



February 1, 2023

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

During the on-going pandemic, much attention has been given to the impacts of COVID-19 on our health care system, our communities and our economy. But there is an area of critical importance to Arizona's future that can often go unnoticed – our youngest children. This is especially concerning given what we know about the life-long impacts of childhood trauma on an individual's health and well-being. For example, children with multiple adverse childhood experiences (known as ACEs) are more likely to struggle in school, engage in risky behaviors and suffer from mental illness.

Even before the pandemic, Arizona's youngest children were more likely than their national counterparts to have experienced early adversity – such as child abuse or neglect; witnessing household violence; or having a parent who was incarcerated or dealing with substance abuse. In fact, young children in our state were *twice* as likely to have experienced two or more ACEs than young children nationally. The stress and trauma associated with the pandemic – for both children and their adult caregivers – likely worsened this already troubling statistic.

The good news is that child abuse and neglect can be prevented, but it takes stakeholders throughout our communities doing their part and working together.

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

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

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

DCS and FTF remain committed to continued collaboration with each other, our sister agencies and communities statewide to ensure all children have the safe homes and supportive environments they need to give them a strong start toward becoming healthy, educated and productive Arizonans.

Sincerely,

Handwritten signature of Matthew Stewart in black ink.

Matthew Stewart
Director
Arizona Department of Child Safety

Handwritten signature of Melinda Gulick in black ink.

Melinda Gulick
Chief Executive Officer
First Things First

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PARTNERS IN PREVENTION AND EARLY INTERVENTION

INTRODUCTION & BACKGROUND

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

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

In order to better understand the contributions of each of these agencies and their collaborations, it is important first to describe the lifelong impact of childhood trauma; the status of Arizona’s children in terms of adverse childhood experiences; the protective factors that can reduce the risk of child maltreatment; and the components of an effective prevention system.

Childhood Trauma Has Lifelong Impacts

The Center for Disease Control (CDC) released a report in 2019 (an update of the original report released in 1998) on Adverse Childhood Experiences (ACEs) demonstrated the extent to which negative experiences in early childhood impacted later outcomes in health, education and well-being. According to a summary produced by the federal Centers for Disease Control and Prevention, the study showed that Adverse Childhood Experiences (ACEs) occurred in three major categories: abuse, neglect and household challenges.

Almost 62% of study participants reported at least one ACE, and more than one in four reported three or more ACEs. Researchers found, as the number of ACEs increased, so did the risk of negative outcomes in adulthood, such as poor health outcomes, depression, drug use, domestic violence, unintended or teen pregnancy and poor academic achievement.

Figure 1:

33% Report No ACEs	51% Report 1-3 ACEs	16% Report 4-10 ACEs
With 0 ACEs	With 3 ACEs	With 7+ ACEs
1 in 16 smokes	1 in 9 smokes	1 in 6 smokes
1 in 69 is an alcoholic	1 in 9 is an alcoholic	1 in 6 is an alcoholic
1 in 480 uses IV drugs	1 in 43 uses IV drugs	1 in 30 uses IV drugs
1 in 14 has heart disease	1 in 7 has heart disease	1 in 6 has heart disease
1 in 96 attempts suicide	1 in 10 attempts suicide	1 in 5 attempts suicide

Statistics from "The High Cost of Adverse Childhood Experiences" compiled by Krista Goldstine-Cole, education director at the Washington State Family Policy Council

Why do ACEs lead to negative outcomes later in life? An individual experiences a combination of adverse experiences in childhood, which increases their level of toxic stress and can lead to disrupted brain development. This may result in social, emotional and cognitive impairment, which then increases the likelihood the individual will adopt risky behaviors as well as developing diseases, disabilities or social problems.ⁱ

A 2021 report by the Morrison Institute for Public Policy studied the cost of ACEs in Arizona.¹ The study showed Arizona children experience a higher number of ACEs (21.9%) compared to the national average (18.6%). The study looked at how ACEs are related to negative health impacts by reviewing the approximate annual costs to the Arizona Healthcare Cost Containment System (AHCCCS) for heart disease, COPD/bronchitis, stroke and diabetes for women with 3 or more ACEs. The annual cost came to \$260 million. This study, of course did not look into the negative impact and costs ACEs have on adult mental health issues, substance abuse, homelessness or the need for public assistance.

Strengthening Families is the Best Prevention

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

The federal policy brief, *Protective Factors Approach in Child Welfare*, explains that historical efforts to prevent child maltreatment have focused on the elimination of risk factors – such as poverty. A better approach is to focus on strengthening families, building their resilience so that the presence of risk factors

¹ Morrison Institute for Public Policy, Cost of Adverse Childhood Experiences in Arizona, downloaded from: https://morrisoninstitute.asu.edu/sites/default/files/aces_report_2021.pdf

does not lead to child abuse or neglect. Not only is a protective factors approach more likely to engage families, it is more likely to lead to better short-term and long-term outcomes.

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

The Protective Factors that comprise the Strengthening Families model – and which are supported by research from several fields of study – include: (1) knowledge of parenting and child development, (2) social/emotional competence of children, (3) nurturance and attachment, (4) social connections, (5) parental resilience and (6) concrete supports.

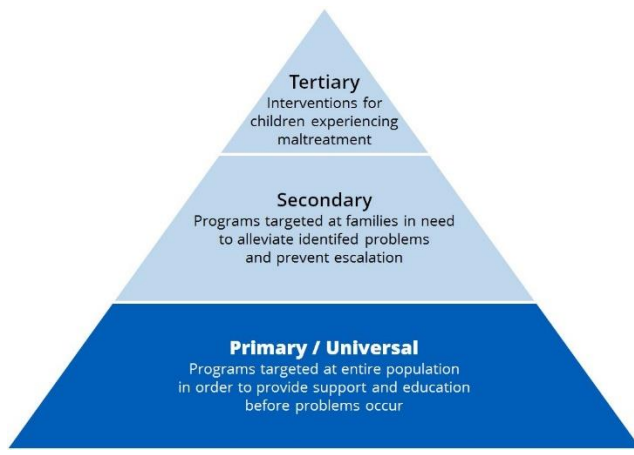
Levels of Prevention

The italicized information below is taken directly from the U.S. Department of Health and Human Services' [Framework for the Prevention of Child Maltreatment](#).²

Professionals working to prevent child abuse and neglect have incorporated ideas and information from other disciplines to influence and guide practice and to organize a framework of prevention services. That framework consists of three levels of services: primary prevention programs, directed at the general population (universal) in an effort to prevent maltreatment before it occurs; secondary prevention programs, targeted to individuals or families in which maltreatment is more likely (high risk); and tertiary prevention programs, targeted toward families in which abuse has already occurred (indicated).

Distinctions among primary, secondary, and tertiary prevention do not necessarily reflect the way prevention-related services are actually organized and provided. Rather than sorting prevention initiatives into mutually exclusive categories, prevention is increasingly recognized as occurring along a continuum. A comprehensive system of care for improving outcomes for children and families must include strategies that coordinate resources across the entire continuum, from primary to secondary to tertiary prevention.

² U.S. Department of Health and Human Services' Child Welfare Information Gateway. Downloaded from <https://www.childwelfare.gov/topics/preventing/overview/framework/>



Source: Australian Institute of Family Studies³

Primary prevention activities are directed at the general population and attempt to stop maltreatment before it occurs. All members of the community have access to and may benefit from these services. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment.

Secondary prevention activities with a high-risk focus are offered to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. Programs may target services for communities or neighborhoods that have a high incidence of any or all of these risk factors.

Tertiary prevention activities focus on families where maltreatment has already occurred (indicated) and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence.

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

From a school readiness perspective, strong families *also* feel confident and competent in their role as their child’s first teachers. They have the information and support they need to create nurturing, supportive

³ Adapted from Bromfield, L., & Holzer, P. (2008). *A national approach for child protection: Project Report*. Melbourne: Australian Institute of Family Studies.

environments that support their children’s learning, including access to quality early learning environments for their children.

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

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

DEPARTMENT OF CHILD SAFETY

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DCS provides child abuse and neglect investigations to include child safety and risk assessments, family support, child abuse prevention, family preservation, and reunification services. DCS also provides family foster care and kinship care services; services to promote the safety, permanence, and well-being of children with foster and adoptive families; adoption promotion and support services; and health care services for children in out of home care.

Executive Summary 2022

This year, we continue to see the economic and pandemic-related stressors that the COVID-19 pandemic had on Arizona’s children and families. Programs and services are delivered through DCS offices and staff statewide, and through a network of contracted community-based providers. DCS works collaboratively with faith and community-based partners, various state agencies, county and local governments, local college and universities, the federal agencies that oversee DCS’ programs, the courts, and Native American tribes in the delivery of services to the citizens of Arizona. DCS continues to develop Arizona’s Child and Family Services Plan and administers Title IV-B and Title IV-E programs under the plan.

DCS has completed a full year with the new service array since the introduction of Family Connections and Nurturing Parenting Programs. Both services can be referred for families involved with DCS, whether in-home or out-of-home.

Below is a summary of services and programs offered in 2022. Due to data availability and reporting periods required by state and federal authorities, reporting dates vary as noted.

2022 Summary of Children/Families Served

Program	Children/Families Served	Reporting Period
RCAP Councils - Direct	1,809	Oct 1, 2021-Sep 30, 2022
Preventive Services to families		
Care Portal – Concrete Resources	866 children; 411 families	Oct 1, 2021-Sep 30, 2022
Baby Boxes – Concrete Resources	326 Infants	Jan 1, 2021-Dec 31, 2022
Healthy Families AZ	3,539 families	Oct 1, 2021-Sep 30, 2022
Family Connections	4,472 Referrals	July 1, 2021-June 30, 2022
Nurturing Parenting Program	2,472 Referrals	July 1, 2021-June 30, 2022
Substance Exposed Newborn	237	Jan 1-Dec 31, 2022
Safe Environment (SENSE) Program		

2022 Summary of Prevention Provider Trainings Offered

Program	Community Served	Reporting Period
Protective Factors – Train the Trainers	29 Trainers Trained 843 community members trained by Trainers	Oct 1, 2021 – Sept 30, 2022
Protective Factors Summit	57 Practitioners Trained	Jan 1, 2021 – Dec 31, 2022
Home Visitor Supervisor Institute (HSVI)	92 Home Visiting Supervisors	Oct 1, 2021 – Sept 30, 2022
Prevent Child Abuse AZ Annual Conference	117 scholarships provided	Jan 1-Dec 31, 2022
Safe Sleep Training – CBT	916 DCS staff	Jan 1-Dec 31, 2022

Regional Child Abuse Prevention (RCAP) Councils

RCAP Councils are trusted supports, located throughout Arizona to increase the public’s ability to strengthen families. The Councils are a primary prevention strategy funded solely by the CBCAP grant. Each RCAP is comprised of volunteers who meet on a regular basis to plan events and distribute local resource guides. Regional Child Abuse Prevention Councils are primarily voluntary groups who organize public engagement campaigns to heighten public awareness of child abuse and neglect and most of all what the community can do to assist in prevention.

The DCS Office of Prevention funds 17 Regional Child Abuse Prevention Councils throughout the state of Arizona. Since COVID-19 restrictions have been lifted, RCAP Councils have been able to re-engage families with in-person activities and training. Many participated in community events and passed out over 500 family engagement bags that included Strong Families coloring books with protective factors coloring pages, blue popcorn and free ice cream with positive parenting tips. One council had a 6ft Pinwheel coloring party for the community, which was a huge success. Contact information for each RCAP can be found on the DCS website, <https://dcs.az.gov/services/prevention/prevention-councils>. In this digital age, RCAPs are encouraged to post prevention events, parent information tips and community resources on their social media platforms.

Training opportunities were offered to the Regional Child Abuse Prevention Councils and Parent Advisory Collaborative members during 2022 to enhance their prevention events and presentations throughout the community. Trainings have been in-person and virtual.

Training Opportunities Provided

Protective Factors Training of Trainers

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

The DCS Office of Prevention invested in the Children’s Trust Fund Alliance “Bringing the Protective Factors Framework to Your Life at Work” training of trainers and certified a total of 33 individuals between February and May 2022. Seventeen (17) certified trainers were able to complete at least one training session. Those certified included DCS staff, home visitor programs, educators, professionals from other agencies, RCAP council members, and parents from the Parent Advisory Committee (PAC). This training is designed to teach participants how to train family service professionals, parents, caregivers, educators, and others about the protective factors and how to incorporate them into their lives and work. This scholarship pays for participant tuition and training materials.

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

Strong Families Home Visitor Supervisor Institute

Over the last six years, DCS has collaborated with AZ Department of Health Services, First Things First and Prevent Child Abuse AZ to provide professional development for supervisors through a Home Visitor Supervisor Institute (HVSI). This year the conference was held in-person which was the first time since the COVID-19 pandemic. The HVSI is provided to all evidenced based and evidenced informed home visitor program supervisors. The HVSI was held in June and there were 92 supervisors in attendance and each of them completed (prior to the event) and received an Integrative Enneagram which was explained during the institute. The topic of the Institute was: The 5 Skills Effective Managers need today: Self Compassion, Self-Awareness, Empathy, Curiosity and Courage.

Protective Factors Trainer Summit

This is a one-day summit that convenes up to 100 trainers of the Strengthening Families Protective Factors, Youth Thrive Protective Factors, and Flourishing Families to learn, network, and strategize how to advance the Protective Factors approach in the state. This Summit was held in November 2022 for 57 participants.

The key note speakers were Cailin O’Conner from the Center for the Study of Social Policy and Iya Affo who spoke on Race and Bias. Each participant received a physical copy of a custom graphic recording that was completed during the closing action planning session.

Home Visitation

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

Healthy Families (HFAz)

The Healthy Families Arizona program is a primary and secondary prevention program that targets children and families at risk for abuse or neglect. The HF Az program is a home-based, voluntary program serving families at risk during pregnancy and after the birth of the baby. Program services are designed to strengthen families during the first five years of a child’s life when most early brain development occurs. Healthy Families has the highest rating by California Evidenced Based Clearing House in promoting child well-being.

The HFAz program is integral to helping families gain the skills they need to remove barriers that currently prevent them from being self-sufficient. The National and Arizona Healthy Families model is a multi-disciplinary program created to reduce stress, enhance family functioning, promote child development, and minimize the incidence of abuse and neglect. Its core services include education and support services related to parenting skills, early development screening of children, home visits and outreach services, community referral services, nutritional education, life management skills, and follow up services. In addition, the program provides community referral services that include linkages to childcare, Head Start, job readiness, education and literacy services, counseling and mental health services, health and prenatal care, services to support families of children with disabilities, and substance abuse treatment.

During this FFY, efforts are being implemented to utilize DCS data where DCS intervention and removals are high to educate the community on home visiting programs and provide referrals to Healthy Families.

Parent Skill Building

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.

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.

Concrete Supports

CarePortal

The CarePortal engages churches to help meet the needs of families to aid in promoting safe parenting and positive behavioral change. In this model, a child welfare worker identifies a need such as a crib, clothing, or car repair. The child welfare worker then accesses the CarePortal online and submits the request for help in meeting the identified need. Using GEO Radius Technology, CarePortal quickly sends an email to those churches that have voluntarily signed up within the CarePortal network to help children and families in their communities. The church's point of contact connects with his or her congregation to see if someone can meet the need. If the need can be met, coordination to provide the items or services needed to the family as quickly as possible occurs. DCS is working with CarePortal to expand its prevention reach into schools to meet the needs of the families as a resource prior to intervention with child protection.

In FFY22, Community CarePortal churches assisted 866 children and 411 families by providing for many unmet needs in the way of goods and services. Last year's data was reflecting the calendar year rather than FFY. Due to unforeseen turnover in work staff, CarePortal referrals decreased however DCS and CarePortal have developed training materials and methods to staff to increase awareness of the program in an effort to increase the number of children and families serve in the near future.

Learning from Lived Experience

Parent Advisory Collaborative (PAC)

The Parent Advisory Collaborative was developed in 2018 and continues to grow and thrive. The PAC currently consists of 18 parents, many of who had prior involvement with DCS and are familiar with the workings of DCS. The PAC brings a voice and leadership in community prevention and the development

of best practices within DCS. The PAC continues to provide recommendations to DCS and the community to support the development of services and systems with compassion and respect for families and their culture, encouraging individual and family involvement.

In February and May 2022, PAC members participated in the Protective Factors Training of Trainers and Community of Practice. From December 2021-April 2022, PAC members revised the Parent's Guide to Arizona Department of Child Safety. The PAC utilized verbiage that could be easier understood by all and also included information that they felt would've been valuable during their interactions with DCS.

The PAC has participated in awareness videos shared with DCS staff and Child Abuse Prevention Month media campaigns. Recently, to bring awareness to Fatherhood Engagement, one of our PAC members participated in a video with former DCS Director Faust to discuss the importance of Fathers in the lives of children. This video was shared internally with DCS staff. The PAC receives continuous education such as seminars, conferences, and Protective Factors training. As the refugee population in Arizona increases, efforts have been made to include their voice in the PAC.

Supporting Young Parents

Pregnant and Parenting Teen Training and Resources

Young people who are parenting or soon to become parents, who have a history of involvement with the child welfare system as a child are at an increased risk to experience income inequality, intimate partner violence, lack stable housing, and are almost twice as likely to become involved with the child welfare system as older parents. Young parents involved with the child welfare system are more susceptible to allegations of child maltreatment as to their own children, given their often-unstable family system and inherent limitations due to their developmental stage. For these reasons, the Office of Prevention has facilitated the Young Parent University (YPU) for this fifth year.

The current configuration of the Young Parent University involves both young people who are in foster or extended foster care, and youth within the community who have never interacted with the child protection agency. Development and management of this program has been the responsibility of the Office of Prevention however for this year's YPU, we have partnered with the Permanency and Youth Services Department, also under DCS, to blend funding and extend our reach of youth that can benefit from this amazing conference. Recruitment for this event aimed at agencies that are known and recognized across the state as providing supporting services to young people between the ages of 14-21, and also have knowledge of working with young people who have previously been involved in the child protection system. Throughout the year, DCS Office of Prevention does outreach to pregnant and parenting teens to offer resources and referrals to home visitor programs.

Services for Families in the Child Welfare System

Child Care Expulsion Prevention

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.

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 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.

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.

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. 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.

Safe Sleep and Baby Box Campaign

In response to the continued unsafe sleep fatalities in Arizona, the Office of Prevention continued the Safe Sleep campaign to promote safe sleep practices and reduce the number of sleep-related deaths. The Safe Sleep Campaign has continued, and focuses on training DCS Specialists, the community and contracted providers to address safe sleep practices with families who have children under one year of age. In addition to the trainings, DCS provides parents with a baby box, health kit and hygiene items. The baby box is a portable safe sleep environment and an alternative to cribs. These baby boxes are offered to any parent, including pregnant and parenting teens, who need a safe sleeping environment for their infant.

Due to large disproportionalities in co-sleeping deaths, intentional efforts have been made to engage African American, Hispanic and Refugee communities in safe sleep awareness. The DCS Office of Prevention continues its baby box partnership with one of the Regional Child Abuse Prevention Council Agencies, Three Precious Miracles, which represents communities on Native Tribal Lands. The collaboration allows DCS to provide safe sleep resources and education to communities as Native American babies are over represented in the unsafe sleep death data. This year Newfound Hope will be added to this partnership as they also serve the Native American community. DCS Office of Prevention has collaborated with the International Rescue Committee and Rice AZ Foundation in safe sleep education training and baby box distribution partnership as they serve the refugee community throughout the state of Arizona. Furthermore, DCS Office of Prevention continues its collaboration with local health care facilities to provide baby boxes to new parents without a safe sleep environment. DCS Office of Prevention has partnered with Arizona Department of Health Services to collectively spread the message of safe sleep practices in a unified format. Community out of home messaging regarding Safe Sleep were done so using DCS and ADHS logos. DCS and ADHS look forward to more collaborations regarding Safe Sleep in the future. 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. DCS Office of Prevention plans to continue expanding the baby box program by partnering with additional community agencies, child care facilities and health clinics.

DCS continues to share the Safe Sleep training throughout the state to staff using a recorded computer-based training (CBT) that the DCS Office of Prevention created. This training was completed by 916 individuals consisting of DCS staff this year.

Other Services

DCS MercyCare Comprehensive Health Plan (CHP)

DCS CHP is the single, statewide health plan for all Arizona children in foster care. DCS CHP contracts with Mercy Care, a Managed Care Organization, to provide integrated physical and behavioral health services for children in foster care. The functions of Mercy Care include: developing and maintaining a healthcare provider network for an all pediatric population, clinical care management and other health plan operations which are tailored for this specific population. Leveraging extensive knowledge of the unique physical and behavioral health needs of children and youth in care, CHP retains responsibility for the health of children in care with a focus of improving the healthcare service delivery system, monitoring utilization of services, augmenting quality management efforts and providing additional care management resources as needed.

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

The Arizona Families F.I.R.S.T. program (AFF) helps parents address substance abuse issues that are affecting their ability to care appropriately for their children or to get and keep employment. It provides

the opportunity for families to overcome the barrier of substance abuse in order to reach the outcomes of permanency for children, family reunification and self-sufficiency. The goal of the program is to reduce or eliminate abuse of and dependence on alcohol and other drugs and to address other adverse conditions related to substance abuse.

In SFY 2021, 10,313 referrals came from DCS/DES Jobs. From those referrals: 90.8% received an assessment; 5,953 accepted services; and 1120 completed treatment. Twenty percent of the referrals successfully completed AFF services and closed during SFY22 and 260 clients received Substance Abuse Awareness Services. The number of clients accessing this service is increasing from just 80 clients in SFY2019. The substance abuse population often faces extreme barriers such as incarceration, relapse and homelessness.

For the three-year period, it appears that those who complete the AFF program have less recorded counts of substantiated or proposed maltreatment reports after referral to AFF than those who do not complete the program.

FIRST THINGS FIRST

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

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

- **Developmental and Sensory Screening** – Early identification of developmental issues or delays and linking parents to available resources is critical to improving health and educational outcomes. Together, they can reduce the impact such a delay has on school performance. The intent of the evidence-based Developmental and Sensory Screening strategy is to support regular and appropriate screening of all young children. The expected result is early identification of a developmental, hearing or vision concern and referral for further evaluation if necessary. In State Fiscal Year 2022 (SFY22), FTF-sponsored programs screened 18,018 children in order to detect vision, hearing and developmental issues in young kids and prevent learning challenges later on. In addition, 5,739 referrals were provided to further assess children for developmental delays/sensory issues and possible treatment or early intervention services.
- **Parenting Education** – Available in a variety of settings, these educational sessions address crucial topics such as brain development, dealing with challenging behaviors and early literacy. The intent of the evidence-based Parenting Education strategy is to offer learning activities designed to increase the knowledge and skills of parents and families to promote positive parenting practices that result in enhanced child health and development when utilized by parents and caregivers. The expected results of effective parenting education programs are increased parental knowledge of child development and parenting skills, improved parent and child interactions, and more effective parental monitoring and guidance, decreased rates of child maltreatment and better physical, cognitive and emotional development in children. In SFY22, 1,260 parents and caregivers of children 5 and younger participated in the parenting education series.

- ***Birth to 5 Helpline*** – Toll-free and statewide, this Helpline is staffed by nurses and early childhood development experts. Answers to caregivers’ toughest parenting questions are just a phone call away. Available to any caregiver with a child 5 or younger, including parents, grandparents and child care providers, the Helpline is administered by Southwest Human Development with support from FTF. By calling the Helpline, caregivers can access support as needed from a wide range of early childhood development staff experts, including psychologists, master’s level counselors, registered nurses, disabilities specialists, early literacy specialists and occupational, speech/language and physical therapists. In addition to providing caregivers with counseling and resource/referral information, caregivers can receive individualized child development information as applicable. In SFY21, the Helpline answered 5,239 inquiries from families of children 5 and younger and from professionals working with infants, toddlers and preschoolers.

- ***Arizona Parent Kit*** – Extensive parenting information – including resources and tools for families of newborns to support their child’s health and learning – is published on the FTF website, where parents can quickly search for information specific to their child’s age or the specific parenting issue they are dealing with. The information is available in English and Spanish. Through a partnership with Arizona’s birthing hospitals, information about the Parenting Kit is given to the parents of newborns so they know how to support their baby’s safety, health and brain development. In SFY22, information about how to find the online parent kits was distributed to the families of 47,894 newborns statewide.

- ***Parenting Information and Resources*** – Since 2017, FTF has been working to engage its system partners in connecting families to the FTF resources and using the resources themselves. Through a partnership with DCS, this information continues to be distributed to DCS staff working with families of young children. The resources have also been placed on DCS’ prevention Facebook page so that families have the information they need to better support their child’s health and development. In 2022, some additional collaborations included:
 - The FTF community outreach team, who work in communities throughout the state partners with local DCS staff throughout the year. For example, they train DCS units on effective messaging about the importance of early childhood and how to share FTF information and resources with the families they serve.
 - A Phoenix-area DCS program specialist was named an FTF Regional Champion of the Year in 2019. Since then, she has continued to remain active, sharing FTF information and materials with case managers and investigators so that they could in turn share with families.
 - With FTF funding, DCS offers all families with children birth to three served by Summit Healthcare Regional Medical Center and North Country Healthcare in Apache and Navajo Counties the Healthy Steps program to learn about their child’s development.

- FTF continues to collaborate with DHS and DCS as part of a multi-agency collaboration to improve safe sleep practices statewide, (including the content of crib cards that are provided to the labor and delivery nurses at hospitals to reinforce the importance of safe sleep environments with new parents. *(See additional information on Safe Sleep on Pages 16-20.)*)
 - FTF provided information to be placed in welcome packets for new Child Abuse Prevention Council members. This includes an overview of FTF, and ways that CAP councils can connect with FTF for additional information, outreach materials and opportunities for collaboration. *(See additional information on Regional Child Abuse Prevention Councils on Page 9.)*
 - FTF, DCS and other system partners continue to implement the statewide plan to prevent child maltreatment deaths through the Statewide Fatality Prevention Committee. Since the pandemic has abated, the Committee began to re-engage stakeholders to focus on prevention in vulnerable populations, including children birth to five, pregnant and parenting youth in foster care, accidental toddler opioid overdose and the overrepresentation of African American child fatalities related to co-sleeping.
 - Finally, DCS and FTF participates in the Interagency Leadership Team (IALT) in collaboration with DHS, the Arizona Early Intervention Program (AzEIP) and ADE to monitor and strengthen the Maternal Infant Early Childhood Home Visitor prevention program. The IALT meets every month with subcommittees meeting more frequently to focus on topics such as mental health consultation and professional development *See additional information about the IALT on Page 26).*
- ***Building Awareness of the Impact of Abuse or Neglect on Young Children*** – FTF continues to be a primary sponsor of the statewide Child Abuse Prevention Conference, which was offered virtually due to the pandemic. Hundreds of professionals, including child welfare and community organizations working with at-risk children and families, attended the virtual conference, which offered national expert keynotes and three days of workshops on topics aimed at preventing child maltreatment and improving Arizona’s child protection system at the local and statewide levels.

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

- ***Home Visitation*** – Evidence-based, voluntary home visitation programs have been shown to be an effective way to improve outcomes for families and children experiencing various risk factors. Although home visitation models vary, all programs are designed to improve the lives of at-risk children and families through regular home visits administered by trained providers such as nurses, mental health professionals, social workers or paraprofessionals. Comprehensive home visitation programs provide participating families of infants and toddlers with information and

education on parenting, child development and health topics while assisting with connections to other resources or programs as needed. Home visitors deliver one-on-one coaching and interaction tailored to the needs of individual families. Families throughout Arizona have access to home visitation programs to support their child's development, address and meet their needs and provide a nurturing and stimulating home environment.

FTF is the leading funder of home visitation in Arizona (*see pages 28-29 for additional information on inter-agency collaboration*), providing funding for programs in 20 regions across the state. In SFY22, FTF supported the implementation of three evidence-based models: Healthy Families Arizona, Nurse Family Partnership and Parents as Teachers. In SFY22, 4,280 families participated in FTF-funded home visitation programs. In addition, almost 400 families graduated from home visiting programs in SFY22.

In-person visits continued to be difficult during the ongoing COVID-19 pandemic, but home visitors continued to support the children and families they serve. Based on guidance from national program offices, phone calls, emails and virtual meetings served to keep families engaged. As the pandemic abated, families and staff are meeting in person more often, but when necessary virtual contact helps keep home visitors and families connected, keeps their relationships strong and keeps everyone moving forward in a positive way.

Data collected over the past two years show that FTF home visiting programs are reaching the families most in need. For example:

- Programs are enrolling children early; NFP (as required) enrolled 98% of children prenatally and HFAZ and PAT enrolled a large percentage of children before age 1 (58% and 40%, respectively).
- All programs are reaching a higher proportion of families with low education levels (16-27% compared to 13% statewide) and significantly more low-income families (51-77% compared to 35% statewide).
- Both HFAZ and NFP are reaching a much higher percentage of teen parents (11-28% compared to 6% statewide) and proportionate numbers of single-parent families (13-50% compared to 37% statewide).
- Data also shows families participating in these programs demonstrate improvement in various areas of family functioning, including: home environment; relationships with children; problem-solving; self-care; literacy; relationships with supportive resources; and mobilizing resources.

Also in SFY20, FTF received a grant from AHCCCS which expanded our state's capacity to provide Early Childhood Mental Health Consultation (ECMHC) to 40 additional home visitation teams. Early Childhood Mental Health Consultation is a problem-solving and capacity-building intervention implemented within a collaborative relationship between a mental health consultant and home visitation providers to help build the capacity and skills to recognize and respond to the mental health needs of children and families. Mental health consultants have a master's degree in therapy or counseling, and/or are a licensed mental health professional and/or have a mental health endorsement. ECMHC is a critical service to home visitors, expanding their knowledge and skills supporting families at risk for opioid use, as well as those experiencing mental health challenges. Services can be provided in-person or virtually, and can be individualized based on the needs of each home visitation team. Currently, the service is being provided to 40 teams statewide, with additional teams to be added soon.

- **Quality First Scholarships** – FTF's signature program, Quality First is Arizona's child care and preschool quality improvement and rating system. *(See pages 30-31 for additional information about Quality First.)* Quality First includes a limited number of scholarships helping young children in low-income working families access quality early learning programs. The scholarships (available to families at or below 200% of the Federal Poverty Level) may only be used at state licensed or certified child care or preschool programs showing a commitment to quality improvement or have achieved quality standards. In SFY22, child care scholarships helped 6,687 infants, toddlers and preschoolers access safe, reliable child care in learning environments committed to quality.
- **Support for Parents of Children with Special Needs** – The intent of the evidence-informed Family Support for Children with Special Needs strategy is to promote healthy physical, social and emotional developmental support to children and their families. The expected result is children and their families will gain knowledge about developmental concerns they may have and that the child's development will progress as a result of the supportive interactions. The target population for this strategy is children with mild to moderate developmental concerns and their families, who do not qualify for services through the Arizona Early Intervention Program (AzEIP) for ages birth to 3, or preschool special education services for ages 3 to 5 provided through public school districts. These programs are also known as Individuals with Disabilities Education Act (IDEA) Part C and Part B programs, respectively. In SFY22, 392 families received this crucial support.
- **Family Resource Centers** – Located throughout Maricopa and Santa Cruz counties, this network of 46 centers offer families a one-stop shop to find the information to make the best choices for their families. The intent of the Family Resource Centers strategy is to serve as a community hub for connecting families with children birth to age 5 to the information, resources and services they

need to support their child's optimal health and development. The expected results are improved parenting skills and social supports for families; increased knowledge of child development; and, support for their child's school readiness. The centers are implemented through public-private partnerships between FTF, cities, schools, faith communities and other organizations. Family Resource Centers offer a variety of services for families so they can access information and education. In SFY22, 18,002 families attended parenting activities or received referrals to needed services through family resource centers, a 12% increase over SFY21.

WORKING TOGETHER TO SERVE AZ'S MOST VULNERABLE CHILDREN

STRENGTHENING FAMILIES

Evidence-based, voluntary home visitation programs have been shown to be an effective way to improve outcomes for families and children experiencing various risk factors. These voluntary home visitation programs are proven to reduce parental stress levels, increase connections to community supports and improve children’s cognitive, motor, behavioral and socio–emotional development. Home visiting programs may greatly benefit families living in adverse situations, as the personalized support provided through participation in home visiting provides an opportunity to prevent or mitigate adverse early childhood experiences and promote children’s healthy development.

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

The three home visitation models most widely funded in Arizona are Nurse Family Partnership (NFP), Healthy Families (HF) and Parents as Teachers (PAT). These three models have been evaluated nationally, and each has been proven to significantly improve child and family outcomesⁱⁱ (see figure below).

	Improved Outcome	HFAz	NFP	PAT
Short-Term Outcomes	Child cognitive, motor, behavioral, socio-emotional development	x	x	x
	Maternal mental health and depression	x	x	
	Parenting stress levels	x	x	x
Intermediate Outcomes	Connection to community supports	x	x	x
	Home environment	x	x	x
	Mother employment	x	x	
Long-Term Outcomes	Reduced child maltreatment	x	x	x
	Economic self-sufficiency		x	x
	Decreased substance abuse	x	x	

Research emphasizes that the families who benefit most from home visiting services are those families with infants and toddlers who are living in adverse or challenging circumstances, such as first-time parents, parents of children with special needs, single parents or families with multiple births and families without any support.

Families throughout Arizona have access to home visitation programs to support their child's development, address and meet their needs and provide a nurturing and stimulating home environment. DHS, FTF and DCS are among the state agency partners funding home visitation in Arizona. In Maricopa and Pima counties, FTF supports a coordinated referral system where families can call and be referred to the home visitation program in their area – regardless of which agency funds it.

To further leverage funding and coordinate the delivery of home visitation, the Strong Families Alliance – a consortium of agencies statewide whose work with families includes the funding and implementation of home visitation – was developed. The alliance works to strengthen the home visiting system in Arizona and promotes collaboration and sharing of resources and best practices. The Strong Families Alliance has an Inter-Agency Leadership Team (IALT).

Interagency Leadership Team (IALT)

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

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

For the past seven years, DCS has collaborated with FTF and DHS to provide professional development for supervisors through a Home Visitor Supervisor Institute (HSVI). The HSVI is provided to all evidenced based and evidenced informed home visitor program supervisors. The HSVI held in summer 2022 included topics on the power of storytelling, transforming defensiveness to collaboration, the five domains of wellbeing, and a parent panel discussion. Feedback received from the supervisors was that 98% "agreed" or "strongly agreed" they learned something new and 100% "agreed or "strongly agreed" they can apply what they learned to their work.

QUALITY EARLY LEARNING OPPORTUNITIES FOR CHILDREN MOST AT-RISK

Longitudinal studies, spanning more than 40 years, demonstrate that quality care and education from birth to age 5 results in higher IQ scores, higher school graduation rates and lower crime rates.^{iii,iv} Young children with high-quality experiences have been shown to have increased vocabulary, better language, math and social skills, more positive relationships with classmates and higher scores on school readiness assessments. In short, these children are better prepared for school.^{v,vi}

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

First Things First created Quality First – Arizona's Quality Improvement and Rating System – to establish a unified, measurable standard of care; inform parents on their local providers' proximity to that standard; and improve quality to promote school readiness. Quality First participating providers receive supports to improve and maintain the quality of their programs. These supports may include: individualized coaching and specifically targeted technical assistance, incentive grants and college scholarships so staff can expand their skills in engaging young learners.

Pre-pandemic data showed that Quality First significantly improved the quality of early learning options available to Arizona's families. When programs were first rated (2013), 25% of 857 participating rated providers met or exceeded quality standards (3-5 star rated). Over the course of the next seven years, both enrollment and quality levels improved among providers participating in Quality First. In 2020, 79% of 1,016 participating rated providers met or exceeded quality standards.

The COVID-19 pandemic has had a devastating impact on the child care system statewide. Many providers closed; virtually all who remained open and are continuing to operate serve far fewer children due to on-going health concerns and staff shortages. Still, FTF and DCS continue their commitment to helping more vulnerable children access quality care. DCS has worked to ensure that birth families and foster families receiving child care subsidies have information with which to choose quality child care.

Building on this success is a priority as the child care system emerges from the pandemic. In December 2020 and March 2021, more than \$1.1 billion was allocated to Arizona by the federal government to further support the stabilization and the re-building of the child care system. The funding, which is being administered by DES, included support to almost double the reach of the Quality First program – expanding access for 800 providers over two years. Through a collaboration among FTF, DES and DCS, an

emphasis was placed recruiting providers already serving children in DCS care or who are in communities with a high number of DCS referrals and/or removals.

SUPPORTING TEACHERS WORKING WITH TRAUMATIZED CHILDREN

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

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

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

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

The evidence demonstrating that ECMHC is effective at promoting positive social and emotional outcomes and reducing negative outcomes, has led many states to incorporate the practice in efforts to improve the quality of early learning settings, such as child care and preschool. Some FTF regional councils have incorporated ECMHC into the supports provided to child care and preschool programs participating in Quality First, FTF’s early education quality improvement and rating system. The ECMHC program – referred to as Smart Support – is administered through a partnership with a community-based organization. In SFY20, 350 child care and preschool providers in 15 regions received consultation proven to enhance teachers’ confidence in dealing with students’ social–emotional needs, improve teacher–child

relationships and prevent expulsions. In addition, 45 referrals were given to children for services to address their mental health needs.

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

- Child-Focused Consultation: working with teaching staff, to understand a specific child's behavior and ways to meet the child's needs through an individualized plan;
- Classroom-Focused Consultation: working with a specific teacher to identify attitudes, beliefs, practices and conditions that can be improved to bolster quality relationships between teachers and children; and
- Program-Focused Consultation: working with program leadership, like directors, to ensure their early learning practices and/or policies benefit all social-emotional wellness of all children and adults in that setting.

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

As noted earlier in this chapter, FTF regional councils support ECMHC in 15 regions of the state for provider enrolled in the Quality First Program. In addition, DCS has expanded access to ECMHC in western Maricopa County ZIP codes with large numbers of referrals or removals. Both these efforts are receiving a much-needed boost through federal child care relief dollars being administered by DES. Under the new agreement, FTF is expanding ECMHC to all providers statewide who a) are currently in Quality First and serving children in DCS but do not have ECMHC offered in their area; and b) are newly enrolled in Quality First under the expansion noted on Page 27 and serving children in DCS care.

Through this 3-agency collaboration, more vulnerable children have access to safe, nurturing and stimulating early learning environments, including teachers to be supported in meeting their unique social-emotional needs.

ⁱ American Academy of Pediatrics (2014). *Adverse Childhood Experiences and the Lifelong Consequences of Trauma*. https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf

ⁱⁱ US Department of Health and Human Services, Home Visiting Evidence of Effectiveness. Retrieved from <https://homvee.acf.hhs.gov/>

ⁱⁱⁱ Barnett, S. (2008) *Preschool education and its long lasting effects: Research and policy implications*. Boulder and Tempe: Education and the Public Interest Center & Education Policy Research Unit. Retrieved from: <http://nepc.colorado.edu/publication/preschool-education>

^{iv} The Frank Porter Graham Child Development Institute. (1999). *Early learning, later success: The Abecedarian study*. Chapel Hill, NC: The University of North Carolina at Chapel Hill.

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^v Peisner–Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M.L., Howes, C., ... & Zelazo, J. (2000). The children of the cost, quality, and outcomes study go to school [Technical report]. Chapel Hill, NC: University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center. Retrieved from http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/NCEDL_CQO_technical_report.pdf

^{vi} Karoly, L., Greenwood, P.W., Everingham, S.S., Hoube, J., Kilburn, M. R, ... & Chiesa, J. (1998). Investing in our children: What we know and don't know about the costs and benefits of early childhood interventions. Washington, D.C.: RAND. Retrieved from https://www.rand.org/content/dam/rand/pubs/monograph_reports/1998/MR898.pdf