are individualized, relevant, engaging, coordinated, consistent, effective, and aligned with the Families First Prevention Services Act (FFPSA). After many years of research and development, the new service array of Family Connections (FC) and Nurturing Parent Program (NPP) became available to Arizona families in July 2021 replacing the family preservation, family support and family reunification services. The goals for the new service design are to:

- decrease recurrence of maltreatment and repeat reports
- decrease the number of children entering out-of-home care
- decrease racial disparity in foster care
- increase the percentage of children who exit foster care to reunification.

Services are available to families who have had a report of child abuse or neglect, or who are at risk of abuse or neglect. 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 with or without court involvement and in or out of the home depending on the needs of the family. Families can also be referred for community services and services provided by other state agencies, including behavioral health services.

Family Connections (FC) is a parent skill-building program that addresses the parenting role and parent-child relationship. The program is family-centered, trauma-informed, preventive, comprehensive, and flexible. FC focuses on strengthening families in the core outcomes of social support, family functioning, family resources, parenting stress, child well-being, and parent attitudes and behaviors.

Since July 2021, the Family Connections Program has served 3,784 families (source: Guardian Business Intelligence, April 2022). Family Connections is an individualized family intervention service program that partners with parents in a process of assessment, service planning and change-focused intervention around selected core outcomes to help reduce risk of maltreatment, address impending danger in the family, meet conditions for return, or maintain children safely in the home. FC assesses numerous aspects of family, parent, and child well-being to assist parents in making necessary behavioral changes to meet their child's needs.

Nurturing Parent Program (NPP) is a curriculum-based parenting skills, education, and coaching program. NPP strengthens nurturing and positive bonds between the child and parent. NPP focuses on the key areas of appropriate expectations and family roles, empathy, non-violent discipline, and child's power and independence. NPP is provided by contracted community-based agencies and is available in all Arizona counties.

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Since the start of the new contract, NPP has served 2,003 families (source: Guardian Business Intelligence April 2022). The Nurturing Parenting Programs are founded on the morals and values of positive self-worth, empathy, empowerment and strong will, structure and discipline, and laughter, humor and play. NPP Practitioners utilize standardized curriculum that includes parent and facilitator workbooks. In Arizona, the NPP Practitioner can utilize specific curriculum that have a focus for target populations such as an Easy Reader handbook for families with cognitive delays, Families in Substance Abuse Treatment and Recovery, Nurturing Fathers Program, Nurturing Parenting for African American Families, LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, Plus) Supplemental Lesson Guide, and American Indian Supplemental Lesson Guide. The NPP Practitioner will develop a Family Nurturing Plan with the family that outlines the service and determines what lessons will be taught.

Substance Exposed Newborn Safe Environment (SENSE) Program

The Substance Exposed Newborn Safe Environment (SENSE) program continues to be available statewide. 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, when possible. 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, a Healthy Families Arizona staff member (or other home visitor program), the Family Connections Program, and a substance abuse treatment provider. 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. Parents who are interested in further support can elect to continue the home visitation services up to the child's 5th birthday. The Department currently contracts with 12 providers and those providers employ nine nurses to provide nursing visits throughout the state. During CY 2021, the SENSE program has served over 240 families and completed 258 nursing assessments (source: Guardian Business Intelligence April 2022). 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.

The SENSE program is supported by three Department staff from Fidelity and Compliance Services (FCS), two Service Coordinators, and a Nurse Consultant. The Service Coordinator monitors the program 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 Performance Reports. All the data and information are also shared with the Department's Consultation and Research unit to help inform future program design changes.

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, and resources, and answer questions that arise. Trends seen by the Nurse Consultant during the reviews are discussed during the monthly calls to increase the effectiveness of the program.

DCS collaborates 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, the mother is receiving post-partum care, and the family is utilizing the primary care provider.

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Supervised Visitation Only and Clinically Supervised Parenting Time Services

The Department recognized the need to re-evaluate visitation services as part of the service array redesign implemented in July 2021 and significantly reframed the focus of parenting time supervision for families whose children are not placed in their physical care. The Department focused on staff and provider education efforts to provide the least restrictive level of supervision occurring during parenting time. Safety threats are evaluated to determine if they are present during supervised visitation and the least restrictive visitation supervision occurs, such as supervision by a family member when possible. If this option cannot manage the safety threat, the Department provides Supervised Visitation Only (SVO) services to families. The SVO services are available statewide and provide transportation and supervision of visits between parents/guardians and their children, or visitation between siblings. During the reporting period, the Department provided Supervised Visitation Only services to 5,465 families (source: Guardian Business Intelligence April 2022).

Additionally, if the family requires more trained oversight to recognize and manage the danger threat during parenting time, Clinically Supervised Parenting Time (CSPT) services are available. CSPT allows families to have parenting time that is supervised by a master's level clinician to recognize complicated danger threats that cannot be safely managed by a lower level of supervision. Other services can be used in conjunction with SVO and CSPT services. For example, a family may have visitation supervision and be engaged in Nurturing Parent Program services to continue to build and demonstrate their enhanced caregiver capacities.

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 and caregivers whose substance abuse is a significant barrier to maintaining or reunifying the family. The overarching goals of the program are to promote permanency for children and stability in families, protect the health and safety of abused 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, recovery maintenance, outpatient, and residential treatment services. The program continues to focus on reunification, completion of services including 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.

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. Data from the most recent program evaluation indicates that AFF received 7,519 new referrals during SFY 2021 and 2,794 continuing referrals from prior to SFY 2021. AFF contractors were successful in conducting outreach with 88% of the 10,313 individuals referred in or just prior to SFY 2021, with 8,053 of the individuals receiving outreach within one day of the referral. During SFY 2021, 64% of referrals resulted in clients providing a Release of Information signifying their voluntary acceptance of AFF services and 6% of referrals were still processing at the end of SFY 2021. After accepting services, 76% of these clients completed their assessment within seven days. Of those who were assessed as needing substance abuse treatment during SFY 2021, 14%, or 1,120 clients, successfully finished treatment. In addition to substance abuse treatment, the AFF program provides auxiliary services to clients including individual counseling for 3,319 clients, group counseling for 3,322 clients, family counseling for 21 clients and couples counseling for 88 clients. Other auxiliary services that are provided include parenting classes, domestic violence classes, and concrete

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supports. The total number of clients who received concrete support or auxiliary services in addition to their substance abuse treatment through the AFF program was 5,557 clients (source: AFF Annual Report 2021).

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, reunification, or permanency. This program provides vendor payments for rent, rent or utility arrearages, and utility deposits or payments, 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 with the Department 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 2021:

- the Housing Assistance Program provided financial support for the reunification or permanent living arrangement of 432 children within 177 families throughout Arizona, which is a decrease of 399 children and a decrease of 141 families compared to SFY 2020.
- the total amount expended statewide was \$322,045, which was \$167,601 less than in SFY 2020.

Contributing factors to this decrease include lack of available and sustainable housing and verifiable income.

In SFY 2021, the average length of stay in out-of-home care prior to reunification was 384 days (12.6 months) (source: Semi-Annual Child Welfare Report March 2022). An estimated \$3,727,122 would have been expended by the Department for foster care maintenance if the 432 children who benefitted from Housing Assistance during SFY 2021 had entered or remained in foster care. Based on the SFY 2021 Housing Assistance Program expenditures of \$322,045 there was a cost avoidance of \$3,405,077.

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. 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 and child when appropriate, 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

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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 Department's SAFE AZ SharePoint site contains documents that provide example questions and guides to educate DCS Specialists related to speaking with families to gather information to assess functioning and protective capacities. The guides recommend questions be asked that are open-ended, non-confrontational, and phrased to engage family members in the identification of their own unique strengths and needs. The Department uses information gathered during the interviews to develop a family-centered case plan to support achievement of the permanency goal and address the child's educational, physical health, and mental health needs. The thorough information gathering results in a case plan that is tailored to the unique needs identified by the family or other sources. DCS Specialists arrange and monitor services to address diminished protective capacities within the home, maintain family relationships, and support timely achievement of the permanency plan. DCS Specialists facilitate information sharing among team members, and report progress and barriers to the juvenile court and Foster Care Review Board (FCRB). The Department conducts a planned transition of the child to the home when the in-home safety analysis indicates the threats can be safely managed in the home under a safety plan. The Department may develop this plan with the family during a Team Decision Making (TDM) meeting and follow-up and support services are put in place to ensure a safe and successful reunification.

The Department implements 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 identified need, 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

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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 interest 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 16 years of age. 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 home 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 an 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.
- 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 near the parents' home and within the child's own school district.
- 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, shelters, group homes, residential treatment centers, Qualified Residential Treatment Programs (QRTP), 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 a 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 begins 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 of the option to become a placement resource for 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 custody, and this information is specifically documented in Guardian. 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 Accurant, a person search software. This software can be used to conduct initial searches for family members of the

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child, and if efforts are not successful, a referral can be made to the Department Locate Team for more extensive search efforts.

Each month, the Fostering Sustainable Connections (FSC) team meets with regional Permanency team and most recently a Match Meeting Specialist from one region to review each child assigned to the team who is receiving FSC services. During these meetings, the number of connections found for each child are discussed, as well as any successes and barriers. Methods to overcome the identified barriers are discussed. All regional Match Meeting Specialists and Permanency Teams will begin hosting these meetings to ensure a statewide process. The first meeting occurred in June 2022, with all match specialists to learn the statewide process and begin hosting those meetings in their regions. Additionally, improvements to tracking data for the number of connections found as well as the case outcomes is currently being pursued. A new tracking system should be available for use by July 2022.

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 (QRTP), 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. QRTP are considered when a family-like setting cannot be secured, and the child meets one of the following:

- requires a structured living arrangement as a result of conduct disorder or aggressive behaviors and cannot be served in a less restrictive environment.
- experienced significant trauma as a result of physical abuse, sexual abuse, or sex trafficking and requires intensive trauma-informed care and reduced staffing ratios to address the trauma.
- exhibits sexually maladaptive behaviors that cannot be addressed in a less restrictive setting, or
- identifies as LGBTQIA+ and will benefit by participation in a program specifically designed to serve their needs.

The Family Functioning Assessment process, TDM meetings, and Child and Family Team meetings are used to identify caregivers, services, and supports to meet a child's needs. The Department holds a TDM meeting for most removals or potential removals, during which parents, family members, the Department, 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 family from which the child was removed. 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 caregiver, service providers, attorneys, and the Department. Among other information, the written case plan should identify the child's educational, medical, and behavioral health needs, and identify services for the child or caregiver to address those needs. DCS Specialists further support the stability of a child's living arrangement by:

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- 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 caregivers 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.
- 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 they are 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 caregiver, pre-placement visitation, and the planning of supportive services. The foster parent bill of rights, established in State statute, identifies the rights for all foster parents, licensed or unlicensed.

For American Indian children, caregiver selection must take place in accordance with the Indian Child Welfare Act (ICWA), 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 emotional connections important to a child. Kinship caregivers often provide a means to maintain connections to neighborhood, community, faith, family, tribe, school, and friends. On September 30, 2021\ 47% (6,223 children) of children in out of home care were placed in a kinship foster home (source: CE Advance Find exports).

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 also advantages for the child welfare agency. Primarily, use of kinship caregivers dramatically reduces the need for non-relative licensed family foster homes. On December 31, 2021, 46% of children age birth to 17 in out-of-home care in Arizona were living with a kinship caregiver, reducing the need for licensed family foster home beds by 5,923 children (source: Semi-annual Child Welfare Report, March 2022).

Arizona's percentage of children with kin, which is above the current national average of 34%, indicates effective practice that is grounded in clear policy and procedural guidance (source: The AFCARS Report 28.) Additionally, Arizona juvenile court rules require that at the preliminary protective hearing the court order the parent or guardian to 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

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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 required 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 an interest in providing care for the child.
- the use of Assessing and Supporting Kinship Practice Guidelines, which provides information about the importance of finding and involving relatives, as well as practice standards for conducting diligent and comprehensive relative searches.
- guidance to explore family connections as a pre-removal resource for ensuring child safety and for caregiver options if 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.

As part of Fostering Sustainable Connections, two Family Engagement Specialists work with children in congregate care settings to identify possible family settings. This is supported by access to person search software. 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.
- 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.

The Department employs seven Kinship Support Specialists who are housed in Maricopa and Pima Counties. The Kinship Support Specialists meet with referred kinship caregivers 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 Kinship Support Specialists also connect families with community support groups that can assist them in their child welfare experience. In addition, the Specialists explain the Department, legal, and behavioral health systems, and make efforts to stabilize living arrangements to avoid placement changes.

The Department's collaboration with the Children's Health Plan (CHP) helps to identify kinship caregivers who can benefit from kinship support throughout Arizona. This collaboration identifies those kinship caregivers who are in need in a timelier manner so support can be readily provided. CHP, through its Resource Coordination team, provides outreach to referred caregivers when children are first placed in their home, which includes identifying a primary care physician and dental provider as close to their home as possible, assistance with appointment scheduling, referrals to other community resources, and care coordination with caregivers and health providers for children with special health care needs. Caregivers receive contact information for CHP member services should any issues or concerns arise or simply need to know what their rights are in accessing services for the children in their care. Examples of information and support provided include translation to allow effective communication between the caregiver and health

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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 which provides extensive information for kinship caregivers, including expectations for the care and supervision of children in the Department's care, benefits and services available to children in their care, licensing process and waivers, and information about other pertinent subjects.

There have been collaborations with community agencies to discuss barriers for unlicensed kinship caregivers and problem-solving efforts to meet the needs of the families. As a result of the collaboration an Aviva Children's Services has been identified to provide support in the rural south, northeast and northwest parts of the state. Presentations to the community, kinship caregivers and staff have been occurring to provide education and understanding of the kinship experience and support for kinship caregivers. The Department supports kin by conducting 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.

Team Decision Making Meetings are another helpful resource for locating and engaging kin. From July 2021 through April 2022. 52% of safety planning 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 continues to be attributed to the effects of the COVID-19 pandemic. Facilitators have also experienced technical issues with data entry into the TDM database, which may have also slightly impacted the data. TDM has been receiving ongoing technical assistance, including improvement to data entry and accuracy.

A relative or kinship caregiver was identified for 62% of the 5,600 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.

Department policy indicates that the assessment of a relative or significant person who asks to be a kin caregiver 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 early in the placement episode. During SFY 2022, an average of 210 kinship home assessments were assigned 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, except for 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, 63 waivers were granted. Waivers are typically granted for the following reasons:

- applicant's age (18 to 20 year olds)
- applicants who do not meet the minimum financial requirements

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- homes that lack sufficient bedrooms or homes where bedrooms do not meet all the requirements
- applicants without sufficient bathrooms
- Sharing of bedrooms beyond what is prescribed
- applicants who submit medical statements older than rule requirements or on outdated forms

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. 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. There is also additional information on the Department's [public website](#) which directs kinship caregivers to resources and supports. 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 Department's Comprehensive Health Plan (CHP)
- childcare, 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
- 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 caregivers, 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
- 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

Direct support to kin caregivers continues to be provided by responding to phone calls and email inquiries. Assistance is typically sought to resolve payment issues, contact the assigned Specialist, provide resource problem solving including basic need items and services, as well as provide guidance on the Department's involvement.

The Department now employs seven Kinship Specialists to support kinship caregivers in all counties in Arizona by offering in person or virtual visits. The support assists families to access resources and receive available financial assistance including TANF child only cash assistance. Assistance is offered for up to a period of 90 days to access any safety items needed in the home, car seats, beds, and other various basic items and complete the fingerprint process timely. The assigned Kinship Specialist contacts the family

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within a specific timeframe, schedules an in-person meeting, conducts follow up visits every 30, 50 and 80 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.

Kinship Specialists support field staff by seeking connections and kinship caregivers for children entering DCS care who are not placed with a kinship caregiver utilizing a family search database. The Specialists then make contact and assess the ability of the potential kinship caregivers to be a connection or placement resource for the child. Kinship Specialists also complete criminal background checks and Central Registry checks once a potential kinship caregiver has confirmed the desire to be a caregiver for the child. The contract agencies who complete the Kinship Home Studies and Courtesy Supervision can also assist in helping unlicensed kinship caregivers find resources in their areas.

The Department's 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 (Aviva Children's Services, More Than a Bed, Arizona Children's Association Kinship Navigator Program, GAP Ministries Warehouse, Boost a Foster Family, Family Involvement Center, Spreading Threads, Intermountain, and Foster Education Liaison) who provide services to kinship caregivers. This group meets monthly to share resources and identify additional ways to support kinship caregivers.
- 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:

- an application for the Kinship Navigator Program Grant submitted in spring of 2021 and received the notice of award in September 2021.
- coordination and facilitation of focus groups for A Second Chance, Inc. to gather information to inform kinship support practices and policy to increase the number of kinship caregivers that get licensed.
- attendance at a convening with the Grand Families and Kinship Support Network: A National Technical Assistance Center.
- work with Victoria Grey from Grandparents Ambassadors to record her experience as a kinship caregiver to be used during future kinship information sessions for Department field staff to help facilitate continued learning about the kinship caregiver experience. In addition, the Department is considering including this in training for DCS Specialists and supervisors to learn and understand the kinship experience and integrate this in practice when working with kinship caregivers.
- three Kinship Staff assist the payment processing unit by contacting unlicensed kin to confirm dates that they have cared for dependent youth to ensure they receive reimbursement. Staff simultaneously provide education to those kinship caregivers who continue to care for youth on how to use the new Guardian Portal to avoid any future payment issues.
- policy and best practices training to newly hired DCS Specialists to support kinship caregivers,
- Kinship Support Specialists and case aides made 575 contacts with kinship caregivers for services and other concrete supports for all regions.

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Kinship providers continue to have the option to call the Department's toll-free 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 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 childcare. The caregivers calling the Warm Line appear to benefit from the support, and often comment that 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 per child 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 Department received legislative budgetary approval in June 2022 to increase the kinship stipend.

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 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, public or private agency wishing to place a child in the care, custody and control of the Department in another state must proceed through the ICPC. Likewise, any person, court, 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 961 ICPC requests for a home study of an Arizona family as a potential placement resource during FFY 2021, 552 less than the 1,513 requests in FFY 2020. In FFY 2021, Arizona made 1,242 requests to other states for home studies, which is 187 more than the 1,055 requests made in FFY 2020. During the reporting period, DCS utilized the National Electronic Interstate Compact Enterprise (NEICE) 2.0 system for ICPC data tracking. Arizona ICPC completed 855 of the home studies within the 60-day timeframe or provided preliminary reports. Referral processing has been significantly improved with most processed within seven days of receipt due to DocuSign integration. During this same time period, the Department sent 927 ICPC home study requests to other states using the NEICE system, and 769 were completed within the 60-day timeframe or AZ ICPC was provided with a preliminary report.

During SFY 2022, the NEICE 2.0 system was utilized in order to improve request processing and timeliness. Arizona has improved its safe and timely performance from 91 median days to 70 median days. The Department will continue to improve the efficiency of the completion of home studies by working with contracted providers and relaying expectations.

5. Adoption Promotion and Support Services

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Adoptive Home Identification, Placement, and Supervision Services

Throughout the reporting period, the Department has continued to provide adoption promotion and support services with the goal of placing children in permanent homes. There were no major changes made during SFY 2022 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 can meet the needs of the child is the primary consideration. 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 to address disproportionality by specifically targeting recruitment within the African American, Hispanic, and American Indian communities. 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 considers 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 unexpected changes are not reflected in the tool.

Arizona uses an array of interstate resources 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 Department's website. 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.

The Department utilized adoption promotion and support funding for respite services to better assist families who adopt children with special needs from the foster care system.

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 subsidizes adoptions of special needs children who would otherwise be difficult to place for adoption because of physical, mental, or emotional disorders, age, sibling relationship, or racial or ethnic background. The physical, mental, or emotional disorders may be a direct result of the abuse or neglect the children suffered before entering the child welfare system. Services include monthly maintenance payments, eligibility for title XIX services, reimbursement of services rendered by community providers, crisis intervention, case management, and information and referral. Most

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children receiving adoption assistance are eligible and receive title IV-E subsidy. Those children who do not qualify for the title IV-E subsidy often qualify and receive state subsidy.

The number of children eligible and receiving adoption subsidy continues to increase. The number of children served by the adoption subsidy program grew from 35,047 on March 31, 2021, to 35,772 on March 21, 2022, with 2,627 new special needs adoptions being subsidized in SFY 2021. The Department reimbursed \$2,997,652 of nonrecurring adoption expenses in FFY 2021. Of the 2,627 children who were adopted during SFY 2021, approximately 97% were covered under a title IV-E adoption agreement, and the remaining 3% 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. Since the inception of the new specialized adoption subsidy rate, 72 children have been adopted with this rate, with 37 of those adoptions occurring within SFY 2021.
- Adoption subsidy staff continue to collaborate with the Regional Behavioral Health Authorities to coordinate services to meet the behavioral health needs of adoptive children. During SFY 2022, the Department continued to fund the Behavioral Health Clinical Coordinator positions to ensure that the needs of families are met statewide. These positions assist families navigate the behavioral health system, including attendance at Child and Family Team 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 listing of support groups for adoptive families across the state. This listing is provided to the licensing agencies, adoption subsidy workers, and Department field staff to provide 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 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 Payment Funds

The Department used the Adoption Incentive Payment Fund 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 2023. 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 2022 to fund the expansion of adoption subsidy. 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 and Triple P (Positive Parenting Program).

The Department intends to develop a contract for Triple P. This program would support adoptive and guardianship families that would benefit from an evidence-based program designed to promote positive and caring relationships between parents, caregivers and children. The goal is to provide effective management strategies to address behavior issues and provide support to prevent the re-entry of post permanency children into out-of-home care.

The Department has engaged the provider community and will allocate 30% of the adoption savings funding to post-adoption services. In year one, the Department estimates expending \$3 million with expansion in year two. 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 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 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, 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 reports submitted to the court to verify the child still resides with the guardian. As of March 1, 2022, there were 2,711 children receiving guardianship subsidy with 1,881 families.

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Independent Living and Transitional Independent Living

The 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 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 ages 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 utilizes the Youth Thrive™ Framework, focusing on ensuring youth have the protective and promotive factors necessary to live successfully upon exiting the state foster care system at age 18 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 in efforts to support them in achieving permanency and ensure a successful transition to adulthood. Youth served under the Arizona Young Adult Program are ages 14 and older, currently in out-of-home care, and in the custody of the Department.

The Department has historically had a Chafee service for life skills training for youth ages 16-21. In SFY 2022, the Department transitioned to a new, Successful Transition to Adulthood (STA) service for youth ages 14-21. The STA service began on February 1, 2022 and is provided by Intermountain Centers for Human Development (ICHHD) in the Southern Region and by Arizona's Children Association (AZCA) in the rest of the state. The Department utilized NYTD survey data from 479 surveyed youth from the 2020 baseline cohort of 17 year olds to inform new service delivery. Key findings reported by youth include:

- 39% felt more support was needed in strengthening relationships with important people in their lives. STA can support youth with family finding and 3-5-7 work to heal grief and loss
- 22% felt confident in financial knowledge, leaving 78% feeling somewhat confident or not at all confident. STA includes the Keys to Youth Financial Future curriculum
- 27% of youth identified as a member of the LGBTQIA+ community. STA can support cultural needs relating to the LGBTQIA+ community
- 18% reported being employed full or part-time. STA can assist with employment preparation and maintenance

The Department also utilized youth feedback from the 2019 Youth Conference related to congregate care staff needing more training on conflict resolution and communication, when developing the new STA service. As a result, the STA service can assist with resolving conflict between youth and caregivers, including providing mediation and tools for effective communication. Youth have also shared anecdotally that it can feel "un-normal" to have providers teaching "life skills" and prefer to learn them in the home setting. The Department also includes life skills preparation in caregiver contracts but have found that some caregivers may need support in delivering the information. The STA service can assist youth and their caregivers in developing a normalcy plan, which can include how the youth will learn life skills in the home environment with the caregiver. If a young adult is living on their own and needs specific support, the STA service can also assist them directly. Youth have also provided feedback during the conference and Youth Empowerment Council participation that multiple placement moves impact their school stability. The STA

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service can support youth in creating educational success plans, which can ensure the right supports at school, as well as involvement in extra-curricular activities that lead to improved student engagement.

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 any state or tribal child welfare agency 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 2021, 210 former foster youth received assistance from this program, which was almost the same as the 208 youth served during CY 2020. The Transitional Independent Living Program continues to do community outreach to identify and assist youth who would be eligible for the service.

The 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 Department 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 adolescents by providing and developing services specifically for adolescents. Examples include the following.

- Transition to Adulthood service planning assists youth make a smooth and seamless transition from the children's behavioral health system of care into the adult system of care. Transitional planning begins once a youth turns 16 years of age, or earlier if the Child and Family Team (CFT) determines that more time is needed for the youth to acquire the necessary skills. Requests are made to have a representative from the adult behavioral health provider attend the youth's CFTs. Arizona behavioral health providers have access to the *Transition to Independence Process (TIP)* to inform the delivery of services. Mercy Care has provided technical assistance to providers to implement the TIP model to fidelity. Some children's services continue to 21 years of age, when appropriate, including TIP. Transition facilitators actively work with youth and young adults on their future planning and skill development. TIP training is being planned for the provider community to enhance application of the service.
- Continued collaboration with AHCCCS, Health Plans, and behavioral health agencies to ensure this population receives the Seriously Mentally Ill (SMI) determination when appropriate. AHCCCS has contracted with a single provider, Solari Crisis and Human Services, to manage the SMI eligibility process. Mercy Care oversees and monitors the number of youth between the ages of 17 ½ and 18 receiving a determination of SMI or non-SMI. In 2021, 29 DCS CHP members received a determination of SMI and 6 received a determination of non-SMI. Solari Crisis and Human Services has provided training on the SMI determination process to both the provider community and the Department.
- Support and Rehabilitation Services are available for youth including a variety of home-based and community services with the goal of keeping children in their homes and community. Support services are 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. Additionally, behavioral health prevention and promotion education, medication training, and psychoeducational services such as pre-job training, job development and ongoing support to maintain employment are available.

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- The Child and Adolescent Level of Care Utilization System (CALOCUS) is a standardized tool used to determine the intensity of services needed for children and adolescents age 6 to 18 years. This instrument is developmentally informed and has been created on the foundation of a System of Care approach of embracing family-driven, youth-guided care that includes individualized strength-based and culturally sensitive service planning, supporting the use of intensive care coordination or wraparound planning teams when indicated, and providing a broad service array that includes natural supports as well as clinical services. The CALOCUS recognizes that the use of home and community-based services and natural supports can provide increased service intensity instead of relying just on “bricks and mortar” or other out of home placement to achieve higher levels of service intensity. For children with complex needs, as indicated through an individualized assessment or a CALOCUS score of four and higher, the development of a document that reflects the strengths, needs and culture of the child and family provides a foundation for future planning is required and shall be completed within 45 days of the initial intake appointment. The written Strengths, Needs, and Cultural Discovery (SNCD) summarize information on a broad range of life domains of the child and of the family and includes the following elements:
 - identification of strengths, assets and resources that can be mobilized to address the child and family’s need for support
 - exploration and understanding of the unique culture of the family to ensure that the Service Plan will be a plan that the child and family will support and utilize
 - attention to aspects of family culture influenced by family relationships, rituals, social relationships, living environment, work environment, spiritual focus, health, financial situation, and other factors
 - recording of the child’s and family’s vision of a desired future
 - identification of the needs and areas of focus that shall be addressed in order to move toward this desired future

With the implementation of the Department’s CHP plan, a collaborative group was formed consisting of system partners and the provider community allowing Mercy Care to address system gaps, improve collaboration, review transition age youth data, identify trends, and initiate solutions. A cross training workgroup was also developed where state of the art training is currently being developed.

A partnership has been created between Mercy Care and the Department’s Youth Councils. This partnership will allow for collaborative efforts to occur for improvements to the child welfare and health care systems.

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 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 Young Adult Transitional Insurance (YATI), a Medicaid program operated by AHCCCS. All foster youth who are Medicaid eligible are pre-enrolled into an AHCCCS plan when they turn 18 years of age. This program provides continuous health coverage until the age of 26, regardless of income. There were 501 YATI referrals submitted for young adults who reached the age of 18 while in foster care during CY 2021, a decrease of 113 youth compared to CY 2020. An automated process has been established between CHP and AHCCCS to ensure all youth who turn 18 in out-of-home care and are enrolled in the Children’s Health Plan have services transferred to AHCCCS for Medicaid services. Youth exiting care at age 18 or older are also supported with a transition plan which is developed with the youth to identify services and supports to meet their individual needs. For youth who will be moving to another state, their transition plan

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includes resources to support their enrollment in Medicaid in their state. As part of this transition, the DCS Specialist or a Permanency and Youth Services Specialist will assist the youth in contacting the Independent Living Coordinator to begin the process for obtaining information on Chafee funded aftercare services as well as health care benefits and the enrollment process in that state.

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, if 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 16th birthday
 - was adopted from any state or tribal foster care program at age 16 or 17
- 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 needs of the parents, children, and out-of-home care providers. 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, needs, 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 Department involvement. The case plan communicates, to all parties, the permanency goal, the reason for Department involvement 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.

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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. 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. Examples include the following:

- Family Engagement Training continues to be required for all DCS Specialists during their first year of employment. This course covers practice skills and strategies for improving engagement with the families served. The course is a review of strength-based child welfare practice, engagement skills and strategies, connecting the engagement process with appropriate application of protective authority, engagement practice for difficult conversations, and how to avoid trauma fatigue.
- The Department began to train staff during SFY 2016 on family finding techniques through the Fostering Sustainable Connections (FSC), 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 timelier, develop important connections, and experience more positive emotional and social outcomes. Specialist Core classroom training covers the basics of the FSC program and efforts made to identify and locate relatives and kin for children.
- Arizona's case planning policies and procedures require full disclosure about the reasons for Department 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 them, 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 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 aged 12 years or older are to be included at critical decision points in the life of the case to ensure each child is:
 - informed of their role and rights in participating in the case plan and court proceedings
 - informed about the Department's goal of achieving permanency for the child in a safe home
 - 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
 - made aware that individualized services addressing the reasons for Department involvement are made available to families
 - informed about their parents' activities and progress toward reunification, unless returning home is not a possibility
 - helped to identify significant adults with whom relationships can be maintained.
 - 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, 2021, being 46%, which continues to be above the national average of 34% (source: The AFCARS Report 28).

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- 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 Department's Field Break Activity Guides also include opportunities for new staff to practice family engagement and family-centered practice techniques.
- The Department's Program Supervisor Learning Track includes classroom training with a focus on when and how often to hold 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 using structured field break activities and discussion with the Program Manager.
- Foster parents are encouraged to engage and communicate with the birth parents of 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 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 involved with the Department. TDM meetings are a collaborative process involving a team of people, including Department 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 absent or under-involved parents, identification of relatives for placement and support of the child, and identification of services to improve parental capacity to care for the child safely.

The Department utilizes several types of TDM meetings to meet the needs of the family situations. TDM meetings may occur when a child is found to be in present danger and has been removed from the 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

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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); when a youth turns 14 and 16 years of age to explore and plan for the youth's future needs (Youth Transition TDM); or a youth has reached age 18 and wants to voluntarily participate in services with the Department until the 21st birthday (Age of Majority TDM).

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 Program Supervisor. TDM procedures help TDM Facilitators, the family, and DCS Specialists work together toward shared goals of child safety, as well as selecting the safest, least restrictive placement for the child.

The Team Decision Making program has identified the need to enhance the community and family's engagement and experience in TDM meetings. The TDM program is receiving technical assistance from Action for Child Protection to help strengthen facilitators' knowledge of the Department's safety assessment model, SAFE AZ. Having working knowledge of the SAFE AZ model assists TDM facilitators in guiding the team members to consensus that focuses on the least intrusive and safest plan for the children. The technical assistance includes an assessment of the TDM facilitators' knowledge and strengths in the SAFE AZ model and the creation of additional training for TDM facilitators related to the model.

In addition to having facilitators trained in SAFE AZ within the TDM framework, Evident Change has been engaged to provide technical assistance to ensure the TDM model is practiced with fidelity and to enhance facilitator skill awareness in group engagement. Evident Change began this process by reviewing all the Departmental policies, program guidance, trainings and program forms specific to TDM. Observations are being conducted with all TDM types, and in every region. Listening sessions with families who have Department involvement and have participated in a TDM recently have been facilitated. Listening sessions have been established with African American community members, tribal child welfare staff, and youth who are involved with the Department. Listening sessions for Department staff have also been completed. The feedback from the Departmental staff has been informational and will be included in the TDM fidelity and sustainability analyses. Evident Change and Action for Child Protection are partnering to support TDM long term coaching and training strategies, define TDM model fidelity within the SAFE AZ model practice. Lastly Evident Change and Action for Child Protection are working to ensure best practice for cultural responsiveness, parenting time, and domestic violence are supported by TDM and SAFE AZ model.

TDM has recently started asking community and family members who have participated in a TDM to participate in a survey. The purpose of the post TDM survey is to gain valuable feedback from those who have engaged in the TDM process to help assist in improved practice and quality. Survey responses have been gathered since April 2022. Valuable information is being collected which will be included in the Department Strategic Plan to ensure the practice fidelity of the TDM model and strengthen partnerships with the families and community members involved.

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

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assisted in identifying gaps of knowledge regarding TDM policy, procedure, and best practice. There have been barriers to tracking TDM data consistently, which may explain the decrease in the number of TDMs held compared to the prior year. TDM information is tracked through a main TDM database. The TDM database has been experiencing several operating malfunctions creating lag time to enter TDM data. TDM management is working to enhance the TDM tracking to create consistent operation and identify tracking features to assist in practice improvement and quality of TDMs. In addition to the technical assistance Evident Change is providing, they also have shared TDM Database software they have created. The Department is assessing the use of this software as a possible solution to the TDM data collection barriers.

TDM meetings continue to be held statewide, in all regions and counties. From July 2021 through April 2022, 1,122 or 20% of TDMs were Present Danger TDMs, 2,170 or 39% were Safety Planning TDMs, 384 or 7% were Placement Stabilization TDMs, 701 or 13% were Permanency Planning TDMs, 729 or 13% were Reunification TDMs, 356 or 7% were Age of Majority TDMs, 11 or less than 1% were Life Long Connections TDMs, and 45 or 1 % were Youth Transition TDMs. The Department continues to collect and disseminate data regarding all TDMs, including the number of meetings by type, attendees, and child specific outcomes.

Newly hired Team Decision Making facilitators attend a five-day TDM 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 collections, 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. Most contacts must be in the child's residence (parental home or an out-of-home placement), and any verbal child must be seen alone, or attempts must be made to have alone time 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 or caregiver requires more frequent face-to-face visits 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.

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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.

Child contact information is monitored using scorecards at the unit, section, and region level. This data helps Supervisors monitor the completion of required contacts, documentation, and sufficient efforts to locate missing parents. The data is also reviewed by the field Management Analysts and data correction is completed on a regular basis.

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.

During the reporting period, the Department enhanced its policies to emphasize cultural considerations for children in out-of-home care. The DCS Specialist engages in conversations with the child to ensure their cultural needs are being met during monthly contacts and when selecting out-of-home caregivers or placements. The DCS Specialist explores cultural factors that are important to the child such as race, ethnicity, religion, tribal affiliation, sexual orientation, and how the child's cultural identity is being supported. During the monthly contact and regular case plan reviews, services and supports are evaluated for how appropriate and effective they are in context of the child's cultural factors.

In-person contacts have resumed after being reduced during the height of the COVID-19 pandemic, and the Department continues to provide guidance and updates for any pandemic related issues affecting in-person contacts.

The Department 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. The federal Monthly Caseworker Visit Grant will also be used to support recruitment and retention through increasing telecommuting/remote work options and purchasing laptops, which improves capacity to conduct monthly caseworker visits with children.

The caseworker visit data submitted for FFY 2021 indicated 87% of children were seen on a monthly basis by caseworkers and 85% of the total number of visits occurred in the child's residence which did not meet the goal of 95% of children seen monthly by caseworkers. Contributing factors include recruitment and retention of DCS Specialists, especially during the pandemic and "the great resignation," which are challenges faced by child welfare agencies nationally. Department staff were also adjusting to the Guardian system's new method of data entry that captures monthly caseworker visitation of children. Actions to achieve the goal include the implementation of DCS Specialist recruitment and retention strategies and restructuring of the monthly caseworker visitation documentation template in Guardian based on user feedback to improve ease of entry. Please see *Section IV: Assessment of Outcome Achievement* for information about case volume and workforce resources.

Additionally, the Department continues to develop and refine the ability to extract the data from Guardian to allow the measure to return to scorecards and other management system tools which have historically been effective in improving child contact rates. Monthly caseworker visit data is discussed during unit and section huddles and remains visually available. Visitation is also discussed during monthly supervision.

Case Manager Contacts with Parents

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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 each parent 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 the Department. 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.

Field staff located at the various offices across the state, have access to Accurint, a person search software. This software can be used to conduct initial searches for family members of a child in out-of-home care, and if efforts are not successful, a referral can be made to the Department Locate Team for more extensive search efforts. The Department's Locate Team also receives locate requests from the Attorney General's Office. Family locate efforts can be conducted for person within and outside the United States. Referrals received from the Attorney General's Office are typically for family member for whom a location request is necessary for an upcoming hearing. Dependent upon whether the search is conducted for someone within the United States or in another country, the locate search utilizes 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), the Federal Bureau of Prisons, and social media including, but not limited to Facebook and Google. The Department also utilizes a robust investigative tool, Accurint, that can search 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 Locate Team collaborates with the State Department, Foreign Consulates, and U.S. Embassies internationally.

From July 2021 to March 2022, the DCS Locate Team attempted to locate 3,072 people and obtained location information for 1,200 (39%) of the individuals.

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. 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. Contracted Family Engagement Specialists (FES) conduct family searches for children in congregate care settings to identify relatives and other supportive connections through Seneca searches, 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. There are three Match Meeting Specialists who assist with this process. Currently, one of the Specialists hosts monthly

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meetings with FSC staff and the Department Permanency team to discuss the search successes and barriers for each child. These monthly meetings will soon be expanded to the other two Match Meeting Specialists as well.

From October 2017 through March 31, 2022, FSC has served 617 children. Of the 617 children that have been served, 96 children were placed in a less restrictive family-like setting at closure and 47 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 17,198 individuals as having a connection with one of the children. Some of these identified 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 and if appropriate to in-person.

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 caregivers, 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 are used to guide the DCS Specialist in gathering 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 as well as 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. Birth parents remain involved in education planning (including approving special education services) and if the parent is unable to fulfill this role, a surrogate parent is appointed by the state education agency or dependency court. 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 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.

According to the DCS State IL/ETV Report, the number of youth enrolled in post-secondary education has continued to decrease during the reporting period. In January 2021, 178 youth were enrolled, compared to 211 enrolled 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 due to a variety of reasons, including inconsistent internet access, delays in response from instructors, and instability with employment, housing, childcare, and mental health concerns.

The number of youth who received a high school diploma or General Education Development (GED) dramatically decreased during the reporting period, from 335 in June 2020 to 188 in June 2021. This major decrease has been identified as virtual learning challenges, school disruptions due to COVID-19 impacting

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student's progress towards earning required credits for high school diplomas, and GED programs being closed or having limited enrollment numbers. The Educational Case Management Unit continues to work with Arizona's contracted provider for Education and Training Vouchers, to support post-secondary education and training opportunities, and conduct educational information trainings across the state with DCS Specialists to ensure an understanding of monitoring and supporting education for youth in foster care.

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 graduate from high school, pass the Arizona Merit test, apply for post-secondary financial assistance, and apply for post-secondary education. The Education Specialists provide general technical assistance to assigned case managers, and complete education assessments during in-person interviews with referred youth to support preparation of 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 2022, including the following examples:

- 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. The Arizona Department of Education (ADE) and Department of Child Safety have maintained state level "Points of Contact" (POC) in addition to Regional POCs (DCS) who assist to resolve issues related to maintaining the school of origin/best interest determinations, school transportation, and other services. The Department's POC maintains collaborative relationships 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 created the Statewide Coordinator for Foster Care – Education Partnerships, to further explore opportunities to improve relationships with Arizona's local educational agencies (LEAs)/school districts as well as individual schools. Strategies include outreach and engagement of the LEAs, target schools, education advocates, caregivers, Department field level staff, and other partners. The goal of outreach and engagement efforts is to more fully understand the challenges between agencies serving school-aged youth experiencing foster care, to celebrate successful partnerships, to identify policies and practices that negatively impact education outcomes, and areas for improvement and expansion of the collaborative relationship between education and child welfare.
- FosterEd, an initiative of the National Center for Youth Law aimed at improving the educational experience and outcomes for foster youth, has maintained its presence in Arizona since May 2016 and currently serves youth statewide. Co-location continue to occur in select field offices and schools. Technical assistance is now provided more broadly by FosterEd staff to assist with navigating the complicated issues related to special education services and the application of the ESSA requirements for school stability and making "best interest" determinations for changes in school enrollment. The FosterEd team meets regularly with the Department to monitor and brainstorm solutions to better support school-aged youth experiencing foster care and their school staff.
- The Department's Education Specialists participated in ongoing communication and consultation with various school representatives, administrators, counselors, and teachers to form alliances to

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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, which contains scholarship, grant, and financial aid information, specifically created for current and former foster care youth, foster care providers, and community partners.

- The Department's Education Specialist for Maricopa County and the Northern portion of Arizona, support 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 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
 - 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
 - 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 a 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
 - 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, for Pima and Pinal Counties and the Southern portion of Arizona, helped youth achieve educational outcomes through an array of collaborative efforts including:
 - assisting and collaborating with United Way's Youth on the Rise (YOTR) council, which focuses on the re-engagement of youth age 16 to 24 to school or work
 - 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
 - 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
 - collaboration with various community partners to address the needs of youth in foster care in the programs, build supportive programming and resources, and training on needs of youth experiencing foster care and monthly onsite support
 - assisting Catholic Charities and the Office of Refugee Resettlement with structuring their Education and Training Voucher program

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*

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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 the Department. The DCS unit psychological consultant service is available statewide. The goals include:

- 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.
- ensuring psychological and psychiatric evaluations are obtained when necessary, and timely, and that the questions posed for the evaluator are complete and appropriate.
- assisting DCS Specialists to identify the most pressing mental health issues, prioritize and sequence interventions, and determine needed positive behavioral change.

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

Most children in Arizona's foster care system receive health care coverage through the Department's Comprehensive Health Plan (CHP) and its contracted Managed Care Organization (MCO), Mercy Care. 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, dental and behavioral health, if appropriate) approach is utilized by CHP to provide 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.

CHP, in partnership with Mercy Care, 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 health care coverage is provided to all children placed in out-of-home care by the Department or in the custody of Arizona Administrative Office of the Courts/Juvenile Probation and placed in a foster care setting. CHP serves eligible children in foster care placed in Arizona and those placed out-of-state until they are Medicaid enrolled in that state.

CHP Mercy Care's health care provider network includes an array of providers who meet the needs of children and youth in out-of-home care. The health plan documents network adequacy, including the monitoring, maintenance and enhancement of the network, in its annual Network Development and Management Plan (NDMP). This plan incorporates analyses of primary care provider (PCP) and specialty providers, geographic needs and documents network enhancements such as:

- integrated rapid response process to include a single statewide dispatch agency and adding physical health screening to the rapid response behavioral health screening.
- co-location of the crisis and integrated rapid response provider and DCS Welcome Center to better provide trauma informed approaches.
- expansion of physical and behavioral health services in northern and southern areas of Arizona.

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Health care providers are distributed geographically by specialty throughout the State of Arizona. Children and youth can see any provider in the DCS CHP Mercy Care network.

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. CHP provides services under a framework of the Early Periodic Screening Diagnostic and Treatment (EPSDT) program, Maternity program, Oral Health program, Medical Management program (MM), and Quality Improvement and Performance Improvement program (QMPI). Each of these programs has AHCCCS benchmarks and associated reporting to AHCCCS.

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 and annually thereafter. A dental assessment is also to be completed with 30 days of placement for children ages one year and older and semi-annually, thereafter. The DCS Specialist and out-of-home caregiver are responsible for ensuring necessary follow-up of recommended care. 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 to be documented in the file and provided to out-of-home care providers. DCS CHP continues to interface with Guardian to transmit medical records with enhancements scheduled to include those services that have occurred post integration. The enhancements include but are not limited to immunization types and dates, well-child visits (EPSDT), dental visits, certain key diagnoses, and other services and medical events which are received from Mercy Care's data system in electronic format. As with CHP data, the expanded data set will be included in the Guardian medical summary report that summarizes significant medical, educational, and developmental history and status information. DCS Specialists can provide medical history information to the courts and out-of-home caregivers through the medical summary report. The data interface will map appropriate diagnoses to the corresponding Adoption and Foster Care Analysis and Reporting System (AFCARS) element to improve the accuracy of reporting and eliminate manual data entry for out-of-home cases. This data will also be available to caregivers through the caregiver portal in Guardian.

CHP Mercy Care maintains a system of outreach and reminder notifications for health services. Outreach activities conducted by CHP Mercy Care rely on written and verbal communication with members and all responsible parties, such as DCS Specialists, out-of-home caregivers, and Primary Care Providers (PCPs). CHP outcome data suggests that these intensive outreach efforts are very effective. DCS CHP Resource Coordinators were able to communicate with an average of 96% of caregivers in the month the child entered care.

More specifically, the CHP Resource Coordination function area contributes to care coordination efforts through telephonic outreach to caregivers upon health plan enrollment to identify and escalate the need for immediate care coordination and/or interventions from CHP Health Coordination and System of Care

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function areas to ensure that children and youth in out-of-home care are receiving needed services in a timely manner. Information provided during these calls includes an explanation of member benefits such as EPSDT requirements, dental, vision including replacement glasses, and behavioral health services.

DCS Specialists also have access to a child's health plan information using the Mercy CHP FamilyConnect portal. This portal provides access to care management assessments, a child's insurance card, prior authorization for services information, medications, and other health care resource information.

As another measure to attain positive health outcomes for children, CHP Mercy Care identifies children who have not received necessary preventative medical or dental services. CHP strives to have all children seen within 30 days of initial placement with a caregiver per Department policies policy; however, when CHP Mercy Care 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 Specialist, the Supervisor is contacted to ensure the child gets the required services. 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.

Additionally, CHP conducts quarterly Quality Management Performance Improvement (QMPI) evaluations that are reported to AHCCCS. These evaluations include all facets of health care for children in out-of-home care as well as the performance of CHP. Quarterly meetings to review the data presented in these evaluations are attended by the Department, CHP staff, community physicians, and caregivers.

During the COVID-19 pandemic, CHP provided direct support to children, caregivers, and Department staff, and incorporated the following into regular business processes:

- 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 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.
- continued outreach to caregivers regarding the importance of wellness exams upon entry into care.
- coverage of telehealth services mandated by AHCCCS and guidance to caregivers, health care providers, and Department staff on the types of services covered by telehealth.
- aiding with identifying healthcare providers that offered telehealth.

Children's Rehabilitative Services

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 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

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Arizona has a full array of covered behavioral health services for children in out-of-home care, including treatment services, case and care management, psychosocial rehabilitation, emergency behavioral health services, behavioral management, medical and pharmacy services, support services, crisis intervention, inpatient services, residential services, and behavioral health day programs.

Behavioral health benefits for Medicaid eligible children in out-of-home care were previously provided through AHCCCS contracted Regional Behavioral Health Authorities (RBHA). On April 1, 2021, CHP, through an integrated care model, began providing behavioral health benefits for Medicaid eligible children in out-of-home care. CHP contracts with Mercy Care, an AHCCCS MCO with knowledge and experience in physical and behavioral health care and service delivery for this population. This partnership is a statewide contract, serving all Arizona children and youth in out-of-home care.

Under the integrated care model, Mercy Care is charged with:

- developing and maintaining a healthcare provider network for an all-pediatric population
- clinical care management and other health plan operations tailored for this specific population
- leveraging its extensive knowledge of the unique health needs of youth in DCS care to:
 - maintain the health of children in care with a focus on improving the healthcare service delivery system
 - monitor the utilization of service
 - augment quality management efforts
 - provide additional care management as needed.

CHP Mercy Care also provides benefit coverage for behavioral health services for children in foster care who are not eligible for AHCCCS coverage. American Indian children are served through CHP or one of the five Tribal Regional Behavioral Health Authorities (TRBHAs) that have Inter-Governmental Agreements 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 (CFT) component. When children in care are enrolled in Arizona’s behavioral health system, a CFT is developed. 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 a medical necessity determination by CHP.

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, CHP staff, behavioral health service providers, and other child serving agencies and supports and is typically facilitated by a behavioral health case manager or other behavioral health staff person. CHP System of Care developed a CFT Practice Evaluation tool to ensure that youth in out-of-home care receive the benefit of the CFT practice.

Behavioral Health Services for all children in the Department’s custody are initiated as soon as they enter out-of-home care through the Integrated Rapid Response (IRR) 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

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through the IRR 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 IRR 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 Department staff and other key stakeholders, and facilitates collaboration 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 Arizona Families F.I.R.S.T. program provides expedited access to substance abuse assessment and treatment, and the Department arranges specialized psychological evaluations or other services on a case-by-case basis.

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

- The DCS placement packet must be provided to the out-of-home caregiver 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.
- The AHCCCS Psychiatric and Psychotherapeutic *Best Practices for Children, Birth through Five Years of Age* (2016) publication defines best practice for psychiatric evaluation and the use of psychotherapeutic and psychopharmacological interventions with children birth through five years of age. These 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.
- AHCCCS requires

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- prior authorization for antipsychotics for children age 0-5
- prior authorization for concomitant antipsychotics
- review of concomitant antipsychotics and antidepressants
- review of prescribing trends by medication category by the contracted health plan's Pharmacy and Therapeutics Committee.
- AHCCCS requires its contracted health plans to implement a monitoring system which reviews the prescribing of psychopharmacological treatments to children age birth to 5 years.

During the reporting period, as part of psychotropic medication prescribing oversight, CHP conducted monthly retrospective reviews of records to assure the appropriate psychotropic medication prescribing by the PCPs. This process monitored PCPs who prescribe psychotropic medication for ADHD, anxiety, and depression. As part of this process, CHP members were referred to the appropriate behavioral health services as an alternative to the PCP. From July 2020 to June 2021, the Primary Care Provider Psychotropic Prescribing Oversight team reviewed records for 184 members. Of the 184 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, CHP Mercy Care, AHCCCS and system of care providers and partners 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. CHP began operating as a fully integrated health plan 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. CHP continued to collaborate with 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, 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 Mercy Care participates in care coordination of children in out-of-home care receiving supports and services from DDD to enhance coordination efforts and service provision.

9. Programs and Services for Young Children

DCS Child Care

The Department provides referrals for childcare assistance for children who are in the Department's legal custody, or as a preventative service for those at risk of requiring protective services through a partnership with the Department of Economic Security. In March 2022, DES noted the number of childcare referrals decreased. DES will be providing data to assist the Department in determining why the referrals decreased. DES reported many childcare centers are having staffing issues and are at capacity and have wait lists for services which may have contributed to the decrease in referrals. The Department provided childcare

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services for approximately 12,117 children from May 1, 2021, through April 30, 2022 and increase of approximately 1,117 children from last year. The Department's use of quality childcare increased from last year. As of April 30, 2022, 63% of these children are currently attending quality rated childcare, up from 54% active referrals a year prior.

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 childcare or other 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. As the use of childcare or other early childhood care settings resumed, the referrals for support increased significantly due to the increased utilization of childcare. From May 2021 through May 2022, services were requested for 116 children across the state. Of those 116 children, 30 referrals were close out with the child being expelled from the childcare setting. Furthermore, five of those 30 expulsions were immediate and did not afford the Department a change 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 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 the Department to identify, match, and contact potential families to enroll additional children into these programs. This program was highly successful but continues to be on hold with no anticipated resumption. The Department and DES began assessing the process for modifications to improve the ease of use. All nine of the state's Head Start grantees have agreed to participate in the streamlined enrollment process once it resumes. Most Head Start programs have resumed in person services in August 2021. In the event a program faces staffing shortages or a COVID-19 exposure, virtual services are being offered until classroom instruction can safely resume.

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. Most 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

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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 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 during an investigation or ongoing work with the family.

Healthy Families Arizona and the SENSE program are specifically designed to serve children ages birth through five. Program descriptions include:

- 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 the Department due to having a child exposed to substances in 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 available statewide.

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 decreased 6% from 5,348 on December 31, 2020, to 5,041 on December 31, 2021. The children under the age of five represented 39.1% of the total DCS out-of-home population on December 31, 2021 (age birth through 17) (source: Semi-annual Child Welfare Report March 2022, placement tab).

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. Most children under the age of five who exit to adoption 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 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,

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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.

Additionally, Arizona's statewide protocol for children in out-of-home care, indicates that within 24 hours of removal, children are referred for an Integrated Rapid Response (IRR) evaluation. The IRR is an initial in-home assessment, conducted by behavioral health providers, for children entering DCS custody. Clinicians assess the child's immediate behavioral health needs and screens for developmental delays and physical health needs that require immediate support and connection to ongoing services. An IRR evaluation typically occurs within 72 hours, or two hours for an urgent need, of the Department's referral and children are referred for ongoing support if the child is found to have developmental delays.

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 Officer 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 of these on development and subsequent behaviors of the child.

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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.

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 (C2C) 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 by increasing awareness among those who work with maltreated infants and toddlers about negative impact of abuse and neglect on very young children and change local systems to improve outcomes and prevent future court involvement in the lives of very young children.

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 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. Most 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.

A 2019 evaluation of C2C found that the strong judicial leadership, standardized training on SBCT, and active community coordinators have led to more timely permanency outcomes, higher quality service delivery, and reduction in case related barriers. Reunification rates for the group receiving any of the clinical services offered by C2C were 72%, compared to only 48% of those who did not receive clinical C2C services.

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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 with the Department. 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 Counties' 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.

Prevent Child Abuse Arizona hosts an annual statewide court team gathering. This gathering occurred virtually on July 16, 2021 and provided an opportunity for all statewide court teams to receive advanced training and discuss goals and progress on a statewide and county level. The statewide convening will be in person in 2022 and will feature a subject matter expert from Zero to Three. The initiative continually provides training and technical assistance to court teams statewide. During SFY 2022, statewide quarterly community of practice meetings began, which bring together coordinators from across the state to learn about how other counties are implementing SBCTs, address barriers and successes they have experienced, and to network for solutions. Several SBCTs in Arizona have an active Community Team and meet monthly. Each meeting includes a training and the opportunity for networking. In Maricopa, as well as other counties, the Department attends these meetings and provides updates to the community team.

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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
- 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 its effects on children. 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 that include:

- 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
- 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), is Arizona’s version of the plan of safe care. The use of Infant Care Plans was implemented in June of 2017 and is required to be utilized for all substance exposed newborns involved with the Department. 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, childcare, and social connections. The Infant Care Plan is a document that must be created early in the decision-making process about safety for the child, and 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. Most of the children referred to the program are under the age of five.

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

The Office of Prevention has facilitated the Young Parent University (YPU) for the past four years. Young people who are parenting or soon to become parents with a history of involvement with the child welfare system as a child, are at increased risk to experience income inequality, intimate partner violence, lack stable housing, and are almost twice as likely to become involved with the child welfare system as older parents. The Young Parent University involves both young people who are in foster or extended foster care, and youth within the community. This program allows these young parents to participate in workshops and receive 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.

During the reporting period, the Department updated its Safe Haven newborn infant policy as a result of a change to Arizona statute (A.R.S. §8-528). State statute now allows unharmed newborn infants up to 30 days old to be received by a Safe Haven provider. The DCS Hotline receives a call from the Safe Haven provider when a newborn infant is left in their care and follows procedures to coordinate with a licensed private adoption agency on the Safe Haven list for the placement of the newborn infant into an adoptive home. A DCS report is taken only when no licensed private adoption agency on the Safe Haven agency list has the ability and desire to take custody of the unharmed newborn infant within 24 hours of completion of a physical examination, or the newborn infant has been alleged to have been a victim of child abuse or neglect.

In order to influence timely permanency for young children, Department 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 termination of parental rights 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

The Department uses standardized discussion guides to reinforce the focus of strength-based supervision of 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 dictates 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 continues to utilize a SAFE AZ knowledge assessment for DCS Program Supervisors, Supervision Coaches, Program Managers, and Program Administrators. This evaluation is a computer-

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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.

The Department continues to support Program Supervisors and Program Managers in both clinical and administrative supervision through the Supervision Coach Program. The Department now has 20 full-time Supervision Coach positions with the addition of four coaches during this reporting period. 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. Learning objectives and activities for continued professional development are captured 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. Program elements include Supervision Coaches, Program Supervisors, and Program Managers identifying learning objectives and activities for ongoing professional development; receiving monthly 1:1 coaching sessions, and monthly observation conducting clinical and administrative supervision followed by feedback from the observing Supervision Coach or Program Manager. The Supervision Coach Program develops the Department's proficiency of 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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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) that went live 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 the National Child Abuse and Neglect Data System (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 fairer 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 Guardian (for the period covering January 2021 through June 2021) and CHILDS (for the period covering July 2020 through December 2020), as close as possible to the date of report publication.
- *The Monthly Operational Outcomes Report (MOOR)*: 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. During the roll-out of Guardian, DCS Specialists were adjusting to a new system and new process for entering information. Additionally, any bugs that were recognized after the system went live had to be resolved. As this occurred, measures whose validity lacked confidence were not reported and/or footnoted as needing updates in future iterations. As of February 2021, all such measures in the MOOR were updated going back to July 2020.
- *Power Business Intelligence*: The Department will use 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 as the Department continues to develop Guardian reporting requirements.
- *Practice Improvement Case Reviews (PICR)*: Information is generated by reviewing Hotline communications, investigation assessments, and 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 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

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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. Additional information about the Practice Improvement Case Review is in *Section V: Assessment of System Performance*.

The Department's reports are available to the public on the Department's [website](#), News & Reports/DCS Reports. 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 assessments. 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 data from partner agencies, such as the court system, advocacy organizations and provider community. This allows the Department an opportunity to inform stakeholders about available data, how to better understand the meaning of the data, and explain its limitations as well as compare and discuss data shared by stakeholders. 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. These discussions promote a common understanding of data definitions, and making data driven decisions to enhance service provision. The Data Community reviewed the metric definitions in the MOOR report to ensure they are understandable and sufficiently thorough to meet the needs of external stakeholders reviewing DCS data. Definitions were revised following recommendations of the DCS Data Community members.

1. Case Volume and Workforce Resources

During SFY 2021, the Department received 44,207 new reports to the Child Abuse Hotline, which is 917 reports fewer than SFY 2020. This decrease was likely because of COVID-19. Region investigation caseloads ranged from 17 to 36 reports per investigator for the month of December 2021. Region out-of-home caseloads ranged from 18 to 29 children per DCS Specialist and in-home caseloads ranged from 13 to 33 per DCS Specialist. The increase is attributed to fewer full time filled employee positions (source: Monthly Operation and Outcome Report April 2022).

Arizona achieved a significant reduction in the out-of-home care population from SFY 2015 to present. The zero to 17-year-old out-of-home care population decreased 33% from 17,264 children in SFY 2015 to 11,550 children in SFY 2022. The out-of-home care population continues to decrease throughout SFY 2022 from 13,051 children to 11,550 children (source: Monthly Operational and Outcome Report July 2022).

It is always the Department's goal to fill 100% of positions and reduce turnover so that staff can provide quality services to children and families and practice with fidelity. Throughout this challenging time, significant effort has taken place to fill positions statewide, including frequent meetings between executive management, the regional Program Administrators, and Human Resources Managers. Recruitment and retention data is tracked and reviewed bi-monthly. As of June 15, 2022, the Department had filled 81% of the 1,406 funded Specialist positions.

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

- The Department continues to streamline hiring and selection processes for DCS Specialists. In September 2021, the Department held a Kaizen event to enhance recruitment workflow and to streamline processes from application received to employment offer. The Department also reduced the time to complete employment references from five to three working days. As a result of the Kaizen event, the Department was able to reduce the time between an applicant applying for and being offered a position.
- The Department customized their talent acquisition system, Page Up, to make the candidate experience more fluid and integrate documents electronically which eliminates having to process the application outside of the Page Up system.
- In December 2021, DCS reduced the requirement for case aides from five (5) or more years of experience to four (4) or more years of experience to promote to DCS Specialist positions. This was to retain qualified staff and to hire staff already familiar with the child welfare system to areas of need. This has resulted in an earlier promotional opportunity to a DCS Specialist position and created a career path to reduce case aide turnover.
- 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 Predictive Index 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 Administrators, and subsequent training sessions during the first year of hire.
- The Department implemented a Critical Response Stipend which added 10% to client facing positions hourly rate through June 30, 2022.
- In an ongoing effort to retain critical employees, the Department provided a one-time 5% Conditional Retention Pay Incentive in June 2022 for Department employees that were not included in the recent 10% Critical Services Premium Pay Stipend.
- On June 23, 2022 the Arizona State Legislature approved the state budget that includes a 10% pay increase for all state employees. Additionally, the Department's leadership team with great support of the Governor successfully advocated for a greater increase in pay for certain field-facing positions including DCS Specialists, DCS Program Supervisors, OCWI Investigators and Managers.
- On March 15, 2022, a retention strategy meeting was held with executive leadership to discuss statistics and the proper path to field employee retention. Currently, a focus group is meeting regularly to develop action items to address retention of DCS Specialist staff with specific focus on workplace culture and compensation.
- The Work Force Resilience Program continues to provide a resource to aid Department employees with the unique challenges of their roles and the impact on their personal and professional lives. Requests for assistance increased during the last six months of 2021.
- Non-case carrying employees with previous DCS Specialist experience have been assisting field offices experiencing a high case load volume.

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

- Exploring potential internal candidates and promoting staff from within the Department.
- In 2021, DCS designated two full-time marketing recruiters. The focus of the marketing recruiters is to manage all job requisitions and announcements and to search for marketing platforms with high return on investment. Since July 2021, the team has established new advertising accounts and social media platforms to enhance the Departments outreach. This has increased the visibility to recruit and use outlets and websites, and social media platforms that had not previously been used.

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- In June 2021, the Department contracted with the public relations firm, Lane Terralever, to assist with additional marketing efforts and ideas. The Department held a recruitment campaign from January to April 2022.
- In December 2021, the Department published a group email that was sent to former employees, highlighting our open positions, mission, flexibility, benefits, and stipends. The Department initially saw some success and is now focused on retaining employees who intend to leave the Department by offering flexibility and reduced hours. This ‘temporary workers’ program is a creative solution that allows staff to remain employed part-time to aid the Department when help is needed. This allows the Department to access skilled staff to help when circumstances create a greater need.
- In November 2021, the Department updated all position descriptions and job ads for DCS Specialists and Case Aides.
- The DCS Recruitment Team continues to participate in numerous job fairs throughout the State of Arizona to increase visibility and exposure.
- The Department continues 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 increased the use of online ads, university career pages/job boards, social media platforms, community job boards, and created contacts with Chambers of Commences throughout the state. In 2021, the Department established an account with Indeed for ads and resume searches and created a recruitment Instagram account.

The Department works to improve staff satisfaction and retention by implementing Safety Science Principles. The Department joined the National Partnership for Child Safety, a convening of multiple county and state jurisdictions working to utilize a safety science approach to reducing maltreatment. The Department will further the learning of the application of safety science through organizational surveys to gain insight into culture, emotional exhaustion, mindful organizing, psychological safety, personal/work safety and safety climate.

The Department has experienced challenges over the last year in hiring and retaining child safety specialists as well as case aides who support these positions. The Department continues to face workforce challenges with the COVID-19 pandemic affecting recruitment and retention, similar to other public and private organizations in Arizona and across the nation. 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 PICR 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.

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The PICR results are 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 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.

Safety Outcome Progress Measures

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

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

The percentage of investigations initiated within state policy timeframes will be 95% or more (source:
FFY 2020: 95.6% (of 43,454 reports)
FFY 2021: 95.5% (of 44,575 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)
- Priority 4 (7 days)

The DCS Specialist shall initiate the response to a Department 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 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 childcare 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.

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

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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 2022, Risk-Standardized Performance)

FFY 2017: 6.6%

FFY 2018: 7.2%

FFY 2019: 6.5%

According to the CFSR Arizona Final Report published in December 2015 and reissued in 2017, the Department's risk-standardized 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 2022, Risk-Standardized Performance)

FFY 2017: 5.81

FFY 2018: 4.74

FFY 2019: 4.16

Department data indicates the rate of children with a substantiated report per 100,000 days of out-of-home care was 2.2 for SFY 2021 (source: Monthly Operational Outcomes Report, May 2022). This Department 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 Round 3 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 2021 PICR results indicate that when a child was determined to be unsafe in the parents' home, least intrusive present danger plans were developed in all 6 of the applicable assessments reviewed. Least intrusive impending danger plans were developed in 5 of the 6 applicable assessments reviewed in 2021. The PICR also evaluates the quality of the safety actions. Together, these two elements indicate that DCS is acting to keep children safe, but additional efforts can be made to more fully assess and document the assessment of the identified responsible adults and the oversight of the safety plans.

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)

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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)

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.

For a present danger or impending danger safety plan to be rated as a strength and considered sufficient during an investigation PICR, all of the following must be true during the entire three-month review period, if applicable:

- developed timely
- have an immediate effect
- identify actions to fully control the identified present danger condition
- identify a responsible adult to control the present danger condition.

The 2021 assessment PICR results indicate that when a child is determined to be unsafe in a parent's home, sufficient present danger plans were developed in 3 of the 6 applicable assessments reviewed. Sufficient impending danger plans were developed in 4 of the 6 applicable assessments reviewed. The children applicable to the safety plans that were rated as needing improvement were not necessarily unsafe, there may have been one element that was not in place or not initiated timely.

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
- safety concerns pertaining to the child, such as during visits or in placement, were appropriately addressed

The 2021 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 were taken to control danger in 46 of the 50 applicable cases reviewed. Although the families reviewed received a safety assessment and had a plan for ensuring the child's safety, the assessments and safety planning could improve through timely documentation of the plan using the specified form, as reviewers were able to view the required written safety plan in 19 of 51 of the applicable cases reviewed. Additional cases may have had written plans, but they were not available to the reviewers at the time of the review. Ongoing safety management could also improve by making sufficient efforts to locate missing parents and by documenting the discussions with the responsible adults about the responsible adult's responsibilities to take action to protect the child when necessary.

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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 the reporting period, the Department has implemented improvement strategies as described in the Arizona CFSP and Department strategic plan.

3. Permanency Outcomes 1 and 2

This section describes permanency administrative data and PICR case review results. 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 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.

The PICR results are 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 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.

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

FFY 2021: Unavailable due to data quality issues

Department 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 (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.

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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 2021 PICR results indicate the child's permanency goal was appropriate to the child's needs in 36 of the 50 applicable cases reviewed. The timeliness of setting the permanency goals was rated a strength in 48 of the applicable 50 cases reviewed during 2021. The 2021 PICR data indicates efforts to file a motion for TPR or document a compelling reason was observed to have been completed in 10 of the 21 applicable cases reviewed. There are opportunities to improve 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, or the reason noted did not meet the definition of an acceptable compelling reason. The PICRs have shown some improvement in the area of documenting a compelling reason when required with the new Guardian system, as a text box for the documentation is now available for all children requiring the documentation of a compelling reason. The Practice Improvement team will reinstate PICR feedback meetings during SFY 2023 to share information with DCS Specialists and Supervisors related to the importance of timely and appropriate permanency goals for children.

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 2022, risk-standardized performance)

FFY 2017: 32.3%

FFY 2018: 32.8%

FFY 2019: 33.3%

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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%.

Department data indicates 39% of children who entered care during SFY 2020 and 40% of children who entered during SFY 2021 and remained in care for eight days or longer, discharged to permanency within 12 months of entering care (source: MOOR Operational Data Exit Monitoring, extract date May 25, 2022, SFY 2021 average). This Department 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 2022, risk-standardized performance)

FFY 2019: 57.3%

FFY 2020: 55.8%

FFY 2021: 46.9%

Department data indicates 55.5% of children who were in care on the first day of SFY 2020 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 2022). This Department 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)

FFY 2019: 42.9%

FFY 2020: 39.2%

FFY 2021: 34%

Department data indicates 38.8% of the children who were in care on the first day of SFY 2020 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 2022). 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 2022 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, 46.9% 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, 34% 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 2021 PICR results indicate all efforts to achieve timely permanency were made in 17 of the 45 applicable cases reviewed. 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

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parents whose whereabouts are unknown and implementing in-home safety plans when the safety threat can be controlled in the home. Quarter one 2022 PICR results indicate 11 of the 16 applicable cases reviewed showed all efforts were made to achieve timely permanency. The Department is developing a monthly parent contact guide, which will prompt DCS Specialists to speak with parents about important topics and case planning areas during monthly in-person contacts.

The 2021 PICR results indicate efforts to identify and place youth ages 16 and 17 in a permanent living arrangement was observed to be a strength in 3 of the 5 applicable cases reviewed. Quarter one 2022 PICR results indicate all 5 of the 5 applicable cases were rated strength.

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 2022, risk-standardized performance)

FFY 2017: 6.9%
FFY 2018: 6.8%
FFY 2019: 6.7%

Department data indicates of the children who entered care during SFY 2021 and discharged to reunification, live with relative, or guardianship within 12 months, 11% re-entered care within twelve months from the date of discharge. The observed percent was 12.9% for SFY 2020 (source: MOOR Operational Data Exit Monitoring, extract date May 25, 2022, SFY 2021 average). This Department 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 2022 CFSR data profile, Arizona's risk-standardized performance is that of all the children who entered care in FFY 2019, and exited to reunification, living with a relative, or guardianship, 6.7% 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 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%

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

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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 Round 3 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 2021 PICR results indicate concerted efforts to ensure a sufficient frequency of parenting time (visitation) was more common with mothers than with fathers. The frequency of parenting time with mothers was rated a strength in 25 of the 39 applicable cases and 12 of the 38 applicable cases for fathers. 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 or parents who are not attending scheduled parenting time and engage them in parenting time. The quality of the parenting time that did occur for mothers was rated a strength in 29 of the 32 applicable cases and 18 of the 19 applicable cases for fathers. Siblings not living in the same out-of-home setting were observed to have frequent visitation in 8 of the 13 applicable cases and the quality was rated a strength in 8 of the 9 applicable cases. The Practice Improvement team will reinstate PICR feedback meetings during SFY 2023 to share information with DCS Specialists and Supervisors about the importance of making efforts to locate missing parents and encourage them to participate in parenting time.

The Department's Round 3 CFSR PIP did not require case reviews related to CFSR Item 8.

CFSR Item 9: Preserving Connections

Of all American Indian children who exited care during the year, the percentage who exit to permanency before age 18 (do not exit to age of majority or runaway) will be 95% or more (source: AFCARS 2021B)

FFY 2020: 93%

FFY 2021: 98%

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.

FFY 2020: 53% (source: AFCARS Report 43)

FFY 2021: 48% (source: Case Plan Compliance Report, 5/27/22)

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)

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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.

The 2021 PICR results continue to indicate that compliance with the ICWA requirements is typically occurring. The reviews found concerted efforts were made to follow ICWA placement preferences in 4 of the 5 applicable cases.

The Department's Round 3 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 in June 2022, 48% were placed with a relative (source: CE Advance Find exports, June 20, 2022). 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 28](#) indicates that nationwide, 34% of foster children were placed with relatives.

The 2021 PICR results indicate the child was placed with a stable relative placement or sufficient efforts were made to identify and assess maternal and paternal relatives in 28 of the 46 applicable cases reviewed. Nearly all cases had some efforts to locate and assess relatives. Practice could improve through identification of all relatives, particularly paternal relatives. The Department utilizes person locate software 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 Round 3 CFSR PIP did not require case reviews related to CFSR Item 10.

CFSR Item 11: Relationship of child in care with parents

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

The 2021 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 than with fathers. Efforts were made to ensure the mother was invited to the child's appointments and events in 8 of the 27 applicable cases and 4 of the 20 applicable cases for fathers. PICRs show there are opportunities to improve in this area by assessing the safety and appropriateness of the parent attending the event or appointment, ensuring the parent is invited, and ensuring the out-of-home caregiver is aware of the plan to have the parent attend. 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. Information about the importance of informing and inviting parents to the children's events and appointments is included in the completed PICR instruments provided to the field. 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 Round 3 The CFSR PIP did not require case reviews related to CFSR Item 11.

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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 PICR 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.

The PICR results are 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 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.

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 medical, dental, education, mental health and independent living skills for children age 14 or older in out-of-home care) will be 95% or more (In-Home and Out-of-Home PICR Item 8A1 & A2)

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

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

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

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The 2021 PICR results indicate the children's needs were fully assessed in 54 of the 71 cases reviewed and necessary services were provided in 18 of the 23 applicable cases. 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 2021 PICR results indicate concerted efforts were made to provide youth age 14 and over with all the services needed to adequately prepare the youth for adulthood in 5 of the 8 applicable cases.

The 2021 PICR results indicate concerted efforts were made to fully assess the mother's needs in 17 of the 59 applicable cases. Reviewers found necessary services to meet the mother's known needs were provided in 40 of the 57 applicable cases. Concerted efforts were made to assess the father's needs in 7 of the 53 applicable cases and services were provided to meet the father's known needs in 22 of the 48 applicable cases. The quarter one 2022 PICR results indicate 11 of the 31 applicable cases were rated strength for the assessment of the mother's needs and 5 of 30 applicable cases were rated strength for the 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 recently been involved with their children. The Department is also focusing on the recruitment and retention of DCS Specialists, as it is believed that the higher turnover and vacancy rate experienced currently and during 2021 is affecting the Department's ability to achieve the desired outcomes.

The 2021 PICR results indicate concerted efforts were made to assess the needs of the out-of-home caregivers in 41 of the 44 applicable cases reviewed and services were provided to meet the out-of-home caregiver's needs in 10 of the 19 applicable 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 2021 PICR results indicate concerted efforts were made to involve children age six or older in case planning in 14 of the 41 applicable cases reviewed. Concerted efforts were made to involve the mother in 19 of the 60 applicable cases and the father in 14 of the 56 applicable cases reviewed. Cases rated strength had evidence that the mother, father, and/or child were 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.

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.

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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 Round 3 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)

The 2021 PICR results indicate sufficient frequency of in-person visits between the child and the assigned DCS Specialist was found in 53 of the 71 applicable cases reviewed. Quarter one 2022 PICR results indicate 36 of the 42 applicable cases were rated strength. 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.

The FFY 2021 monthly caseworker visit data indicates 87% of the required monthly in-person child contacts were completed and 85% of the visits occurred in the child's residence.

The 2021 PICR results indicate the assigned DCS Specialists had high quality contact with the child in 22 of the 70 applicable cases reviewed. 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 make improvements and achieve the 95% CFSR goal. The Department continues efforts to recruit and retain employees and make enhancements to the Guardian system to improve the frequency and quality of monthly child contacts.

CFSR Item 15: Caseworker visits with parents

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

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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 father will be 95% or more (In-Home and Out-of-Home PICR Item 11 B1 & D)

The 2021 PICR data indicates concerted efforts were made to have frequent in-person contact with the mother in 18 of the 60 applicable cases reviewed and 12 of the 55 cases applicable to the father. Quarter one 2022 PICR results indicate 17 of the 32 applicable cases were rated strength for the frequency of in-person contact with the mother and 10 of 21 for the father.

The 2021 PICR data indicates the quality of the parent contact was rated a strength in 6 of the 34 applicable cases for the mothers. The quality of the parent contact with fathers was rated strength in 3 of the 30 applicable cases. Quarter one 2022 PICR results indicate 7 of the 19 applicable cases were rated strength for the quality of parent contact with the mother and 6 of 16 for the father. Practice can improve through greater and continual efforts to locate a missing parent and contact with detained or incarcerated parents. Practice can also improve by ensuring the parents are engaged in conversations related to their needs and services regularly. To assist with this, the Department is developing a monthly parent contact guide, which will prompt DCS Specialists to speak with parents about important topics and case planning areas during monthly in-person contacts.

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)

The 2021 PICR results indicate a thorough assessment of the child's educational needs was completed in 37 of the 47 applicable cases reviewed and the provision of services for the known educational needs was rated a strength in 23 of the 25 applicable cases. 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 Round 3 CFSR PIP did not require case reviews related to CFSR Item 16.

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

CFSR Item 17: Physical health of the child

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

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

- timely EPSDT or other comprehensive medical examinations,

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- 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 2021 PICR results indicate the target child in out-of-home care had a comprehensive well-child exam within the prior 12 months or the child(ren) being served through an in-home case had an assessment of physical health in 37 of the 55 applicable cases reviewed. The PICRs also found the target child in out-of-home care had a dental exam within the prior 6 months or the child(ren) being served through an in-home case had a necessary assessment of dental health in 31 of the 48 applicable cases reviewed. Practice could improve by ensuring children have a comprehensive well-child and dental exam within 30 days of entering out-of-home care, a subsequent dental exam every six months and comprehensive medical exam every 12 months.

The Department's Round 3 CFSR PIP did not require case reviews related to CFSR Item 17.

Historically state Medicaid audits 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 continually evaluates health care data to determine accuracy of the data and programming fidelity.

DCS CHP and its contracted managed care organization, Mercy Care, monitor 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.

CFSR Item 18: Mental/behavioral health of the child

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

The 2021 PICR results indicate the child's mental health needs were assessed in 44 of the 52 applicable cases reviewed and required services were provided in 30 of the 43 applicable cases. The oversight of prescription medication for mental health conditions was rated strength in 6 of the 8 applicable cases reviewed. Many children did not require behavioral health services during the period under review or were receiving the necessary services.

The Department's Round 3 CFSR PIP did not require case reviews related to CFSR Item 18.

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

Section V

Assessment of System Performance

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1. Statewide Information System Capacity

Statewide Information System Description

From February 1998 to January 2021, the Department 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 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. On March 31, 2022, user access was removed and CHILDS was subsequently decommissioned. In February 2021, the Department began using the new Comprehensive Child Welfare Information System (CCWIS) solution known as Guardian.

Field staff are provided with a Guardian Overview computer-based training, which provides basic information about the Guardian system. Supervisors are provided with additional computer-based trainings specific to supervisory functions. New employee training covers Guardian resources; navigation; 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. To provide continuous learning and support that meets the needs of adult learners, Guardian Instructional Videos have been created to demonstrate tasks within the system. The videos guide employees through step-by-step instructions providing information on why particular areas have been updated or explain the impacts to policy or practice. These videos are included in Guardian updates from the Policy Unit, which are emailed to all Department staff and are housed on the Guardian Training Resources SharePoint page.

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 Change Control Board. The next iterations of improvement continue to focus on user adoption of the new technology and efficiencies in workflows and other system tools to guide users through their work. This will include improvements to dashboards to provide information to leaders regarding work in process and flag potential process gaps so they can help resolve workflow barriers.

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 Comprehensive Child Welfare Information System (CCWIS) was implemented on February 1, 2022 and is known as Guardian. Guardian functions and accepts data to ensure that, at a minimum, the state can 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.

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Guardian is available to caseworkers, supervisors, managers, administrators, and others, statewide. The system is operational and available, except in brief periods of routine maintenance. Information about each child’s removal status, location, demographic characteristics, and permanency goal is available and accessible to administration and field staff.

Guardian includes interfaces with other state agencies 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, and planned interfaces with the Arizona Department of Economic Security and Credit Check Bureaus, validate data from each entity to ensure the information about the child is accurate, up to date and accessible. 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, the family’s address, and other information that is obtained and verified during eligibility determination processes by FAA. Guardian will continue to update and add interfaces as needed, such as National Electronic Interstate Compact Enterprise (NEICE), which supports the Interstate Compact on the Placement of Children (ICPC), HEA+, and others.

Guardian’s performance is stable and key issues of data collection, entry, and reporting are continually addressed. The Department has committed multiple internal resources to monitor data quality and identify improvements as critical data or operational issues are identified. The Department established a Data Governance program that has begun to analyze existing data roles and policies, define a model for governance and data definition, and establish standards and procedures for data collection and management.

The Department is also developing a data mart to support accurate data reporting and use of data. This work began in SFY 2022 and will be completed during SFY 2023. The Department implemented an AFCARS quality review process in SFY 2022 that includes review of data quality and missing entries by regional management analysts which will continue in SFY 2023.

The Department’s Adoption and Foster Care Analysis and Reporting System (AFCARS) files include data extracted from Guardian, 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 2021A and 2021B AFCARS submission was not in compliance with the AFCARS standards in the six-month submissions. The Department has an open AFCARS Assessment Review Improvement Plan and continues to resolve any identified AFCARS 1.0 issues within the Guardian system. The 2022A AFCARS submission was submitted May 16, 2022 and was not compliant. The data was resubmitted June 17, 2022, to resolve CFSR elements and the additional elements above the acceptable error rate or not internally consistent.

The Statewide Information System 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 2021B data quality report provided the following error rates on AFCARS elements that are pertinent to the Statewide Information System Assessment Item 19:

FC-06 Date of Birth:	0 missing records of 17,209
FC-07 Sex:	75 missing records of 17,209 (0.44%% failing)
FC-08 Race:	0 missing records of 17.209

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FC-09 Hispanic Origin:	0 missing records of 17,209
FC-18 First Removal Date:	3 missing records of 17,209 (.02% failing)
FC-20 Last Discharge Date:	0 missing records, 144 internal consistency errors of 16,371 (.88% failing)
FC-21 Latest Removal:	3 missing records, 173 internal consistency errors of 17,209 (1.02% failing)
FC-41 Current Placement:	517 missing records of 17,209 (3% failing)
FC-42 Out-of-State:	0 missing records of 17,209
FC-43 Most Recent Goal:	1822 missing records of 16,371 (11.13% 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. The 1,495 children indicated above did not have current placement data entered in the placement field in Guardian, but the placement information can be found in the case file or Guardian narrative documentation. The Department periodically utilizes data reports to identify and correct data missing in Guardian. 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 to actively improve the Department’s data submission.

The Administration for Children and Families is scheduled to conduct a technical review of Guardian during the first quarter of SFY 2023.

2. Case Review System

Case Review System Description

The Department’s policies and procedures require that written case plans which address all the federally required elements be developed within 60 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 14 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 (CASA). 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.

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

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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 12 months of the child's initial removal from the parent or guardian, within 6 months if the child was younger than age 3 at the time of removal, or within 30 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 12 months thereafter, if 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. As specified in the Adoption and Safe Families Act (ASFA), 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 ASFA. 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. Foster Care Review Boards' ability to ensure all case participants and team members received notification of scheduled FCRB reviews was impacted by Guardian challenges. Executive leadership from the Department and FCRB including staff from Information Technology, continue to meet regularly to address problems with the Department's data exchange process and to assure FCRB has accurate contact information to notify all team members of FCRB reviews.

The Administrative Offices of the Court participates in an inbound interface that provides the Department information specific to court information including filed petition details, docket numbers, scheduled hearing information details, judicial assignment, adjudication details, dependency adjudication details, dependency status updates, delinquency status, and filed motion details, which populate in Guardian.

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 their CASA.

The state's CASA Program plays a vital role in dependency cases, ensuring the needs and best interest of the child are considered by the judge and other team members. Where appointed, CASA advocates meet

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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.

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 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 ages 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.

For a case to be rated as a strength for timely case plan development, all 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
- the case plan was updated when a change in permanency goal was ordered by the court

The 2021 PICRs found all the above criteria were met for 33 of the 71 applicable cases reviewed. Most 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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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, permanency hearings, and FCRB hearings all meet the requirements of periodic review hearings and are considered as such. Report and review hearings, 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 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 190 cases statewide from April 2021 to March 2022. This review found that 100% of the applicable cases reviewed 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.

The Department typically monitors compliance with the periodic review requirement using AFCARS data; however, this data is not currently reliable due to data extract abilities from Guardian still being finalized.

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, conducted a review of 190 cases statewide from April 2021 to March 2022.

- 100% of the children whose permanency goal was not reunification at the disposition hearing had a permanency hearing within 30 days of disposition.
- 94% of the children who were under the age of three at the time of removal had a permanency hearing within six months of removal.
- 99% of the children 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.

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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:

- 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,
- the child was placed with a relative and the agency pursued guardianship, or
- 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 the 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 or court minute entry, when applicable.

The 2021 PICRs results indicate the timely filing of TPR was seen in 10 of the 21 applicable cases reviewed. 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 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 2021, case reviews indicated 32 of the 43 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

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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 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 case review portion of the Child and Family Services Review and conducts qualitative Practice Improvement Case Reviews of investigation, in-home service and out-of-home cases, and Hotline processes. 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. 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 reviews all findings proposed for substantiation for abuse and/or neglect at the completion of an investigation. The PSRT provides notification to persons who have been alleged to have abused or neglected a child prior to the finding being entered in the Department's Central Registry. The PSRT receives and processes questions and appeal requests from parents, guardians, or custodians and/or those who have care, custody and control of a child who disagree with a proposed substantiated finding (non-dependency findings) of abuse or neglect. The PSRT conducts a quality assurance review of

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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. The PSRT also reviews all proposed substantiated pending dependency adjudication findings where parents and legal guardians are provided notice and due process through the juvenile court process. After a parent's due process is complete in all proposed substantiated findings, the PSRT enters the finding, which will result in the person being placed on the DCS Central Registry. The PSRT unit is also available to Department staff to aid 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 Consultation and Research (C&R) team applies implementation science and the Department's 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 initiatives, such as the strategic initiative to standardize clinical and administrative supervision in all field operations units.

During the reporting period, the Department continued to integrate the Management System into administrative supervision, which has seven elements that drive improvement and sustainability:

- People Development
- Leader Behaviors and Standard Work
- Culture of Safety
- Visual Performance Management
- Problem Solving
- Standard Work and Visual Process Adherence
- Tiered Connectivity and Accountability

Models and tools 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.

The Department 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 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

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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 including:

- *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 previously collected through CHILDS through January 2021 and is now 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 child welfare system. The Practice Improvement Unit reviews a random sample of Hotline communications, investigations, in-home service cases, and out-of-home cases from each region during 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 investigations focuses on the practice of thorough safety assessments and safety planning. Review of in-home and out-of-home cases focuses on 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
 - identifies training needs for direct service and management staff.

Randomly selected cases are reviewed from each region throughout the year. Regions carrying a higher proportion of the statewide caseload have a higher percentage of cases in the annual case review sample. During CY 2021, the Practice Improvement (PI) Unit reviewed 17 investigations, 71 in-home service or out-of-home care cases, and 96 Hotline communications, along with other reviews focusing on targeted areas of practice. Fewer PICRs were completed during CY 2021 due to challenges related to the new CCWIS, Guardian, being implemented in February 2021. During the first portion of CY 2022, the Department has increased the number of PICRs and expects to review the typical number of one review per active investigation and ongoing unit per calendar year. 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

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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 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. The Department has requested to hold a state led Round 4 CFSR, which will begin in February 2023. In order to be certified to conduct a state led Round 4, the Department is currently in the process of developing the case review plan, internal manual, training, and schedule for the Arizona Round 4 and will review and finalize these plans with the Children's Bureau by the end of FFY 2022. Arizona anticipates being certified to complete the state led review by the end of SFY 2023.

- *Analysis and Dissemination of Quality Data* – The DCS Management System includes analysis and dissemination of data using scorecards, huddle boards, and counter-measure sheets. Data monitored on a regular basis include field operation data such as the 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 PICR data is presented and discussed during the quarterly MDT Aggregate Review and Consideration Development meetings, which are attended by Department leads, Region Program Administrators, the Deputy Director of Field Operations, and the Director.

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

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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 gathered and analyzed. Department leadership may form a team to identify root causes and improvement strategies and monitor the completion and effects of those strategies. When relevant, external stakeholders are included in the team or consulted during the information gathering and analysis phases. Such stakeholders might include youth, parents, resource parents, tribal social service organizations, juvenile court judges or administrators, contracted provider agencies, other State agencies, and local community leaders. The Department seeks to engage a broad array of partners in program and process improvement.

Quality Assurance and Continuous Quality Improvement Systems Assessment

Systemic Factor Item 25: Quality Assurance System

The Department 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 Arizona 2015 CFSR Round 3. As described above, the Department's QA and CQI system meets all 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

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. In-person training has resumed with no classroom size limits.

Systemic Factor Item 26: Initial Staff Training

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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 Arizona 2015 CFSR Round 3. The Department continues to meet the requirement to provide initial staff training that includes the basic skills and knowledge required for the DCS Specialist position, as described in the Staff and Provider Training Plan submitted with this APSR.

During May 2022, 588 DCS Specialists were in the process of completing new hire initial training. By the end of May, 313 of the new hires had completed the initial training. During May 2022, 189 Case Aides were in the process of completing new hire training and by the end of May, 36 had completed the training. All new hires are required to complete their initial training prior to being released from training status.

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 regarding the services included in the CFSP.

The Department's ongoing staff training received an overall rating of area needing improvement during the Arizona 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, the Department 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, as well as their completion of the training. Tracorp 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.

Individual employees have access to their own records, and they can view these records to determine what trainings have been completed. L&D has a Mandatory Training Packet available for all Department employees that provides instructions on how to use Tracorp as well as what courses are required at specific points in their career. Additionally, employees receive autogenerated notifications of course that are required based on the expiration of a yearly certificate or a training requirement.

During SFY 2022, 294 DCS Specialists completed the Advanced Academy training, 117 completed the Advanced Joint Investigations training, and 343 completed the Family Engagement training as of the end of May.

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 May 2022, 82% of all Program Supervisors had completed the classroom portion of the required Supervisor Core Training, and 33% of Program Supervisors had completed all training activities. Of the 56 Program Supervisors who have not yet completed all the training, 19 are still within the allotted time frame to complete the training. Efforts are being made to ensure the 37 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. Training includes:

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- *DCS Services Array Training:* Multiple service array trainings for both internal DCS employees and the contracted agencies took place this fiscal year. The training plan includes courses for the following services: Arizona Families First, Clinically Supervised Parenting Program, Qualified Residential Treatment Program, Nurturing Parenting Program, Family Connections, and Substance Exposed Newborns Safe Environment. The trainings will continue this upcoming fiscal year and include annual refresher courses.
- *Diversity Inclusion Training:* As part of the Department's strategic initiative to address racial disparity in the upcoming fiscal year, targeted and intentional training will be developed and delivered to reduce the influence biases have in case management.
- *Upcoming Training:* Additional courses will be developed and include a full rewrite of Safety Science and the Arizona Management System, as well as trainings on enrollment and placement for developmentally disabled children, parenting time, unit consultation improvement process, and quality of care. It is projected this will occur August 2022.

For additional information about the trainings available during the reporting period, see the *Arizona Staff and Provider Training Plan for FFY 2023*.

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 regarding foster and adopted children.

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

Foster Parent Training

Foster parent pre-service training is provided statewide through contracted provider agencies through the Blended Learning Pre-Service Training Program offered by Foster Parent College with additional material developed by the Department's training staff. The program consists of five 3-hour meetings and 12 online classes over a 4-week training cycle, for a total of 15 hours of combined in-person and classroom hours and approximately 24 hours of online training content. Training topics include: 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 3-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 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 Health Plan (CHP), Behavioral Health System, and the Education System. Some of the training is provided through online cluster courses and subsequent in person meetings are held.

Therapeutic Foster Care training and Foster Parent College Train the Trainer are delivered in person to provider agencies. Rural areas requiring this training may become virtual in the future. The Department

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continues to allow alternative delivery methods on a case-by-case basis as determined by the Training Administrator.

- In August 2021, the Business Administration Training Unit was combined with Learning and Development, the Department's Statewide Training for primarily DCS Field Operations and tracking for all DCS employees. This effort will streamline the foster parent training, therapeutic foster parent training, and group home training and make for a more consistent delivery model across caregivers and specialists for consistency in messaging and an overall better understanding of our systems. As part of this restructuring, L&D took the lead on the redevelopment of the Therapeutic Foster Training. The curriculum redesign was done by an independent contractor, Crestline. L&D, through a partnership with Therapeutic Foster Trainers, began piloting the new training in May of 2022 and will run a second pilot in June 2022. The Department is in the beginning stages of developing a Learning Track for Foster Parents and Kinship Caregivers.

Prospective adoptive parents can participate in the 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.

During this reporting period, the Department updated the online orientation videos. The new orientation features short videos hosted by child actors who guide the viewer through the process to become licensed to foster or certified to adopt. Real foster, adoptive, and kinship caregivers speak about their experiences during the videos as well. After watching the videos, the viewer is taken to a short survey to provide more information about their interest in caring for Arizona's children. This provides them with a personalized recommendation for three agencies to communicate with to start the process of becoming licensed or certified.

In June 2021, the Department restructured the Office of Licensing and Regulation (OLR) to include the Foster and Adoption Recruitment team. This restructure will improve communication and collaboration with the Foster Home Licensing (FHL) team to ensure success for caregivers. Members of the Foster and Adoption Recruitment team have begun learning FHL tasks, and members of FHL have begun attending events such as the Children's Heart Gallery. This provides a broader understanding of the outcomes for both teams.

There were 657 newly licensed foster homes from July 2021 through April 2022. All the foster parent applicants completed at least the minimum hours of pre-service training before the license was issued. These new licenses included six therapeutic foster homes. For all foster parent applicants, a checklist and quality assurance process are used to confirm the training requirements have been met prior to issuance of a license.

An annual individualized training plan is created with each foster parent to identify needs and in-service 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 713 family foster and therapeutic foster homes from June 2021 through March 2022. All foster parents completed, at minimum, the required twelve hours of in-service/ongoing

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training prior to renewal. 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 June 2021 through March 2022, 29 therapeutic foster home license renewals were approved. All foster parents in these homes completed, at minimum, the additional in-service/ongoing training.

The COVID-19 pandemic significantly affected initial licensing and renewals. Many families experienced job loss or reductions in income and were concerned for their well-being and health. This was compounded by the initial payment difficulties experienced during the Guardian launch. The Department resolved those issues and dedicated resources to ensure payments were made. It is hoped the improvement in the economy and financial stability and the decrease in the severity of the pandemic will ease the concerns the community has toward the foster care process.

Child Welfare Facility Staff Training

Child welfare facilities that provide group and shelter care services are licensed annually by the Department's 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 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
- Children's need for permanency and how the agency works to fulfill this need

During the initial licensing process, the application process requires that the applicant facility provide confirmation of all required items in the personnel file, including orientation training. Typically, there are few staff present at the time of application because the facility is just materializing. The Department's

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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, the provider is made aware and must ensure that all requirements are met and that the files are corrected. At the time of the 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, and Fingerprint Clearance Cards. If training is provided by individuals or companies not employed by DCS, the trainer's credentials are reviewed by OLR staff.

For additional information about the trainings available during the reporting period, see the *Arizona Staff and Provider Training Plan for FFY 2023*.

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
- Nurturing Parenting Program
- Family Connections
- Arizona Families F.I.R.S.T. substance abuse treatment program
- Housing assistance
- Behavioral health services, including referral to the title XIX behavioral health services
- Family team meetings, such as Team Decision Making and the behavioral health system's Child and Family Teams
- Out-of-home placement and placement supervision
- Kinship caregiver identification, assessment, and support
- Subsidized Guardianship
- Adoptive home identification, placement, and supervision
- Adoption Subsidy
- Young adult services, including skills development, subsidy, young adult transitional insurance, and educational vouchers

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- Successful Transition to Adulthood
- Transitional Housing
- Comprehensive Health Plan for youth in out-of-home care
- Referral to community and faith-based resources
- Psychological evaluations
- Supervised Visitation Only
- Transportation
- 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
- 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 2021, the State of Arizona did not expend any title IV-B, subpart 1 federal money for foster care maintenance, adoption assistance, or childcare, therefore, no funds were used as part of the title IV-B, subpart 1 state match for FY 2005.

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 including Family Connections and the Nurturing Parenting Program
- respite care for pre-adoptive placements
- recruitment of and home studies for adoptive families
- planning services, including service coordination, preparation for or follow-up with service delivery (e.g., recording progress notes)

During FFY 2020, the State of Arizona expended \$6,096,910 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

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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 2021 kinship navigator funds to expand the kinship stipend program to all eligible unlicensed kinship foster caregivers to provide a safe and healthy placement setting for one or more under age 18 kin unable to safely reside in their parent's home. The monthly stipend per child kinship navigator funding assists in providing the kinship caregiver with financial assistance needed for supporting the placement.

The Department also used kinship navigator funds to employ Kinship Specialists to support kinship families as soon as they are identified as a caregiver for a child. This program 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 Specialists contact kinship caregivers within 72 hours of being assigned. After the initial visit, the Kinship Specialists also follow-up with kinship caregivers at the 30, 50, and 80-day mark. These follow-up visits help prevent disruption of the placement and ensure kinship families are aware of and have access to necessary services. The Kinship Specialists 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 support the "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. This initiative has helped streamline the process to receive these benefits in a more expeditious manner and helped more rapidly identify those applications, resulting in more approvals based on the criteria of child-only case assistance for youth in care.

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

- A kinship stipend benefit was not only provided to more kinship caregivers but in a much more expeditious manner.
- The Kinship Specialists 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 providing needed services.

Please see *Section X: Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report* for information about the use of the Division X Supplemental Funding from the Supporting Foster Youth and Families Through the Pandemic Act.

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 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

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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 Qualified Residential Treatment Programs (QRTP). Pursuant to federal law, the Department implemented QRTP on October 1, 2021 to support placement for minors who, for various reasons, are not able to maintain residence in a family setting. This trauma-informed group care setting focuses on addressing the behavioral health needs of a youth that prevents them from residing in a family like setting. A child will not be moved from a QRTP until the child completes the program or the CFT determines a change in the level of care is needed. A discharge plan must be implemented with the DCS Specialist, QRTP Provider, CFT, the child’s family, and Mercy Care. 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.

In FFY 21, the Department utilized the Family First Transition Act Funding Certainty Grant to fund foster care licensing agencies daily bed rates to promote child specific recruitment and placement in foster families rather than group homes. The Department plans to use the funds to further implement the Family First Prevention Services Act. The Department will also fund child welfare and administrative activities that were previously conducted as part of the title IV-E child welfare demonstration project. The Department will 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. Funding Certainty Grant funds will also be used to increase and recruit kinship caregivers 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

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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.
- 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:

- 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 Welcome Centers.
- Assistant Attorney General staff are co-located in the Flagstaff, Prescott, and Kingman offices.
- Arizona State University Master of Social Work (MSW) program child welfare training units are housed in field DCS offices in Pima and Maricopa Counties, and a Northern Arizona University Bachelor of Social Work (BSW) child welfare training unit is housed in a field office in Flagstaff.
- Several DCS units in Coconino, Gila, Pima and Yavapai counties are co-located at the Multi-Service Center to allow for greater collaboration on cases when the Department and the Department of Economic Security (DES) are 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 Department 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 81% of the SAMHSA grant goal for FFY 2021 and is recognized as a National Peer Learning Court. With 88 parents and 140 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 the Department through work with a dedicated unit of DCS specialists who have a workspace available at the Pima County Juvenile Court. Having a dedicated, 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 2021 was 84% (98% for parents who graduated; 94% for parents who voluntarily discharged; 50% for parents who were involuntary discharged).
- The Department 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 Department offices within Pima County.

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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 Arizona Round 3 2015 Child and Family Services Review because at that time, there were gaps in accessibility of some services and waitlists for others. Since that time, the Department has improved service availability statewide and continues to work with providers to address the waitlists 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 waitlists. The approval matrix and authorization process has helped to monitor and increase the proper use of contracted services for families. Additionally, the Department offered providers a financial incentive for offering more capacity. This initiative has been helping to reduce waitlists.

Agencies providing family support services are located throughout the state in every county to better serve all populations including underserved populations. Specialty curriculums with NPP have helped to better train providers in supporting underserved populations, such as fathers, LGBTQIA+, people using substances, African Americans, and American Indians.

From July 2021 to March 2022 the average length of time a referral has remained on the wait list for urban referrals is 28 days and for rural referrals is 22 days. This data is known to have some data quality issues since the implementation of the Guardian in February 2021. Efforts will continue to make improvements to the new computer system to enable it to accurately provide this information.

The Department has implemented several methods to monitor and eliminate the waitlist for services, such as the following:

- The Department launched the Supervised Visitation Only (SVO) Burn Down initiative to assist with reducing the waitlist for supervised visitation by increasing the number of provider openings in Maricopa & Pima Counties. The SVO Burn Down initiative provides financial incentives to increase capacity and accept more referrals. Lasting from February 1, 2022 through July 31, 2023, or until the SVO wait list is eliminated, the Department will issue a payment to providers who accept a bulk referral assignment of 25 referrals. Providers must already be meeting or exceeding their contracted capacity as well as work and complete all assigned SVO referrals. The Fidelity & Compliance Unit will be monitoring bulk assignments and conducting case reviews during the site visit process.
- During the transition to Family Connections (FC) and Nurturing Parenting Program (NPP), Department staff reviewed referrals on the waitlist to determine if services were still needed and identify the most appropriate level of service. This helped minimize the waitlist as it eliminated those referrals for which services were no longer needed. This was also an opportunity to provide education to DCS field staff about the service and if this service truly met the family's needs.
- As the waitlist for the service levels fluctuated, eligibility criteria guidelines and policies were updated. As a result, service referrals became more balanced, and the waitlist was significantly reduced.

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- A weekly waitlist report is distributed to providers to assist providers with determining service needs and potentially reducing the waitlist. The Department holds internal waitlist calls twice monthly to review provider openings, recruitment and hiring status, and discuss ways to serve additional families by minimizing service delivery issues. In addition, the Department also facilitates provider meetings quarterly.
- The Department continues to address waitlist concerns by having direct contact with contracted providers. Through this process, Arizona Families F.I.R.S.T. was able to expand availability and has not since had a waitlist in the urban areas.
- The Department requests a list of openings weekly from all providers, and when a waitlist exists, additional availability during the week will be requested to ensure all possible openings are assigned.
- An internal visitation aide program is being piloted in the Maricopa East Region and in Pima County. As of April 2022, the Department is providing visitation services to 50 families. This program was created to assist with the growing SVO waitlist.

Providers in rural areas continue to have difficulty hiring and retaining qualified staff. To improve accessibility, the Department has:

- pursued emergency procurements to award additional service providers in areas that need more capacity.
- continued to provide 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.
- given contractors demographic information on families served, so that they can plan staffing based on family needs, age of children, which affects service delivery days/times, and other factors.
- continued to utilize the 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 Consultation and Research and Fidelity & Compliance Services (FCS) Units 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 in increasing caregiver protective capacity, stability of children's living arrangements, and child well-being. The Department has continued 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. 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 FCS Unit conducts fidelity and outcome monitoring of new and existing programs to generate data that is shared with providers to guide quality improvement. FCS also supports the provider community through technical assistance activities and by putting processes in place to address performance issues. The Office of Consultation and Research 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 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

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Management, the Department continues to improve relationships with providers, reduce the number of vendor performance issues, and improve service quality.

During the reporting period, the Department finished developing new monitoring tools for FC and NPP. 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 is working closely with Action for Child Protection to provide ongoing technical assistance to providers. Action for Child Protection conducted case reviews in January 2022 and tested interrater reliability with the Fidelity & Compliance Services unit by reviewing the same cases and comparing findings. Their findings will be used to guide the technical assistance workgroups facilitated by FCS. Action for Child Protection will complete a 12-month fidelity review to monitor progress.

The Department’s Family Connections and SENSE 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 provides 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 has replaced 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 awarded a contract for a Nurse Consultant role to support the SENSE nurses by providing more training and technical assistance opportunities for the nurses.

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 Arizona 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 the Department 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 on how to access interpreter services for individuals with limited English proficiency. All Department 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

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In implementing the provisions of the CFSP and developing related APSRs, the Department 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

The Department'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 childcare 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 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.

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

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

Systemic Factor Item 34: Requirements for Criminal Background Checks

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

Arizona 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. The Department also completes an Adult Protective Services check, an Arizona child welfare check, and a sex offender registry check for everyone 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 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.

The Department 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.

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

There were 657 newly licensed foster homes from July 2021 through April 2022. The Department had a total of 2,885 licensed homes as of April 30, 2022, with 6,496 bed spaces in these homes which is a significant decrease from last year (source: Quick Connect, May 26, 2022). The Department continues to focus on customer service and partnership with caregivers to address identified issues that may have contributed to license closure.

Many of the foster home closures that occurred during the reporting period were due to finalization of an adoption or guardianship. In September 2021, 38% (50 of the 132 licenses) closed due to adoption or guardianship of the child by the foster parent which remained consistent with last year’s reported data. 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 existing foster homes, as well as children in out-of-home care age birth through 17.

	African American	American Indian	Asian or Pacific Islander	Caucasian	Hispanic	Unknown or other
AZ Foster Homes	13.5%	1.7%	2.3%	58.8%	23.7%	0%
AZ Children in OOH Care (birth to 17)¹	16.2%	8.2%	1.0%	33.0%	32.6%	9.0%

Sources: OOH Database January 28, 2021 and OLCR Active License Report May 1, 2022

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).

¹ Out-of-Home care race data is provided from the most recent timeframe the Department believes is accurate. The Department is taking several actions to improve the accuracy and completeness of the demographic data

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June 2021 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 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, sibling groups and children who have complex medical needs, and the efforts to recruit homes that match the race and ethnicity of children in out-of-home care continued. The Department also created internet landing pages for the recruitment campaigns that takes the prospective foster caregiver through a guided process to assess their understanding of foster care, the needs of youth in care, and the goals of caregivers.

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.

Other areas of progress and accomplishments to implement *Arizona's Foster and Adoptive Parent Diligent Recruitment Plan* during the reporting period are described below.

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 three members of the Department, two of whom are bilingual, and can answer or research inquiries. The Warm Line typically receives around 125 calls per week on topics such as technical assistance for the DCS Guardian portal, payment/invoices, and interest in foster care. Calls are typically returned in one business day for anyone who leaves a voicemail, though this can fluctuate based on call volume.
- During this reporting period, the DCS Recruitment and Retention team was restructured, and the Foster Recruitment and Retention Specialist role was split between two new team members to create more consistent and supportive collaboration with the agencies. The Specialists have continued to complete outreach with agencies and families. The Specialists attend AZ Kids Consortium (KIDS), Foster Adoptive Council of Tucson (FACT), and Foster Care Adoption Northern AZ (FAN) consortium meetings, as well as Arizona Association for Foster and Adoptive Parents (AZAFAP) to communicate with the agencies and caregivers directly about both the Department and agencies' updates and needs. The Specialists use these meetings as opportunities to address concerns and to ensure the agencies, caregivers, and community partners have a channel to have their needs and the needs of the licensed families heard. One Specialist focuses their attention on Active Contract Management (ACM) and relationship building directly with the agencies, while the other Specialist provides direct support to caregivers and DCS front line staff.
- 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. The Foster Recruitment and Retention Specialists, as well as the Department's Director and Assistant Director of Foster Care and Post Permanency Supports and the OLR Program Administrator and Foster Supports Manager attend monthly virtual KIDS meetings, and the DCS Foster Recruitment and Retention Specialists attend the quarterly virtual FACT meetings. During these meetings, the DCS team provides updates on current and upcoming recruitment and

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retention plans and strategies. Additionally, the Department utilizes social media to share flyers created by KIDS and FACT on virtual and in person information sessions and events. Many of the KIDS and FACT agencies also attend a monthly Concerns Workgroup led by the Foster Supports Manager of OLR. This workgroup aims to decrease incoming licensing issues and concerns on licensed foster home, decrease time to complete investigations and reviews, and increase the partnership and communication between OLR and the agencies.

- The Department also has partnered with the Family Focused Treatment Association (FFTA) and introduced a new rate High Needs Foster Care (HNFC) and contracting solution to support children with higher needs who do not meet medical necessity. The expectation is that more children can be served in a family setting that has a higher skill set to meet the needs of the children resulting in less children being placed in congregate care settings.
- To assist with reunification efforts, the Department continues to utilize the Shared Parenting journal during this reporting period. 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 contains descriptions about the child's routines and preferences, information on the different stakeholders (the Department, 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.
- During this reporting period, all the FAS agencies were given the opportunity to create and submit a proposal for a recruitment plan to increase licensed foster homes and fill available licensed beds. Each agency who submitted an approved plan was provided with up to \$30,000 to implement the plans. This opportunity was given to all FAS agencies as well as the Therapeutic Foster Care (TFC) Agencies to support increasing our specialized caregivers as well.

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.

- During this reporting period, the Department updated the online orientation. The new orientation features short videos hosted by child actors who guide the viewer through the process to become licensed to foster or certified to adopt. Real foster, adoptive, and kinship caregivers speak about their lived experiences during the videos as well. After watching the videos, the viewer is taken to a short survey to provide more information about their interest in caring for Arizona's children. This provides them with a personalized recommendation for three agencies to communicate with to initiate the licensing or certification process.

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. Since its inception, this campaign resulted in approximately 20 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 LGBTQIA+ community, retirees, and young professionals.
- Towards the end of this reporting period, the Department and LaneTerralever began to discuss how to revamp this campaign and use it to celebrate the families who were licensed as well as the

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referring families. The OLR Foster Supports Manager and the Assistant Director of Foster Care and Post Permanency Supports started discussing ideas and options and have communicated with 5 of the licensing agencies to receive their opinion on the celebration plan.

- The launch of the Family Support Plans, 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 reviewed Family Support Plans each quarter to ensure compliance and fidelity, as well as to identify areas for additional training and education. During this reporting period, the Department was asked to review and revise the Family Support Plan by members of KIDS and FACT, who felt the information was repetitious from the home studies completed by each family in the licensure process. Towards the end of the reporting period, the agency began comparing the Family Support Plan to the home study prompts to identify which sections could be edited or adjusted and will work in collaboration with the agencies to improve the document based on the feedback.
- 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. In early 2022, the Department filmed current foster caregivers discussing reunification. These videos will be used to recruit families who want to work towards reunification and spread awareness of the foster care system.
- The OLR Foster Supports Manager attends a weekly ICWA Recruitment meeting hosted by the Department ICWA Liaison in conjunction with members of the Navajo Nation. The Department created a specific advertisement targeted at increasing leads of inquirers who self-identify as American Indian, 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 July 2021 through March 2022, the Department recorded 72 inquirers who self-identified as American Indian.
- Due to the COVID-19 Pandemic, Children's Heart Gallery photoshoot events continue to operate, however are 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 at the Desert Botanical Garden in Phoenix, Reid Park Zoo in Tucson, Sky Zone Trampoline Park in Laveen, 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.

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 continues to use special foster care rates, such as a DDD rate and a parenting teen rate, and the new high needs foster care (HNFC) rate, based on the level of need of the children in order to increase placement stability for children in family-like settings. 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. Between July 1, 2020 and September 30, 2020, there were 207 disruptions. From October 1, 2020, through December 31, 2020, there were 75 disruptions. The most recent data, from October 1, 2021 through December 31, 2021, shows 127 disruptions, an increase from the previous reporting period.
- 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. Due to the success of a kinship caregiver gift card giveaway

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sponsored by the #LoveUp Foundation in February 2021, the Department was given 30 \$250 grocery gift cards to provide to foster caregiver. The Department created a raffle for caregivers to enter by sharing their stories of the impact that fostering had on their families, and then mailed the gift cards to the winners.

- To support and continue to increase the number of children being cared for in a family setting, incentive-based payments are available to FAS providers effective May 1, 2022. These incentives assist the effort to increase community foster families as well as support the transition of children from congregate care to family foster homes. These incentives will remain in place through August 2023. The two new payment types and definitions are:
 - FAS Initial Placement Incentive: For any newly licensed family, agencies will receive an incentive payment of \$1,250 upon the family accepting their first placement of a child in the care, custody and control of the Department in their home. This incentive is a one-time payment per each new licensed family home upon the first placement received
 - FAS Transition from group home Incentive: A second incentive payment of \$1,000 will be awarded to the FAS agency to assist in support of stepping children down from a congregate care setting and stabilizing the child in a licensed family setting. Any child that transitions from a congregate care home into a licensed family setting and remains in the same family home for a period of 90 days will be eligible for the incentive payment
- The Department continued to send satisfaction surveys to currently licensed families during the reporting period as well as closure surveys to families who closed their licenses. The surveys are typically sent twice a year. One of the main focuses for this reporting period has been the closure reason reported by the caregiver compared to the closure reason reported by the licensing agency. The Department hopes to identify detailed closure reasons, with the intention of providing a better experience to currently licensed and not yet licensed families. During quarterly provider meetings with all the contracted licensing agencies, the Department shares the information collected in the surveys, most recently in March 2022.
- During this reporting period, the Department continued retention efforts, 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. Additionally, the Department provides a code in the monthly Caregiver Newsletter which allows for a discount when ordering Papa John's Pizza.
- Members of the Department including the Director, Assistant Director of Foster Care and Post Permanency Supports, OLR Foster Supports Manager, and Foster Recruitment and Retention Specialists began attending a caregiver advisory panel during this reporting period, hosted by Arizona Association for Foster and Adoptive Parents (AZAFAP). A caregiver questionnaire was created to be provided to caregivers to provide feedback and identify improved customer service and available supports. The questionnaire was provided to the members of the advisory panel as well as other key community partners to review, and to help disseminate. During the upcoming reporting period, the advisory panel will also provide insights that will inform the scope of work for a new FAS contract.
- Through collaboration with current FAS partners and the caregiver community, the Department intends to spend the next year gathering information to ensure that the correct supports are in place for caregivers so that they can successfully support children in their homes. The first step is to gather feedback, which occurred in April 2022, from current kinship and licensed caregivers related to their definitions of customer service and what supports are needed from their perspective to ensure their success. This information will be compiled and provided to the FAS partners to refine, and from there, roles and responsibilities will be defined.

Recruitment plan objective 1.5: Provide support and assistance to maintain children in kinship care; recognizing and enhancing the support available to kinship caregivers.

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- The Department employs six Kinship Liaisons who are housed in Maricopa and Pima Counties. The Kinship Liaisons meet with kinship caregivers 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.
- In July 2021 the Department applied for a Kinship Navigator grant, and the notice of award was received in September 2021. This grant provides \$331,000 to purchase tangible items to assist kinship caregivers with licensing requirements such as pool fences, car seats, diapers/wipes, grocery/gas gift cards, and more.
- The Department has received event tickets for the Phoenix Mercury, Harlem Globetrotters, Arizona Rattlers, Butterfly Wonderland exhibit, Elliot Yamin, and more, provided by various community partners. Priority is given to kinship caregivers to sign up first, with additional tickets being made available to licensed foster caregiver and adoptive homes.
- The Department has continued efforts to inform kinship foster caregivers about the option of becoming licensed as foster parents. Through licensure, kinship caregivers can receive a monthly foster care payment to help offset 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 legislation passed in 2019, all kinship caregivers continue to receive the \$75 per child monthly stipend. In January 2022, Governor Doug Ducey requested an increase to \$300 per child monthly. As of the writing of this report, the bill to increase the stipend is still being reviewed by the Arizona Legislature. The Department receives federal match dollars when kinship caregivers become licensed, that can be passed on to families, thereby doubling the monthly stipend to \$600 per child. The Department has begun working with a consultant, A Second Chance, to improve this process. Additionally, the Department has begun working on a process to decrease the time that it takes for kinship caregivers to become licensed, with a goal of obtaining licensure in 60 days. House Bill 2084 which passed the Arizona Senate and is currently ready for the Governor to sign, allows the Department to waive the fingerprint clearance card requirement for kin to become licensed caregivers.
- The Foster and Adoption Recruitment team began managing the Fostering Sustainable Connections (FSC) program during this reporting period. FSC focuses on building connections between children and family/kin. Though this does not necessarily result in placement with the family/kin who are located, the main goal is to provide the child with a link to their culture and community. This program has resulted in family/kin requesting to become caregivers for the children or locating additional individuals who can serve as caregivers. The Foster and Adoption Recruitment Team have begun working with the Placement Team to identify children and youth who are ready to move out of congregate care settings and into family like settings and offering the service to them.

Recruitment plan objective 1.6: Continue to utilize the Children's Heart Gallery to increase permanent connections for children.

- The Department's Foster and Adoption Recruitment team continued to meet with the contracted Child Specific Recruitment (CSR) agencies and the Match Meeting Specialists on a quarterly basis to discuss successes and barriers and offer mitigation strategies during the reporting period. Through these meetings, an improved line of communication has been established, which the Department believes has led to better outcomes for the children monitored by these teams. Additionally, the three Adoptions Recruitment Specialists have been assigned as a liaison for each

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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 Recruitment Manager. These meetings have provided additional creative recruitment 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. New to these meetings during this reporting period was the addition of training. Various topics that affect adoption were presented on by subject matter experts such as ICPC, Adoption Subsidy, and the CSR contracts.

- 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. Children who are to be added to the gallery attend a photoshoot event along with 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 recruitment plan 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.
- 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 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 person locate searches
 - the creation of a system within the Department to improve work with families who inquire about becoming licensed or certified
 - the use of a visual management tool called a Kanban from the Arizona Management System to document barriers to placement in a family-like setting, which is expected to show trends related to barriers for placement. Problem solving efforts are used to mitigate the barriers and place the child in a family-like setting. This process was briefly put on hold during the transition to the new Guardian system. It is expected to be utilized again in the upcoming reporting period
- The Department is currently working with the Family Focused Treatment Association (FFTA), a group of agency representatives who work on behalf therapeutic licensed foster homes, like the KIDS consortium. This collaboration includes the Director and Assistant Director of Foster Care

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and Post Permanency Supports, who utilized the group’s experiences and insights to create a new contract and High Needs Foster Care policy to better support youth who qualify for this level of care.

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 #LoveUp Foundation to host Shop and Sole events at local malls, which did not occur during the initial phase of the COVID-19 pandemic. These events began again in early 2022.
- 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 Community Liaison and 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 caregivers, and biological families in meeting their goals and assisting them in meeting the needs of the children in their care.
- The Director continues to host a monthly call with several community partners and stakeholders. These calls are meant to provide updates on Department strategic plans and initiatives and discuss any needs that the community partners and stakeholders have identified. Also in attendance are representatives from various teams within the Department, such as the Communications team, the Permanency Youth Services team, the Foster and Adoption Recruitment Team, and others.

Recruitment plan objective 1.9: Develop cross-jurisdictional relationships to increase permanent connections for children.

- Arizona received 961 ICPC requests for a home study of an Arizona family as a potential placement resource during FFY 2021, 552 less than the 1,513 requests in FFY 2020. In FFY 2021, Arizona made 1242 requests to other states for home studies, which is 187 more than the 1055 requests in FFY 2020. During the reporting period, The Department utilized the National Electronic Interstate Compact Enterprise (NEICE) 2.0 system for ICPC data tracking. Arizona ICPC completed 855 of the home studies within the 60-day timeframe or provided preliminary reports. Referral processing has been significantly improved with most processed within seven days of receipt due to DocuSign integration. During this same time period, the Department sent 927 ICPC home study requests to other states using the NEICE system, and 769 were completed within the 60-day timeframe or AZ ICPC was provided preliminary reports.
- The Department continues to utilize 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. The OLR Foster Supports Manager began working with AdoptUSKids to improve narrative

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writing skills among the Foster and Adoption Recruitment Team, March Meeting Specialists, and CSR staff. Two trainings are planned on this topic, one in April 2022 for Supervisors and Managers, and one in May 2022 for direct care staff.

- Adoption Promotion funds continue to be used to facilitate visitations prior to placement, specifically outside of Arizona. From June 2021 through March 2022, approximately 18 Adoption Promotion Fund requests were granted, including funds for flights to and from Arizona, vehicle rental, gas/mileage reimbursements, and meals. During this reporting period, the procedure and forms for Adoption Promotion were updated. The most noticeable change was to allow the children in the home of the identified adoptive caregivers to travel for one visit prior to the adoption to spend time bonding with the child.

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 addressed 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.

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The Department continues to work diligently to provide safe, permanent homes for abused and neglected children. The Department implemented various components of the Family First Prevention Services Act (FFPSA) in October 2021. This act allows the Department to focus on the placement of children in family-like settings described in this section.

Section VI

Update to the Continuous Improvement Plan

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Update to the Strategic Improvement Goals, Objectives, and Interventions

The Arizona Department of Child Safety is committed to achieving safety, permanency, and well-being for Arizona’s children and families. Driven by this commitment, the Department also strives to be a national leader for child safety through an efficient and effective organization based on best practices and continuous improvement. The journey to accomplish this cannot be accomplished alone. Identification of areas where the Department and its partners can collectively improve child safety, permanency, and well-being outcomes by strengthening communication and engagement statewide remains a critical key focus priority.

The Department’s SFY 2023 Strategic Plan includes three five-year strategies (objectives) and related interventions.

1. DCS culture that fosters and inspires mission-driven professionals who believe in and practice our shared values.

Exiting the pandemic and on the heels of the great resignation, the needs of the workforce have evolved. Building from the monetary support provided, the Department will continue to improve retention by offering appropriate work force flexibilities including updating the telework policy to allow staff, including field facing positions in the Department, the ability to telework. In SFY 2023, the Department plans to refine the management systems for a hybrid (virtual/in-person) work environment and develop and implement career development pathways for field facing and non-field facing positions.

Annual initiatives (interventions):

- Refine and implement a continuous and quality improvement process for identification, exploration, development and implementation of practice models
- Refinement of management systems in a hybrid (virtual/in-person) work environment
- Develop and implement career development pathways for field facing and non-field facing positions
- Development and deployment of cultural humility and empathy training

Objective Metrics (goals):

- Employee turnover (reduce)
- DCS Specialist and Supervisor turnover (reduce)
- Increased proficiency in recognizing and managing bias during engagements

2. Design, implement, and ensure fidelity of a service array that is individualized to strengthen families, cost efficient, and accessible by all who require support.

Following implementation of a new service array, delivery systems have been impacted by staffing and resource availability. Efforts include problem-solving long-term resource solutions, maximizing Families First Prevention Services Act resources and improving the operational connectivity from the appropriate referral of a family in need to the service delivery system who can fulfill that need. Services impacted include those designed to improve parental protective capacities, protective factors, and support young adults in voluntary extended foster care.

Annual initiatives (interventions):

- Complete, submit and gain approval on the FFPSA prevention plan and associated cost allocation plan
- Develop and implement an operational plan to balance supply and demand within the service array

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- Implement expansion of Healthy Families
- Implement increase Independent Living Stipend

Objective Metrics (goals):

- Provider service waitlist (reduce)
 - Families First Prevention Services Act financial recovery
 - Number of families participating in and positively served by Healthy Families
3. 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.

Following implementation of the federally required Qualified Residential Treatment Programs, efforts resume on placing children who require out-of-home care in a family environment. These efforts are supported by an increase of financial resources and supports for kinship families furthering the ability to maintain children's family connections in their home community. Maximizing children with kinship family reduces demands on the limited number of community foster and adoptive families serving the system and who also require increased support.

Annual initiatives (interventions):

- Implement the increased kinship stipend
- Develop and implement structured kinship support model including support of expedient licensing process
- Refine and implement Community Foster Care recruitment and support contract
- Refine and implement placement administration operational processes that enhance caregiver supports including initial placement and transition planning

Objective Metrics (goals):

- Percent of children residing with Kin Family
- Percent of children residing with Community Foster Care
- Less than 10% of children residing in congregate care setting

Additional Continuous Practice and Program Improvement Activities

In addition to these three strategic initiatives, the Department is collaborating with families, community, and system partners in continuous improvement activities to refine existing practice models and processes to support federal priorities, improve systemic factor performance, and achieve positive outcomes for children and families. These activities have been described in other sections of this report and have relevant measures built into agency scorecards and monthly program reports that are routinely reviewed in Department Business Reviews.

- Team Decision Making (TDM) fidelity – The Department has contracted with Evident Change ([Home | Evident Change](#)) and Action for Child Protection ([Action For Child Protection | Making Quality Child Welfare Possible \(action4cp.org\)](#)) to assess and update TDM program delivery, improve application of the SAFE AZ safety practice model within TDM meetings, and establish TDM meetings as a consistently meaningful method to collaborate with families and community to achieve child safety in the least intrusive way.
- Clinical Supervision innovation – Two years ago, the Department implemented a new Clinical Supervision process to facilitate application of the SAFE AZ model and family engagement practices throughout each family's involvement with the Department. The Department is now

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evaluating how Clinical Supervision is occurring and identifying innovations to improve effectiveness and fidelity.

- SAFE AZ practice – The Department renovated its safety practice model (SAFE AZ) starting in 2016. Support of this core practice model is a perpetual endeavor. In SFY 2023 the Department is focusing on safety management during parenting time planning, application of the Conditions for Return model component, assessment and safety planning in cases involving domestic violence, and integration of SAFE AZ into TDM meetings, and safety planning when a child has severe unexplained injuries.
- Parenting Time planning – The Department is collaborating with parenting time supervision providers, legal and judicial partners, and behavioral health providers to improve parenting time planning, manage safety during parenting time in the least intrusive way, and reduce wait times for supervision when it is necessary.
- Permanency planning staffing – The Department is developing a process to staff cases for permanency planning for each child in care for ten months with a permanency goal of reunification, to determine how Conditions for Return can be met or develop the concurrent plan if reunification is not likely to occur. This process is an innovation within the Clinical Supervision process and a partnership with the Department’s legal representation. The goal is to increase the likelihood of child reunification within twelve months of entry into out-of-home care.
- Consultation Case Review – The Department has developed the Consultation Case Review process for review of complex cases by independent practice experts from the Department’s Consultation and Research team. Cases may be elevated for review by DCS Field Operations managers, Central Office Administrators, parents, and community advocates. The Department is focusing attention on Black and African American families with children in out-of-home care, including cases elevated by parents, community advocates, and contracted service providers.

Child and Family Services Review Program Improvement Plan (PIP)

As of May 2019, the Department met all required data improvement goals related to the Arizona Round 3 CFSR PIP. The Children’s Bureau confirmed all required data targets and key activities of the PIP were completed and has released the Department 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. The Department launched the new CCWIS, Guardian in February 2021, which includes NYTD services in the reporting feature of the program. The Department successfully completed a data sharing

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agreement with the Arizona Department of Education in 2018 to ensure the Department can receive the most recent grade level for youth in care and identify if children have an active Individualized Education Plan. The Department anticipates the Guardian system will successfully implement the remaining NYTD data elements and anticipates submitting a request to finalize the NYTD PIP during the second half of CY 2022.

The Department 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 the Department is eligible to request to have a sample population for the 2022 Follow-Up Cohort. The Department has begun to utilize the survey data for program improvements, 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. The Department began using Guardian in February 2021. Guardian was designed to allow the Department to report data based on the new CCWIS AFCARS reporting requirements. The Department is currently recreating the 1996 AFCARS code within Guardian to allow for reporting in FFY2022A and FFY2022B. Once complete, the Department 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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Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Progress

As of May 2019, the Department 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 the Department 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 2022 Strategic Plan Progress

The Arizona SFY 2022 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 forty-five of the 258 field units have implemented standardized clinical and administrative supervision. One hundred percent of the DCS field functions have standard work, process adherence resources, and performance management processes in place. This includes documents that guide staff in their routine tasks, huddle boards that help to ensure processes are being followed on a consistent basis, and Kanbans to monitor how the processes are performing.

During SFY 2022, the Supervision Coach program continued to be in place to provide coaching and support to Program Supervisors, Program Managers, and Program Administrators. The Department updated the Supervisor 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. Department administration continues 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 the effectiveness and quality of the discussions.

During SFY 2022, the Department continued the standardization of supervision, specifically within adoptions units, as well as transfers of cases to adoption units. Internal stakeholder input was obtained from various Department staff statewide to assess the current practice. The information was analyzed, and a standardized transfer process was developed during a Kaizen event to ensure the correct cases are identified for transfer, contain the required documentation, and are transferred timely. This standard transfer process will be implemented by August 2022.

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Administrative supervision documentation tools to ensure quality case record documentation have been completed for adoption units and will be developed for other permanency units. Data is being analyzed to inform the development of the supervision discussion guides for specialized permanency units. The Guardian deployment, as well as staff turnover related to the pandemic has presented challenges with completing standardized practices and tools for specialized units.

During this reporting period, standard work and performance management processes, including mobile and telecommuting workforce processes, were developed and implemented. Also, a new communication process was implemented, including updates or modifications to standard work being presented to staff during Quarterly Supervisor meetings.

The Department plans to update training materials for performance management and is in the process of developing an interactive computer-based training for all newly hired and existing employees to educate the DCS workforce on the lean elements as it relates to their specific job duties.

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
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

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

Progress Made

Like most of child welfare agencies across the country, the Department has experienced an increase in employee turnover during the most recent few years. Department-wide employee May 2022 annualized turnover was observed to be 41.22%. Program Supervisor May 2022 annualized turnover was observed to be 18.10%.

Of the 252 leaders expected to receive coaching during May 2022, 87% received coaching (source: Supervision Coach Program Data Report, June 2022). The coaching skills and process proficiency scores for the nine Supervision Coaches continuously employed in the position from June 2021 to June 2022 increased from 3.1 to 3.4 on a zero to four scale (source: Supervision Coach Program Proficiency Matrix, June 2022).

The Department continues to explore activities to create and enhance the psychological safety of the organization. A memo of understanding and a data sharing agreement were completed with the University

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of Kentucky, to provide technical support to the Department to gain insight into the organizational culture, emotional exhaustion, mindful organizing, psychological safety, personal/workplace safety and safety climates. An organizational survey was designed and conducted with the first three levels of leadership in the agency. Interventions will be implemented in the areas needing improvement identified in the survey results. An agency wide organizational survey will be distributed in the summer of 2022 to establish a baseline and create regional or unit specific action steps.

In SFY 2022 the Department established a racial disparity committee with community members. The purpose of the committee is to aid the Department in defining and refining strategic initiatives that will lead to system improvements that specifically address over-representation of African American children in state care. Additionally, the Department defined and added metrics specific to African American children in care to the MOOR (Monthly Operational Outcomes Report) that is published on the Department's website.

In August 2021, the Director and other executive leadership attended the "Turning the Mirror Inwards" workshop for Arizona leaders. The workshop focused on disparate outcomes for African American/Black children and families across multiple systems including health, education, child welfare, juvenile justice and criminal justice. The goal was to make progress in achieving more equitable outcomes for all families. The workshop brought together agency leaders to create a common understanding and plan of action to reduce racial inequities and improve outcomes for all communities.

The Department participates in Thriving Families, Safer Children to specifically address the disparities faced by African Americans in the child protection system and other health and human service systems by engaging those with lived expertise in the design of strategies to prevent entry into out-of-home care, as well as help connect child protection involved families to supports to promote reunification.

The Department continued its three-tiered structure for collaboration to reduce racial disparities in the child protection system. The first tier is the Department's internal committee, the African American Racial Disparity in Foster Care Committee. This committee was formed by African American/Black Department staff and includes employees from the Policy Unit, Human Relations, Field Operations, Comprehensive Health Plan, Office of Prevention, Finance, 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 DCS committee, and other stakeholders based on the topic of activity. The third-tier committee is hosted by Casey Family Programs and includes African American community leaders, the Department Director, and other state agency Directors and child welfare community leaders. Each tier is or will be engaged in interconnected strategic planning and implementation. Data analysis will occur to examine removal trends and develop localized strategies for immigrant populations.

The Department's African American Racial Disparity in Foster Care Committee has assisted with the recruitment campaign efforts to identify more African American families to be licensed foster care providers. Using information provided by the committee, ads were created for social media that would most resonate with the specific audience. Members from the Committee are also assisting in the development of Cultural Humility training to be implemented Department wide with current and new staff.

During SFY 2022, the Department updated the Supervision safety discussion guides to reinforce the focus of strength-based supervision of critical outcomes and practices, including the awareness of bias. Also, the *Diversity Inclusion Training* will be developed and delivered during SFY 2023 to reduce the influence biases have in case management.

During SFY 2022, the Department continued the DCS Specialist new employee recruitment process by utilizing social media campaigns. The Department increased its use of online ads, university career

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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. The Department increased its marketing efforts by engaging with a marketing firm to launch recruiting campaigns that included the use of billboards, targeted social media ads, the use of billboards, and the increased use of radio/media ads. Additionally, the Department subscribed to Indeed to better target our ideal candidates. Indeed is the source from which more than 50% of all applications have been received.

The Department continued to utilize 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. The LinkedIn system also continues to be utilized and 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 service 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. Stabilize and enhance an integrated behavioral and physical health system within DCS

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

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, a requirement to use 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. In July 2021, the new parent skill-building programs replaced the Department's Building Resilient Families, In-Home moderate and intensive services, and Family Reunification services. 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-

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appropriate expectations, empathy, non-violent discipline, family roles, child power, and healthy independence. The Department's SENSE program was 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 hotline reports, 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. The Department will continue to assess progress of these programs in SFY 2023.

The Department has developed a field guide to provide guidance on assessing the need and level for supervision to manage safety during parenting time that allows as much of an organic experience as possible for families. A computer-based training (CBT) was deployed June 8, 2022. This will assist staff in creating and individualizing parenting time plans for families. A training model for facilitators of supervised parenting time will be identified by August 2022 to ensure support and a positive experience for the children while visiting with their families. The Department is working with courts, the Arizona Council of Human Services Providers, and other external stakeholders to gather information for continuous improvement and provide education and information to enhance support and flexibility in parenting time plans for the families being served. The Department reviewed the parenting time plan with the psychologist consultants for input to make parenting time safe and enjoyable while considering the child's needs and development, as well as the dynamics of the parent-child relationship.

The Department partnered with Arizona Friends of Foster Children Foundation and Grand Canyon University to host a Foster Care Summit on May 19, 2022 convening Qualified Foster Care Tax Credit Organizations (QFCOs), the faith community and additional supportive organizations. Collaborative brainstorming sessions were held to specifically address licensed foster parents' concerns and support for young adults transitioning to independence. This was the first event of its kind and was productive, allowing organizations that perhaps did not know of each other's focus areas to network and discuss how to best support children and families. The group is planning on convening again in the fall of 2023.

The Department successfully implemented a new integrated behavioral and physical health system within the Department, the Comprehensive Health Plan (DCS CHP). Most 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). DCS CHP contracts with Mercy Care, an AHCCCS MCO with knowledge and experience in physical and behavioral health care and service delivery for this population. This partnership is a statewide contract, effective April 1, 2021, which serves all Arizona children and youth in out-of-home care.

For additional information related to the DCS CHP, please see the *Arizona Health Care Oversight and Coordination Plan FFY 2023 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 QRTP

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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
5. Settlement Compliance: Develop and implement a standardized review of required actions
 - a) Engage plaintiffs' counsel in ad hoc subject matter conferences and semi-annual review conferences
 - b) Identify, review, and provide deliverable documents to plaintiffs' counsel as described
 - c) Determine and request verification of compliance as actions are completed

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
- Settlement Compliance: Outcome measures met and sustained for the periods specified, before 12/31/2025

Progress Made

In May 2022, 78% of children age birth to 17 in out-of-home care were placed in a family-like setting compared to 81% during May 2021 (Source: CE Advanced Find exports June 2022). The Department anticipates this will improve as placement information is updated in Guardian.

Thirteen agencies have become certified as qualified residential treatment programs (QRTP) in the areas of significant trauma, structured, and sexually maladaptive behavior, and have contracts to care for children under this updated contract. There are seven additional agencies in the process of becoming accredited as well as the QRTP certification. There were six agencies that did become accredited but have selected not to move forward with QRTP at this time. The Department 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 2022, the Kinship Program Coordinator and two Kinship Engagement Support Specialists continued to support field staff in the placement of children with kin and efforts to maintain kinship caregiver living arrangements. The Kinship Engagement Support Specialists 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 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 2022.

The Department 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.

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Section VII: Progress Implementing the Goals, Objectives, and Interventions

In the beginning of 2022, the Department partnered with Casey Family Programs and A Second Chance Incorporated (ASCI) on a model to improve Kinship Supports and Licensing Practices. The first step in this process has been to complete a comprehensive review of current practices by reviewing policies and procedures as it relates to kinship supports, licensing, and use as a caregiver option. In addition, the Department is conducting several focus groups with key Department and community stakeholders to evaluate current practices and to determine the next steps towards improvements. This first phase is expected to be completed by the end of SFY 2022.

The Department continues to utilize Active Contract Management to monitor performance of Foster and Adoption Supports (FAS) and congregate care (CC) agencies during SFY 2022 and SFY 2023 in their delivery of services to ensure the strategic goals are achieved. The Department began work with the Capacity Building Center for States in January 2022 on engagement and partnership with the FAS and CC agencies to enhance our provider relationships in order to drive better outcomes for the children served.

Therapeutic foster care training was redesigned through a contracted provider to enhance the skills of the therapeutic foster care community. The redesign included a structured training curriculum to ensure consistent learning and quality training for caregivers. During SFY 2022, the Department finalized a new curriculum for training on Therapeutic Foster Care. The first pilot of the new training was conducted in April 2022.

The Department developed a curriculum outline to develop and enhance foster parent's skills to meet the needs of children in care. This work continued through 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 assisting 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. The Department is focusing efforts on nurturing the leads that come in through the recruitment campaigns with multiple follow-up touchpoints to continue ongoing connectivity and engagement to support families who are interested in pursuing licensure.

The Department developed administrative policies to provide guidance when determining the most appropriate placements for children requiring out-of-home care in October 2021. The Department is committed to the least restrictive and most clinically appropriate placement for youth who cannot remain at home to meet their needs safely and effectively. This policy affirms the Department's goal of increasing family-like placements and reducing the use of congregate care. A Caregiver Assessment Tool was created to guide the decision-making process to ensure consistency when making placement decisions.

In February 2021, the United States District Court for Arizona approved the settlement agreement between the Department, AHCCCS and plaintiffs in the BK (Tinsley) v. DCS et al. class action lawsuit. The terms of the settlement agreement must be satisfied no later than December 21, 2025.

Currently, the Department meets internally on a monthly basis to review actions taken by the Department to satisfy the terms of the settlement agreement. A monthly scorecard was developed to capture all required metrics within the settlement agreement. For terms of the agreement not requiring metrics, documentation is shared with plaintiffs' counsel each month. Changes or additions made to policy, training and procedures are also shared with plaintiffs' counsel in advance in order to obtain and consider their input.

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Section VII: Progress Implementing the Goals, Objectives, and Interventions

The Department meets with plaintiffs' counsel a minimum of every 6 months in accordance with the settlement agreement. However, the Department has met with plaintiffs' counsel on multiple occasions since February 2021 in addition to frequently exchanging correspondence addressing questions and comments about the Department's actions and plans. In April 2022, the Department met in person with plaintiffs' counsel for an all-day meeting to review and discuss questions and comments received to date. The Department submits a variety of reports, policy drafts, and documents to demonstrate compliance and efforts toward compliance at least monthly. As part of the continuous communication, at minimum, the Department provides documents on a monthly basis to demonstrate compliance as well as providing verification of information upon completion.

Goal 5: DCS data is complete, accurate, protected, governed, and used to inform decisions

Objectives

1. Launch Guardian and update related business processes
2. Implement continuous improvement for business processes through release and deployment
3. Stabilize IT infrastructure and processes through continuous improvement initiatives

Objective 5 Metrics:

- Measure of Guardian readiness and launch
- Complete 100% of Guardian implementation plan based on refined scope

Progress Made

The Department's new statewide Comprehensive Child Welfare Information System (CCWIS), known as Guardian, launched on February 1, 2021. In addition to being utilized by Department staff, Guardian also allows providers and other agencies limited access to the system to support communication and information sharing. In spring 2022, Guardian was fully implemented and the previous operating system, CHILDS, was decommissioned. The Department continues to make system improvements and complimentary business process changes based upon provider and employee feedback and needs. Efforts to update Department related business processes with Guardian interaction began in April 2022 with the DCS Service Referral and Extension Process for the Placement unit and will continue during the SFY 2023.

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, 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.

The Department has implemented a monthly Change Control Board to review, prioritize, and define changes to the CCWIS system and other related software solutions. There are three stages of approvals, the first approval is to commission work from a business analyst to explore changes and possible paths for technology solutions. After this analysis is completed, the board can choose to approve a path, hold a decision, or reject changes. If approved, then technical designs are gathered and detailed and presented back to the board to final approval, before implementation.

Staff Training, Technical Assistance, and Evaluation

See the Department's *Staff and Provider Training Plan for FFY 2023* for information on training to support the goals and objectives in the CFSP.

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Section VII: Progress Implementing the Goals, Objectives, and Interventions

The 25 agencies that were awarded Family Connections (FC) and Nurturing Parenting Program (NPP) contracts have been providing services since July 2021. Throughout this reporting year, these agencies have received ongoing training and technical assistance from the Fidelity and Compliance Services (FCS) team as well as Action for Child Protection and Jennifer Moss, a national NPP trainer. The services provided are community-based and have a focus on building community connections. FC focuses on meeting the family's emergency and concrete needs by helping them identify community resources and supports. FCS has facilitated a workgroup to focus on this area of the program and help providers understand the goal of family self-sufficiency. Technical assistance workgroups will be ongoing and focus on areas of improvement, identified through site visits in which case reviews are completed. FCS is also working towards building a community of practice for these providers to build relationships and share knowledge/resources. The community of practice will be built into existing provider meetings and will start in July 2022.

A fidelity review was also completed six months after the initiation of FC and NPP services and recommendations for improvements were provided to the FCS. FCS will incorporate this feedback into future technical assistance activities with the providers. The Department has worked with Action for Child Protection in identifying provider agencies who will take over the training. Action for Child Protection has shadowed and trained the trainers who will lead FC training as Action phases out. FCS has also collaborated with Action to begin taking over ongoing technical assistance work.

FCS resumed holding SENSE Statewide Collaborator meetings in May 2022 to provide an opportunity for SENSE providers to exchange ideas and discuss potential program improvements. The frequency of future meetings is still being determined. The SENSE Nurse Consultant holds monthly nurse calls to support the community of SENSE nurses. During these calls, resources and information is shared. SENSE trends and data are used to identify helpful topics for future calls. The Nurse Consultant also travels statewide to shadow the nurses and provide more detailed feedback on practice.

Throughout the COVID-19 pandemic, the Department has offered guidelines on how to safely work with families. Exceptions to in-person services were made for some families to utilize virtual services when health concerns were present. The flexibility of virtual services has helped to increase capacity in many programs and across providers. The Department has continued to hold bi-weekly calls with the provider community and discuss challenges or concerns. As FCS is increasing interactions with the providers, the bi-weekly calls will be phased out. The Department continues to have a close connection with the Arizona Council of Human Service Providers. Through this collaborative relationship, the Department can work with the larger provider community in identifying challenges across programs, finding solutions, and provide Department updates. The council has also supported the development and research for new programs and contracts.

The Department will receive continued support from the Children's Bureau related to the interpretation of federal law and policy during FFY 2023, 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 Department 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 the Department that stipulates the Department shall meet quarterly with the tribe. Quarterly meetings include a variety of topics and are considered official tribal consultation. All Arizona tribes are invited to participate. Topics have included discussion of policies and procedures, ICWA case related issues, and training opportunities. Typically, ten to twelve tribes are represented at these meetings, either in person or by telephone. Due to the COVID-19 pandemic, the meetings are currently being held virtually.

In addition to the official quarterly tribal consultation meetings, the Department regularly meets with the Urban Indian Coalition, hosted by the Phoenix Indian Center. Phoenix, Tucson, and Flagstaff combined have one of the largest urban Indian populations in the United States, with individuals and families representing well over a hundred different tribes. These meetings occur monthly, and the Department has participated in several over the past year. The Department also 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 Department's 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 the Department 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 2022, the DCS Intergovernmental Tribal Liaison met with all 21 tribes in Arizona either through an impromptu phone discussion, or a scheduled in person or virtual meeting due to the COVID-19 Pandemic tribal restrictions. Generally, tribal attendees included Tribal Social Services Directors, Social Workers/Case Managers, Tribal Attorneys, and ICWA Coordinators.. During these meetings the Tribal Liaison shared general Department updates and available training. This information included training for tribal social workers on various topics including the Successful Transition to Adulthood program, the Safe Sleep initiative and other services and collaborative opportunities through the Office of Prevention. The Tribal Liaison also reviewed the Department's ICWA policies and procedures. Additionally, opportunities were provided for tribal representatives to discuss any case specific issues or service concerns requiring assistance. The following is a list of scheduled meetings that occurred in SFY 2022.

- White Mountain Apache Tribe (In Person) - May 19, 2021
- Ft. Mojave (Virtual) - June 2, 2021
- Yavapai Apache (Virtual) - June 8, 2021
- Hopi (In Person) - June 9, 2021

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- Gila River Indian Community (In Person) - June 16, 2021
- Tucson Indian Center (In Person) - July 6, 2021
- Tohono O’Odham (In Person) - July 7, 2021
- Salt River Pima Maricopa Indian Community (Virtual) - July 26, 2021
- San Carlos Apache Tribe (Virtual) - August 20, 2021
- Navajo Nation (Virtual) - September 9, 2021
- Yavapai Prescott Indian Tribe (In Person) - November 18, 2021
- Pascua Yaqui (In Person) - April 20, 2022
- Quechan Tribe (In Person) - June 27, 2022
- Cocopah Tribe (In Person) - June 28, 2022

Although in-person contact did not occur with all the tribes, regular contact was maintained through a variety of means, including email and phone calls. The meetings generally included the Directors of Social Services and/or the ICWA tribal contacts. The Intergovernmental Tribal Liaison maintains an open line of communication and meets regularly with the tribes to address concerns, resolve issues and provide updates or trainings.

During the reporting period, the Department 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 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 the Department 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 the Department in October 2019. The Department is currently working with five other Tribal Nations to establish MOUs, with an anticipated completion date of December 2022.

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 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, training, and technical assistance to twenty-one tribal governments in Arizona. The ITCA disseminates information to tribal leadership, facilitates a forum for public comment, and provides

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policy analysis to promote tribal leadership's awareness of child welfare matters and understanding of federal and state policies. The following objectives were identified in SFY 2022:

- Plan, develop, and coordinate one Indian Child Protective Services Training Academy for tribal staff and two, two-day trainings to tribes and DCS staff on the Indian Child Welfare Act.

Due to the COVID-19 Pandemic, in person Indian Child Welfare Act seminars and the Tribal Child Protective Services Academy did not occur. The Department's Tribal Liaison has provided ongoing training for field staff and tribal programs as requested. In 2021 and 2022, training on ICWA and Departmental policies and procedures was provided to the South, Maricopa East and West regions, CHP, and the Hopi Child Protection team to provide education and ensure the applicability of ICWA and the Department's policies and procedures occurred.

- Identify key federal and state policy issues and legislation affecting the tribes and inform the tribes and the Department of their potential impact.

In July 2021, the ITCA participated in an event hosted by the Administrative Offices of the Court to review the Juvenile rules, review comments, update the rules and guides, and provided training for qualified expert witnesses. Review topics included updated federal regulations, best practices, and rule changes.

- Provide consultation services and technical assistance to tribal, state and federal personnel in the areas of program development, implementation and coordination of resources as requested by the Department.

The ITCA project manager attended several advisory committees including the American Indian Projects Advisory Committee, Foster Positive Outcomes Project, the Department's Statewide Prevention Committee regarding the Family Reunification program, the Fostering Youth to Independence Housing Resources, Court Improvement Advisory Committee, and facilitated the quarterly meeting of the Tribal Social Services workgroup where information about these services was provided and reviewed with attendees to increase awareness and service array availability both through the Department and the community for Indian children and families. During 2021 and 2022, the ITCA project manager also participated in various discussions with the Pascua Yaqui, Hopi, Hualapai tribes, Arizona State University, and the federal government to provide information and tribal assistance to access available services including Fostering Positive Outcomes and ACES. On June 23, 2022, the ITCA program manager facilitated the Tribal Social Services Workgroup meeting. Discussion items included refresher for Young Adult Transitional Insurance Program, ITCA and DES updates, Southwest Indigenous Woman's Coalition Update; Court Improvement Program to ensure the most current service array information and updates were made available. No additional follow up was needed between the Department and ITCA.

- The Department's Tribal Liaison and Learning and Development established a DCS/ICWA/Tribal Relations computer-based training that is available to all Department 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. The Department recommends its new employees complete the course upon hire. During SFY 2021 694 DCS Specialist Trainees and 71 tribal employees completed the course.
- In addition to the quarterly meetings facilitated by ITCA, the Department continues to hold quarterly Tribal/State ICWA Liaison Workgroup meetings. These meetings are tailored to individuals 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, and Department staff. The Department's Tribal Liaison began a new initiative in October 2021 to meet with the tribes and associated field region quarterly. This effort was initiated to promote better communication with the tribes. The first series of meetings included updates and information on

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the Department's Successful Transition to Adulthood, CHP, and Offices of Prevention and the Ombudsman. The goal of the quarterly meetings is to include other community programs and agencies that are specific to child safety. For each meeting, all tribes associated with that Department's field region were invited. Meetings occurred in October and November 2021 with minimal tribal attendance. The meetings for January and February 2022 were cancelled as limited attendance impacted potential productivity. Currently, annual site visits occur in lieu of a quarterly regional meeting.

- The Department continues to participate in the Arizona State, Tribal, and Federal Court Forum and its Indian Child Welfare Act Committee that are chaired by Judge Kathleen Quigley of the Pima County Juvenile Court and Judge Kami Hart of the Gila River Children's Court. The Department's Tribal Liaison is also a part of the Court Improvement Committee that is made up of a coalition of judges, attorneys, the Department, court staff and other stakeholders. Currently the Department's Tribal Liaison serves on the Safety and Prevention subcommittee. The tribal liaison provides input and advice for any Department related concerns or questions. The Parent Engagement subcommittee produced an Improving Parent Engagement/Involvement and Safety Guide training video for the legal community and Department staff. The video is housed on the Arizona Supreme Court website and includes a section dedicated to ICWA.
- The Department continues to collaborate with the Urban Indian programs located in Phoenix, Tucson, and Flagstaff. Projects jointly coordinated include community presentations, training of staff related to working with tribal communities, and ongoing training to Department staff about the services and resources each agency provides to better comply with ICWA's active efforts requirement. Additionally, the Department's Tribal Liaison has been working to improve the delivery 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. Training occurred in July and December 2021 for Tucson Indian Center, Phoenix Indian Center and Native Health Home Visiting Advisory Committee. Additionally, in April 2022 the Department's Tribal Liaison met with the Native Americans for Community Action (NACA) to introduce the Department and determine how NACA could work with the Department including any training opportunities. It was decided this would not be pursued until NACA has a Chief Executive Officer (CEO) as the meeting occurred with the interim CEO. Department ICWA staff participate in monthly Urban Indian Coalition meetings for information sharing to support families. Periodic contact with the Urban Indian programs throughout the year ensures good relations, the identification of any training needs and any mutual issues requiring resolution.
- In 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 goal from reunification for ICWA cases be staffed with the Department's Tribal Liaison. The Department's Tribal Liaison participates in several consultations per month as well as TDMs and CFTs. The purpose of the case staffings is to ensure the Department has engaged in active efforts to achieve reunification prior to any permanency goal change and to determine the tribe's position. If the tribe agrees with the Department no further action is taken. If consensus is not reached, the permanency goal is discussed during the next court hearing.

The Department will email a copy of this FFY 2023 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 Department's [public website](#) for tribes and any other community members to view.

Monitoring ICWA Compliance

The Department monitors ICWA compliance in several ongoing ways. The Department funds and supports three full-time dedicated ICWA related positions, the Intergovernmental Tribal Liaison, an Indian Child

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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 on a monthly basis. 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 from a study conducted by Casey Family Programs entitled Indian Child Welfare Examination of State Compliance in ICWA. Additionally, the Department 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 Departmental Tribal Advisory group, which will further enable the Department 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. Although the Tribal Advisory Group did not meet in 2022, the Department plans to resume the workgroup in 2023 with in person/hybrid meetings. The Department continues to address individual tribal needs and concerns. The Advisory Group hopes to focus on foster parent recruitment, and partner with the Office of Prevention and fatherhood engagement.

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.

Identification

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. During CY 2021, 39 of the 50 applicable cases reviewed contained documented sufficient inquiry.

Department challenges with identifying American Indian heritage include the following.

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- Department staff indicate that some parents may be reluctant to disclose tribal information during their initial interviews as they do not want their tribe or their extended family to know that they are involved in an alleged child abuse or neglect investigation.
- There are times when Department staff do not document sufficient information regarding the family's tribal affiliation, and times when an immediate child enrollment inquiry with a tribe cannot be made.
- Many tribes require a birth certificate, social security card, and family tree to seek information regarding enrollment eligibility and extended family information. Since this information is many times lacking in the initial stages of the child abuse and neglect investigation, the process for obtaining these documents results in a delay in verifying an ICWA case.

Notification

The Office of the Attorney General initiates Arizona's notification process. When a case is identified as potentially ICWA eligible at the time the dependency petition is filed with the court, the dependency petition includes 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 Bureau of Indian Affairs (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 Bureau of Indian Affairs (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; however, there were no cases applicable to timely notification reviewed during CY 2021.

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 Department's 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.

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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 Department 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. Regarding an adoptive placement for an American Indian child, unless the child's tribe has a different order of adoptive placement preference, the Department gives placement preference to a member of the child's extended family, with other members of the child's American Indian tribe, or with other American Indian families. As described in the *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 related to placement of the child in accordance with ICWA placement preferences. Data from CY 2021 indicates four of the five 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.

As of May 27, 2022, 48.2% of all American Indian children in out-of-home care 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% (Source: Case Plan Compliance Report, Power BI).

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 DCS Specialists 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 childcare. 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
- American Indians for Community Action (Flagstaff)
- Tucson Indian Center
- Indian Health Services
- 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. Policy further indicates, "Active efforts to reunify an Indian child with 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.

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- 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 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 as well as the family, when appropriate, if the optimum services do not exist or are not available.
- providing post-reunification services and monitoring.

The Department continues to have two dedicated ICWA case management units in Maricopa County and one dedicated ICWA unit in Pima county that provide case management to ICWA families exclusively, ensuring ICWA compliance by focusing on providing support and services to ICWA families. Also, the Department continues to have five Regional Tribal Liaisons, one for the five regions of the state, to provide further assistance to the field staff in those areas. 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, the Department is responsible for the assessment and service provision. If the child is taken into the custody of the Department, or a dependency petition is filed, the Department 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, the Department continues to provide these services. Approximately 343 reports were forwarded from the Department to a tribal social service agency for investigation between July 2021 and December 2021 (source: Semi-Annual Child Welfare Report, March 2022).

The Department 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 to tribal social services.
- If the child is not an Indian child or does not reside/is not domiciled on the reservation but is currently located on the reservation, the Department contacts the tribe to allow access to the child to complete the investigation.

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- 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 Chafee Successful Transition to Adulthood (STA) providers to access foster care and Chafee services for eligible American Indian youth. Chafee STA providers 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 of the State and subsequently transfer jurisdiction to the tribe. The Department 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. To improve collaboration and support for youth 14 and older in state and tribal foster care, the Children's Bureau facilitated a conversation between the Department and several tribal representatives on April 12, 2022. The Department presented Chafee information including the new Successful Transition to Adulthood. With support from the Children's Bureau, the Department's Tribal Liaison will continue to provide information and support to tribes across Arizona. The Department shared the tribal outreach plans for both STA service providers with the Children's Bureau and those tribes in attendance.

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 Department policy changes or Arizona law changes required by these updates.

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

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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
- 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 2022, the Department used a portion of Arizona's five-year CAPTA Basic Grant to fund:

- training for Specialists in the techniques of investigative interviewing and positive persuasion on the child abuse injury reconstruction (Reid training)
- skill training for Supervision Coaches on the case consultation process to support the Department's safety model
- child abuse and neglect examinations
- dedicated Human Resources employee salaries to improve recruitment efforts of Specialists, and
- Policy Specialist salaries whose focus has been the development, implementation, and oversight of updated Department child safety assessment policies and procedures to improve investigations of reports of abuse and neglect.

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 the Concrete Resources Project. The Office of Prevention utilized the lived experience from the Parent Advisory Collaborative to determine the greater need of the community. From the survey and discussions, the Department determined that the best use of these funds would be to support the community through Concrete Resources. This project is a community-based prevention program at the neighborhood level being developed in collaboration with a family resource center. The services will be provided through community family resources centers via a contracted agency. The primary prevention goal of the program is to keep the families from becoming involved with the Department. The proposed project will aid low-income families who have struggled during the COVID-19 pandemic due to job loss, lack of resources, social isolation, and illness. Concrete resources are needed to help families meet the needs of their children by obtaining stable employment, childcare, and housing, and supporting emotional well-being. The Department will collaborate with a non-profit agency to provide resources to parents with children that have never been involved with child welfare. The families can receive financial assistance for trade or job certification, sick childcare, mental health services for parents or children of the uninsured or underinsured, and dental care for children of the uninsured or underinsured. In addition to receiving financial support, the families should also be involved in at least one wrap-around service for mental health,

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parent support, peer parent mentoring, family self-sufficiency services/employment programs or parent education through a community agency before or at the time of the service referral submission. The Department has encountered barriers and delays in implementing this program due to the Office of Prevention staffing issues. At this time, the Department is finalizing documents and anticipates publishing the request for proposal in September 2022 in order to identify a vendor to provide these services.

State's Continued Efforts to Support and Address the Needs of Infants Born and 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. During the subsequent focus on the opioid epidemic and efforts to decrease 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](#).

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 (SAMHSA), and the Department continues to receive funding 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
- 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 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 (ACE), 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. The Department was awarded a grant through the SOR funding, and the funds were used during SFY 2022 for the Healthy Families Arizona Program, SENSE nurse visits, and the SENSE nurse consultant position.

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.

The Office of Prevention staff also participate in the Safe, Healthy Infants and Families (SHIFT) formerly the 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

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substance exposed newborns and their families. For more information, please see *Section II: Collaboration with Stakeholder Continuous Engagement Initiatives and Feedback Loops*.

During the reporting period, the Department did not have any challenges in continuing to support and address the needs of infants born substance exposed using the Infant Care Plan. Department policy allows the Child Abuse Hotline to accept all reports of substance use during pregnancy and continues to receive strong community support and involvement related to meeting the needs of children who were substance exposed in utero.

The Department continues to utilize the Infant Care Plan form, and Department policy remains aligned with CARA. The policy mandates that:

- The Department shall investigate all reports alleging that a newborn has been prenatally exposed to alcohol or a controlled legal or illegal substance.
- The Department 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.
- The Department 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.

Departmental 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.

Departmental 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
- 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).

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The DCS Specialist shall 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.

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.

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Section X

Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report

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Agency Administering Chafee Foster Care Program for Successful Transition to Adulthood

The Department 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 of the 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 specialized unit within the Department 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 as including 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 Transitional Independent Living Program (TILP) of aftercare services. 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 Services (PYS) Unit provides oversight of the programs and agencies that provide Chafee services and supports. The PYS Unit includes a Manager, a Permanency and Youth Services Supervisor/Statewide Independent Living Coordinator, two Permanency and Youth Services Coordinators, six Youth Advocate Specialists, a Statewide Education Coordinator, two Statewide Education Specialists, two Administrative Assistants, an Extended Foster Care Review Supervisor, and five Extended Foster Care Quality Reviewers. The PYS unit works closely with Department field leadership to ensure that Chafee services and supports are provided to young people ages 14 and older. The PYS Unit will continue to provide technical assistance regarding all services related to the Chafee program.

The Department's Young Adult Program continues to operate as outlined in the FFY 2022 APSR. Youth, ages 14 and older who reside in out-of-home care and live in Arizona, receive supports and services that complement their successful transition to adulthood. The title IV-E Extended Foster Care Program also continues to operate successfully, with 1,242 youth participating during CY 2021.

Division X Supplemental Funding from the Supporting Foster Youth and Families Through the Pandemic Act (formerly Planned and Actual use of Additional Chafee/ETV Funding)

Throughout 2021 and 2022 the Department utilized a multi-faceted approach to expending the additional Chafee and ETV funding from the Consolidated Appropriations Act. The Department gathered information from the Youth Empowerment Council, community stakeholders, contract providers, national partners, and others to ensure the additional grant is being utilized in the most effective way. One of the Department's 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. The Department identified 167 youth who left EFC due to age from January 27, 2020, through April 20, 2021, and notified these youth that they were eligible to re-enter EFC until September 30, 2021. The Department and its Chafee provider re-entered 93 young people into care who had exited during the time eligible for re-entry. The Department provided monthly financial support, age-appropriate supervision, and case management services to those youth who re-entered care.

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The Permanency and Youth Service (PYS) Unit and the Director of Communications engaged with the Department's contracted marketing agency to develop 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 normally offered Chafee funded services. The marketing company utilized social media platforms, physical billboards, and strategic web-based interventions to successfully share the CAA information with as many eligible youth as possible. The campaign focused on positive messaging to encourage young people to "Reach Out" to obtain support.

The next priority was to make certain that a portion of the funding provides direct support to a youth's needs. The Department created a web-based application system to support youth in directly requesting funds. The website application opened on March 29, 2021. The Department received feedback from community partners and youth that the website was not providing the requested funds timely and that the process could be improved by having a third party make the decisions related to which youth would receive the funds. In response to the feedback and to better serve youth, the Department engaged with a community partner to facilitate additional funds to youth. The community partner Arizona Friends of Foster Children Foundation (AFFCF), a 501(c)(3), who has been providing funding to support foster youth for the past 30 years, partnered with the Department to deliver the funding.

Currently the Department has expended \$4,150,779 of the total supplemental Chafee funding directly to young people. The Department's community partner and internal website applications facilitated 2,460 young people receiving 3,900 awards. As of April 28, 2022, the community partner has provided the data on the \$2,840,376 dollars in funding issued. This funding was made available to youth between the ages of 14 and 26 who were either currently in foster care or had been in foster care, until September 30, 2021. Eligible youth received up to \$2000 directly or chose to have the funds applied to their expenses. The money could be used to help pay for education, medical expenses, family support, housing, transportation, and more. Direct funding to young people not yet 21 years of age will continue with the community partner until September 30, 2022.

In addition to the direct funding to youth, costs associated with the marketing efforts, re-entry and continuing to support youth eligible for extended foster care, the Department has employed young adults with lived experience as Youth Advocate Specialists. There has been a total of eight young people employed in the six Youth Advocate Specialist positions since the positions were developed. This team has been made up of individuals with diverse backgrounds and experiences with child welfare. This unit of Youth Advocate Specialists takes a direct approach in assisting youth in foster care with one-on-one peer mentoring, advocacy and assistance dependent on the unique needs of the youth. The Department has also recently contracted with a driver's education program, which will initially be funded through this supplemental funding; however, general funding has been identified to make this program an added ongoing service to the Young Adult Program service array.

Further efforts to expand the Department's financial literacy training and support are still in development, as well as expanding the high needs service array with a new contracted support program for youth 17 to 21. The Department plans to support financial literacy needs by investing in a financial literacy and asset-matching program. The Department worked closely with the Annie E. Casey Foundation in 2020 and plans to use the Keys to Your Financial Future curriculum, which has also been included in the new Successful Transition to Adulthood (STA) service.

Efforts were also made to support post-secondary and vocational training with the additional CAA ETV funding. During the spring and summer of 2021, current and former students were contacted regarding ETV funding and supports available through the Consolidated Appropriations Act to assist youth who

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experienced a financial need or hardship related to the COVID-19 pandemic. ETV staff offered former students the opportunity to develop a Success and Re-engagement Plan with a student advisor.

The Department utilized the supplemental Division X ETV funding to the fullest. The Department was able to partner with the ETV contractor, Foster Care to Success, in the development of an Economic Needs Assessment. Youth were able to access a portal and identify their needs. The Needs Assessment supported young people in identifying if they were in an educational program, had intended to enroll but were unable due to COVID, would like to re-enroll but could not do so due to not meeting Satisfactory Academic Progress (SAP) or owed an outstanding balance to the school due to COVID. The youth identified if they would like to enroll in school but needed help or advice, and lastly if they were not able to return to school at the time, but still had a financial need as a result of COVID.

A total of 649 CAA ETV awards were issued through the Foster Care to Success ETV provider. This included 389 Economic Needs Assessment requests and 260 fall 2021 semester payments. The total non-duplicated awards were 492 totaling the full \$1,540,836.00 supplemental ETV award.

The Department is confident the Chafee funding through the CAA Division X legislation will be fully expended. The Department's budget team is monitoring the funding closely, and efforts to identify additional needs of young people are ongoing. The Department has identified that the time limitation of the use of these funds, and the number of resources needed to build programs has restricted the Department in meeting all its additional programming goals. The Department will continue to work towards program goals to support the needs of young people which meet the flexible funding Chafee allows, and this may include an expansion of financial literacy and an asset matching program, as well as additional education support.

Youth and Young Adult Input

The Department continues to utilize the Youth Empowerment Council (YEC) as an integral component of including youth input in the implementation of Arizona's Chafee program. The Youth Empowerment Council, Permanency and Youth Services (PYS) Unit, and members from the Department Executive Leadership meet on a monthly basis. There is also engagement with young adults and allies through an Instagram account. Instagram has allowed the PYS team to ask questions of young people to learn about their needs, provide updates, and share resources.

The Youth Empowerment Council continues to focus on improving the lives of youth in foster care. One of the Council's goals for 2021 was to ensure youth in group home care had information about the foster child bill of rights. On March 8, 2022, the Council president and vice president presented the Council's goals and mission at the Quarterly Congregate Care Provider meeting. As a result of this presentation, the providers committed to posting the foster child bill of rights in their group homes. The YEC will also collaborate with providers to determine topics to present to youth in the group homes during the summer of 2022. The PYS Youth Advocate Specialists will support the YEC members in completing these presentations.

YEC also continued their efforts related to peer-to-peer interactions, which included the summer youth conference in Sedona, "Coffee and Convo's," Youth Convening "Treat Yo'Self," volleyball, kickball, and a movie event. In Spring 2022, YEC selected the 2022 Youth Conference Workshop presentations and organized the agenda. YEC leaders will be the event "emcees" and assist youth during the conference. In May 2022, the YEC participated in a roundtable discussion with Administration for Children and Families Associate Commissioner, Aysha Schomburg, discussing the needs of transition age youth experiencing foster care in Arizona.

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The Department continues to utilize young professionals with lived experience in foster care during contract planning and solicitation activities. This included the development of the STA service and solicitation, and additional transitional housing contracts being developed in 2022.

The Department continues to build upon lessons learned during the Jim Casey Youth Opportunity Initiative Activating Youth Engagement Summit in 2020. The Department continues to have young professionals with lived experience in the PYS Unit and are committed to continuing these efforts in the future. There are currently four Youth Advocate Specialists (YAS) and one PYS Support Coordinator. The Department's target is to have six YAS positions on an ongoing basis utilizing state funds due to the benefits of youth with lived experience bring to the youth they serve. 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 YAS have seen success in engaging with young people at the Welcome Centers when they first enter care or when they are awaiting new living arrangements.

The PYS Unit created and released a survey for youth and young adults in December 2021. The survey yielded 53 responses. The survey link was sent out by Department staff and community and Chafee providers. Survey questions pertained to youth's experiences in the Young Adult Program, including their experience in the Extended Foster Care Program. Information from the responses is being utilized as the Department completes activities in the strategic plan relating to improving outcomes for transition age youth in care.

The Department is also including youth with lived experience in the Transitional Age Youth Stakeholder group. This grouping of community members relies on the guidance these youth bring to the stakeholder group and have appreciated their willingness to share their experiences.

Services Provided Since the Submission of the 2022 APSR

Since the 2021 APSR submission and during SFY 2022, the Department focused on creating a scope of work for a new Chafee contract that replaced the current life skills and after-care contract. The new contract is called the Successful Transition to Adulthood (STA) Program, and mirrors the key components outlined in the Chafee Program. Key components to the new program include lowering the age from 16 to 14 to meet the Chafee changes from 2018. The new Program includes specific services to support young people in finding permanency and reconnecting with family and non-familial relationships, with supportive interventions including the 3-5-7 model and the Family Finding Model. The Program also includes 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 they are satisfied with their living arrangement and 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. Since 2020, the Department's Fidelity and Compliance Services Unit has provided active contract management for Education and Training Voucher and the Successful Transition to Adulthood, the two contract services for Chafee youth. 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.

The STA service was awarded in November 2021 to Intermountain Centers for Human Development (ICHHD) in the Southern region of Arizona and to Arizona's Children Association (AzCA) for the rest of

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the state and began February 1, 2022. AzCA provided Living Skills Training and the Transitional Independent Living Program under the previous service for CY 2021. AzCA's Young Adult Services (YAS) served 210 young adults in the Transitional Independent Living Program and 1,034 young adults in the Living Skills Training Program between January 1, 2021 and December 31, 2021. AzCA delivered services in all 15 Arizona Counties and approximately 65 Young Adult Services employees provided support to youth throughout the state. Despite issues related to the COVID-19 pandemic, AZCA was able to deliver most of their services in person, unless a virtual visit was needed due to COVID related needs.

Throughout 2021, AzCA assisted young people with connecting to local Workforce Innovation and Opportunity Act (WIOA) programs across the state through Arizona at Work. Young people were provided opportunities statewide to engage in GED support and testing, internships, job placement support, and job maintenance skills. In Yavapai County, AzCA supported young people enrolled in vocational rehabilitation services connecting with Yavapai Exceptional Industries (YEI) through their work placement and job maintenance support programs for those with physical and mental disabilities. Young people experiencing domestic violence received support in Coconino County through the Northland Family Help Center transitional program, in the form of shelter services, transitional housing support, and case management. In Maricopa County, AzCA worked closely with the East Valley Institute of Technology (EVIT) to connect former foster young people to GED services for educational support. Young people engaged in GED services through EVIT were then provided opportunities to enroll in trade certification programs. AzCA partners with Opportunity Community and Justice for Kids (OCJ) in Maricopa County to support young people with phones and transition suitcases.

AzCA worked in partnership with the Department by providing services to Extended Foster Care (EFC) young people who reached the age of 21 during the COVID-19 pandemic. The Department reopened services by providing monthly subsidy payments and case management support to any young person interested in continuation of services. AzCA was able to provide support to 48 young adults for the six-month contract of services ending on September 30, 2021.

During the extended services, the young people were able to meet monthly with a Youth Support Specialist for additional support for their identified goals. Each young person involved in EFC 21+ program, received a monthly subsidy to assist with the financial impacts of the COVID-19 pandemic. The EFC young people benefited from the extended subsidy funding, and for many it assisted with catching up on past bills, car repairs, and transportation. In addition to the monthly subsidy, each young person was able to apply for the Consolidated Appropriations Act (CAA) funding for further financial support. Many young people were able to utilize this funding to pay off past student debts and re-enroll in college or trade programs. AzCA was able to work with Foster Care to Success Education Training Voucher (ETV) program to assist young people who were enrolled in college at the time to provide additional funding through CAA to maintain the payment of their expenses. Young people reconciled past due rental arrears to maintain stable housing. A few young people were able to utilize funding to attend driving school and obtain their driver's license. Many young people who already had cars were able to make the necessary repairs to their vehicle to ensure stable transportation for work and school.

While the financial aspect of the program contributed greatly to the stability of the young people involved, the EFC young people also benefited from having the additional support to navigate adult responsibilities and reconnect to community services. During their experience in the EFC 21+ program, young people obtained new employment, returned to school, and received assistance with financial planning. Many benefited from the support in their education planning and were reconnected to ETV as they were unaware the program had been extended to the age of 26. One young person connected to a new foster youth GED program at East Valley Technical Institute (EVIT) where they will work towards obtaining their GED and enroll in a trade program simultaneously to work towards a certification. A few young people received local

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resources for food boxes to meet emergent needs. Another young man had encountered intensive medical concerns and received assistance in addressing his health and wellness with the assistance of a supportive Youth Support Specialist knowledgeable about his condition. Many young people expressed the appreciation of having a support person to ask questions about everyday challenges and how it was beneficial to their well-being.

AzCA staff provide support to young people with mental health or wellness needs by exploring their identified goals related to initial and ongoing assessment results. AzCA staff assist young people with scheduling intake appointments, and ensured they have skills needed to maintain appointments as well as provide transportation, if needed.

Young people with a Serious Mental Illness (SMI) have unique needs, which require specializing the service delivery to meet those needs. Often young people's mental health needs are not met due to not being aware of their mental health diagnosis, incomplete diagnostic evaluations, not being enrolled with a provider, not being engaged in SMI services, being unsure of or not enrolled in health insurance coverage, not having accommodations in place for success in an educational or employment setting or needing SMI housing. Ensuring the young person is familiar with their SMI diagnosis, benefits, SMI provider options, and ongoing services is a priority area for AzCA staff. AzCA staff assist young people with an immediate referral for SMI services and adapt their service plan to meet their needs. Adaptions of services include appropriate environment for the visit (quiet, low foot traffic, indoors/outdoors, tools for sensory/fidget needs), audio/visual aids, length of visit, and allowing for supportive connections to be present. AzCA staff attend SMI evaluations, initial meetings, medication checks, and ongoing meetings with the SMI providers per the young person's request to assist with advocating for their needs and understanding the expectations the provider has of them. AzCA staff support young people in social environments by building their social competencies and skills through 3-5-7 Model®, Youth Thrive, and Family Finding activities.

AzCA will continue to explore collaborations internally and externally to strengthen the coordination of services provided to young people for behavioral health and general wellness. As COVID-19 group restrictions have ceased in Arizona, more opportunity will be available to gather groups of young people and participate in peer social learning events.

The Transition Age Youth Vulnerability Index and Service Prioritization Decision Assistance Tool (TAY VI-SPDAT) is used with STA youth who have identified housing needs. STA youth can receive housing supports directly from Intermountain housing staff who will join the young person's team. The assigned Housing Specialist assists with housing assistance including housing search, assistance with completing applications for housing, and housing subsidy programs. The assigned Housing Specialist also assists with accessing Rapid Rehousing services including assistance with paying deposits, application fees, and possible short-term rental subsidy, and engaged in mainstream subsidized housing programs such as Section 8 or transitioning STA Youth into independent housing. Intermountain has partnered with Community Partnership of Southern Arizona (CPSA) and has identified a brick-and-mortar site that is dedicated to housing young adults enrolled in the STA program and provides other young adult services. It is anticipated this site will be opening in July 2022 and will be able to serve 16 unhoused participants while providing supportive services on site. The location of the housing project is in an area with ample transportation and will provide easy access to a local community college, in addition to being near several local area businesses for employment opportunities.

With the passage of the Arizona SFY 2023 budget, the Independent Living Subsidy for young adults will be increasing to \$1,200 per month with no decrease over time. The Department is hopeful that this will be an incentive for increased engagement of youth interested in Arizona's Extended Foster Care Program.

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NYTD and the State's Quality Assurance System

The Department completed the 2020 Baseline survey period with a total 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, the Department is eligible to request to have a sample population for the 2022 Follow-Up Cohort. Arizona State University (ASU) administered the 2020 Baseline survey and with the University's resources, were able to successfully engage with youth to ensure the Department has the valuable data obtained from the surveys.

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 and educational support and financial literacy, which have all been included in the new contract. The Department also plans to support these goals with the additional funding from the Consolidated Appropriations Act.

ASU completed the 21-year-old survey cohort in 2021; however, because ASU did not conduct the initial Baseline surveys for this cohort, locating the young adults was a challenge. Despite this, ASU found success with meeting the 80% threshold for 19 year olds receiving services from the Department and are working to meet the 60% threshold for young adults who have exited care. To increase the likelihood of contacting the youth during subsequent surveys, ASU and the Department are making efforts to gather contact information for important people in the youth's lives. It is believed these people may serve as points of contact for the youth if their current phone number, email, or address changes between survey years. This strategy will be used during the next 17-year-old baseline survey cohort that will begin in September 2022.

Involvement of the Public and Private Sectors

The Department continues to work closely with community partners from both the public and private sectors to assist young people in developing the skills they need to live outside the foster care system. The PYS Unit facilitates stakeholder meetings, in which over 150 members of the community are invited to participate. The meetings allow the Department to provide updates on how the Chafee program is implemented and allows community partners an opportunity to share information about their resources and program updates.

The Department is also taking an innovative approach in the development of a multi-year strategic plan targeting the specific and unique needs of young people experiencing foster care or who have experienced foster care. A stakeholder engagement group, which includes youth, the public and private sector at the macro level has been included in this strategic plan to assist the Department in identifying missing and needed services to ensure high quality service delivery and supports are provided to older youth. The group has already identified needs and supports to improve the IV-E Extended Foster Care program and have been influential in the creation of additional young adult living arrangements.

In partnership with the Department, Grand Canyon University offered the Fostering Futures Scholarship pathway program which covers 100% of the costs for tuition, fees, and year-round room and board for qualified Arizona foster children by combining GCU's generous scholarships with state and federal funding resources. The first Fostering Futures Scholarships are scheduled to be awarded for the 2022-23 academic year. GCU's scholarship program will help remove the barriers so foster youth can succeed in college and life. This scholarship can be awarded up to 8 semesters.

Coordination with Other Federal and State Programs for Youth

During SFY 2022, the PYS unit strengthened relationships with other youth serving organizations in Arizona. The Independent Living (IL) Coordinator continued efforts to collaborate with partners serving

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youth with disabilities by serving on the Arizona Community of Practice on Transition (AZCoPT) workgroup. The AZCoPT finalized work on a transition guide in April 2022 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 the Department in understanding the resources available to youth through Rehabilitation Services Administration (RSA) and Vocational Rehabilitation, both in the schools and community.

The University of Arizona College of Medicine Sonoran University Center for Excellence in Developmental Disabilities (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 surveyed youth who are over 18 years of age who experienced foster care, as well as community supports who serve the youth. Preliminary data was shared at the February 7, 2022 Advisory Group. Future goals include finalizing the report and determining how to best share the findings to have the most impact in the coming months. The IL Coordinator, members from the Youth Empowerment Council, and Chafee contracted staff continue to serve as members on the project's advisory committee. The Department 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, the Department has also enhanced partnerships with workforce programs in Arizona. The Department's 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. Mercy Care's employment and habilitation services and Vocational Rehabilitation presented at weekly Young Adult Program check-ins during June 2022 on programs and services to support transition age youth.

The Department and the NYTD team at ASU identified a natural partnership between NYTD survey participants and partners in the WIOA sector. As a result, the ASU NYTD Team sends referrals to the WIOA program Opportunities for Youth.

The Office of Prevention connected the PYS Unit with the Healthy Families provider through Southwest Human Development and there will be planning on how to utilize this support for pregnant and parenting youth in care.

The Department 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). Department representatives share how Chafee and title IV-E Extended Foster Care services can support eligible youth.

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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. The Department and AzCA YAS participates in the HYS to share how Chafee and title IV-E Extended Foster care services can support eligible youth.

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. The Arizona Department of Economic Security received Emergency Rental Assistance (ERAP) funding due to the COVID-19 pandemic. DES approached the Department about utilizing this resource for youth who have aged out of foster care and are experiencing housing instability. Between November 2021 and February 2022, the Department connected 13 young adults with DES and the ERAP for support.

The Department 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 the Department. This communication ensures the agencies 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 the Department and ADJC to enroll incarcerated foster youth into AzCA's programming before discharge from an ADJC facility. AzCA and the Department 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 the Department, 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. The PYS Coordinator and Youth Advocate Specialists presented information regarding the Youth Adult Program to youth at Adobe in April 2022. The youth felt the information was helpful and ADJC and the Department will continue the partnerships in the future.

State's Efforts to Support and Facilitate the Coordination of FYI Vouchers

The Office of Prevention manages the Department's participation in the Foster Youth to Independence (FYI) and Family Unification Program (FUP) Voucher Programs. Between July 2021 and April 2022, the FYI Program successfully leased up 13 young people and 41 vouchers have been issued throughout the four participating housing authorities of Glendale, Scottsdale, Mohave County, and Flagstaff. Between July 2021 and April 2022, two youth FUP vouchers have been issued and two youth have been successfully leased up. FUP continues to have a waitlist.

During 2021, AzCA was able to connect young people with FYI vouchers in Mohave, Coconino, Pima, and Maricopa Counties. AzCA built connections with the dedicated Housing Navigators to assist young people

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with securing vouchers and leases for their housing needs. Housing Navigators were able to offer additional resources, bridge the gap with property management, and assist young people with required documents. Some of the barriers encountered when utilizing FYI vouchers include housing options that accept the voucher, housing availability, and amount of FYI vouchers available in various cities.

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 during 2020 and 2021 whose post-secondary education was disrupted by the COVID-19 pandemic were completed through direct outreach by the Department's Education Specialists and through partnership with Foster Care to Success, the Department's contracted ETV provider. Educational plans were established to ensure those youth who were returning to educational programs would be successful. For those who were not ready to re-engage a support plan was established.

ETVs Awarded

Arizona's ETV program operated similarly during 2021 as it did in 2020. The Department continues to contract with the ETV Program Foster Care to Success (FC2S). FC2S 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 Prevention Services Act to serve young adults up to the age of 26, if 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.

	Total ETVs Awarded	Number of New ETVs
Final Number: 2020-2021 School Year (July 1, 2019 to June 30, 2020)	466	166
2021-2022 School Year* (July 1, 2020 to June 30, 2021)	460	162

*This information was provided as of April 29, 2022 and in some cases may 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, the Department has continued to utilize the Center for Study of Social Policy's two-day 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 Department has trained almost 400 staff and community partners since 2019. The Department procured the Center for Study of Social Policy to facilitate another Youth Thrive™ train the trainer event in February 2022. The Department invited community partners to attend to expand statewide training capacity for Youth Thrive™ in Arizona. As a result of the training, there are now 23 additional Youth Thrive™ trainers in Arizona. The group has committed to meeting quarterly to discuss training plans and to provide training support. The Department continues to provide a computer-based training (CBT) for new YAP Specialists and any other

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Department 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 Statewide Independent Living Coordinator sends communication to each tribe in Arizona regarding Chafee/ETV services. During CY 2021, Tribal representatives from every Arizona tribe were invited to participate in Department facilitated monthly Transition Age Youth meetings. The Department Chafee and ETV contractors provide information about program eligibility, including services to youth in tribal foster care. The Department Tribal Liaison invited tribal representatives to a meeting on February 8, 2022, to share information about the new STA service and ensure tribal partners had an opportunity to ask questions and provide feedback about needs related to this service. Community non-profit organization, Three Precious Miracles, was represented and provided suggestions to the Department and the STA providers on effective ways to meaningfully engage with tribal partners. The group agreed that presenting to the Intertribal Council of Arizona (ITCA) was a productive way to engage the tribes. The group presented to the ITCA on February 24, 2022.

The Arizona Young Adult Program continues to offer the Chafee funded services and after-care contract, as well as ETV services, to youth who are in tribal foster care. The Department's contracted Chafee providers, Arizona Children's Association and Intermountain Centers for Human Development, are 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. The 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.

In the past year, the COVID-19 pandemic hindered AzCA's ability to provide in-person services, presentations, events and other outreach opportunities with tribal communities throughout the state, including reservation lands. Young people living on reservation lands in Arizona were provided options for virtual services via the Zoom platform in accordance with the Department's visitation guidelines for providers. Young people who requested in-person services were granted this option in order to provide additional support in times of emergent need. AzCA plans to engage in more outreach efforts with additional tribes in Arizona in the future based on additional guidance from the Center for Disease Control and individual tribes regarding COVID-19 precautions.

Recently, AzCA provided an overview of services available for young people who have experienced foster care Tribal communities and coalitions of the Gila River, Navajo Nation, and the Urban Indian Coalition of Arizona.

AzCA participates in the Quarterly Tribal Liaison and the Urban Indian Coalition meetings on a regular basis. AzCA coordinates with the Department's ICWA Tribal Liaison regarding Tribal community resources available to young people and how to provide quality services to American Indian young people experiencing foster care. AzCA has participated in the quarterly Intertribal Council meeting to provide Tribal members and young people information about opportunities available to them. In addition to presenting services available, written materials are also disseminated to entities such as the Phoenix Indian Hospital, Phoenix Indian Center, Native American Connections, Urban Indian Coalition, Native Americans for Community Action, and Tribal Social Services throughout the state of Arizona.

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AzCA is planning future Tribal Empowerment Groups to help connect American Indian young people to peers that either share Tribal membership or would like to connect with other young people from other Tribal communities. November is recognized as Native American Heritage Month to celebrate rich and diverse cultures, traditions and histories and to acknowledge the important contributions of American Indians. AzCA will explore opportunities to provide American Indian young people connections to celebrate and learn about their diverse cultures and empower young people to identify activities important to their cultural background. Identified activities include exploring personal identification through jewelry, how young people wear their hair, traditional dress; a Tribal document workshop; demonstrating how to apply for and coordinate culturally appropriate services; cooking demonstrations of traditional foods; and exploring skills learned from their identified Tribal cultural event, and how this skill is important to their identity.

The Department's contracted Chafee providers, Arizona Children's Association and Intermountain Centers for Human Development provide outreach and services to all current and former foster youth in the state including Indian children. The providers ensure information and services are provided to Indian children on the same basis as other children as described above. The Department's Tribal Liaison also assists each tribe with any programmatic concerns and provides information on services. The tribal representatives are given the opportunity to receive Chafee services training as requested. This ensures that tribal representatives are aware of and are able to access those services for Indian children.

Services to Support LGBTQIA+ Youth

The Department published new policy language during SFY 2022, to support youth and young adults who identify as LGBTQIA+. The Youth Empowerment Council reviewed the proposed policy revisions throughout 2021, and the YEC President co-presented on the needs of LGBTQIA+ youth at the 2021 Leadership Summit in December 2021. Topics included in the policy revisions include the use of sensitive and inclusive language, cultural considerations that may impact a family's engagement in services, additional guidance on discussions of sexual orientation and gender identity during monthly contact visits, and placement of a child in a living arrangement consistent with the child's gender identity.

The Department's new Successful Transition to Adulthood (STA) service for youth ages 14-21 can provide specific support for youth who identify as LGBTQIA+, including but not limited to the following:

- Navigators from Intermountain receive additional training focused on providing services to youth and young adults who identify as members of the LGBTQIA+ community. In addition, navigator staff work collaboratively with other community service agencies to provide support. Intermountain also provides a weekly group for participants who identify as LGBTQIA+ to have safe space to receive support and resources in the community.
- Young people who identify as LGBTQIA+ are supported by use of their preferred pronouns and name during the delivery of services. AzCA staff ensure a young person's chosen name and pronouns are reflected in their monthly documentation. AzCA staff assist the young person in finding resources and support groups within their local LGBTQIA+ community if this is an identified goal. AzCA has also been able to assist young people in changing their legal name to match their identity. AzCA offers an annual LGBTQIA+ celebration in June every year to celebrate Pride Month. The event provides education, resources from community presenters, planned activities that focus on LGBTQIA+ pride and opportunities to engage in peer support. Additional community involvement with one-n-ten, an organization serving LGBTQIA+ young people, will be an area of focus for 2022.
- AzCA facilitated a workshop for the 2022 Statewide Youth Conference entitled "Decades of Pride- What's it all about?" The workshop provided young adults an opportunity to portions of history in

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the LGBTQIA+ community and explore how pride has evolved over the years. Each session was separated into groups of about four to six young adults who worked together with an AzCA staff member to create a poster board presentation on important LGBTQIA+ history for their assigned decade. Young adults in attendance were able to gain knowledge of LGBTQIA+ history, develop peer relationships, and build self-esteem and a sense of belonging.

- In June 2022, a celebration of Pride event provides an opportunity for LGBTQIA+ young people to come together for a day of celebration, sexual health information, and entertainment. Young people learned about community involvement as well as how “drag” culture has influenced the LGBTQIA+ community.
- AzCA staff support LGBTQIA+ young people in all areas of service, including parenting roles. AzCA staff assist young people with advocating for their birth plan and prenatal needs to all providers, hospitals, and healthcare staff regarding pronouns, and avoiding female-oriented language surrounding pregnancy to cause further trauma to someone who does not identify as a woman during pregnancy. AzCA understands the paradigm shift surrounding birth and postpartum and strives to meet the young people where they are at. AzCA staff have also provided education to support providers, such as Women, Infants and Children (WIC) when working with young people who gave birth to their child, but do not identify as female.

Section XI

Statistical and Supporting Information

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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 Department 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, 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 qualify and successfully answer the pre-screen questions is forwarded to a hiring authority 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 a Central Registry check, obtaining a Level 1 Fingerprint Clearance Card, a Department of Motor Vehicle verification, and employment verification and education verification. Candidates must successfully pass all the background requirements before an official offer of employment is extended.

The Department has implemented practices for equal distribution of cases to help manage workloads instead of establishing a maximum number of cases. The Department does not believe a caseload standard is effective for managing workloads as there are a fixed number of appropriated caseworker positions, therefore, the number of cases per caseworker cannot be limited. Instead, the Department utilizes an equalization process in lieu of a caseload maximum as emerging research suggests there are additional and more influential factors that impact workload beyond the number of cases. The equalization process is monitored through ongoing management reviews using specific performance metrics. Equalization occurs through decisions to move cases from one unit or section to another or move caseworker positions to where the demand is highest.

Education, Qualifications, and Training of Personnel

DCS Specialist Trainee: Master's or Bachelor's Degree from an accredited college or university or four (4) or more 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 (4) years as a DCS Specialist or OCWI Investigator, or three years of DCS Specialist or OCWI Investigator experience and one (1) year of professional supervisory experience.

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DCS Program Supervisor Coach: Master’s or Bachelor’s Degree from an accredited college or university and two (2) years as a DCS Program Supervisor

DCS Program Manager: Master’s or Bachelor’s Degree from an accredited college or university and three (3) years as a DCS Program Supervisor, or one (1) 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 June 1, 2022.

Degree	DCS Specialists	DCS Program Supervisor	Total Degrees	Percentage of Total
MSW	48	28	76	8%
Master’s - other	110	43	153	16%
BSW	88	18	106	11%
Bachelor’s - other	524	108	632	64%
Associate/Other	6	4	10	1%

Data source: June 2022 Human Resources Survey)

Demographic Information of Personnel

The following tables provide the race/ethnicity, gender, age, and tenure of DCS Specialists and Supervisors who were employed on April 1, 2022 (source: HRIS maintained by the Arizona Department of Administration).

Ethnicity	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
American Indian	6	16	1	23
Asian	8	26	4	38
Pacific Islander	2	6	0	8
African American	27	118	19	164
Hispanic	64	286	63	413
Caucasian	103	409	121	633
Two or more	16	32	3	51
Unspecified	1	36	28	65
TOTAL	227	929	239	1395

Gender	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
Female	173	747	199	1119
Male	54	182	40	276
TOTAL	227	929	239	1395

Age	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
Under 30 yrs.	105	343	23	471

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30-39 yrs.	50	233	97	380
40-49 yrs.	36	175	70	281
50-59 yrs.	30	123	38	191
≥60 yrs.	6	55	11	72
TOTAL	227	929	239	1395

Tenure	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
<5 yrs.	227	741	178	1146
5-10 yrs.	0	168	54	222
11-20 yrs.	0	17	7	24
21-30 yrs.	0	3	0	3
>30 yrs.	0	0	0	0
TOTAL	227	929	239	1395

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 2021, two 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 from the Department’s FFY 2021 AFCARS data, who were age eight or older at the time of their most recent exit from out-of-home care and had a removal end reason of “transfer to another agency”. A review of case narrative information identified the agency the child transferred to. Both children were in the care and custody of the Department for at least one day during FFY 2021 before transferring to the sole custody of the juvenile justice or correctional agency.

Efforts to Track and Prevent Child Maltreatment Deaths

The Department, in conjunction with the Statewide Fatality Prevention Committee, developed the Department’s plan to prevent child maltreatment deaths during SFY 2019. The Department and the Committee continued efforts to implement this plan during SFY 2022 by providing safe sleep education to the community, teen parents, and families involved with the Department. Through community outreach and collaboration with refugee leaders, the International Rescue Committee and Rice AZ have begun safe sleep educational workshops during cultural orientation classes. In SFY 2023, the Office of Prevention will begin holding Safe Sleep educational trainings in group homes that serve expectant and parenting teens. The Department will plan and host another Young Parent University in FFY 2023 for teen parents within the child welfare system and from the community. Lack of housing can also be a high-risk factor related to child maltreatment deaths and stress therefore Fostering Youth to Independence vouchers are still available for youth that are exiting care and at risk of homelessness as well as the ability to utilize CBCAP grant funds to young parents exiting foster care that need financial support to be successful in securing their first home.

During SFY 2022, the Statewide Fatality Prevention Committee met once virtually in July 2021 due to the COVID-19 pandemic. The committee continued to include community stakeholders including representatives from Prevent Child Abuse Arizona, Department of Health Services, Maricopa County

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Superior Court, First Things First, Arizona Health Care Cost Containment System, and a member of the Parent Advisory Collaborative. The Committee plans to re-engage internal and external stakeholders in more frequent discussions during SFY 2023 to focus on prevention efforts for the birth to five population, pregnant and parenting youth in foster care, accidental toddler opioid overdose, and the overrepresentation of African American child fatalities specifically around co-sleeping. In the coming year, additional invitations will be extended to local community leaders to partner with this committee to discuss ways to better meet the needs of the underserved populations as well discuss fatality and near fatality reports to identify collaborative cross system prevention methods.

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 Guardian 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 Department's Child Abuse Hotline report occurred in FFY 2020, but the substantiated finding was not entered until FFY 2021, the child would be counted in the Child Safety Profile data or NCANDS in FFY 2021, rather than 2020.

Child fatalities reported to NCANDS come through the Child Abuse Hotline call center and are recorded in Guardian. 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 Committees review all child deaths in the state, including deaths that would be identified through the sources listed above. If a local Child Fatality Review Team identifies an unreported child fatality believed to be due to maltreatment, that information is communicated to the Department. Through this process, the Department 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 Committees are substantially higher than the number reported to NCANDS because the Child Fatality Review Committees include fatalities where maltreatment was believed by the team to have contributed to the child's death and 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.

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 ensures 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

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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 any child who entered out-of-home care during FFY 2021 and was identified in Guardian as having been previously adopted. This review identified one child who entered out-of-home care and was the subject of an inter-country adoption.

One child was adopted from Haiti. The Department does not have the name of the agency that facilitated the adoption. The child was brought into care due to delinquent behaviors and trauma from abuse suffered prior to the adoption. Currently, the child's permanency goal is reunification.

Monthly Caseworker Visit Data

The FFY 2022 monthly caseworker visit data will be reported to the Children's Bureau by December 15, 2022, as indicated by the February 16, 2022 Program Instruction. The caseworker visit data previously submitted for FFY 2017 through FFY 2020 indicated the Department 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. The caseworker visit data submitted for FFY 2021 indicated the Department met the 50% of the total number of visits occurring in the child's residence but did not meet the goal of 95% of children seen on a monthly basis by caseworkers. During FFY 2021, 87% of children were seen on a monthly basis by caseworkers and 85% of the total number of visits occurred 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 and efforts the Department is making to meet the goal.

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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 this FFY 2023 APSR.

Health Care Oversight and Coordination Plan:

Changes are reported in the separate document entitled *Arizona Health Care Oversight and Coordination Plan FFY 2023* included with the submission of this FFY 2023 APSR.

Disaster Plan:

There were no disasters during SFY 2022 requiring the use of the Arizona Disaster Plan. The Arizona Disaster Plan was not utilized during SFY 2022 for the COVID-19 pandemic. There were no changes or additions needed to the plan during this reporting period.

Training Plan:

Changes are reported in the separate document entitled *Arizona Staff and Provider Training Plan FFY 2023* included with the submission of this FFY 2023 APSR.