



# **CHILD AND FAMILY SERVICES PLAN**

**Federal Fiscal Years 2025-2029**

*Department of Child Safety*  
STATE OF ARIZONA

**Submitted to:  
U.S. Department of Health and Human Services  
Administration for Children and Families**

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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, permanency 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 CEO/Executive Deputy Director:

- Field Operations
- Administration
- Statewide Operations
- Executive Consultant to the CEO/Executive Deputy Director
- General Counsel and Legal Services

The programs within each operational section are listed below.

#### **Field Operations:**

- Five regions providing direct services for children and families
- Office of Child Welfare Investigations
  - Analyst Unit
  - Joint Investigation Liaison

#### **Administration:**

- Human Resources
- Facilities and Business Support Services
- Procurement and Contracts
- Fidelity and Compliance Services
- Resources and Referral Units
- Finance
  - Budget and Accounting
  - Title IV-E Management
  - Audit Management Services
  - Payment Processing

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- Information Technology
- Guardian
- Comprehensive Health Plan

#### Statewide Operations:

- Office of Communications
- Foster Care and Post Permanency Supports
  - 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
- Prevention
- Statewide Programs
  - Arizona Child Abuse Hotline
  - Placement Administration
  - Learning and Development
  - Team Decision Making
  - Supervision Coaching
- Permanency and Youth Services
- Office of Accountability
  - Safety Analysis Review Team (Systemic Critical Incident Reviews)
  - Ombudsman's Office
  - Practice Improvement
  - Intergovernmental Tribal Affairs
  - Victim Services
- Office of Continuous Improvement
- Legal Services
  - Policy and Rules
  - Central Records Coordination
  - Statewide parent and relative locate services
  - Legislative Services
  - Protective Services Review Team
- Consultation and Research:
  - Practice design
  - Program development
  - Data analytics
- Communications:
  - Public Information

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- Correspondence Control

***Regional Operations***

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

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

Each region provides:

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

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

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

Mission: Successfully partner with families, caregivers, and the community to strengthen families, ensure safety, and achieve permanency for all Arizona’s children through prevention, services, and support.

Organizational Core Values:

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

# **Section II**

## **Collaboration with Stakeholders**

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The Department's framework for collaboration with stakeholders will continue to include 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, providers, youth, tribes, courts, etc.) input into the assessment of performance, updates to the plan for improvement and outcome progress.

Arizona received an overall rating of strength during the Arizona 2023 Child and Family Services Review (CFSR) Round 4 for Item 31: How well is the agency's responsiveness to the community system functioning statewide to ensure that the state engages in ongoing consultation with tribes, consumers, service providers, foster care providers, juvenile court, and other agencies. To support meaningful collaboration within the Department's 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 DCS Reports and 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. During the reporting period, internal communication to staff has included video messages from the CEO/Executive Deputy 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 developed its CFSP goals and strategic plan 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 for the development of the FFYs 2025-2029 CFSP. These stakeholders and organizations will continue to be consulted during the CFSP period related to progress and revisions of any strategies and strategic plans. The Department plans to have semi-annual virtual calls with stakeholders to report progress of the improvement strategies, receive input from stakeholders, and elicit assistance in the achievement of the child welfare improvements.

***Targeted Engagement Opportunities***

As topics of strategic importance arise, the Department will continue to acquire input from relevant subject matter experts, which may 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.

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

Stakeholder consultation occurs 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



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representatives, youth, and internal staff provide the opportunity to assess daily field operations and child outcomes. When areas needing improvement are identified, plans are established to research the issues in depth and recommend solutions to the larger group. Outcomes from these meetings are then shared with Department leadership.

The following are some of the many committees and activities through which stakeholder input has been received to develop the CFSP, and will continue to be received during the CFSP period to update and implement the Department's strategic plans and other improvement efforts.

*Youth Empowerment Council*

The State Youth Advisory Board (SYAB) focuses on obtaining input from youth who are currently in care or who are alumni of care, on the policy, procedures, and practices of the Department. The mission of the board is to improve the experience of foster care for youth. The board currently has youth ages 14 to 21 as voting members and up to 23 years of age for participation. The SYAB design also allows for the continuous activation of new local boards across the state, which will feed information into the SYAB. To inform the Department's 2025-2029 CFSP and Round 4 CFSR Program Improvement Plan, the Department's Assistant Director of Accountability attended the February 2023 Maricopa County Youth Advisory Council and the March 2023 SYAB to discuss strategic planning, possible focus areas, and strategies to address areas for improvement with the youth. The youth provided feedback regarding the strategies, including areas they believe are important for focus and suggestions for how to achieve required outcomes.

*Family Treatment Court*

The Department will continue to partner with the various county juvenile courts with Family Treatment Court programs to support families who require substance use services. Family Treatment Courts are voluntary programs for parents whose children are in the legal custody of the Department and who need support and guidance as they begin their recovery journey from drugs and/or alcohol or seek assistance to maintain their sobriety. For additional information, see Section VI: Programs and Services to Achieve Safety, Permanency, and Well-Being for additional information.

*The Parent Advisory Collaborative (PAC)*

The Parent Advisory Collaborative was developed in 2018 and 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. The PAC continues to provide recommendations to the Department 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. The PAC meets quarterly with Department leadership to receive updates and education on practices and share information. In addition, the PAC meets monthly for a parent workshop to focus on special projects.

*The Consultation and Research Project Steering Committee*

The Consultation and Research Project Steering Committee includes the DCS CEO/Executive Deputy Director, Deputy Directors, Program Administrators of Field Operations, Assistant

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Directors of Foster Care and Post-Permanency Supports, Office of Accountability, Statewide Operations, and other DCS leaders. The committee meets monthly to communicate information about practice related continuous improvement projects, get input or make decisions related to practice design or operationalization, and to prioritize problems for action.

*The Arizona Citizen Review Panels*

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
- Undetermined-new topic for the panel to select during FFY 2024

*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. The public can view the meetings online and email comments, which are read into the official minutes of the meeting. The meeting agendas, recordings, and the committee's annual reports are available to the public on the Department's website.

*Prevention:* The Prevention CRP was developed in November of 2021 and is currently comprised of ten members, including staff from Prevent Child Abuse Arizona, the Family Involvement Center, Southwest Human Development, Maricopa County Courts, DCS Parent Advisory Collaborative, and Pima County Superior Courts. The goal of the panel is to allow for citizens in the community to play an essential role in ensuring that the State of Arizona adheres to the mission of protecting children from child abuse and neglect. Due to the direct correlation between worker burnout and decreased productivity, the panel has been focusing on sustainability in the workplace. The panel will continue to explore prevention strategies to decrease the likelihood of worker burnout into the CFSP period. The panel has met approximately once a month through a virtual platform. The panel routinely invites community stakeholders to participate and/or present to the committee. The panel also receives updates from DCS on strategic initiatives that relate to the panel's focus.

*Undetermined-New topic for the panel to select during FFY 2024:* The third Citizen Review Panel will be selecting a new topic for focus during the last portion of FFY 2024 that corresponds with CAPTA target areas.

*The DHS Child Fatality Review Team*

Arizona's Child Fatality Review was created in 1993 (A.R.S. § 36-342, 36-3501-4) and data collection began in 1994. Every time a child dies in Arizona, the death is scrutinized by one of the eleven local child fatality teams located throughout Arizona. Teams include experts such as pediatricians, social workers, attorneys, advocates, law enforcement, representatives from the county medical examiner's office, and

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others. Teams also must include local representatives from DCS. The DCS representatives bring expertise on the causes and signs of child maltreatment; answer questions regarding DCS policy, protocol, and practice; and provide information about prior DCS involvement with the family, when applicable to the case. The state team provides oversight to the local teams and produces an annual report that is submitted to the Governor of Arizona, the President of the Arizona State Senate, the Speaker of the Arizona State House of Representatives, and the public. The annual report summarizes review findings and makes recommendations regarding the prevention of child deaths. DCS has used this information to inform and develop the DCS fatality prevention plan, focusing on the prevention of unsafe sleep deaths. 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 Parent Advisory Collaborative (PAC)*

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*The DCS Data Community Workgroup*

The DCS Data Workgroup, which includes both internal DCS staff and external stakeholders, meets every other month to share and discuss available data, explore future data needs, and gather input from stakeholders about data measurement and its relationship to improvement projects. This workgroup helps to inform stakeholders how the Department's data is collected, defined, and utilized. This helps advocacy organizations speak with greater expertise when utilizing DCS data to inform their mission and advocacy activities.

*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 the CFSP period, the Arizona Council members worked

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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 also 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 into a partnership with Dr. Bruce Perry from the Neurosequential Network to develop a series of training webinars and an online resource library for foster, kinship, and adoptive parents, with a goal of helping counteract the impact of childhood trauma. The Foundation continued 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.

*Together for Arizona*

According to the 2023 KidsCount Annie E. Casey Foundation data, Arizona ranks 40th in the nation for overall family and community well-being. Individuals with lived experience in Arizona's child protection system have expressed challenges navigating Arizona's numerous health and human services. Families often access services in silos, without coordination among service providers and encounter unnecessary hurdles in accessing and utilizing support services. Because providers primarily hold service information rather than families owning it for themselves, providers must navigate multiple data systems and privacy constraints while families endure redundancy and inconsistency throughout the system. Together for Arizona, formerly known as Arizona's Collective Impact for Child Safety and Well-Being, addresses these barriers through a collaborative approach to coordinated service delivery systems that increase protective factors and support social determinants of health.

Together for Arizona is a group of leaders committed to improving outcomes for children by organizing cross-sector partners to reduce the number of Arizona children entering foster care. The Collective Impact model advances solutions designed in partnership with people with lived expertise by leveraging resources from its diverse partnerships to fund, initiate, test, and adapt strategies to connect families to supports and resources. Together for Arizona 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 Core team is comprised of ten members from various state agencies, community partners, the Court, Arizona State University and advocacy groups. The action teams are made up of leaders of a variety of organizations and communities.

*The DCS Office of Tribal Relations/ITCA/Tribal-Urban Partnership*

The partnership was formed in 2017 when the ICWA Liaison Meetings and Inter-Tribal Council of Arizona meetings were combined with DCS' work with the Capacity Building Center for States and ITCA. The partnership meets at least quarterly. Membership includes representatives from DCS, DES, Native Health, and Arizona's 22 tribes; and meetings are typically attended by eight to ten tribes. The meetings are informational in nature. Based on a presentation or discussion, a group may be formed to pursue a specific goal or objective. Currently, the Department is collaborating with ITCA on creating a CPS Academy for tribal partners to explore best practices and collaboration between tribal CPS and DCS. For complete information on the Department's

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consultation activities with the state’s American Indian Tribes, see *Section VII: Consultation and Coordination with Tribes*.

*The Court Improvement Advisory Workgroup*

The Court Improvement (CI) Advisory Workgroup and the CI Strategic Plan provide much of the structure for collaborative improvement activities between the courts and the Department. The Department continues to participate in the CI Advisory Workgroup, through which court improvement activities are identified, facilitated, and monitored and DCS improvement strategies are discussed. The Advisory Workgroup includes juvenile court judges, court administrators, an attorney general, a child and family policy advocate, and others. The CI Program Manager and others from the Administrative Office of the Courts’ Dependent Children’s Services Division are involved in many joint projects with the Department. These collaborations provide opportunities for agency cross-training and joint examination of the expectations for outcome achievement that are placed on the Department and the courts through the CFSR, the title IV-E state planning process, and the child and family services state planning process. The workgroup’s current projects include the support and expansion of the dependency alternative program, continuous improvement of the quality of legal representation for children and parents, and the development of a checklist for youth when they age out of foster care at age 18.

*The Committee on Juvenile Courts*

The Committee on Juvenile Courts (COJC) was established to facilitate communication, continuous improvement, and problem solving among the juvenile court judges regarding juvenile court matters. The COJC identifies the needs of the juvenile court for all children facing delinquency and dependency issues within the jurisdiction of the court and for children otherwise involved in the judicial system. The Committee on Juvenile Courts is a standing committee of the Arizona Judicial Council which helps to develop and implement policies to improve the quality of justice, plan for future developments of the juvenile system 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, Administrative Offices of the Court staff, county specific Juvenile Court services directors and member of the public. The Department is invited to provide updates and discuss areas of strengths and concerns with the statewide Arizona child welfare process.

*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. The committee is currently working on enhancing Active Efforts trainings, reviewing proposed state legislation, and improved coordination with tribal leaders. During upcoming meetings, the

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committee will provide the participants with a cultural training and will work on improving court processes.

*Best for Babies, Safe Babies Court Teams*

The Department collaborates with stakeholders to support very young children involved with the Department through the Best for Babies, Safe Babies Court Teams (SBCT) partnership within most counties across Arizona. Best for Babies works at the community level to improve how the courts, Department of Child Safety, and related service organizations work together. It focuses on transforming the dependency process from a siloed system to a collaborative community approach in order to facilitate integrated service delivery and achieve expedited permanency for young children. It also focuses on prevention of removal by supporting families and providers in accessing vital services, needed referrals, and concrete supports to reduce family stress overload. For additional information about Best for Babies, see Section VI: Programs and Services to Achieve Safety, Permanency, and Well-Being.

*The Domestic Violence Intimate Partner Violence (DV/IPV) Practice Change Focus Workgroup*

The DV/IPV workgroup was developed to improve the response of the child protection system in Arizona to families experiencing domestic violence or intimate partner violence. The intent of the project is to effect change at multiple levels to include increasing DCS staff's knowledge and skill to support families affected by violence and power and control issues within their relationships, increasing the use of trauma-informed and empowering language in dependency petitions and court reports, and enhancing the service array including increased coordination with providers and making connections to prevention services. The project is a collaboration between DCS and a wide variety of external stakeholders including DV/IPV advocates, the legal community, and service providers. The full scope of the project is still evolving and may include the use of evidence-based and trauma-informed assessment, planning, and intervention practices for intimate partner/domestic violence survivors, perpetrators, and their children. Current work is being done to revise dependency petition allegation language to reduce victim-blaming and re-traumatization. The workgroup began in February 2024 and meets every other week.

*Foster and Adoption Supports (FAS) Quarterly Statewide Services Meetings and Monthly Workgroups*

FAS meetings are held to gather input and provide relevant information and updates to the provider community, including DCS data as it relates to the strategic plan and other initiatives or improvements being made. Participants have include the DCS CEO, Chief Operations Office, Assistant Directors of Foster Care and Post Permanency Supports, Assistant Director of Support Services, the Office of Licensing and Regulation (OLR), Foster Recruitment and Retention Specialists, and FAS agency staff including executive leadership. These meetings serve as the foundation for active contract management and performance deliverables are reviewed to ensure the providers are achieving identified goals.

The DCS Foster Recruitment and Retention Specialists attend the FAS meetings to hear the needs and concerns of the provider agencies and provide support. This open line of communication has led to the launch of monthly workgroups targeting specific issues such as improving Family

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Support Plans, addressing licensing concerns and investigations, and converting recruitment campaign leads into licenses. In addition, the DCS recruitment team continues to partner with agencies related to community and foster events to bring awareness to the needs of the foster care system, as well as create cobranded recruitment tools with the assistance of the Department's contracted marketing agency.

A new FAS contract launched in March 2024. Monthly workgroups are underway focusing more intensely on recruitment efforts not just to increase the foster home population in Arizona but to better address the need for homes for siblings, for older children, and for the foster home population to better match the racial diversity of children in care.

*Kinship Support Services (KSS) Monthly Provider Meetings*

KSS Monthly Provider Meetings began in early 2024, after the new contract providers were selected in February 2024. Meeting members include KSS Providers, the DCS Assistant Director of Foster Care Supports and Post Permanency Supports, the Office of Licensing and Regulation (OLR) staff, Kinship Support Specialists, members from the DCS Service Referral Team, Payment Processing Unit staff, Learning and Development, and DCS CHP. Collectively the group works to clarify the contract scope of work, eliminate hurdles for kinship placements, identify supports, remove barriers for licensure, and collaborate to make kinship placements successful. The goals of KSS meetings include further increasing the number of children in kinship homes, improving the supports to stabilize kinship living arrangements, and assisting families in navigating the child welfare system while caring for children placed in their homes.

*Congregate Care Quarterly Provider Meetings and Monthly Workgroup*

The Department holds meetings with Congregate Care Providers to gather input and disseminate relevant information and updates to contracted providers related to the Department's strategic plan, new rulemaking, licensing regulations, policy updates, contractual issues, and training opportunities. Participants from the Department include the CEO, Assistant Director of Foster Care and Post Permanency Supports, Assistant Director of Support Services, the Office of Licensing and Regulation (OLR), and team members from Placement Administration, Permanency and Youth Services, and DCS CHP.

*The KIDS Consortium (Maricopa County), Foster and Adoptive Council of Tucson (FACT) (Pima County) and Northern KIDS (Northern AZ)*

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 DCS Recruitment and Retention Specialists attend the meetings to facilitate communication between the Department and the agencies, discuss the agencies' needs and concerns, and obtain feedback on Department efforts and improvement strategies. The DCS Assistant Director of Foster Care, the Foster and Adoption Supports Manager, and multiple Office of Licensing and Regulation staff also attend the meetings. KIDS, FACT, and Northern KIDS meetings occur monthly. During the meetings, the contractual relationship and practice related to

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recruitment of foster families, nurturing leads, and support is discussed in order to drive potential practice change and collaboration.

*Collaboration with University Partners*

The Department collaborates with university partners on numerous improvement projects. The Department has worked closely with the Arizona State University (ASU) School of Social Work since 1978. This partnership is governed through an Interagency Services Agreement that incorporates a variety of components into an integrated system of comprehensive child welfare training, social work education, system assessment, and research for the continuous improvement of services to children and families involved in Arizona's public child welfare system. ASU partners with DCS to provide a scholarship program called Bridging Success+ which provides year-round support and housing for youth in the Extended Foster Care Program. The Department began partnering with ASU during SFY 2024 to monitor and evaluate the recently implemented Extended Foster Care Success Coaching program and this partnership will continue into the CFSP period. An additional ongoing collaboration is the ASU and DCS partnership to develop the curriculum for an 8-part learning track training on Trauma, Empathy, and Your Role in Culturally Grounded Practice. ASU also hired professional trainers to deliver the in-person courses to all DCS employees. For additional information on the Department's collaboration with Arizona State University, see the *DCS Staff and Provider Training Plan submitted with the 2025-2029 CFSP*.

*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 to the Healthy Families Arizona Program in the areas of planning, training, service integration, service coordination, and advocacy/public awareness. The primary responsibility of the advisory board is to seek expansion, diversification, and stability in the program's funding. Participants include community partners, service providers, and government agency representatives.

*FosterEd*

FosterEd Arizona is a Compassionate Education Systems Initiative of the National Center for Youth Law working to ensure that students in foster care have effective and committed education champions, well-coordinated Education Teams, and student-centered education engagement and plans. Education Liaisons provide three tiers of support, intensive, responsive, and universal, to address the needs of students with more complex needs; support child welfare staff and caregivers in navigating issues such as special education services, school placement, and school discipline; and general collaboration with state level partners to improve education outcomes for children and youth experiencing foster care.

FosterEd staff participate in community collaboratives to gather and share information and participate as co-presenters for information sessions/workshops to DCS Specialists and other child welfare staff and community partners. The FosterEd Arizona leadership team continues to partner very closely with the Department through monthly meetings to discuss trends and successes and provide input and feedback to inform the education needs of youth in foster care.

*Arizona Substance Abuse Partnership (ASAP)*



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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 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 Department CEO attends this partnership.

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; and
- recommend specific drug and alcohol related policy and budget line-items for consideration by Arizona state agencies and/or the Arizona Legislature.

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

*The Behavioral Health Planning Council*

Required for the Community Mental Health Services (CMHS) Block Grant, this community-based group advises the State in planning and implementing a comprehensive community-based system of behavioral health and mental health services. The Council has approximately 20 members, including parents of children who have a severe emotional disturbance, seriously mentally ill consumers, and representatives from the Department of Education, Department of Corrections, DCS, and tribes. Its mission is to serve as an advocate for adults with a serious mental illness and children who are seriously emotionally disturbed. The council monitors, reviews, and evaluates

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the allocation and adequacy of mental health services in Arizona and participates in improving services within the State.

*The Interagency Leadership Team (IALT)*

The Interagency Leadership Team is a consortium of agencies statewide who work with families through home visitation programs. The IALT works to strengthen the home visiting system in Arizona and promotes collaboration and sharing of resources and best practices. DCS, Department of Health Services (DHS), and First Things First share a common vision to prevent child abuse and neglect in Arizona. 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. Each year DCS continues its collaboration with Arizona Department of Health Services, First Things First, and Prevent Child Abuse Arizona to host the Home Visitor Supervisor Institute. The Institute has been attended each year by approximately 90-100 supervisors who participate in workshops that focus on psychological safety and Dare to Lead. IALT is considered a part of Arizona's comprehensive statewide plan to prevent child maltreatment fatalities due to its focus to support families of young vulnerable children through home visiting programs.

***Stakeholder Collaboration in the Development of the Child and Family Services Plan***

The Department has engaged in a continuous improvement cycle with community partners to successfully develop the goals and strategies of Arizona's SFY 2025 strategic plan and FFY 2025-2029 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, as described above. These components provide access to stakeholders, forums for consultation, opportunities to receive meaningful input from stakeholders, and a method to articulate the Department's strategic vision, mission, goals, objectives, and activities so that improvement initiatives are supported and sustainable.

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 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 also available on the Department of Child Safety's internet site.

Committees and workgroups include stakeholders where appropriate to the specific topic area; new policies, procedures, and practice guidelines are often provided to stakeholders for input; and

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service provider agencies are involved in the Department's service array development. The Department remains focused on priorities, goals, and strategies in continuous engagement to more align with emerging and existing needs. Robust communication and shared experiences create opportunities for assessment, re-alignment, and improvement of engagement and outcomes through meaningful discussion and concentrated focus.

In October 2023, Arizona began its fourth Child and Family Services Review (CFSR) cycle by submitting the Arizona Statewide Assessment. The CFSR is a federal-state collaborative effort designed to help ensure that quality services are provided to children and families through state child welfare systems. The Department of Child Safety (DCS) views collaboration with stakeholders as a critical component to strategic planning and improvement efforts. This was confirmed and acknowledged within the Arizona CFSR Round 4 Final Report DCS received from the Children's Bureau on April 12, 2024, which indicated the systemic factor Agency Responsiveness to the Community was found to be in substantial conformity. The Department reviewed the Final Report and began consulting with child welfare system partners related to the findings to develop a Program Improvement Plan (PIP), which will be submitted in July 2024.

In addition to the regularly scheduled and held workgroups and meetings described within this Arizona 2025-2029 CFSP, the below occurrences allowed additional opportunities to obtain input from stakeholders for strategic planning, CFSP goal development, and PIP planning and development.

The Department coordinated with the Children's Bureau to conduct sixteen CFSR stakeholder group interviews during November and December 2023 as part of the Arizona Round 4 CFSR on-site review including interviews with DCS staff, agency providers, court staff, Attorney General staff, attorneys representing parents and youth, licensing staff, foster and adoptive parents, tribes, parents, and youth. Stakeholders provided input into the functioning of Arizona's child welfare system, which was then utilized by the Children's Bureau to determine areas within and outside of substantial conformity of federal regulations.

On February 9, 2024, the Department of Child Safety held a strategic planning session/Program Improvement Plan kickoff event with 77 DCS staff and 65 community stakeholders including 18 court/legal related representatives such as child and parent attorneys, CASA and FCRB members, DCS counsel, AAGs, and court administration; parents; youth; tribal representatives; provider agency representatives; and foster parents. Participants attended both in person and virtually via Teams to allow attendance of stakeholders from all areas of the state. The morning session included information about DCS' strategic plan for improvement, data related to the functioning of the child welfare system, and preliminary data from the December 2023 on-site review, which is part of the Child and Family Services Review (CFSR) conducted with the Children's Bureau. In the afternoon, participants engaged in facilitated focus groups to explore the needs of families and explore root causes for several challenging child welfare practice areas, with a larger goal of better strengthening families in the areas of safety, permanency, and well-being. The focus areas included prevention and services to prevent removal, supporting youth in foster care and supporting parents whose children are in foster care to achieve timely permanency through reunification. DCS utilized the information, along with other data and stakeholder input, not only to help develop the Arizona Program Improvement Plan with the Children's Bureau, but to leverage this information into the DCS Strategic Plan, and this CFSP. Session participants were also provided with a QR code to

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scan and indicate their interest in continued opportunities to engage and provide input. Fourteen people utilized the survey and indicated their interest. These individuals were contacted and connected with DCS staff to explore opportunities for continued involvement.

During the Administrative Office of the Courts' (AOC) March 22, 2024 Court Improvement Advisory Workgroup, DCS representatives engaged the workgroup members, as well as numerous others who were specifically invited to participate because of the planned agenda item, in a discussion related to several joint court and DCS efforts. These focus areas included data sharing related to review and permanency hearings, notice of out-of-home caregivers of court hearings and their right to be heard, and ASFA requirements. In attendance were six juvenile court judges, parent partners, attorneys, and community partners. Following this meeting, additional conversations continued with AOC staff and several court strategies were agreed upon by the AOC to be included within the Arizona PIP.

During the May 15, 2024 Children's Bureau presentation of the Arizona Final Report and CFSR findings, internal and external stakeholders were provided with an opportunity to share information about how they envision continued involvement in DCS related strategic planning, PIP development, and improvement strategy efforts. Based on this and other input the Department has received, a communication plan for continued involvement will be developed, which will include a virtual information sharing and input opportunity with stakeholders twice per year.

Two focus groups were held with DCS Specialists and Supervisors during May 2024 to explore challenges and systemic barriers to frequent and high-quality parent contacts by DCS staff.

On June 27, 2024, a virtual meeting was held with both internal and external stakeholders to share the DCS draft PIP strategies, obtain their input related to the strategies, and elicit support to ensure the improvements are successful and maintained.

The CFSR results and draft strategic plan and PIP strategies were shared and discussed with the following committees, workgroups, or individuals during the first half of calendar year 2024. DCS asked the workgroup members to provide input and suggestions related to the CFSR results, data, and possible improvement strategies.

- The Safe Reduction Workgroup
- The Maricopa County Youth Advisory Council
- The Statewide Youth Advisory Council
- The Community Advisory Committee
- The Parent Advisory Council
- The DCS Data Community Workgroup
- A group of court partners focusing on improvements to parenting time
- The Disparity Committee
- The Arizona Council of Human Service Providers
- DCS leaders who oversee the four systemic factors not found to be in substantial conformity
- The DCS Executive Leadership Team
- The DCS Senior Leadership Team

# **Section III**

## **Assessment of Outcome Achievement**

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In addition to the Department's CFSP and strategic plan goals indicated in *Section V: Child and Family Services Plan FFYs 2025-2029*, the Department 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 Final Report 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, October 1 through September 30), 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 Comprehensive Child Welfare Information System (CCWIS) 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 National Child Abuse and Neglect Data System NCANDS data files. Data reported from CFSR Data Profiles and contained in this CFSP describe the State's Risk-Standardized Performance. The Children's Bureau utilizes 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, as close as possible to the date of report publication.
- *The Monthly Operational and Outcome Report* – This report consists of data tables that track frequently used operations, workforce, and financial metrics. The MOOR includes key metrics for monitoring agency process improvement, including metrics from the program areas of intake, investigations, out-of-home care, permanency, prevention, and support services.
- *Business Intelligence Dashboard* – The Department uses a data dashboard 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 and parents; child removals and exits; time to reunification; and time to adoption. This data is current as of the most recent refresh from Guardian, which is daily for most measures.
- *Practice Improvement Case Review (PICR)* – 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 the same practice areas evaluated during the CFSR in addition to many other areas of importance. 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 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 IV: Assessment of System Performance.

The Department's reports are available to the public on the Department's website, News & Reports tab, 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 task of assessing outcome achievement will continue to be shared with stakeholders, members of the larger child welfare system, and the community. One specific example of how this is accomplished is through the Department's Data Community Workgroup. Meetings are planned to occur six times a year to review the data from the Department and from partner agencies, including the court system, advocacy organizations, out-of-home caregivers, and the provider community. This will allow the Department an opportunity to inform stakeholders about available data, how to better understand the definition of the data, how to use the data for purposes helpful to the community members, explain its limitations, and 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, methodology, and making data driven decisions to enhance service provision.

### **Case Volume and Workforce Resources**

The Department consistently strives to achieve a 100% fill rate for all positions while actively reducing turnover, enabling staff to deliver quality services to children and families with fidelity. Significant efforts have taken place to fill positions statewide, including frequent meetings between executive management, the regional Program Administrators, and Human Resources Managers. Recruitment and retention data are tracked and reviewed bi-monthly. As of May 8, 2024, the Department had filled 91% of the 1,406 funded Specialist positions. This high rate of filled Specialist positions reduces caseloads and increases the service level the Department expects to provide to children and families exposed to the child welfare system.

Arizona has maintained a lower rate of children removed per 1,000 during recent years, with SFY 2023 being 3.9 per 1,000. The Department will continue to monitor the entry and exit rates of children in care. As of February 2024, 8,853 children age 0 to 17 were in out-of-home care in Arizona (Source: Monthly Operational and Outcome Report, April 2024).

The Department consistently strives to achieve a 100% fill rate for all positions while actively reducing turnover, enabling staff to deliver quality services to children and families with fidelity. Significant efforts have taken place, and will continue, to fill positions statewide, including frequent meetings between executive management, the regional Program Administrators, and Human Resources Managers. Recruitment and retention data are tracked and reviewed bi-monthly. The Department continues to focus on hiring, staff recruitment, and retention. To support this effort, the Department will implement or continue the following statewide strategies during the CFSP period.

- The Department continues to streamline hiring and selection processes for DCS Specialists, including reducing the time to complete employment reference checks from five to three working days. The DCS Recruitment team participates in a monthly Community of Practice (CoP) hosted by the Arizona Department of Administration. These CoPs provide recruiters from different state agencies throughout the state opportunities to network and engage in activities and discussions to make recruitment practices more efficient and improve the candidate experience.
- The Department has a customized talent acquisition system, Page Up, which provides a fluid experience for candidates and integrates documents electronically which eliminates having to process the application outside of the Page Up system.
- 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.
- The Department continues to encourage non-case carrying employees with previous DCS Specialist experience to assist field offices experiencing a high case load volume and at the Welcome Centers.
- The Department will continue to encourage case aides with four or more years of experience to promote to a DCS Specialist position. This allows the Department to retain qualified staff and to hire staff already familiar with the child welfare system to areas of more need.
- The Department's executive leadership team will continue to conduct retention-strategy meetings to discuss statistics and the proper path to field employee retention. There are a number of focus groups that are aimed to address all employee turnover and to implement tools to retain DCS employees, such as consistent onboarding experiences, employee recognition, financial incentives, culture surveys, and leadership and professional development.
- The Department will continue to support the Supervision Coach Program to support field staff and increase job satisfaction. The coaches conduct individual and group coaching with Program Managers and Program Supervisors through direct observation of practice to develop proficiency, self-efficacy, and consistent application of the safety assessment model.



During SFY 2024, as part of the Department's strategic initiative to retain staff, a workforce development program titled DCS Workforce Connects was created. The DCS Workforce Connects program, which will begin in September of 2024, will join participants from various specialties and geographical locations with one another and to the different areas of the Department. Participants will be exposed to strategic initiatives, data and metrics, and current priorities of the child welfare system. Presenters and panels of individuals will expose participants to areas of the Department with which they may not be familiar, as well as learn how the areas are interconnected. The program will be delivered twice per year and will serve approximately 25 workforce members. Through this program workforce members will have an opportunity to network with colleagues, establish new relationships, and learn about career or mentoring paths.

The DCS Retention Team has begun to identify and reduce adverse experiences related to staff training requirements. Feedback from the new hire workforce has indicated that the cost of starting a new position with the Department is too high, therefore the team is focused on reducing and in some cases eliminating costs experienced by the workforce. Examples include reducing travel time, reducing upfront out-of-pocket expenditures, reducing overnight stays, and maximizing the use of remote training options.

The Maricopa West Region peer mentoring program is in its seventh year of operation. This program is being used effectively to build DCS Specialist and leadership capacity, advance opportunities for career development, and reduce attrition. Peer Mentors are assigned to DCS Specialist Trainees and to DCS Specialists based on the recommendation of their direct Program Supervisor and Program Manager. Peer Mentors are assigned to DCS Specialists Trainees for the duration of their first 22 weeks of hire. Peer Mentors meet with their mentees weekly and assist their mentees with skill development, model professional conduct and values, model engagement with diverse client populations, demonstrate critical decision-making skills, and other duties specific to the mentee's specialization and learning needs. At the conclusion of the mentoring period, an evaluation is completed which includes an assessment of proficiencies and core competencies, and recommendations for continued support for skill development if warranted. Peer Mentors are required to carry a reduced caseload to support their continued growth and development. The Peer mentor is under the direct supervision of a field Program Manager who supports the peer mentor with monthly 1-1 coaching. The Peer Mentor has regularly scheduled monthly meetings with the Peer Mentor Advisor for programming and training. The Peer Mentor role has also helped to prepare mentors for leadership positions. From June 2018 to present, 26 of the 48 individuals in a Peer Mentors role have promoted to leadership positions and 22 of them continue to be employed in those positions or advanced to other positions. During CY 2023:

- 86 Specialists were provided with a Peer Mentor
- 80 Specialists successfully completed the program
- 63 of the 80 (78%) remained employed through at least the end of the CY

During SFY 2024, DCS developed the Onboarding Unit, which will begin in Pima County in July 2024. The purpose of the Onboarding Unit is to provide newly hired DCS Specialists support in the transfer of learning of the concepts shared during initial case worker classroom training. The unit will be staffed with case carrying DCS Specialists, three specializing in investigations and three specializing in ongoing, who will provide mentorship and on-the-job training opportunities for the new staff. The mentors will have a lower caseload to allow time to support the new staff

during their first 22 weeks of employment. The mentors will ensure the trainees experience real-case learning opportunities that parallel and advance what is being taught in initial worker classroom training. When the trainees are assigned their first case at nine weeks of employment, the mentors will have in depth conversations with the trainees about how to learn about the family's circumstances, make plans for initial contact with the families, accompany the trainees to family contacts and court, and discuss the case work with a focus on furthering the learning of the trainee. The mentorship is designed to ensure the trainees have meaningful shadowing experiences that help them to learn their new job, as well as conversations related to the shadowing experiences to encourage transfer of learning. Presentations from topic experts such as Attorney General presentations about testifying and writing court reports, TDM, local community supports, and the use of drug testing will be provided as well. Among the next steps for the unit include developing the process to monitor the effectiveness of the program and making updates and improvements as necessary. This program is expected to increase the staff retention and skill of employees experiencing the Onboarding Unit.

### **Safety Outcomes 1 and 2**

This section describes administrative data and PICR case review results on child safety. The Department's measures include 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.

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 rated as 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: MOOR May 2024)  
SFY 2023: 96.0% (of 43,882 reports)

The percentage of initial responses initiated in accordance with state policy will be 95% or more (source: In-Home and Out-of-Home PICR Question Item 1A)

The percentage of reports received in which all victim children are seen within the report response time or any reasons for the delay were out of the agency's control, will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 1B and 1C)

During SFY 2023, the Department met the 95% goal of initiating the response to abuse and neglect reports. Administrative data for SFY 2023 indicates 96% of the accepted child abuse reports had an initial response within the timeframe required by state policy for the priority level of the report. This data demonstrates that DCS field staff understand the importance of responding quickly to reports of abuse and neglect.

The Practice Improvement Case Review (PICR) data indicates from March through December 2023, 5 of the 7 applicable cases reviewed contained evidence that the Department met the initial response time and the victim children were seen within the required response time in 5 of the 7 applicable cases, or sufficient efforts were made to do so.

The December 2023 Round 4 CFSR on-site review indicated 89% of the cases were rated strength for item 1. All of the reports received during the review period were initiated within the required policy timeframe; however, four cases involving siblings groups did not demonstrate all victim children being seen face-to-face or concerted efforts made to see the victim children face-to-face within the state's response time.

The Department also monitors data and practice on timeliness of initial response via scorecards and visual process adherence tools that are part of the DCS Management System.

Item 1 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

CFSR National Data Indicator: Repeat maltreatment

Of children who were victims of substantiated maltreatment during a 12-month period, the percentage who were victims of another substantiated report within 12 months will be 9.7% or less (Source: CFSR Data Profile, February 2024, Risk-Standardized Performance)  
FFY 2021: 9.1%

According to the February 2024 CFSR Data Profile, the Department's risk-standardized performance was 9.1%, which is better than the national CFSR performance of 9.7% of children or less have a substantiated report of abuse or neglect within twelve months of a substantiated report in a base year. During the entire CFSP reporting period, Arizona has demonstrated high

performance in this area. This data indicator is not required to be included in Arizona's Round 4 CFSR Program Improvement Plan.

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 9.07 or less (Source: CFSR Data Profile, February 2024, Risk-Standardized Performance)  
FFY 2021: 5.43

According to the February 2024 CFSR Data Profile, the Department's risk-standardized performance was 5.43, which is better than the national CFSR performance of 9.07 children or fewer have a substantiated report per 100,000 days in out-of-home care. During the entire CFSP reporting period, Arizona has demonstrated high performance in this area. This data indicator is not required to be included in Arizona's Round 4 CFSR Program Improvement Plan.

DCS data indicates the rate of children with a substantiated report per 100,000 days of out-of-home care was 2.8 for SFY 2023 (source: MOOR, May 2024). This data and the federal measure exclude children in care for less than 8 days. This DCS data is not risk-standardized and is the actual observed data.

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

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

The percentage of cases in which the agency took least intrusive actions to control present or impending danger (and therefore prevent removal or re-entry, and serve children in the home when safe to do so) will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 2A and 2B)

The PICR data indicates from March through December 2023, 15 of the 18 applicable cases reviewed contained evidence the Department made efforts to provide services for the family, including the alternative caregiver when applicable, to:

- prevent the child's removal,
- prevent the child's re-entry into foster care after reunification, or
- services could not have been provided to prevent the removal due to unmanageable safety concerns requiring the child's immediate removal.

The December 2023 Round 4 CFSR on-site review indicated 76% of the cases were rated strength for item 2.

Item 2 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

### CFSR Item 3: Risk and Safety Assessment and Management

The percentage of initial assessments and ongoing assessments that accurately assessed all risk and safety concerns will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 3B1 and 3B2)

The percentage of cases in which appropriate safety plans were developed, continually monitored, and updated when needed will be 95% (source: In-Home and Out-of-Home PICR question Item 3B4)

The percentage of cases in which safety concerns pertaining to the target child in foster care and/or any child in the family remaining in the home were adequately or appropriately address by the agency will be 95% (source: In-Home and Out-of-Home PICR question Item 3B5)

The percentage of cases in which safety concerns pertaining to the target child during visitation with the parents/caregivers were adequately or appropriately address by the agency will be 95% (source: In-Home and Out-of-Home PICR question Item 3B6)

The percentage of cases in which safety concerns pertaining to the target child related to the foster home or facility were adequately or appropriately address by the agency will be 95% (source: In-Home and Out-of-Home PICR questions Item 3B7)

PICR data indicates from March through December 2023, 7 of the 8 applicable cases reviewed that opened during the review period contained evidence the Department made efforts to conduct an initial assessment that accurately assessed all risk and safety concerns (PICR Item 3B1).

The 2023 PICR results indicate efforts to conduct ongoing risk and safety assessments for the target child in foster care and/or any child in the family remaining in the home was observed to be a strength in 34 of 108 applicable cases (PICR Item 3B2).

In all of the cases reviewed, significant information was gathered related to the safety of the child; however, in the cases not rated as a strength, additional information would have more completely or confidently informed the safety decision. For example, a parent may struggle with a substance abuse addiction that contributes to the child being unsafe in their care and during the review period, information may have been gathered to indicate the parent continued to utilize the substance, such as a positive drug screen. However, without a conversation with the parent during the review period to discuss and assess the parent's behavior and how the substance continues to threaten the child's safety, the measure is not rated a strength.

The 2023 PICR results indicate efforts to develop an appropriate safety plan was observed to be a strength in 73 of 92 applicable cases (PICR Item 3B4).

This rating question includes if the Department developed an appropriate safety plan, continually monitored the plan, and updated the plans when necessary. The Department PICR standard for a safety plan to be considered appropriate and sufficient includes all the following to occur during

the entire three-month review period, if applicable:

- developed timely,
- have an immediate effect,
- be least intrusive,
- identify actions to fully control the identified danger condition or threat,
- have sufficient oversight, and
- identify a responsible adult to control the present danger condition.

All of the safety plans in effect demonstrated the majority of the standards. Those that did not fully reach the standard were typically only lacking one element, which did not necessarily mean the safety plan was not ensuring the child's safety. For example, if during the review period a child moved from a foster home to a relative out-of-home caregiver and there was not a thorough conversation with the relative caregiver related to the level of allowed contact between the child and parents, even if the parents were not having contact with the child or relative, the question would not be rated a strength.

None of the PICR cases reviewed during CY 2023 had safety concerns pertaining to the target child and/or any child remaining in the home (PICR Item 3B5). Safety concerns measured using this question include two substantiated allegations of child abuse or neglect within a six-month period that involved the same or similar circumstances, a case being closed while significant safety concerns still existed in the home, or other safety-related incidents not specific to other safety related questions included in the instrument.

The 2023 PICR results indicated any safety concerns related to the target child in foster care during visitation with the parent/caregivers or other family members were adequately addressed in 10 of the applicable 13 cases reviewed (PICR Item 3B6).

The 2023 PICR results indicated efforts to address safety concerns pertaining to the target child's foster parents, members of the foster parents' family, other children in the foster home or facility, or facility staff members was observed to be a strength in 11 of 22 applicable cases (PICR Item 3B7).

The December 2023 Round 4 CFSR on-site review indicated 60% of cases were rated strength for item 3.

Item 3 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

Continuous improvement in Safety Outcomes 1 and 2 will be addressed through activities identified in the CFSR Program Improvement Plan (PIP). The PIP content is currently being negotiated. Progress related to completed PIP activities and achieving improvement will be reported in future APSRs.

## **Permanency Outcomes 1 and 2**

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

Department's measures include 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 4.48 or less (Source: CFSR Data Profile, February 2024, risk-standardized performance)

FFY 2023: 4.19

According to the February 2024 CFSR Data Profile, the Department's risk-standardized performance was 4.19 during FFY 2023, which is better than the national CFSR performance of 4.48 or fewer placement moves per 1,000 days of out-of-home care.

Department administrative data indicates moves for children in out-of-home care remain low. Children who entered care in SFY 2021 experienced 2.7 moves per 1,000 days of out-of-home care (source: Monthly Operational and Outcome Report, May 2024). This Department data is not risk-standardized and is the actual observed data.

This data indicator is not required to be included in Arizona's Round 4 CFSR Program Improvement Plan.

The percentage of cases in which all placement changes during the review period were planned by the agency to achieve the child's case goals or to meet the needs of the child and the child's placement setting is stable will be 95% (source: In-Home and Out-of-Home PICR questions Item 4A and 4B)

The 2023 PICR data indicates from March through December 2023, 11 of the 16 applicable cases reviewed contained evidence the child's placement change was planned by the agency and for a reason to achieve the child's case goals or meeting the child's needs. In 78 of the 88 applicable cases, the child's placement at the time of the review or the child's most recent placement if the child was no longer in foster care, was stable (PICR Item 4A and 4B).

The December 2023 Round 4 CFSR on-site review indicates 75% of the cases were rated strength for item 4.

Item 4 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

#### CFSR Item 5: Permanency Goal for Child

The percentage of cases where the child's permanency goal is specified in the case file, appropriately matched to the child's needs, established in a timely manner, and ASFA TPR requirements are met, will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 5A3, 5B1, 5B2, and 5D-G)

The PICR data indicates from March through December 2023, in 87 of the applicable 89 cases reviewed, the child's permanency goal was found to be specified in the case file (PICR Item 5A3).

The 2023 PICR results indicate the child's permanency goal was appropriate to the child's needs in 79 of 108 applicable cases (PICR Item 5B2).

The 2023 PICR results indicate the child's permanency goal was established timely in 92 of 108 applicable cases (PICR Item 5B1).

The 2023 PICR results indicate efforts to file a motion for TPR or document a compelling reason were made in 19 of 34 applicable cases (PICR Item 5D-G).

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 continued to show 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 offers PICR feedback meetings to all case work units to share information with DCS Specialists and Supervisors related to the importance of timely and appropriate permanency goals for children.

The December 2023 Round 4 CFSR on-site review indicates 50% of the cases were rated strength for item 5.

Item 5 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

According to the Case Plan Compliance Power BI Report, in May 2024, 13,402 children required a case plan and 10,345 of the children had an active case plan (77%). Many additional cases had draft case plans developed or case plans that were expired, meaning they were created and active but more than 6 months old, which is the maximum state set timeframe for a case plan without being updated and revised. There are known data quality issues related to this data, which suggest this data is underreporting the number of active case plans created for children. These data quality issues are in the process of being corrected as part of the ongoing CCWIS implementation process.

#### 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 (source: In-Home and Out-of-Home PICR question Item 5C2)

The percentage of cases where the child's permanency goal was another planned permanent living arrangement 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 (source: In-Home and Out-of-Home PICR questions Item 6A and B)

#### 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 (reunification, adoption, guardianship, or live with a relative) within 12 months of removal will be 35.2% or more (source: CFSR Data Profile, February 2024, risk-standardized performance, entry cohort, excludes children in care for less than 8 days)

FFY 2021: 31.8%

Arizona has not met the national performance related to permanency within 12 months for recent removals. The February 2024 CFSR Data Profile indicates for FFY 21B22A (April 2021 through March 2022) the percentage has increased to 32.5%. This data indicator will be included in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

Department administrative data indicates 35% of children who entered care during SFY 2022 and remained in care for eight days or longer, discharged to permanency (reunification, adoption, guardianship, or live with a relative) within 12 months of removal entering care (source: Power BI Exit Monitoring Report, June 2024). This Department data is not risk-standardized, but 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 43.8% or more (source: CFSR Data Profile, February 2024, risk-standardized performance)

FFY 2023: 54.3%

Arizona has exceeded the CFSR national standard on permanency within twelve months for children who had been in care between 12 and 23 months at the start of the year. This data indicator is not required to be included in Arizona's Round 4 CFSR Program Improvement Plan.

Department data indicates 54.8% of children who were in care on the first day of SFY 2023 and had been in care between 12 and 23 months discharged to permanency within 12 months of the first day of the SFY (source: Monthly Operational Outcomes Report, May 2024). 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 37.3% or more (source: CFSR Data Profile, February 2024, risk-standardized performance)

FFY 2023: 43.3%

Arizona has exceeded the CFSR national standard on permanency within twelve months for children who had been in care for 24 months or more in care at the start of the year. This data indicator is not required to be included in Arizona's Round 4 CFSR Program Improvement Plan.

Department data indicates 43.6% of the children who were in care on the first day of SFY 2023 and had been in care for 24 months or longer discharged to permanency within 12 months of the first day of the SFY (source: Monthly Operational Outcomes Report, May 2024). This DCS data is not risk-standardized and is the actual observed data.

The 2023 PICR results indicate all efforts to achieve timely permanency were made in 39 of the 98 applicable cases reviewed (PICR Item 5C2).

Opportunities to improve the timely achievement of permanency for children include having quality in-person contacts with each parent monthly, initiation of parent locate searches for parents whose whereabouts are unknown and implementing in-home safety plans when the safety threat can be controlled in the home. The Department has developed a monthly parent contact guide, which prompts DCS Specialists to speak with parents about important topics and case planning areas during monthly in-person contacts. Initially the template and tracking tool was piloted in one section in the South region. In February 2023, the use of the template and tool began to be used region wide. This tool is now available statewide; however, it is not a requirement.

The 2023 PICR results indicate efforts to identify and place youth ages sixteen and seventeen in a permanent living arrangement was observed to be a strength in 8 of the 11 applicable cases reviewed (PICR Item 6A and B).

The December 2023 Round 4 CFSR on-site review indicates 35% of the cases were rated strength for item 6.

Item 6 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

***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 5.6% or less (source: CFSR Data Profile, February 2024, risk-standardized performance)

FFY 2022: 4.9%

Arizona's performance has exceeded the national performance of 5.6% or less during FFY 2022. This data indicator is not required to be included in Arizona's Round 4 CFSR Program Improvement Plan.

Department data indicates 6.2% of children who entered care in SFY 2023 and subsequently exited to reunification and guardianship re-entered within 12 months (source: Monthly Operational Outcomes Report, May 2024). This DCS data is not risk-standardized and is the actual observed data.

**CFSR Item 7: Placement with Siblings**

The percentage of cases reviewed in which the target child was placed with all siblings during the entire review period who were also in foster care unless there was a valid reason for the child's separation from the siblings will be 95% (source: In-Home and Out-of-Home PICR questions Item 7A and 7B)

The 2023 PICR data indicates in 47 of the applicable 55 cases reviewed, the target child was placed with all siblings who were also in foster care or there was a valid reason for the child's separation from the siblings (PICR Item 7A and 7B). The state uses the federal definition of siblings, which is "children who have one or more parents in common either biologically, through adoption, or through marriage of their parents, and with whom the child lived before his or her foster care placement, or with whom the child would be expected to live if the child were not in foster care."

The December 2023 Round 4 CFSR on-site review indicates 87% of the cases were rated strength for item 7.

Item 7 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement

Plan due to the Children's Bureau on July 10, 2024.

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 (source: In-Home and Out-of-Home PICR questions Item 8A1, 8A3, 8B1, 8B3, 8C1, and 8C3)

The 2023 PICR results indicate concerted efforts to ensure a sufficient frequency of parenting time (visitation) with mothers was observed in 56 of the applicable 87 cases (Item 8A1).

The 2023 PICR results indicate concerted efforts to ensure a sufficient frequency of parenting time (visitation) with fathers was observed 29 of the 70 applicable cases (Item 8B1).

Concerted efforts to ensure a sufficient frequency of parenting time (visitation) was more common with mothers than with 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 2023 PICR results indicate 22 of 28 cases showed concerted efforts to ensure a sufficient frequency of sibling visitation when the siblings were not living in the same out-of-home setting (Item 8C1).

The state's case reviews show stronger practice in relation to the quality of parent and sibling visitation that does occur than the efforts to ensure sufficient frequency of visitation.

The 2023 PICR results indicate 67 of 73 cases showed concerted efforts to ensure a sufficient quality of the mother's visitation (Item 8A3).

The 2023 PICR results indicate 38 of 42 cases showed concerted efforts to ensure a sufficient quality of the father's visitation (Item 8B3).

The 2023 PICR results indicate all 24 cases reviewed showed concerted efforts to ensure a sufficient quality of sibling visitation when the siblings were not living in the same out-of-home setting (Item 8C3).

The December 2023 Round 4 CFSR on-site review indicates 56% of the cases were rated strength for item 8.

Item 8 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

The Practice Improvement team offers PICR feedback meetings 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, among other important case work responsibilities likely to improve the outcomes for families.

#### CFSR Item 9: Preserving Connections

The percentage of cases where concerted efforts were made to maintain the child's important connections will be 95% or more (source: In-Home and Out-of-Home PICR Item 9A)

The 2023 PICR results indicate the Department made concerted efforts to maintain the child's important connections the child had prior to entering foster care, such as neighborhood, community, faith, language, extended family members, kin, Tribe, school, and/or friends, in 65 of 108 applicable cases reviewed (Item 9A).

The December 2023 Round 4 CFSR on-site review indicates 63% of the cases were rated strength for item 9.

Item 9 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

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 a question related to the placement of the child being in accordance with ICWA placement preferences. The 2023 PICR results indicate that compliance with the ICWA requirements is typically occurring. The reviews found concerted efforts were made to follow ICWA placement preferences in 8 of the 9 applicable cases (Item 9E).

As of May 29, 2024, 49% 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 (source: Guardian Advanced Find and Power BI).

According to the May 2024 MOOR data report, there were 992 American Indian children age newborn through 17 and 61 youth age 18 through 20 in out-of-home care in March 2024. 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 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 2023, 81 of the 108 applicable cases reviewed contained documented sufficient inquiry.

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. Timely notification was provided to the tribe in both of the two applicable cases reviewed during CY 2023.

The CFSR does not measure or monitor compliance with ICWA.

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

#### CFSR Item 10: Relative Placement

The percentage of cases where maternal and paternal kinship placements are sought and considered will be 95% or more (source: In-Home and Out-of-Home PICR question Item 10)

As of May 31, 2024, 50.6% of all children age 0 to 17 in out-of-home care were placed with unlicensed relatives and kin or licensed relatives (source: Power BI OOH Dashboard, May 2024). This percentage does not include the children who were placed with licensed kin, which means the percentage is actually higher. This percentage is higher than the national average. The AFCARS Report 30 indicates that nationwide, 34% of foster children are placed with relatives.

The 2023 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 60 of the 98 applicable cases reviewed (Item 10). Nearly all cases had some efforts to locate and assess relatives. Practice could improve through identification of all relatives, particularly paternal relatives.

The December 2023 Round 4 CFSR on-site review indicates 66% of the cases were rated strength for item 10.

Item 10 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024. 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 VI: Programs and Services to Achieve Safety, Permanency, and Well-Being*.

#### 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 (source: In-Home and Out-of-Home PICR questions Item 11 A and B)

This measure assesses the Department's efforts to inform and invite parents to the child's events and activities outside of scheduled parenting time (visitation). This could include doctor appointments, extracurricular activities, and school events.

The 2023 PICR results indicate efforts to promote, support, and maintain the child's relationship with their mother was observed to be a strength in 20 of the 73 applicable cases reviewed (PICR Item 11A).

The 2023 PICR results indicate efforts to promote, support, and maintain the child's relationship with their father was observed to be a strength in 8 of the 53 applicable cases reviewed (PICR Item 11B).

The PICR data shows performance is higher for mothers than fathers, and there are opportunities to improve in this area for both mothers and fathers. This could be done 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 encourage and assist in the engagement and relationship between out-of-home caregivers and birth parents.

The December 2023 Round 4 CFSR on-site review indicates 40% of the cases were rated strength for item 11.

Item 11 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

Continuous improvement in Permanency Outcomes 1 and 2 will be addressed through activities identified in the CFSR Program Improvement Plan (PIP). The PIP content is currently being negotiated. Progress related to completed PIP activities and achieving improvement will be reported in future APSRs.

### **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. The Department's measures include 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, and mental health) will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 12A1 and 12A2)

The percentage of cases in which the needs of the mother are assessed, and necessary services are provided will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 12B1 and 12B3)

The percentage of cases in which the needs of the father are assessed, and necessary services are provided will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 12B2 and 12B4)

The percentage of cases in which the needs of the foster parents are assessed, and necessary services are provided will be 95% or more (source: In-Home and Out-of-Home PICR questions Item 12C1 and 12C2)

The 2023 PICR results indicate efforts to assess the child's other needs was observed to be a strength in 82 of the 130 applicable cases reviewed (PICR Item 12A1).

The 2023 PICR results indicate efforts to provide services or support for the child's known other needs was observed to be a strength in 33 of the 48 applicable cases reviewed (PICR Item 12A2).

Although there are opportunities for improvement in this area, foster, relative, 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 2023 PICR results indicate efforts to assess the mother's needs was observed to be a strength in 28 of the 106 applicable cases reviewed (PICR Item 12B1).

The 2023 PICR results indicate efforts to provide services or support for the mother's known needs was observed to be a strength in 68 of the 100 applicable cases reviewed (PICR Item 12B3).

The 2023 PICR results indicate efforts to assess the father's needs was observed to be a strength in 18 of the 93 applicable cases reviewed (PICR Item 12B2).

The 2023 PICR results indicate efforts to provide services or support for the father's known needs was observed to be a strength in 44 of the 75 applicable cases reviewed (PICR Item 12B4).



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, to ensure vacancies and turnover do not affect the Department's ability to achieve the desired outcomes.

The 2023 PICR results indicate efforts to assess the foster parent's needs was observed to be a strength in 74 of the 84 applicable cases reviewed (PICR Item 12C1).

The 2023 PICR results indicate efforts to provide services or support for the foster parent's known needs was observed to be a strength in 39 of the 50 applicable cases reviewed (PICR Item 12C2).

The December 2023 Round 4 CFSR on-site review indicates 35% of the cases were rated strength for item 12.

Item 12 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

#### 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 (source: In-Home and Out-of-Home PICR question Item 13B)

The percentage of cases in which concerted efforts were made to actively involve the father in case planning will 95% or more (source: In-Home and Out-of-Home PICR question Item 13C)

The percentage of cases in which concerted efforts were made to actively involve the child(ren) in case planning will be 95% or more (source: In-Home and Out-of-Home PICR question Item 13A)

The 2023 PICR results indicate efforts to actively involve the mother in case planning was observed to be a strength in 39 of the 111 applicable cases reviewed (PICR Item 13B).

The 2023 PICR results indicate efforts to actively involve the father in case planning was observed to be a strength in 27 of the 96 applicable cases reviewed (PICR Item 13C).

The 2023 PICR results indicate efforts to actively involve children age six or older in case planning was observed to be a strength in 33 of the 83 applicable cases reviewed (PICR Item 13A).

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/or 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. 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 December 2023 Round 4 CFSR on-site review indicates 44% of the cases were rated strength for item 13.

Item 13 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

#### 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 (source: In-Home and Out-of- Home PICR question Item 14A1)

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 (source: In- Home and Out-of-Home PICR question Item 14B)

The 2023 PICR results indicate efforts of the assigned case manager to have sufficiently frequent in-person contact with children was observed to be a strength in 100 of the 130 applicable cases reviewed (PICR Item 14A1). 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 2023 PICR results indicate efforts to have quality contact with children was observed to be a strength in 32 of the 130 applicable cases reviewed (PICR Item 14B). 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.

The December 2023 Round 4 CFSR on-site review indicates 63% of the cases were rated strength for item 14.

Item 14 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

#### 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 (source: In-Home and Out-of- Home PICR questions Item 15A1 and 15C)

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 (source: In-Home and Out-of- Home PICR questions Item 15B1 and 15D)

The 2023 PICR results indicate efforts to have frequent in-person contact with mothers was observed to be a strength in 39 of the 110 applicable cases reviewed (PICR Item 15A1).

The 2023 PICR results indicate efforts to have frequent in-person contact with fathers was observed to be a strength in 29 of the 99 applicable cases reviewed (PICR Item 15B1).

The 2023 PICR results indicate efforts to have quality in-person contact with mothers was observed to be a strength in 17 of the 76 applicable cases reviewed (PICR Item 15C).

The 2023 PICR results indicate efforts to have quality in-person contact with fathers was observed to be a strength in 12 of the 49 applicable cases reviewed (PICR Item 15D).

Practice can improve through greater and continual efforts to locate missing parents and have 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 developed a monthly parent contact guide, which prompts DCS Specialists to speak with parents about important topics and case planning areas during monthly in-person contacts. The guide was piloted within one section of the South region and rolled out region wide in February of 2023. The parent contact guide is now available statewide, although not required at this time.

The December 2023 Round 4 CFSR on-site review indicates 36% of the cases were rated strength for item 15.

Item 15 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

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 (source: In-Home and Out-of-Home PICR question Item 16)

The 2023 PICR results indicate efforts to assess the child's education needs was observed to be a strength in 83 of the 96 applicable cases reviewed (PICR Item 16A).

The 2023 PICR results indicate efforts to provide for the child's known education needs was observed to be a strength in 43 of the 51 applicable cases reviewed (PICR Item 16B).

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 December 2023 Round 4 CFSR on-site review indicates 64% of the cases were rated strength for item 16.

Item 16 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

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 (source: In-Home and Out-of-Home PICR questions Item 17A1-A3, 17B1-B3, 17C, 17C1, 17C2, and 17D)

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

- timely EPSDT or other comprehensive medical examinations,
- timely dental examinations,
- appropriate services provided for any physical or dental health needs identified,
- the child's health records were up to date and included in the case file,
- the case plan addresses the issue of health and dental care needs,
- foster care providers are provided with the child's health records, and
- oversight of prescription medications for physical health issues during the entire period under review.

The 2023 PICR results indicate the target child in out-of-home care had a comprehensive well-child exam within 30 days of entering care if the child entered care within the prior 12 months, the child had a comprehensive well-child exam within the prior 12 months if the child had entered care more than 12 months prior, or the child(ren) being served through an in-home case had an assessment of physical health and the circumstances warranted agency oversight of the child's physical health in 81 of the 112 applicable cases reviewed (PICR Item 17A1-A3).

The 2023 PICR results indicate the target child in out-of-home care had a dental exam within 30 days of entering care if the child had entered care during the prior six months and was over the age of 1 year old, the child had a dental exam within the prior six months if the child had been in care for more than six months and was over the age of 1 year old, or the child(ren) being served through an in-home case had an assessment of dental health and the circumstances warranted agency

oversight of the child's dental health in 65 of the 96 applicable cases reviewed (PICR Item 17B1-B3).

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 2023 PICR results indicate efforts to provide the child with appropriate physical health services for the child's known needs was observed to be a strength in 58 of the 66 applicable cases reviewed (PICR Item 17C1).

The 2023 PICR results indicate efforts to provide the child with appropriate dental health services for the child's known needs was observed to be a strength in 58 of the 66 applicable cases reviewed (PICR Item 17C2).

The 2023 PICR results indicate efforts to ensure appropriate oversight of prescribed medication for the child's physical health was observed to be a strength in 9 of the 26 applicable cases reviewed (PICR Item 17D).

PICR data indicates from March through December 2023, 18 of the 83 applicable cases had the child's health records up to date and included in the case file. The number of health records up to date may be higher than indicated by the CY 2023 PICRs as some of the paper files were not able to be viewed and may contain the child's health records. In 15 of the 83 applicable cases the topics of health and dental care were addressed in the case plan and in 57 of the applicable 88 cases the foster care providers were provided with the child's health records (PICR Item 17C).

The December 2023 Round 4 CFSR on-site review indicates 75% of the cases were rated strength for item 17.

Item 17 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

During the CFSP period, an on-site health clinic will be developed at the Maricopa County Welcome Center. The health clinic will have the capacity to provide EPSDTs, medical screenings, pregnancy tests, immunizations, medication through an on-site pharmacy, and connect the child's caregiver to any specialists the youth may have. Children temporarily placed at the welcome center will have first priority to be seen; however, the clinic will be available to other children in out-of-home care and eventually the community. There are also plans to identify a mobile dentist to provide dental services at the Maricopa County Welcome Center a few days per week.

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 (source: In-Home and Out-of-Home PICR questions Item 18A, 18B, and 18C)

The 2023 PICR results indicate efforts to thoroughly assess the child's mental health needs was observed to be a strength in 85 of the 108 applicable cases reviewed (PICR Item 18A).

The 2023 PICR results indicate efforts were made to provide for the child's known mental health needs was observed to be a strength in 63 of the 98 applicable cases reviewed (PICR Item 18B).

The 2023 PICR results indicate efforts were made to ensure oversight of prescription medication for mental health conditions in 9 of the 22 applicable cases reviewed (PICR Item 18C).

Many children did not require behavioral health services during the period under review or were receiving the necessary services.

The December 2023 Round 4 CFSSR on-site review indicates 58% of the cases were rated strength for item 18.

Item 18 was identified as an area to address in Arizona's Round 4 CFSSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

Continuous improvement in Well-Being Outcomes 1 and 2 will be addressed through activities identified in the CFSSR Program Improvement Plan (PIP). The PIP content is currently being negotiated. Progress related to completed PIP activities and achieving improvement will be reported in future APSRs.

# **Section IV**

## **Assessment of System Performance**

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## **1. Stateside Information System Capacity**

### *Statewide Information System Description*

In February 2021, the Department began using a Comprehensive Child Welfare Information System (CCWIS) known as Guardian. Guardian contains the necessary modules, integrations, and supports data exchanges for adoption, case management, eligibility, foster care and service provider management, intake, and investigation. There are system rules that prevent individuals from proceeding with key steps without necessary information. It enables oversight of the processes with approval functionality and the capability of data quality reporting. The system includes a cloud data platform that enables reporting for leadership to monitor data entry.

The Department continues to conduct maintenance and operations functions for the system and is enhancing the system using human centered design principles. As system improvements continue to be made, the Department will create additional user and support guides for the CCWIS system. These guides are presented in various formats and for changes that impact users.

The Department continues to submit an Advanced Planning Document and Data Quality Plan per the CCWIS regulations that details improvements. This document outlines the product roadmap and expected changes to the system.

### *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.

Guardian is the Department's Comprehensive Child Welfare Information System (CCWIS). It operates and accepts data to ensure the Department 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. Guardian is available to caseworkers, supervisors, managers, administrators, and others, statewide. This 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



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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.

The Department continues to build upon the cloud data platform that is part of the Guardian solution and is enhancing the information governance operating model.

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. AFCARS 2020 FFY 2023B final file was submitted in May 2024 for the period of April 2023 through September 2023. The FFY 2023B data quality report provided the following error rates from AFCARS 2020 elements pertinent to Statewide Information System Item 19:

FC-05 Date of Birth:	0 errors of 13,399 (compliant)
FC-06 Sex:	0 errors of 13,399 (compliant)
FC-13-20 Race:	2 errors of 13,399 (compliant)
FC-21 Hispanic Origin:	0 errors of 13,399 (compliant)
FC-153 Exit Date:	159 errors of 13,399 (compliant with 1.2% failing)
FC-69 Removal:	1 error of 13,399 (compliant)
FC-113 Family Foster Home	0 errors of 13,399 (compliant)
FC-114 Licensed Home	1,203 errors of 13,399 (compliant with 9% failing)
FC-115 Therapeutic Home	1,203 errors of 13,399 (compliant with 9% failing)
FC-116 Shelter Care Home	1,203 errors of 13,399 (compliant with 9% failing)
FC-117 Relative	1,203 errors of 13,399 (compliant with 9% failing)
FC-118 Pre-Adoptive Home	1,203 errors of 13,399 (compliant with 9% failing)
FC-119 Kinship	1,203 errors of 13,399 (compliant with 9% failing)
FC-120 Other	114 errors of 13,399 (compliant with <1% failing)
FC-122 Out-of-State:	6 errors of 13,399 (compliant with <1% failing)
FC-148 Most Recent Goal:	0 errors of 13,399 (compliant)

The above data shows a 78% improvement in errors compared to the 2023A submission. The Department made significant improvements in the replication of data to the cloud data platform to enable more accurate reporting and published reports, enabling visibility on data quality measures for data stewards to take actions on incomplete or inaccurate data entry into the system.

Item 19 was an area needing improvement during the Arizona 2023 CFSR Round 4 because at that time, Arizona's CCWIS, implemented in 2021, was not functioning to ensure that the status, demographic characteristics, placement location, and permanency goals were readily identifiable. Since that time, the Department has made significant progress in the functioning of and reporting capability of the CCWIS. Item 19 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

Continuous improvement in the Systemic Factor of Information Systems will be addressed through activities identified in the CFSR Program Improvement Plan (PIP). The PIP content is currently being negotiated. Progress related to completed PIP activities and achieving improvement will be reported in future APSRs.

## **2. Case Review System**

### *Case Review System Description*

The Department's policies and procedures require written case plans that address all the federally required elements be developed within sixty days of a child's removal from the home or identification that a family will receive in-home services, and that these case plans be developed with family and child input. Case plan staffings, TDMs, CFTs, and other meetings provide facilitated opportunities to engage family members in decisions and other aspects of case planning. DCS Specialists are expected to hold regular conversations with parents to learn about their strengths, needs, and caregiver protective capacities and obtain the parent's input into their services and supports. The conversations should also include exploration of the progress the parent is making or barriers to progress to assess the need for an alternative support or service to meet the necessary behavior child, if applicable. Information gathering about the parent's progress or lack of progress may also come from other sources of information, such as service providers, family and supports of the parents, and at times the child.

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

Staff are trained about the need to provide case plans to the court, the family, the Foster Care Review Board (FCRB), and the assigned CASAs. 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, placement 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 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

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into the progress of the case. FCRB reports and recommendations are sent to the juvenile court judge, who reviews the reports and considers the recommendations at the time of the next review hearing on the case.

Permanency hearings are held within twelve months of the child's initial removal from the parent or guardian, within six months if the child was younger than age three at the time of removal, or within thirty days of the disposition hearing if reunification services were found to be contrary to the child's best interest and not ordered. Subsequent permanency hearings are held at least every twelve months thereafter, as long as the child remains in out-of-home care. At the hearing, the court determines the child's permanent plan. 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 in state law, permanency hearings are at times consolidated with review hearings for effective workload management, and findings of reasonable efforts to finalize the permanent plan are made at these consolidated hearings.

Department policy requires that the Department file a motion for the termination of parental rights (TPR) when the child's permanency goal is adoption. The Department recommends and the court assigns this goal when adoption is in the child's best interest and grounds for TPR exist. Department policy provides a description of ASFA TPR requirements and exceptions to these requirements (including documentation of a compelling reason) and requires that the Department file a motion to terminate the parent-child relationship for all children in out-of-home care as specified in the Adoption and Safe Families Act. For children who are initially placed in out-of-home care under a voluntary placement agreement, the first 60 days in out-of-home placement 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. Legislation (Ch. 106, §§ 2-4) passed in the 2023 legislative session and signed by the Governor requiring the Department to provide the Administrative Office of Courts (AOC) direct, remote access to Guardian in addition to any Department information that is necessary for the performance of the local boards' duties. The Department continues to meet regularly with FCRB to address issues that arise with the automated exchange.

The Administrative Offices of the Court participates in a bi-directional interface with the Guardian system that provides the Department specific 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.

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

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involving dependency or TPR. The child's guardian ad litem or attorney must provide this notification to the child. The child further has a right to meet with his/her CASA.

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

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 13D)

The 2023 PICRs found that 39 of the 111 cases applicable to the mother indicated the agency made concerted efforts to involve the mother in case planning and 27 of the 96 cases applicable to the father indicated concerted efforts were made to involve the father.

The December 2023 CFSR cases found that 31 of the 50 cases applicable to the mother indicated the agency made concerted efforts to involve the mother in case planning and 18 of the 39 cases applicable to fathers indicated efforts to involve the father.

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The Department's PICRs generate statewide data on the timely development of written case plans. Cases are reviewed monthly, across all the regions so that every case carrying unit is included during the calendar year.

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

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

The 2023 PICRs found all the above criteria were met for 69 of the 130 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.

According to the Case Plan Compliance Power BI Report, in May 2024, 13,402 children required a case plan and 10,345 of the children had an active case plan (77%). Many additional cases had draft case plans developed or case plans that were expired, meaning they were created and active but more than 6 months old, which is the maximum state set timeframe for a case plan without being updated and revised. There are known minor data quality issues related to this data, which is in the process of being corrected as part of the ongoing CCWIS implementation process

The timely development of the initial case plan is monitored using the DCS Management System using Regional Scorecards. Between July 2023 and March 2024, the monthly regional timely development of initial case plans for the regions ranged from 29% to 100%, with 30 of the 45 individual monthly region percentages being at 55% timely or higher (source: SFY 2024 Region Scorecards). There are known minor data quality issues related to this data, which is in the process of being corrected as part of the ongoing CCWIS implementation process.

The region scorecards also track the total percentage of timely case plan development, including the initial case plan and subsequent case plans. Between July 2023 and May 2024, the monthly regional timely completion rate ranged from 75% to 98%, with 44 of the 55 individual monthly regions percentages being at 85% or higher (source: SFY 2024 Region Scorecards). There are known minor data quality issues related to this data, which is in the process of being corrected as part of the ongoing CCWIS implementation process.

Item 20 was an area needing improvement during the Arizona 2023 CFSR Round 4 because Arizona data indicated a decline in the percentage of children in foster care with a timely developed case plan and case review evidence did not support that parents are regularly and significantly involved in the development of the case plans. Item 20 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024 and improvement strategies will be included to increase the number of children who have a

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written case plan that is jointly developed with their parent.

**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 an area needing improvement during the Arizona 2023 CFSR Round 4 because data was not provided within the Statewide Assessment demonstrating that children have periodic review hearings no less frequently than once every six months.

In Arizona, report and review hearings, initial permanency hearings, permanency hearings, and FCRB hearings all meet the requirements of periodic review hearings, and therefore are counted as such. Report and review hearings, initial permanency hearings, and permanency hearings are held before the court and FCRB hearings are held before a volunteer panel of citizens. Each of these hearing types include a comprehensive discussion of the case status, including the child's safety, the continuing necessity for and appropriateness of the out-of-home living arrangement, the extent of compliance with the case plan, and the extent of progress toward mitigating the need for out-of-home care. Permanency hearings additionally include discussion to determine the child's permanency plan.

The Arizona Administrative Office of the Courts (AOC), Court Improvement Program data indicates 4,231 out of 4,341, or 97.5%, of children statewide who entered care during FFY 2022 who were supposed to have a periodic review hearing received the hearing. Based on operational reviews completed by the AOC from April 2022 through March 2023 for a sample size of 113 cases, 99% of the applicable cases had a periodic review at least once every six months. The AOC's Court Improvement staff reported that there are no known data quality issues with either of these data.

According to the AOC FCRB Reviews, of the children who entered care during the period of 10/1/21 through 9/30/22, 5,605 out of 5,632, or 99.5%, had an FCRB Review no later than six months from the date the child was removed from the home.

Item 21 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

**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.

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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 an area needing improvement during the Arizona 2023 CFSR Round 4 because data was not provided within the Statewide Assessment demonstrating that children have permanency hearings no later than 12 months from the date the child entered care and no less frequently than every 12 months thereafter. Arizona courts are required to hold a Permanency Hearing within 6 months of removal if a child was under 3 years of age at the time of removal or within 12 months of removal if a child was 3 or more years of age.

Since the submission of the Arizona Statewide Assessment, the Administrative Office of Courts (AOC) provided the following administrative data for initial permanency hearings. Of the children statewide who entered care during the period of 10/1/2020–9/30/2021, 4,405 out of 4,615, or 95.4%, had an initial permanency hearing no later than twelve months from the date they were removed from the home.

Also since the submission of the Arizona Statewide Assessment, the AOC, Court Improvement Program provided data based on the QA review of 103 case files during the period of April 2022 to March 2023. Of the permanency hearings reviewed during the time period, 99% fell within Arizona statutory timelines.

- 91% of the children (67 of the 74 applicable cases) who were under the age of three at the time of the removal had a permanency hearing within six months of removal and
- 98% of the children (39 of 40 applicable cases) who were age three or older at the time of removal had a permanency hearing within 12 months of removal.

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

Neither the Department nor AOC have data currently available on subsequent permanency hearings following the first. Item 22 was identified as an area to address in Arizona's Round 4 CFSR Program Improvement Plan due to the Children's Bureau on July 10, 2024.

**Systemic Factor Item 23: Termination of Parental Rights**

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

Timely filing of termination of parent rights petitions and documentation of compelling reasons was rated an area needing improvement during the Arizona 2023 CFSR Round 4 because timely filing of TPR petitions is not occurring statewide and exceptions to filing TPR petitions (a compelling reason) is not consistently documented when a petition is not filed.

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-

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- of-home care for 15 months,
- a compelling reason exists related to the child being cared for by a relative at the 15/22-month timeframe, or
- a compelling reason to not file a motion for TPR was documented in the child’s written case plan or a minute entry.

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 petitions 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 2023 PICRs results indicate the timely filing of TPR or documentation of a compelling reason was seen in 19 of the 34 applicable cases reviewed. To improve the documentation of compelling reasons, the Department’s CCWIS system, Guardian, implemented in February 2021, includes an available compelling reason text box for all case plans. The prior SACWIS, CHILDS, did not consistently prompt the user to enter a compelling reason under circumstance in which one was required.

The December 2023 CFSR cases found that 11 of the 16 cases applicable to ASFA were rated a strength. The information gathered for the 11 cases indicated a TPR motion had been filed, a compelling reason to not file a TPR motion was documented, or the child was residing with a relative out-of-home caregiver at 15 months in care. Item 23 was identified as an area to address in Arizona’s Round 4 CFSR Program Improvement Plan due to the Children’s Bureau on July 10, 2024.

**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 2023 CFSR Round 4 because Arizona does not have a process to track whether out-of-home caregivers have been notified of hearing and it was unclear if the notices that were provided included the notice of rights to be heard in court.

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 2023, case reviews indicated 71 of the 81 applicable cases were rated strength, meaning there was evidence the out-of-home caregiver was given notice of the hearings that occurred during the review period.

Arizona Revised Statutes require that the court provide notice of review hearings and the right to participate in the proceeding to the child’s foster parents, shelter care facility or receiving foster



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

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

Statewide, the Foster Care Review Board written summary includes the date of the subsequent juvenile court hearing. This summary is provided to the child's out-of-home caregiver following the review board.

Several courts and DCS offices around the state have local practices to ensure out-of-home caregivers are informed of these rights. In addition to speaking with case participants during monthly child and caregiver contacts, DCS staff in Pinal, Gila, Graham, and Greenlee Counties discuss hearing dates during case plan staffings and Child and Family Team meetings. The judges also ask during each hearing if the out-of-home caregivers were notified of the hearing and if they are present during the hearing. In Navajo and Apache Counties, the DCS Specialist and/or child's attorney notify the out-of-home caregivers of the hearings and provide a link if the caregiver elects to participate virtually. Child attorneys in Pinal County also inform the caregivers of upcoming hearings. In Yavapai County, the DCS Specialist provides the court a confidential placement sheet whenever the child's out-of-home placement changes so that the court can update the child's placement location in the court records and ensure notice is provided to the out-of-home caregiver.

Continuous improvement in the Systemic Factor of Case Review System will be addressed through activities identified in the CFSR Program Improvement Plan (PIP). The PIP content is currently being negotiated. Progress related to completed PIP activities and achieving improvement will be reported in future APSRs.

### **3. Quality Assurance System**

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

The Department includes multiple units whose roles contribute to one or more stages of the Continuous Quality Improvement (CQI) cycle, and together provide the means to measure and 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.

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- *The DCS Safety Analysis Review Team* – The Safety Analysis Review Team is responsible for conducting Systemic Critical Incident Reviews by using a safety science approach. The Systemic Critical Incident Review is a formalized process comprised of a robust analysis of the case to identify learning points, root cause analysis of trends, and formulation and presentation of system improvement considerations to DCS leadership. The unit also engages in tracking all child fatality and near-fatality reports made to the Department 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 the Department in order to identify and analyze systemic issues and generate recommendations for improvements. This unit also participates in the Arizona Child Fatality Review Program for Maricopa County and State Subcommittee Abuse/Neglect CFR Team, and tracks and monitors other high-profile cases, to assist with agency coordination, communication, and decision making, as well as to provide support for department personnel in situations that generate a high level of public visibility. Members of the unit conduct training and feedback to field staff regarding identified problem areas. Additionally, this unit contributes to continuous improvement by identifying problems and gathering information on specific cases so that trends can be systemically addressed.
- *The Practice Improvement Unit* – This unit leads the Child and Family Services Review, oversees the CFSP process, and conducts qualitative Practice Improvement Case Reviews of investigation, in-home service and out-of-home cases, and processes at the Hotline. These activities assess the quality of services and the effectiveness of processes and systems by measuring achievement of safety, permanency, and child and family well-being outcomes, and implementation of related practices. Practice Improvement Specialists are 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 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 in the case 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 or guardian’s due process is complete the PSRT enters the applicable finding of unsubstantiated or substantiated. A

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substantiated finding will result in the person being entered on the DCS Central Registry. The PSRT is also available to Department staff to consult about child abuse findings 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 professionals trained 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, 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.
- *Fidelity and Compliance Services* - The Fidelity and Compliance Services (FCS) unit provides support, monitoring, and oversight of several DCS evidence-based services such as Family Connections and Nurturing Parenting Program. FCS staff conduct site visits with contracted providers, conduct service program case reviews, and coordinate Community of Practices for the NPP and FC programs.

During the reporting period, the Department continued to integrate the Management System throughout all statewide operations, 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,

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with objectives defined by the organization. A standardized process that allows for objective assessments of adherence to the process, with quality assurance or controls embedded, increases consistency of performance and allows evaluation of process effectiveness and outcomes.

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

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

- *Foundational Administrative Structure* - The Department's policy and procedures manual describes statewide practice standards. The Department's implementation of key practices and achievement of related outcomes are measured statewide through administrative data reports, scorecards, and case reviews conducted by the Office of Accountability.
- *Quality Data Collection* – Administrative data is collected through Guardian. Instructions for data entry are included in the Department's *Policy and Procedures Manual* and Guardian user guides. Guardian includes edits and notifications to prevent data errors and remind staff about data entry requirements. The Department's Business Intelligence unit provides AFCARS and other error reports to the Management Analysts so they can identify and correct data errors. The Business Intelligence unit provides technical assistance to region and Central Office personnel to increase data accuracy. Automation Liaisons in each region identify and facilitate correction of data errors. The Department has an information governance operating model to support data quality and management.
- *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 includes all measures within the CFSR on-site instrument, 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,

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- provides an opportunity for direct service and management staff to learn from peers, and
- identifies training needs for direct service and management staff.

Randomly selected cases are reviewed from each region throughout the year. Regions carrying a higher proportion of the statewide caseload have a higher percentage of cases in the annual case review sample. The Practice Improvement (PI) Unit typically reviews 85 investigations, 20 in-home service cases, 110 out-of-home care cases, and 300 Hotline communications per calendar year, along with other reviews focusing on targeted areas of practice. The Department has eight dedicated PI 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(s), parents involved during the review period, and youth age 14 or older involved in an in-home case, or who is identified as the target child for foster care reviews. 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 leaders 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.

The Practice Improvement Team offers to facilitate feedback meetings with units following their yearly PICR to allow for feedback loops with internal stakeholders related to policy and procedure requirements and the results of the case reviews. The Department leadership team is also provided quarterly and calendar year PICR data results broken out by the five regions, as well as statewide data. This data is reviewed with members of the leadership team quarterly. The Practice Improvement Team also provides the PICR data at the section level, which is a group of field units managed by the same Program Manager, to allow for case review data specific to the areas they supervise. The Practice Improvement Team also has a process in place to email the Program Manager when certain designated casework was not demonstrated during the case review period to alert the manager of current practice and encourage education, communication, and completion of quality casework. Examples of practice areas that result in a communication email include children who have not been visited by the Department during the most recent two consecutive months, a lack of communication with a required parent for the most recent two consecutive months, and a comprehensive medical or dental examination that has not occurred within twice the required timeframe.

The Department plans to continue to utilize the PICR to complete the state's ongoing QA/CQI process. The PICR tool includes all questions within the On-site Review Instrument (OSRI) to allow Arizona to continually measure all safety, permanency, and well-being items contained in the OSRI between CFSR rounds. The Department does not

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plan to utilize the federal 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 OSRI will be utilized during the CFSP period to evaluate the baseline and PIP measurement cases.

- *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 includes 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 Department CEO.

The Business Intelligence 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, number of children in out-of-home care, demographic data about children in out-of-home care, staffing data, and financial data.

- *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.

Department staff ensure timely distribution of data reports to DCS leadership. Reports on the Department’s business intelligence dashboard are available for review and analysis. The DCS Consultation and Research team works with Department leadership to analyze data on systemic issues to guide problem solving and strategic planning.

The Region Program Administrators continue 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

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

The Department of Child Safety's quality assurance (QA) and continuous quality improvement (CQI) system received an overall rating of strength during the 2023 CFSR Round 4. As described above, the Department's QA and CQI systems meet all of the federal CFSR standards: operates in jurisdictions where the services are provided, has standards to evaluate the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures.

The services supported by federal CFSP process are available statewide in all Regions across the state. These statewide services include Family Connections, the Nurturing Parenting Program, SENSE, adoption promotion and support services, educational training vouchers, and successful transition to adulthood services.

The Arizona QA system is effective in identifying strengths and needs of the service delivery system. During the prior CFSP period, several gaps or areas that could improve were identified and actions initiated to address the areas of services or casework. Examples include the efforts to bring fidelity to the Arizona TDM process, address the disproportionate rate of African American children in foster care, reduce the use of congregate care, and address services and supports for families experiencing domestic violence or intimate partner violence. To further this area, the Department has combined the Practice Improvement and Compliance and Fidelity Services units and the Research and Consultation team under one Program Administrator to more fully be able to utilize the skills and resources each team contributes to the CQI cycle using data from multiple sources, such as administrative data, case review data, and data from stakeholders.

**4. Staff Training**

*Staff Training Description*

Initial and ongoing staff training is managed through the Department's Learning and Development (L and D) team, and includes a variety of training venues, such as classroom training, computer-based trainings, hands-on training, and webinars. Training for internal DCS staff at all levels of the Department is coordinated through L and D, as well as foster parent training.

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

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

The Department's initial staff training received an overall rating of strength during the Arizona 2023 CFSR Round 4. 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 FFYs 2025-2029 submitted with this CFSP.

DCS L & D uses the Analyze, Design, Develop, Implement, and Evaluate (ADDIE) Model to create training courseware. When new courseware is created, a member of the Department's Senior Leadership team sponsors the training, essentially meaning they support L & D putting forth resources to design the courseware and support the need for the training subject. Curriculum Designers are assigned to create and design the courseware. Course learning objectives and business outcomes are identified throughout the design process involving a team consisting of one or more subject matter experts, course requestor, Senior Sponsorship, and a Policy Expert. Every course is audited annually and updated as necessary. When course content requires updates due to a law or policy change, the course is immediately assigned to a designer to update as soon as possible.

All DCS training is tracked in the State of Arizona's Learning Management System (LMS), TraCorp. Employees as well as their leadership have access to the LMS to review training progress. L & D provides monthly compliance reports to Program Administrators with the expectation that they review and distribute the reports to ensure training completion. Currently, TraCorp is under construction. Once the system stabilizes, L & D will hold several webinars with Program Managers to teach them how to navigate TraCorp in order to use the program to better ensure 100% completion of required trainings.

All DCS courses request the learner to complete a training survey. For courses that are extensive, for example the multiple week Specialist Trainee Core, multiple surveys are administered to capture feedback periodically throughout the learning. The surveys ask learners to rate their level of agreement to five questions. The ratings are a Likert scale: 1 = strongly disagree, 2 = disagree, 3 = agree and 4 = strongly agree. Learners are also provided the option to provide text regarding their feedback. L & D reviews the results of the surveys weekly.

All new, and at times rehired, Case Aides, Specialists, Hotline Specialists, and Program Supervisors are required to complete a Learning Track for their position. Learning Tracks consist of the following elements:



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- Instructor led in person Core Classroom Training
  - Pretest completed first day of Core and Posttest the last day of Core
  - Reaction Surveys at various stages of Core
- Quizzes (with the exception of the Case Aide Learning Track)
- Field Training Activity Guide(s)
- Computer Based Trainings
- Final Test

*Case Aide Learning Track*

Case Aides have 8 weeks to complete the Case Aide Learning Track. As of May 1, 2024, 55% of Case Aides employed at that time that have been in their position more than 8 weeks have successfully completed the Learning Track.

Case Aide Core Classroom Training is a total of four days. Reaction Survey question “I feel training was a good use of my time” averaged a score of 3.27 using the 1 to 4 Likert Scale during calendar year 2023 and 3.56 thus far in 2024. From January 2023 to April 2024, Case Aides averaged a score of 71% on the pretest and 88% on the post test, indicating an improvement in knowledge after completing Core classroom training on measured topics.

*Specialist Trainee Learning Track*

Specialist Trainees have 22 weeks to complete the Specialist Trainee Learning Track. As of May 1, 2024, 97% of Specialists had successfully completed the Learning Track.

Specialist Trainees new to the Department are not permitted to be assigned a full case load while in the 22-week training status and must have successfully completed all the requirements of the Specialist Trainee Learning Track to transition from a Trainee to a full Specialist position.

Specialist Core Classroom Training consists of three Modules: Foundation, SAFE AZ, and Permanency & Well-Being. Classroom training consists of a total of 26 days spread out across 8 weeks with two field break weeks in-between modules. Reaction Survey question “I feel training was a good use of my time” averaged a score of 3.22 using the 1 to 4 Likert Scale in calendar year 2023 and 3.32 thus far in 2024. Specialist Trainees averaged a score of 59% on the pretest questions and 84% on the posttest, indicating an improvement in knowledge after completing core classroom training.

Case Assignment begins during week 9. Supervisors utilize a standardized Specialist Trainee Assignment Plan, which outlines the suggested plan for assigning cases. Program Supervisors are not permitted to assign a case to a Specialist Trainee until they have successfully taken and passed all three modules of Specialist Core Training and the computer-based trainings related to the learning track.

By the end of the 10<sup>th</sup> week, Specialist Trainees are expected to have completed all portions of the Learning Track with the exception of the final test, which is completed during the 20<sup>th</sup> week, following the mentoring period.

*Hotline Specialists Learning Track*

Hotline Specialist Trainees have 22 weeks to complete the Hotline Specialist Learning Track. As of May 1, 2024, 98% of Hotline Specialists employed at that time had successfully completed the Learning Track. Hotline Specialists are required to complete all of the requirements of the Hotline Specialist Learning Track to transition from a trainee to a full time Specialist position.

Hotline Specialist Trainee Core Classroom training consists of the Foundations Module and a 10-day Hotline Module. Reaction Survey question “I feel training was a good use of my time” averaged a score of 3.50 using the 1 to 4 Likert Scale in calendar year 2023 and 3.25 thus far in 2024. From January 2023 through April 2024, Hotline Specialists averaged a score of 78% on the Pretest and averaged a score of 94% on the Posttest, indicating an improvement in knowledge after completing Core classroom training.

*Program Supervisor Learning Track*

Program Supervisors have 16 weeks to complete the Program Supervisor Learning Track. As of May 1, 2024, 73% of Program Supervisors had successfully completed the Learning Track. Program Supervisor Core Classroom Training is a total of 6 days divided between two Modules titled Phase 1 and Phase 2. Phase 1 includes Culture of Agency Part 1 and 2 and Culture of Support, Human Resources, and Clinical Supervision. Phase 2 includes Legal for Supervisors, Coaching in Child Welfare, and Supervising the Application of the Safety Assessment Model. Reaction Survey question “I feel training was a good use of my time” averaged a score of 3.46 using the 1 to 4 Likert Scale in calendar year 2023 and 3.8 thus far in 2024. From January 2023 through April 2024, Program Supervisors averaged a score of 72% on the Pretest and averaged a score of 84% on the Post test, indicating an improvement in knowledge after completing Core classroom training.

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

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

The Department’s ongoing staff training received an overall rating of strength during the Arizona 2023 Round 4 CFSR. The Department has a statewide tracking system to monitor compliance with required trainings. The Departments’ automated Learning Management System (LMS), TraCorp, collects and monitors data on the number of staff who require initial and advanced training, as well as their completion of the training. Tracorp participants register for training sessions and administrators are able to generate rosters showing registered individuals and lists of those who completed the various courses. Individual employees and their direct supervisors have access to training records and can view these records to determine what trainings have been completed in TraCorp. Directions on how to access training records are available to both employees and supervisors. Additionally, employees receive autogenerated notifications of courses required based on the expiration of a yearly certificate or a training requirement.

The following provides a list of continuous trainings available for internal DCS staff and/or contracted providers.

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- Working with Families and the Court; Behavioral Health Services
- Family Engagement
- Youth Thrive
- Reading a Wrap Sheet
- The Advanced Forensic Interview training (AFIT)
- Advanced Joint Investigations training
- DCS Services Array Training
- Acknowledgement, Coping, Empathy, Patenting, Taking Charge, and Support System (ACCEPTS) Model for Clinically Supervised Parenting Time Providers
- Medical Child Abuse Training for Clinically Supervised Parenting Time Parenting Providers
- Address Confidentiality Program
- Annual DCS Leadership Summit
- Child Car Seat Safety
- Criminal Conduct
- DCS Comprehensive Health Plan
- Enrollment and Placement for Developmentally Disabled Children
- Fentanyl
- Foster Care Review Board
- Quality of Care for CHP Staff
- Human Trafficking
- Information Security Awareness
- Instructional Systems Design Certification
- Supervision Coach Training including Orientation session and 7 Modules
- Young Adult Program Onboarding CBT
- Extended Foster Care Learning Track
- Group Home Learning Track
- Statewide Placement Administration
- Safety Science Training
- Arizona Management System
- Partnering with Families through Team Decision Making
- Utilizing Coaching Skills for TDM Facilitators
- SAFE AZ Refresh for TDM Facilitators
- Trauma, Empathy, and Your Role in Culturally Grounded Practice Learning Track Training

For additional information about the trainings available during the reporting period, see the *Arizona Staff and Provider Training Plan submitted with the FFY 2025-2029 CFSP*.

The following is a list of courses the Department plans to create during SFY 2025.

- Parenting Time Coordinator Learning Track
- Case Aide Documentation
- FFA Progress Update
- Ethnic Hair
- Coaching Orientation

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- Supervision Process
- Mercy Care DCS Comprehensive Health Plan
- Conflict of Interest
- OWCI Privacy and Security
- Unit Consultant
- Health Systems Overview
- Group Home Learning Track

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

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

The Department's foster and adoptive parent training received an overall rating of area needing improvement during the Arizona 2023 CFSR Round 4 because the Department did not provide sufficient evidence to demonstrate that initial and ongoing trainings addressed the skills and knowledge needed by foster and adoptive parents to carry out their duties with regard to foster and adopted children. In addition, the Department did not provide evidence to demonstrate that the Department monitors the training requirements for the staff of group and shelter care facilities.

***Foster Parent Training***

Foster parent pre-service training, known as DCS Foster Parent Learning Track, is a Blended Learning Program, consists of five three-hour live webinar trainings and 12 on-line courses totaling 24 hours through Foster Parent College contracted agencies. Prior to March 2024 contracted provider agencies delivered the live courses to potential caregivers; however, as of March 1, 2024, the Departments' Learning & Development unit facilitates the live webinars to ensure training consistency. The training is provided statewide and is the required for anyone wishing to become a licensed foster parent. 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. As of April 30, 2024 132 perspective foster parents began the Foster Parent Learning Track and 7 perspective foster parents completed the entire learning track. A Therapeutic Foster Care Training Curriculum is also available for those foster parents wanting to become licensed as therapeutic foster home.

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

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or the court can require the prospective parents to complete training to strengthen their ability to care for a child.

For complete information about the Department's initial, ongoing, and foster and adoptive parent trainings, see the *Arizona Staff and Provider Training Plan for FFY 2025-2029* submitted with this CFSP.

***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." Licensing agency staff are expected to adhere to administrative rules, and the Department's program and applicable administrative policies.

The licensing rules describe the required content for initial training for all staff to include topics such as:

- The licensee's philosophy;
- The licensee's organization;
- The licensee's program;
- The licensee's practices;
- The licensee's goals;
- The licensee's policies and procedures;
- Identification and reporting children suspected to be victims of child exploitation, including sex trafficking;
- Mandatory reporting of suspected child abuse and neglect under A.R.S. § 13-3620; and
- Any specific child care responsibilities outlined in the staff's job description.

Direct care staff must be trained on these additional topics during initial training:

- Client and family rights,
- Grievances,
- Emergencies and evacuations,
- Behavior management,
- Preventing and reporting child abuse or neglect,
- Recordkeeping,
- Medications,
- Infection control,
- Treatment philosophy
- Adult and pediatric cardiopulmonary resuscitation (CPR) and first aid according to American Red Cross guidelines as prescribed in R21-7-130,
- Initial wellness screening for identified direct care staff,
- Trauma-informed care of children,
- De-escalation and any physical restraint practices used by the Agency and taught by an

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- Instructor certified,
- Recognizing expected responses to and side effects of medications commonly prescribed for children in care,
  - Substance use and abuse,
  - Common childhood illness,
  - Communicable disease,
  - Emergency admissions process if applicable to the licensee's services,
  - Writing and submitting incident reports, and
  - Creating normalcy for children in their care.

The trainings shall address best practices for meeting the diverse needs for each individual child.

Licensing rules require that all staff receive annual training to include the following topics:

- Mandatory reporting,
- Relevant portions of Arizona Administrative Code,
- Agency and Department policies and procedures,
- Responsibilities appropriate to the staff's duties with the Agency, and
- Any updates to topics covered in prior trainings the staff has received.

Licensing rules require that all direct care staff receive annual training to include:

- Child management techniques;
- Positive discipline, crisis intervention, and behavior management techniques;
- De-escalation, physical restraint techniques refresher to maintain currency in knowledge and recent technical trends;
- Health care issues and procedures, including mental health;
- Attachment and separation issues for a child and family;
- Sensitivity towards and skills related to cultural and ethnic differences;
- Sensitivity towards and skills related to children who identify as part of the lesbian, gay, bisexual, transgender, or questioning community;
- Strategies for addressing safety concerns and challenges faced by children who identify as part of the lesbian, gay, bisexual, transgender, or questioning community;
- Self-awareness, values, and professional ethics;
- A child's need for permanency and how the Agency works to fulfill this need;
- Trauma informed care; and
- How to promote normalcy for children in their care.

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 very few staff present at the time of application because the facility is just materializing. The Department's OLR staff verify the initial training requirements are met for all staff of the applicant facility before the license is issued.

The agency may be required to submit a corrective action plan, be placed on provisional license status, or have the license suspended or revoked if the requirements have not been met. The renewal application process includes an on-site review by OLR staff who examine the facility's personnel files to confirm that staff training requirements as specified in rule and the facility's written policy has been met. A random sample of the personnel files are selected and reviewed. If

problems are noted in this sample, or a trend is noted, 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. If training is provided by individuals or companies not employed by DCS, the trainer's credentials must be reviewed and approved by OLR staff.

## **5. Service Array**

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

The Department provides an array of accessible and individualized services designed to support the safety, permanency, and well-being of children and families as required by the Social Security 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 VI: 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
- Independent Living and Transitional Independent Living services, including skills development, subsidy, young adult transitional insurance, and educational vouchers
- Comprehensive Health Plan for youth in out-of-home care
- Referral to community and faith-based resources
- Psychological evaluations
- Supervised visits
- Transportation

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- SENSE
- Drug testing

Services are provided directly by Department staff or through provider contracts; through referrals to community resources; through 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.

In an effort to have a full service array for families served, the Department continued to collaborate with other human service agencies at both the administrative and case level during the CFSP reporting period. 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 Comprehensive Child Welfare Information System (CCWIS) allows for Child Welfare Contributing Agencies to enter and access case information for which they are responsible. Automated “portals” for information entry and sharing will increase data quality, data completeness, and data timeliness for case record documentation.
- The Department continues to collaborate with WIC representatives to improve services to DCS involved families. Coordination includes resource information sharing and clarification that all children in DCS custody under the age of five qualify for WIC.

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

- OCWI staff are co-located with law enforcement and other agencies in child advocacy centers in Maricopa and Pima counties.
- AFF staff are housed at the Casa Grande and Apache Junction offices, as well as some Maricopa County offices.
- Behavioral health providers are co-located at the Welcome Centers.
- A mobile medical clinic is stationed at the Maricopa County Welcome Center three days per week.
- Assistant Attorney General staff are co-located in the Yuma, 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) and Master of Social Work (MSW) child welfare training unit is housed in a field office in Flagstaff.
- Several DCS units in Coconino, Gila, and Yavapai counties are co-located at the Multi-Service Center to allow for greater collaboration on cases when the Department and the



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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.

- The Department partners with Tucson Medical Center and Banner Hospital in Pima County, and Phoenix Children’s Hospital in Maricopa County, to co-locate a DCS Specialist 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 and Maricopa Counties and the Prescott Office.

*Title IV-B Funded Service Array*

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 2023, 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, and
- planning services, including service coordination, preparation for or follow-up with service delivery (e.g., recording progress notes).

During FY 2023, the State of Arizona expended \$8,765,201 title IV-B, subpart 2 Promoting Safe and Stable Families Program funds for family preservation, family support, family reunification, and adoption promotion and support services. Approximately 20% of the title IV-B, subpart 2 funding was used for each of the four service categories. For comparison, the State of Arizona expended \$3,976,000 during 1992, which is considered the base year amount to meet the non-supplantation requirements in section 432(a)(7)(A) of the Social Security Act. The state will monitor levels of spending on an ongoing basis to ensure current state and federal spending is not supplanted with title IV-B, subpart 2 dollars.

The Department of Child Safety used title IV-B, subpart 2 kinship navigator funds during the CFSP period to expand the kinship stipend program. The funds were used to meet the immediate needs of kinship out-of-home caregivers to allow kinship foster children to be safely placed with them for foster care. Examples of support provided include car seats, clothing, bedding, and pool fences.

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Please see *Section VIII: 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 intends to use Funding Certainty Grant funds 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.

Arizona did not receive or utilize any federal supplemental Disaster Relief funding.

***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 by the CFSP.

The Department's service array was rated an area needing improvement during the Arizona Round 4 2023 Child and Family Services Review because stakeholders reported significant waitlists for behavioral health services and psychological evaluations, especially in rural areas. Historically, there have not been waitlists for psychological evaluations and there has been no need to track this area; however, during the second portion of SFY 2024 there started to be a waitlist for psychological evaluations specifically in Pima County. Because of this, an additional contract was developed with a provider, which will address the need. There have been gaps during the prior CFSP period in the service array related to transportation, domestic violence, crisis stabilization, parent skill-building, housing, and substance use services. During the second half of SFY 2024, however, the Department has improved service availability and addressed waitlists for several of the services including Family Connections, Supervised Visitation Only, and transportation.

Supervised Visitation Only services saw a significant increase in utilization during the pandemic as COVID-19 restrictions were eased. Starting in 2022, the waitlist began to increase. Targeted efforts were made during 2022 and 2023 to influence the waitlists including paying providers additional funds to accept additional referrals. This was successful in reducing the size of the waitlist; however, the waitlist increased again when the incentive payment was discontinued. During early 2024, DCS addressed the waitlist issue by assigning field Program Managers and Administrators to review referrals on the waitlist to ensure the appropriateness of the referral and determine if the SVO services were still needed. This effort significantly decreased the waitlist for SVO services from 516 on January 5, 2024 to 47 on June 7, 2024 (source: SVO 2024 Statewide Report 6/14/24).

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Family Connections Service waitlists were also greatly reduced during SFY 2024. The Department's efforts that influenced these improvements include changing the procedure related to when a family should be referred to Family Connections at a level 2 (home visits twice per week) versus the frequency of level 1 of once per week, which was the basis for the initial measure of effectiveness of the program, updating the procedures to ensure those families on the waitlist continued to need the service prior to matching the family with a provider, and making adjustments to provider caseload measurement, which allowed some inactive families to not be counted allowing providers to start working with new families on the waitlist. Additional providers for FC were also added in 2023 to help with the waitlist. During calendar year 2024, the waitlists have significantly decreased as providers have been able to maintain staff and referrals are being reviewed by DCS field leadership to ensure the right families are being referred to the program. The FC Level 1 wait list reduced from 310 on January 5, 2024 to 74 on June 7, 2024. The FC Level 2 wait list fluctuated between 6 and 69 during this timeframe. The FC SENSE waitlist remained low during this entire timeframe, ranging from zero to eight families (source: FC 2024 Statewide Report 6/14/24).

The Department has also taken action to address the availability and quality of transportation services. During SFY 2024, the Department increased reimbursement for foster parents to transport children, updated procedures related to the transportation of children under the age of 8, began a partnership with the education community to reduce the number of children transported to school by contracted providers, and reduced the need for transportation for drug testing, all of which will increase the quality of transportation services and reduce the overall use of contracted transportation resulting in the service being available for circumstances not able to be met in other ways. These efforts have increased the quality of the transportation services and reduced the usage of contracted transportation services.

There have been no significant waitlists for AFF substance abuse services, Clinically Supervised Parenting time, or NPP services during SFY 2024.

CFSR Round 4 CFSR stakeholder interviews indicated delays in services for behavioral health services. During the prior CFSP period, an updated system was implemented to improve the Integrated Rapid Response (IRR) referral process that is initiated within 24 hours of a child entering out-of-home care. A web-based portal was created in December 2023 to submit the referrals, which has reduced errors and barriers previously experienced using the previous manual email process. The IRR is to be completed by the mental health agency within 72 hours of the referral. From October through December 2023, 81% of the IRRs were completed within 72 hours, with the average IRR completion time being 51 hours. This improved process is expected to increase the number of children who receive an IRR within 72 hours of removal.

DCS CHP also has a process to address access to timely services. The 21-day process requires healthcare providers to enter a service, the date the service was requested, and elevation dates both internally and through the health plan when delays in service delivery are anticipated. Providers are also required to confirm dates services were initiated. DCS CHP's contracted health plan reviews the reports with providers and provides feedback, coordination, and assistance with identifying the needed service. DCS CHP's contracted health plan uses information from the provider reports to identify network gaps in all parts of the state. For example, during FFY 2023,

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a trend was noted that some providers were experiencing difficulties meeting the timely expectation for respite, particularly in-home respite. DCS CHP's contracted health plan expanded both in-home and facility-based respite to meet the need. As a result, the number of respite-related service concerns regarding capacity diminished, particularly for in-home respite.

During CY 2023, the DCS CHP Supplemental Behavioral Health Clinical Chart Audit was completed involving 36 Children's Behavioral Health Homes (BHH) who serve the DCS CHP population. The records for 503 children were reviewed, including children who have high needs case managers, children who do not have high needs case managers, and children who have been placed with multiple caregivers. The audit found that all four areas evaluated in CY 2023 met the minimum threshold performance of 85% with improvement from the prior year in three of the four areas. Assessment, service planning, & provision requirements scored 85.66% in CY 2023; service provision effectiveness requirements scored 97.28% in CY 2023; Child and Family Team meeting facilitation requirements scored 85.47% in CY 2023; and enhanced behavioral health services-post integrated rapid response requirements scored 88.45% in CY 2023. The scores and sub-measures included in the audit specific to the timing of service provision include the following.

- Is there documentation indicating that the member received all services identified in the ISP within 21 days of completion of the plan, or within the timeframe contemplated by the ISP? 61.35% CY 2023
- Are CFT meetings conducted at a frequency consistent with the identified needs of the child? 90.76% CY 2023
- If the behavioral health services previously recommended by the CFT were not provided as contemplated by the CFT, is there documentation indicating why not, documentation of efforts that were made to provide the services, and documentation of what corrective actions were determined necessary to ensure that relevant needs are being met? 80.82%
- For members referred to behavioral health services by an Integrated Rapid Response Team/Provider, is there documented evidence that the initial intake appointment occurred within 7 days of the referral? 79.03% CY 2023
- For members referred to behavioral health services by an Integrated Rapid Response Team/Provider, is there documented evidence that the first direct service begins no later than 21 days of the completed intake appointment? 83.03% CY 2023
- For members referred to behavioral health services by an Integrated Rapid Response Team/Provider, is there documented evidence that a comprehensive assessment was completed with the child and family no later than 45 days from the date of the intake? 98.89% CY 2023
- For members referred to behavioral health services by an Integrated Rapid Response Team/Provider, is there documented evidence of ongoing services being provided, at a minimum of monthly, for at least 6 months? (unless services are declined by the youth or caregiver or no longer in DCS custody) 83.39% CY 2023
- For members referred to behavioral health services by an Integrated Rapid Response Team/Provider, was an Individual Service Plan completed no longer than 90 calendar days from the intake appointment? 97.79% CY 2023

The DCS CHP System of Care (SOC) team monitors fidelity to the Child and Family Team (CFT) model, including that the CFT practice is adhering to the Arizona Twelve Principles by observing CFT meetings through the use of the CFT Practice Evaluation Tool, which is a standardized tool.

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The findings are shared with the Department's health plan team for the purpose of addressing any system needs identified. These evaluations are conducted monthly using a methodology by which a random sample of members are selected for review. Between May 2023 and May 2024, between 26 and 49 members were reviewed per month. CFTs are evaluated using a Targeted Skills Rating Scale of 1-5, with 1 at the lowest end and 5 at the highest end of proficiency. Monthly scores were between 3.5 and 4.1 each month during the review.

Although progress has been made, the Department will continue to work with providers and stakeholders to address any remaining or newly developed waitlists and service gaps. For example, the Department has recently begun efforts to work with stakeholders to explore the Department's assessment of and service array to address domestic violence/intimate partner violence.

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. Agencies providing family support services are located throughout the state in every county to better serve all populations including underserved populations.

In addition to the ongoing needs assessments DCS Specialists conduct on a regular basis, Arizona provides a wide array of services to families involved with the child welfare system, which include specific assessment procedures to explore the individual strengths and needs of the family. The Family Connections (FC) program utilizes the Comprehensive Family Assessment Summary, which is completed within thirty days of the referral. This assessment measures numerous areas of need including parenting attitudes and behaviors, family functioning, social support, family resources, managing parenting stress, child well-being (emotion/trauma, behavior, development/early learning, academic status, positive relationships, family relationships, physical health, cultural identity, substance awareness, and preparation for adult living), caregiver's health, cognitive skills, substance use, domestic violence, and the strengths and needs for each caregiver and youth. Based on the results of this assessment, the Edinburgh Postnatal Depression Screening (EPDS) and/or a Life Events Checklist (LEC-5) is administered. Emergency and concrete needs are assessed within the first thirty days of working with a family. The information from these assessments lead to core outcomes to be targeted for change and change strategies are developed with input from the family and the DCS Specialist. The FC Connections Outcome-Driven Service Plan, completed within forty-five days of the referral to the program addresses behavioral change goals, family strengths, social supports, family functioning, family resources, child well-being, parenting attitudes and behaviors, managing stress, and services needed. After ninety days of service an FC Evaluation of Change (EOC) assessment is completed that compares the initial self-interview to a current self-interview to assess progress on goals. When a parent, caregiver, or child needs an emergency behavioral health assessment or treatment services, the FCC shall complete the Benefits Screening Tool and refer the individual to the appropriate agency based on the results of the needs assessment.

The Nurturing Parenting Program (NPP) Family Nurturing Plan for Parents is structured to assess the specific needs of the caregiver in order to build the caregivers' parenting skills. Each of the lessons identifies skills to be focused upon (competencies) along with the Home Practice Assignment, which is designed to encourage the practicing of the new parenting skills. The NPP Assessment may include the Adult-Adolescent Parenting Inventory (AAPI-2), the Parenting

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Attitudes About Raising Teens Inventory (PARTI), and the Nurturing Skills Competency Scales (NSCS) based on the circumstances of the specific family. AAPI-2 addresses inappropriate expectations, empathetic awareness, discipline, role responsibilities, and oppressing children's independence. PARTI addresses psycho-social development, respect, discipline, teen roles and responsibilities, and empowering teens. The NSCS gathers information about the caregiver's childhood, spouse/partner, children and family members, knowledge of nurturing parenting, and utilization of nurturing parenting. The initial assessments are reviewed at a later date to assess progress and change.

The SENSE program's Health Consultant Nursing Assessment, completed by a registered nurse, addresses the newborn's birth history, current medical information, physical assessment, developmental assessment, environment, routines, family medical history, and family health and well-being. The nurse discusses the assessment with the caregiver, provides resources as needed, and recommends any follow up care needed for the newborn.

Arizona Families FIRST (AFF) delivers services in all five stages of the substance use treatment process including screening to identify potential substance use and the need for further assessments; a comprehensive assessment with a treatment professional to determine the diagnosis and the person's individual needs; stabilization which may include detoxification; substance use disorder treatment comprised of case management, relapse prevention, medication assisted treatment and education, and continuing care; and recovery support which includes ongoing outreach and supportive services. Within seven days of the client agreeing to services a Comprehensive Assessment is completed to identify whether the client requires treatment and if so, the level of care and supportive services needed.

The Clinically Supervised Parenting Time (CSPT) program is utilized to provide supervised parenting time and parent coaching by a qualified mental health clinician to families with substantiated or alleged severe or egregious abuse, medical child abuse, sexual abuse, parent-child alienation, and other qualified circumstances. The program includes the CSPT professional conducting the Clinically Supervised Parenting Time Intake and Assessment. The assessment explores prior DCS history, previous parenting classes, goals for parenting time visits, counselor history, chronic illness history, current services, children in care, and the needs of the children to develop a plan to meet the family's parenting time needs.

The Extended Foster Care program for youth who reach the age of 18 while in foster care, includes several assessments to ensure the youth's needs are explored and met. Areas of assessment and service provision include engaging young adults in a coach-like way, providing support to young adults during periods of crisis, identifying goals, securing safe and stable housing, and community service referrals specific to the young adult's identified needs. The Successful Transition to Adulthood (STA) program helps to ensure that young people who are experiencing foster care develop protective and promotive factors that will increase the young person's ability to live successfully outside of the foster care system. The STA program is available for youth starting at age 14 and includes an assessment of the Youth Thrive Protective and Promotive Factors; education and support for the youth related to youth advocacy, rights, hope, resiliency, and crucial conversations; utilization of the Youth Connections Scale; Family Finding activities to identify existing natural connections and support the young person in developing these connections or re-

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establishing lost connections; and development of a comprehensive school experience plan that outlines and supports the young person's educational programming, extracurricular activities, social connectedness, and overall school satisfaction. The STA program also includes a review of the young person's mental health experience, including advocacy for mental health services that address underlying trauma (versus focusing on behavior symptoms), the use of the 3-5-7 Model to provide experiential opportunities to explore grief and loss from past trauma, and evaluation of a young person's satisfaction with their living arrangement including how the living arrangement supports the youth's goals and interests, and coordination with the young person's caregiver to discuss how the caregiver can provide normalcy experiences and opportunities to practice daily living skills. For youth ages sixteen to twenty the STA program addresses all of the above in addition to assistance in securing original copies of vital documents, assistance to advocate or navigate services and resolution of barriers involving other service systems, parenting/pregnant services and advocacy when the youth has DCS involvement with their child, and the use of the curriculum and workshops for skill building related to interpersonal relationships, conflict management, crisis management, self-reliance, critical thinking, pre-employment skills, career aptitude exploration, job placement supports and connections to employers, and financial literacy.

The Healthy Families Arizona (HFAz) voluntary home-based visitation program serves pregnant women and families with children ages 0-5. Providers utilize the validated Family Resilience and Opportunities for Growth (FROG) Scale to identify family strengths and concerns at the start of services. Risk factors and stressors identified in the FROG Scale as well as risk factors that emerge later in the course of services are addressed during the course of services utilizing the HFA Service Plan. The family goal is used throughout the course of service to build family's resiliency and promote protective factors. Providers administer the developmental screening for all focus child(ren) and ensure proper follow-up for any suspected developmental delays. Providers ensure families are linked to medical providers for preventative healthcare and to ensure all focus child(ren) receive(s) timely immunizations. Providers also conduct a depression screening with all families using a standardized instrument and make referrals for services if warranted.

The Supervised Visitation Only (SVO) service is utilized to ensure safe parenting time can occur when a family does not require visitation skill building parenting services. The providers observe and monitor the parent or caregiver's parenting skills while interacting with their children. Observations are documented in the Summary of Supervised Visitation form and provided to the DCS Specialist, who uses the information to help inform the family's needs assessment and service provision. The providers also help to prepare the parent or caregiver for child's potential reactions at the visit and help the parent or caregiver cope with their feelings in order to assist them during the visit.

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

An area that will be focused on for improvement during the CFSP period is domestic violence/intimate partner violence. The Domestic Violence Intimate Partner Violence (DV/IPV) Practice Change Focus Workgroup workgroup was developed during SFY 2024 to improve the response of the child protection system in Arizona to families experiencing domestic violence or intimate partner violence. The intent of the project is to effect change at multiple levels to include

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increasing DCS staff's knowledge and skill to support families affected by violence and power and control issues within their relationships, increasing the use of trauma-informed and empowering language in dependency petitions and court reports, and enhancing the service array including increased coordination with providers and making connections to prevention services. The initial focus of the workgroup and Department efforts is to explore community supports and services so that information can be communicated to DCS staff for their support of families. Also, the wording utilized within DCS documents, such as within dependency petitions and court reports, is being explored to identify improvements that can be made to reduce the unintentional blame placed on victims of violence and power/control situations.

The Department's Office of Consultation and Research and Fidelity and 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 continues to utilize an Active Contract Management process focusing on key success metrics, and closely aligning 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. Regularly scheduled 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 implementing processes 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 Management, the Department continues to improve relationships with providers, reduce the number of vendor performance issues, and improve service quality.

**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 2023 Round 4 Child and Family Services Review because stakeholders reported a lack of assessing for and providing individualized and culturally appropriate services, including a lack of diversity within service providers. Similar to many states across the nation, Arizona experienced the effects of the Great Resignation during and following the COVID-19 pandemic. The Department and provider agencies struggled to hire and retain staff, including individuals of



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varying race and ethnic backgrounds and staff who speak languages other than English. Item 30 was also found to be an area needing improvement due to stakeholders noting challenges in locating placement and specialized services to address specific needs, such as for children with varying intellectual and developmental abilities as well as children and youth with behavioral health needs. The number of licensed foster homes in Arizona, including therapeutic foster homes, also decreased during and following the pandemic.

The Arizona Foster and Adoptive Parent Diligent Recruitment Plan for FFY 2025 includes strategies to address the need for additional foster homes for teens, siblings, and children with complex medical/behavioral health needs, including the use of Daley Solutions and its TheFosterParent.com web platform to help recruit for these more challenging to place populations. In addition to targeted media, Daley Solutions can assist in making connections and facilitating a “warm handoff” between prospective families and the Department and/or its contracted licensing and adoption agencies. Daley Solutions also hosts periodic information sessions over Zoom which the Department and contracted agencies can attend to connect with prospective caregivers.

The Department has strategies in place 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, and 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. These requirements are specifically included within the Family Connections, Nurturing Parenting Program, and SENSE contracts. These contracts also include language to ensure services, procedures, and forms are culturally relevant, linguistically appropriate, and gender responsive and require the contractors to ensure cross-cultural communication support with the involvement of culturally competent staff in all levels of service delivery. 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 Family Connections and Nurturing Parenting Program services contain specialized curriculum designed to meet the focused needs of several sub-populations such as fathers, African American families, families with cognitive delays, and Native American families.

A number of services provided to families involved with the child welfare system include specific assessment procedures to explore the individual strengths and needs of the family to ensure the services are individualized to meet the specific needs of the individuals served. See the Item 29: Array of Services section for additional details.

Continuous improvement in the Systemic Factor of Service Array will be addressed through activities identified in the CFSR Program Improvement Plan (PIP). The PIP content is currently being negotiated. Progress related to completed PIP activities and achieving improvement will be reported in future APSRs.

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

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

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

The Department's framework for collaboration with stakeholders includes three components: a strategic plan, targeted engagement activities, and continuous engagement initiatives. These components provide access to stakeholders, forums for consultation, and a method to articulate the Department's CFSP, 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 2023 CFSR Round 4 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 State's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

Arizona received an overall rating of strength during the Arizona 2023 CFSR Round 4 for Item 32: Coordination of CFSP Services with Other Federal Programs to ensure that the state's services are coordinated with services or benefits of other federal or federally assisted programs serving the same population. The Department has continued to work closely with federal programs that serve the same families as the Department. The federal programs the Department 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; US Embassies; US Immigration and Customs Enforcement (ICE) and the Federal Bureau of Prisons in an effort to strengthen search efforts for missing parents; and US Marshals Service and Federal Bureau of Investigations (FBI) to strengthen search efforts for missing and runaway youth.

### **7. Foster and Adoptive Parent Licensing, Recruitment, and Retention**

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

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

Arizona received an overall rating of strength during the Arizona 2023 CFSR Round 4 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. All pre-adoptive parents completed their required criminal background checks and were certified to adopt by the court prior to a final adoption.

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. Marketing campaigns target these populations through visual imagery and specific language that identifies the ethnic and racial diversity needs of the children in care.

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 state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

Arizona received an overall rating of area needing improvement during the Arizona 2023 CFSR Round 4 because according to the CFSR final report, the state did not provide data to demonstrate the extent to which criminal background check requirements are met for the various types of foster and adoptive placements. Also, the final report indicates the state did not provide specific evidence to demonstrate that the Department monitors criminal background check clearances for foster home licenses.

Arizona requires all foster families, including anyone living in the home age 18 or older, to have a valid Level 1 Fingerprint Clearance Card prior to being provided an initial license and at the time of license renewal and when any amendments are made to the license. The Department also completes an Adult Protective Services check, an Arizona child welfare check, and a sex offender registry check for everyone at the same times. All pre-adoptive parents are required to complete criminal background checks prior to being certified to adopt by the court prior to a final adoption. Arizona requires child welfare institution (group homes, shelters, congregate care facilities) staff to have valid Level I Fingerprint Clearance Cards and central

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registry checks prior to being provided an initial license and at the time of renewal. Staff hired during the licensing period must have the necessary background checks prior to employment. The Office of Licensing and Regulation (OLR) generates daily reports from Quick Connect, its licensing database, which includes any fingerprint clearance cards that have been denied, suspended, or revoked, which allows the Department to monitor the clearance cards.

The Department partners with the Department of Public Safety and Fieldprint for fingerprinting services. Fieldprint has numerous sites across the state. Fieldprint offers a convenient and expedient method for fingerprinting by which unlicensed caregivers, prospective unlicensed caregivers, licensing applicants, licensees, Department staff, and others may secure fingerprint clearance cards. Applicants can select a location where the fingerprint process occurs. This system then transmits the fingerprints directly to the law enforcement agencies for a criminal history search. This online process eliminates the need for a paper application. Applicants with no record should receive a physical fingerprint clearance card in three to five business days.

Arizona statute requires all applicants for foster home licensure to submit fingerprints for the purpose of conducting criminal history background check and to obtain and maintain a Level 1 fingerprint clearance. A Level 1 Fingerprint Clearance Card is issued by the Arizona Department of Public Safety (DPS) and necessitates a broader and more detailed inspection of the applicant's criminal history than other levels of clearance cards. Cards are valid for 6 years and the card requires fingerprint re-verification upon renewal. The validity of the card can be checked by contacting DPS at any time and the Department of Child Safety also has a database to assist with the verification process further. Quick Connect (QC), the Department's foster care licensing database/platform, is the interface with the DPS fingerprint card database. This interface ensures DCS is aware of, in real time, the validity of a card. Should a caregiver be arrested and/or the fingerprint clearance card suspended or revoked, DPS updates their database to show the card as invalid and Quick Connect automatically updates with this information. OLR would then take immediate adverse action on a license, as the system initiates an automatic email informing OLR of the suspension or revocation. Since a valid Fingerprint Clearance Card is a requirement for foster home licensure, the foster home license is revoked should the card be suspended or revoked. Since July 2023, OLR has revoked 12 foster home licenses due to suspended or revoked fingerprint clearance cards.

The verification method ensures licensed foster parents and child care institution staff are continuously in compliance with the background check requirements. In addition, applicants for licensure have to possess a valid card and because of the interface between QC and DPS, the system will not allow OLR to proceed with issuing a license without the necessary card and required fingerprint-based checks.

In addition to fingerprint-based background checks, foster parents, child care institution staff, and applicants are subject to child protective services central registry checks for Arizona and in another state if the individual has lived outside of Arizona in the prior 5 years. Those checks using name, date of birth, and social security number, are also requested and verified through Quick Connect. Registry checks are conducted at initial application and renewal of licenses and upon hire for child welfare agency staff.

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Licensing staff conduct reviews at specific touchpoints in the license process (initially and annually for childcare institutions and initially, renewals, and amendments for foster homes). These reviews include a checklist that details the criminal background clearance requirements. For family foster home licensing, the checklist undergoes a quality assurance review for accuracy and completeness. In the past fiscal year, reviews have confirmed that there were no instances when a family foster home license was issued that did not meet the background check requirements. From June 2023 through April 2024, review checklists confirmed that the necessary background checks were completed for the 520 new foster home licenses issued by OLR, as well as the 655 renewal licenses. From July 2023 through June 2024, reviewed checklists confirmed all the necessary background checks for child welfare agencies licenses were conducted at the time of application for the two new licenses and the necessary background checks for child welfare licensees and their employees at the time of renewal were conducted for all 84 licenses renewed.

The DCS Child Welfare licensing unit has standard work that outlines the process to notify congregate care staff of expired or missing fingerprint clearance information, such as when the card is not populating in Quick Connect (expired or missing status). Standard work for the notification of denied or suspended fingerprint clearance cards for congregate care staff occurs based on real time daily reports received from Quick Connect. When OLR receives notice that a congregate care staff's fingerprint clearance card has been suspended or revoked, an immediate action notice is sent to the child welfare agency indicating the staff person cannot have direct contact with children and/or must be terminated.

In addition to statute requiring background checks for licensees, household members, and staff working in licensed child welfare agencies/congregate care facilities, the Department has added these requirements to the contracts with congregate care providers as well as having administrative policy DCS 15-32, which specifically addresses background checks for child welfare agency staff. The policy stipulates the Child Welfare Agency shall submit a DCS Central Registry Clearance check in the Department's electronic database prior to all staff hire dates with the Child Welfare Agency in accordance with A.R.S. § 8-804, and a completed interstate central registry request (aka Adam Walsh Act) form to OLR, and verify that the results have been received by OLR from the processing state prior to the hire date with the Child Welfare Agency for any staff that have lived in another state other than Arizona within five years prior to the hire date. In addition, the policy states, the Child Welfare Agency staff shall have obtained a valid Level One Fingerprint Clearance Card in accordance with A.R.S. § 46-141.

The Department's Audit Management Services conducts internal reviews to determine compliance with the criminal background check requirements for congregate care providers. Employee rosters are reviewed to assess whether the required safety checks occurred upon hire, annual central registry checks, and the fingerprint cards being valid during the review period. The results are provided to OLR to review with the providers and take any necessary licensing actions. Audits and OLR reviews have found instances where child welfare agencies have allowed staff to begin working without the necessary background checks. As a response, the Department has provided training to congregate care providers on the background check requirements and how to use and request checks via Quick Connect. In addition, OLR has issued licensing violations and can escalate to adverse action against a license. The Department

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has made contract amendments in order to withhold payment to congregate care providers if the Department discovers staff have not had the necessary background checks.

Out-of-home caregivers having their criminal background checks completed as required contributes to a low rate of children being abused while in foster care. According to the February 2024 CFSR Data Profile, the Department's FFY 2021 risk-standardized performance was 5.43, which is better than the national CFSR performance of 9.07 children or fewer having a substantiated report per 100,000 days in out-of-home care. Of the 108 out-of-home PICR case reviews completed during CY 2023, only 22 had any indication of an out-of-home caregiver licensing concern or safety concern. In 11 of those 22 cases that identified a possible concern, the case reviewers were able to gather evidence that the agency appropriately addressed the concerns in a thorough and timely manner. The number of concerns that were fully addressed could be higher as some of the case workers assigned at the time of the concern were not able to be interviewed due to reasons such as no longer being employed with the agency. The CFSR cases reviewed in December 2023 showed that in 2 of the applicable 40 out-of-home cases, there was a concern about the child's safety related to the out-of-home caregiver that were not adequately or appropriately addressed. In both of the cases, the mothers struggled with substance use and the level of contact between the mothers and children while the children were placed with a relative caregiver was not thoroughly explored to determine if the level of contact posed a safety threat to the children.

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

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

Arizona received an overall rating of area needing improvement during the Arizona 2023 CFSR Round 4 for Item 35: Diligent recruitment of foster and adoptive homes because according to the CFSR Final Report, the Department did not describe how the state's demographic data is used to drive and target recruitment efforts and the state's process for addressing gaps in the racial diversity of caregivers compared to the racial diversity of children in foster care.

The Department understands the importance of not only general recruitment but also the increased development of robust targeted recruitment plans. During the CFSP period, the Department plans to continue its long history of active and diligent recruitment, including general recruitment, child-specific recruitment, targeted recruitment, and collaboration with community and faith-based organizations. Recruitment efforts continue as a partnership between the Department and contracted foster care and adoption services (FAS) agencies. Arizona desires to recruit and retain an out-of-home caregiver population that matches the racial and ethnic diversity of children in care. The Department continues to recruit foster and adoptive families to care for children of all ages, with the most significant need continuing to be for teens, sibling groups, and children with complex medical and behavioral health needs.

The Department's focus in regard to recruitment for the next five years will be to:

- increase the caregiver array and its diversity so the caregiver population matches the racial and ethnic diversity of children in care,

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- increase the population of foster homes serving siblings and teens, and
- promote kinship care in order for more children to be placed with kin and for more children to achieve permanency with kin.

The Department selected these focus areas based on the characteristics of children needing foster and adoptive homes. Since SFY16, the number of children entering into the care of the Arizona Department of Child Safety has steadily decreased; however, a disproportionate number of Black/African American and American Indian children are in care, compared to the general population in Arizona. In June 2024, 21% of children entering care were Black/African American and 12% were American Indian (source: Entries and Exits PBI, June 17, 2024) compared to 5.2% of the Arizona population identifying as Black/African American and 4.6% American Indian (source: Arizona Office of Economic Opportunity, July 1, 2023). The racial disparity continues when the types of living arrangements are examined for each racial group. Of the children placed in congregate care, 27% are Black/African American despite Black/African American children representing 19% of the out-of-home population in Arizona. African American and American Indian children are more likely to be placed in out-of-home care and African American children are more likely to be placed in congregate care.

The Department is not always able to place children in foster homes that match their ethnic and racial make-up because the racial diversity of Arizona’s current foster parents does not match that of the children in out-of-home care.

	<b>African American</b>	<b>American Indian</b>	<b>Asian or Pacific Islander</b>	<b>Caucasian</b>	<b>Hispanic</b>	<b>Unknown or other</b>
<b>AZ Foster Homes</b>	11.7%	1.4%	2.6%	61.1%	23.1%	0.1%
<b>AZ Children in OOH Care (birth to 17)</b>	17.7%	10.4%	1.0%	33.7%	32.8%	4.4%

Sources: Semi Annual Child Welfare Report March 2024 and OLR Active License Report April 2024

The need for foster and adoptive families is estimated utilizing the Recruitment Estimator tool created by the Department based on out-of-home data, which is provided quarterly to foster licensing agencies statewide. Based on the number of prospective foster homes that are in pre-service training, have been licensed, are active, and have closed their licenses, the Recruitment Estimator projects the need for homes in each region of the state. The Recruitment Estimator examines the number of children in care at the time of the estimate by county, age, race, and specialized level of need and predicts the level of need for foster homes.

DCS also considers the child’s age when exploring the need for foster homes. In May 2024, 40.3% of the children were ages 5 and under, 30.6% were aged 6-12, and 29.1% of the children were ages 13-17. According to the March 2024 Department of Child Safety Recruitment Estimator, it was estimated that during the subsequent twelve months, the Department will need to recruit 410 foster homes for children ages 6-12, 701 foster homes for teens ages 13-17, 279 foster homes for sibling groups of four or more children or 419 when factoring in difficulty of placement, and 165 foster

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homes for children with complex medical needs, including those who receive services through the Department of Developmental Disabilities. The Department does not estimate a need to recruit additional foster homes for children ages 0-5 since that age range is common on foster home licensing parameters and there is a surplus of bed availability for those ages. These estimates are designed to ensure that not only the number of current licensed homes remain balanced by replacing homes that will close their licenses during the year, but also that new homes will meet the specific needs of children in care.

The information provided by the Recruitment Estimator report also outlines the need for homes based on race and Hispanic ethnicity. This helps drive recruitment efforts to provide homes that can reflect the racial makeup of the children in care and ensure homes are available that are culturally aware of the needs of the children. The March 2024 Recruitment Estimator projected a need to recruit 121 Caucasian families, 489 Hispanic families, 247 African American families, and 225 Native American families to meet the needs of children served in foster care.

The Department had a total of 2,071 licensed foster homes on June 1, 2024 with a total of 4,592 bed spaces (source: Quick Connect, Active License Report June 1, 2024). The Department's bed capacity includes beds for which no child has been matched. The Department has identified that children are often not matched with an available foster home bed because the families are waiting for children with certain characteristics, such as age or gender. Most of the available beds are for ages 0-5.

Family foster homes can be licensed for up to five children; however, the average foster home in Arizona is licensed for 2.2 children, making it difficult to place larger sibling groups. Most of the older youth needing out-of-home care are placed in group homes. Twenty-five percent of children in out-of-home care are between the ages of 13 and 17. The Department has a need for foster homes licensed for older children and large sibling groups.

For additional information, see the Arizona Diligent Recruitment Plan for FFYs 2025-2029 submitted with this CFSP. Pages 10 through 13 of this plan describe current or planned activities to continuously improve performance and strengthen outcomes consistent with the agency's vision.

**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 2023 CFRS Round 4 for Item 36: Cross-jurisdictional resources due to the state not providing data nor evidence of the effectiveness of the use of cross-jurisdictional adoptive placements such as Children's Heart Gallery, AdoptUSKids, Wednesday's Child, and contracted provider websites. This area was also an area needing improvement due to Arizona having room to improve in the timeliness of completing ICPC requests.



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The Department maintains contracts with agencies to conduct Child Specific Recruitment (CSR) services to locate adoptive families or kin placements for children in care needing an adoptive home. CSR contractors are required to submit monthly reports to the Department addressing progress and finalization data on each child referred to the service. The monthly report lists each child receiving CSR services and if that child has been matched, been placed, had a finalized adoption, closed, or is still receiving ongoing efforts to find a match. From July 2023 through May 2024, 79 new referrals were made to CSR services. During that timeframe, of the total children having a CSR referral 62 children were matched, 76 children were placed in adoptive homes and 36 children finalized adoptions. The Department has a need to further delve into and track outcomes of the CSR program. The Department seeks to capture information about the reasons why more children are not matched/placed and do not achieve permanency through this resource.

Similar to the progress and finalization data the Department tracks for CSR efforts, the Department will begin tracking data specific to the efforts of the Children's Heart Gallery, AdoptUSKids website, and Wednesday's Child. Most of the children featured on the Children's Heart Gallery, AdoptUSKids, and Wednesday's Child are also involved in CSR services and there is an overlap of data and some difficulty determining which referral source led to an adoptive placement for a child. The Department has been tracking inquiries coming from the three sources and will start to track and analyze how many of the inquiries lead to a placement match and how many lead to an adoption finalization. The Department will also begin to track the obstacles and barriers to matching and finalization of adoptions and reasons why inquiries do not move further along in the selection process.

The Department plans to release a Request for Information (RFI) in July 2024 through the state procurement office inquiring about what software platforms exist that can assist in tracking recruitment leads. The RFI is the first step in determining if the Department will build a recruitment platform or solicit proposals through the state procurement office to meet the need/void.

Arizona utilizes the National Electronic Interstate Compact Enterprise (NEICE) 2.0 system for ICPC data tracking. During FFY 2023, Arizona received 841 ICPC requests for a home study of an Arizona family as a potential placement resource. Arizona completed 698 of the home studies within the 60-day timeframe or provided preliminary reports. During FFY 2023, Arizona made 898 requests to other states for home studies and 772 of the ICPC home study requests were completed within the 60-day timeframe or Arizona ICPC was provided with a preliminary report. For FFY 2024, Arizona is tracking 442 incoming ICPC requests and 568 outgoing requests. Arizona is making efforts to improve timeliness by exploring the ability to utilize contractors more effectively. Expanding which contractors can be used is expected to lower issues caused by current staffing challenges. Arizona is also reinforcing expectations with contracted providers in order to ensure the contractors understand the importance of meeting timelines.

Continuous improvement in the Systemic Factor of Foster and Adoptive Parent Licensing, recruitment, and Retention will be addressed through activities identified in the CFSR Program Improvement Plan (PIP). The PIP content is currently being negotiated. Progress related to completed PIP activities and achieving improvement will be reported in future APSRs.

# **Section V**

## **Child and Family Services Plan FFYs 2025-2029**

### ***Five Year Strategic Vision***

The Department’s vision is that children thrive in family environments free from abuse and neglect. The Department’s mission is to successfully partner with families, caregivers, and the community to strengthen families, ensure safety, and achieve permanency for all Arizona’s children through prevention, services, and support. DCS strategies, objectives, metrics, and initiatives have been developed and aligned to reach our vision through daily application of our shared values:

- **Safety**-We are safety experts. We create physically and psychologically safe environments for children, families, caregivers, staff, and service providers. Our organizational culture provides safety to explore all ideas and topics, learn about other perspectives, and support one another.
- **Compassion**-We are Compassioners. Everyday, we work with empathy and respect for all. We lead with kindness in understanding that families are influenced by their experiences. We treat every child, family, and caregiver as if they were our own, and connect with people by seeking all points of view.
- **Change**-We are all born to grow. We are curious, open to change, and seek continuous improvement, driven toward our vision and mission.
- **Accountability**-We hold ourselves to the highest levels of professionalism. We embrace practice and process standards in order to provide the very best services consistently and efficiently, with transparency and privacy for children and families.
- **Equity**-We fulfill our mission by enhancing our cultural competence, identifying and respecting our differences, and improving our policy and practice to ensure equitable outcomes for all.
- **Advocacy**-When children can’t speak for themselves, we can. As leaders in child well-being, we advocate to make the world a better place for children, while helping their families improve and heal. We champion actions that strengthen communities, families, and our staff.
- **Family**-Family reaches beyond the home. As the DCS family, we strengthen each other by connecting people with their communities so that all can thrive in a safe and supportive environment.
- **Engagement**-Engagement means listening and being responsive to earn the trust of all we encounter. Through engagement, we make discoveries together and build upon individual strengths. We involve families in decisions and help them find family-specific solutions.
- **Teaming**-The best decisions are made together. We use our collective knowledge and consider everyone’s viewpoints to identify opportunities, best possible outcomes, because child safety is a responsibility we all share.

### **Goals, Objectives, Benchmarks, and Measures continuation**

Arizona’s 2025-2029 CFSP goals and SFY 2025 strategic plan will continue to build upon the accomplishments of the prior CFSP goals, prior strategic plan, and prior CFSP PIP. Many of the goals and objectives are multi-year large improvement projects that will continue into the 2025-2029 CFSP such as improving the timeliness to permanency, reducing the use of congregate care, improving the support of out-of-home caregivers, and developing a culture of psychological safety for the workforce.

The following goals, objectives, metrics, and initiatives are identified in the Department’s strategic plan for SFY 2025-2029. The Department maintains a project plan that identifies benchmarks (key actions) for each objective and includes additional measures. Each objective/initiative has a governance structure and comprehensive project plan to plot milestones, monitor progress, and identify countermeasures when a barrier is identified or a target date missed.

**Goal 1: Of families with a screened-out intake, increase the number that receive services through Family Resource Centers by 20% by August 2029.**

<b>Objective 1.1: Establish a pilot program for connecting families with a screened-out intake to a Family Resource Center.</b>
1.1.1 Expand the Office of Prevention to increase community outreach and engagement
1.1.2 Collaborate with prevention partners to strengthen the Family Resource Center Network
1.1.3 Expand family support services in communities with high rates of child entry into care
1.1.4 Implement the Family First Prevention Services Act (FFPSA) project actions

*Objective Metrics and Targets:*

<b>Metric</b>	<b>Five Year Target</b>
Percentage of pilot program implemented	100% by 6/30/2025
Of families with contact information provided to the FRC, the percentage contacted by the FRC pilot site	90% by 8/31/2029
Of families contacted by the FRC, the percentage who engage in a service	20% by 8/31/2029
Reduce the rate of reports to the DCS Hotline per 1,000 children in Arizona	Reduce by 8/31/2029
Reduce the rate of repeated DCS reports within 12 months	Reduce by 8/31/2029

*Rationale for Goal Selection:*

The Department and other child welfare partners, believe the community is the first line of defense against child abuse and neglect for children in Arizona and one of the best resources for primary prevention. Upon examination of calls made to the Hotline, it was learned that a large number of calls were related to the families’ needs for concrete supports and services, or contained information suggesting the family might benefit from a referral to a supportive agency within their community. Through a partnership between the DCS Office of Prevention, Prevent Child Abuse Arizona, First Things First, Arizona Family Resource Network, Arizona Department of Health Services, and the Arizona Department of Economic Security, a network of Family Resource Centers is being developed statewide to support families and reduce child abuse and neglect. The Community Hub, which will be a pilot family resource center located in Maricopa County, will serve six specific zip codes. The purpose of the Community HUB is to offer support to families who have a screened-out call to the Child Abuse Hotline (the reported concerns do to meet statute to be taken as a report for investigation) by a community provider, outside of DCS. The supports and service referrals will reduce the risk of future abuse and neglect. This location has been selected in part due to the high population of Black and African American families within those zip codes, to influence the disproportionate representation of Black and African American children

and families involved with DCS by providing concrete help, assistance, and referrals to the families before an incident of child abuse or neglect occurs leading to DCS involvement.

**Goal 2: Of children entering out-of-home care, increase the percentage who exit to permanency within 12 months of entry from 34% to 36% by August 2029. (Note: permanency includes reunification, exits to adoption, guardianship and live with relatives.)**

<b>Objective 2.1: Increase parent participation in parenting time sessions and TDM meetings</b>
2.1.1 Transform Parenting Time practice to be natural and supportive for families and all involved
2.1.2 Sustain and monitor fidelity of the TDM model

*Objective Metrics and Targets:*

<b>Metric</b>	<b>Five Year Target</b>
Implement a parenting time practice model	100% by 8/31/2025
Revise supervised parenting time contract utilization and service delivery	100% by 8/31/2026
Implement a CQI process for sustainment and fidelity of the TDM process	100% by 8/31/2025
Increase the percentage of TDM meetings held at required timeframes	Increase by 8/31/2029
Increase parent attendance at scheduled parenting time sessions	Increase by 8/31/2029
Increase the percentage of children that exit care to reunification	Increase by 8/31/2029

*Rationale for Goal Selection:*

The Arizona child welfare system strives to increase the percentage of children who exit to permanency within 12 months of entry. The vast majority of children that exit within this timeframe are reunifications to the child’s parents or caregivers. The safe reunification of children with their parents or caregivers is aligned with the Department’s vision, mission, and values. Based on exploration of the problem conducted by the Department and stakeholders, several strategies have been identified to influence this area of case work.

Due to the correlation between frequent parenting time and reunification rates, the Department has established a parenting time practice model that will support more timely permanency for children, a higher rate of reunification for families, and a lower rate of children returning to care due to repeat instances of abuse and neglect. The analysis of parenting time has shown that most families are provided with fully supervised parenting time upon a child’s removal without an in-depth analysis of the families true parenting time needs. Some families continue to be offered fully supervised parenting time for long periods of time without reexploring less intrusive options, such as relative supported, partially supervised, or unsupervised parenting time. The new model focuses

on developing individualized parenting time plans immediately after the removal of children from their families of origin. These plans should be specific to controlling the danger threat that may be present during parenting time in the least restrictive and most natural setting possible, to allow families to interact as naturally as possible, therefore allowing DCS to provide individualized case support to the family. In order to create these plans, DCS has developed a Parenting Time Planning Process that is facilitated by a Parenting Time Coordinator, who is an individual experienced in supervising and monitoring parenting time and trained on developing individualized parenting time plans.

Having open honest conversations with parents and families to include them as much as possible in the decisions involving their family increases the likelihood of positive outcomes for families, including reunification as early as safety possible. The Department has spent the last two years working with Evident Change, the proprietors of the Team Decision Making™ (TDM) approach, to review the fidelity to the TDM meeting model and alignment with the SAFE AZ practice model. In SFY 2025, the Department will continue this process into the sustainment and fidelity monitoring phase. Of particular importance is the use of permanency TDMs, as this type of TDM is utilized to discuss the reunification plan when a child has been assessed as safe to be in the family home and the reunification transition plan when the conditions for return have been met and the child is still assessed as unsafe.

A related activity that may influence the percentage of children exiting to permanency within 12 months is the implementation of supports and services for families early in the case. Through the Department's Practice Improvement Case Reviews, DCS has learned that many investigating DCS Specialists believe that service referrals are not required during the assessment (investigation) and instead should occur after transfer to the ongoing case manager. This can delay referrals to needed services. Most notably, these delays can affect referrals to evidence-based parent support programs and substance abuse treatment and support. Domestic Violence is another common allegation in DCS reports. Of all allegations at the report-perpetrator-victim level received between February 1, 2021, and September 30, 2022, 21% were "exposure to domestic violence." Services for domestic violence are generally provided through community-based organizations and not through a DCS contract. Child protection partners participating in an active change-focused domestic violence workgroup have shared that DCS staff, legal and judicial partners, and others do not know which services will meet the family's need or where to access them, and an Arizona domestic violence resource line is rarely accessed by DCS staff. One of Arizona's improvement strategies is to increase referrals for services and supports earlier within the case work with the family by sending emails with service information to all DCS Specialists who have been assigned an assessment (investigation) with an allegation or tracking characteristic of substance exposed newborn, substance use, or domestic violence within two weeks of the date of the intake report. The Arizona's Round 4 Program Improvement Plan, due to the Children's Bureau on July 10, 2024, is anticipated to include a goal related to this focus.

Other activities anticipated to be included in the Arizona CFSR PIP that are likely to influence children exiting to permanency within 12 months include the continued implementation and expansion of the parenting time practice model, sustained fidelity of the Team Decision Making process, leadership communication and data monitoring that demonstrates parent engagement as a top priority, Program Manager participation in the 10-month clinical supervision discussion,

adjustments to the Department’s parent locate procedures, updates to the Department’s parent contact documentation tools and/or guides, and changes to supervised parenting time contract utilization patterns and service delivery.

**Goal 3:** Of children entering care per 1,000 in Arizona's population, safely reduce the disparity ratio of Black and African American to White from 4 to 3.8 by August 2029.

<b>Objective 3.1: Create a Diversity, Equity, Inclusion and Accessibility (DEIA) Program</b>
3.1.1 Establish an office of DEIA that will provide continuous learning regarding DEIA in the organizational culture, practices, and services to clients and the public, ensuring all are anchored in the DCS DEIA vision
3.1.2 Create and implement trauma, empathy, and culturally grounded practice training for all staff
3.1.3 Develop authentic, collaborative partnerships with people who have lived experience with DCS and impacted communities to inform better prevention programs, service delivery, and family experiences
3.1.4 Implement the Cultural Broker program

*Objective Metrics and Targets:*

<b>Metric</b>	<b>Five Year Target</b>
Increase percentage of DCS staff trained on trauma, empathy, and culturally grounded practice	95% by 8/31/2025
Implement a pilot program to jointly respond with trained community members to DCS intake reports	100% by 8/31/2025
Reduce racial disparity in percentage of child entry into care	Decrease by 8/31/2029
Reduce racial disparity in percentage of reports to the DCS Hotline	Decrease by 8/31/2029

*Rationale for Goal Selection:*

Through an analysis of children coming to the attention of the Arizona child welfare system and in foster care, the Department and community stakeholders identified that 5% of the Arizona population are American Indian children and 5% are Black or African American children; however, 7% of the children reported to the Child Abuse Hotline are American Indian and 18% are Black or African American. As of December 2023, 11% of children in out-of-home care are American Indian and 19% are Black or African American. When data related to the use of congregate care is examined, the overrepresentation continues, with 10% of the children in group homes and shelters being American Indian and 24% being Black or African American (source: Children in OOH Care-Monthly, January 29, 2024).

The Department has engaged in various interventions and community engagement strategies to reduce the overrepresentation of African American children in out-of-home care. Despite these efforts, there still appears to be apprehension and mistrust in the African American community. The Cultural Brokers program has been developed to influence this mistrust.

The Cultural Brokers program will allow the Department to partner with a community-based agency known for their supportive nature of African American and Black families within six Maricopa County zip codes. Community partners will accompany DCS Specialists when responding to reports of abuse and neglect to build relationships, build trust, and provide support to the families during and after the child abuse assessment. The goal of the program is to increase the overall well-being of children, youth, and families by providing culturally sensitive support that assists families in navigating multiple agencies and programs. Cultural Brokers assist families involved in child and family serving programs by brokering, advocating, and assisting. The Cultural Brokers program has been used by and has shown promise in multiple California jurisdictions specifically designed to address overrepresentation of African American children in foster care and to address the concerns of social competency and community distrust with child welfare agencies. In Arizona, this program is in the final planning and development stages with the estimated implementation during FFY 2024.

Department staff held listening sessions with American Indian, African American, Hispanic, and rural community members to hear how they experience DCS and the child protection system. In response to the information learned, the Department developed the Trauma, Empathy, and Your Role in Culturally Grounded Practice training. This learning track is required for all DCS Employees, not only staff working directly with families. The training began in SFY 2024 and will continue into SFY 2025. The goals of this effort include increasing awareness of bias and how it influences a person’s thoughts, emotions, and behaviors; increasing staff skill in practicing across cultural differences; decreasing the distrust between communities of color and DCS; and increasing the awareness of people who experience disparity related to the DCS system are also effected by disparity and inequity in other systems, such as criminal justice, health care, and employment.

**Goal 4:** Decrease the DCS employee turnover rate through employee engagement and professional development from 32.2% to 27% by August 2029

<b><i>Objective 4.1: Strengthen and expand learning and mentoring opportunities for DCS employees</i></b>
4.1.1 Implement methods to protect the physical safety and emotional well-being of DCS employees
4.1.2 Provide Supervisors and Program Managers guided coaching on the core elements of SAFE AZ and Supervision
<b><i>Objective 4.2: Expand internal opportunities for career development and professional advancement</i></b>
4.2.1 Implement career development and professional advancement pathways for family-serving and support service employees

*Objective Metrics and Targets:*

<b>Metric</b>	<b>Five Year Target</b>
Reduce DCS employee turnover	Decrease by 8/31/2029
Decrease employee separations	Decrease by 8/31/2029



Increase average length of employment with DCS	Increase by 8/31/2029
Increase employee engagement survey scores	Increase by 8/31/2029

*Rationale for Goal Selection:*

Similar to many states across the nation, Arizona experienced the effects of the Great Resignation during and following the COVID-19 pandemic. Since then the Department has struggled to hire and retain child welfare staff. Because having an experienced and competent workforce yields better outcomes for families, the Department is continuing efforts to support and strengthen the DCS workforce. The objectives were selected for focus based on surveys and information gathered from current DCS employees and those that have left the agency. Improving the psychological safety of the DCS employee culture, increasing the opportunities for staff to continue to learn more about the Department’s practice model and safety model, and increasing the opportunities for professional advancement will address the feedback received from DCS staff, leading to more work satisfaction and retention of employees.

**Goal 5:** Of the total number of days for children served in out-of-home care, increase the percentage spent in family-like setting from 77.9% to 85% by August 2029

<b>Objective 5.1:</b> Reduce the utilization of congregate care to 10.5% or less, measured in bed days
5.1.1 Implement recruitment efforts to expand therapeutic foster home availability, placement options for dually-adjudicated youth, and availability of African American/Black and Native American foster homes
5.1.2 Implement system improvements based on learning from case reviews of African/Black children in congregate care

*Objective Metrics and Targets:*

Metric	Five Year Target
Increase the percentage of kinship caregivers who become licensed	Increase by 8/31/2025
Increase the percentage of children in care who live with kin	Increase by 8/31/2026
Decrease the number of congregate care bed days utilized	Decrease by 8/31/2026

*Rationale for Goal Selection:*

Consistent with nation best practice standards, the Department strives to place children in foster care in family-like settings over placements in group homes and shelters. With the intent to improve the outcomes for children, the Department is continuing efforts into the CFSP period to reduce the use of congregate care and increase the use of relative, kinship, and family foster homes. An analysis of the Arizona Round 4 on-site case review data indicated that the children who were

placed with relatives were more likely to have stability in their living arrangement; more likely to live with their siblings; more likely to have visits with their parents and siblings not in foster care; and more likely to have their connections to extended family, faith, community, culture, and tribe preserved.

Placement stability varies by age at entry and race. The Arizona Round 4 CFSR Final Report notes that while Arizona’s performance “was consistently better than national performance...Black or African American children had a 24% higher rate of moves than all other race/ethnic groups in Arizona (5 per 1,000 compared to 4.1 per 1,000).” The Arizona – Supplemental Context Data – February 2024 spreadsheet provided by the Children’s Bureau shows that younger children are underrepresented, and older children are overrepresented, in the percent of total moves compared to their percent of total days in care. American Indian and African American or Black children are also overrepresented in total moves compared to total days in care.

- Children under age 1 at entry account for 24% of care days, and 13.2% of moves.
- Children age 11-16 at entry account for 27.3% of care days, and 35.3% of moves.
- American Indian children account for 6.4% of care days, and 7.8% of moves.
- African American or Black children account for 10.4% of care days, and 13.1% of moves.

Older children and Black children are also overrepresented in group homes. African American and Black children are 5% of Arizona’s population, 19% of Arizona’s out-of-home care population, and 27% of children residing in congregate care.

Arizona continues to utilize kinship foster care at a much greater rate than the national rate of 34 percent. As of May 31, 2024, 50.6% of all children age 0 to 17 in out-of-home care were placed with unlicensed relatives and kin or licensed relatives (source: Power BI OOH Dashboard, May 2024). This percentage does not include the children who were placed with licensed kin, which would mean that the percentage is actually higher. Arizona will continue to implement “kin-first” policies and practices across the Department during the CFSP to further increase the placement of children with relatives and kin. The Arizona’s Round 4 Program Improvement Plan, due to the Children’s Bureau on July 10, 2024, is anticipated to include a goal and activities related to this focus, including leadership messaging, the utilization of kinship foster home waivers for non-safety related criteria to increase licensed kinship homes, the use of kinship navigator services to help kin become licensed, and reassessing kin who were previously denied as a placement resource.

Other activities anticipated to be included in the Arizona Round 4 Program Improvement Plan include reviewing the situations of all children in group homes to identify or generate opportunities to transition children to a parent or family-like setting and recruitment campaigns to expand placement options for children who historically have been more difficult to place.

### ***Staff Training, Technical Assistance, and Evaluation to Support the CFSP***

DCS currently receives technical assistance and capacity building support from Action for Child Protection and a national NPP trainer related to the DCS Family Connections (FC) and Nurturing Parenting Program (NPP) contracts that began in July 2021. The technical assistance has included training for provider agencies, development of and facilitation of a Community of Practice for FC

providers, and assistance with fidelity monitoring of the Family Connections program. This technical assistance will continue into the CFSP period.

The Department anticipates receiving continued support from the Children's Bureau to interpret federal law and policy during the CFSP period, particularly during the completion of the Round 4 CFSR process.

The Department began partnering with ASU during SFY 2024 to monitor and evaluate the recently implemented Extended Foster Care Success Coaching program, which is a contracted service to support youth leading up to and after their exit from foster care at age 18. ASU's evaluation of the program will continue into the CFSP period.

Prevent Child Abuse Arizona (PCAAZ) is now in year two of a five-year federal grant from the Health Resources and Services Administration. This grant is strengthening Best for Babies in Arizona by advancing statewide coordination of county court teams, enhancing the ZERO TO THREE SBCT approach in three existing county sites, and creating opportunities for shared learning and improvement for all counties in Arizona. Data collection and evaluation will occur through partnership with the Arizona State University School of Social Work and continue into the CFSP period.

DCS also received technical assistance from the National Center for Diligent Recruitment to support the creation of the 2025-2029 Arizona Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention Plan.

### ***Training and Technical Assistance Provided to Counties and Other Local or Regional Entities***

Arizona has a state administered child welfare agency. The Department's Central Office staff may provide training and technical assistance to local entities, contractors, and the community in support of the CFSP goals and objectives, including the following examples that will start or continue in this five-year CFSP period.

The DCS CHP Chief Medical Officer will continue to provide trainings to judges, attorneys, medical students, and other groups during the reporting period on child abuse and neglect, substance exposed newborns, Adverse Childhood Experiences, toxic stress, and trauma, and the effects on development and subsequent behaviors of the child.

The DCS Fidelity and Compliance Services (FCS) team as well as Action for Child Protection and a national NPP trainer provide ongoing training and technical assistance to the more than 20 agencies that were awarded Family Connections (FC) and Nurturing Parenting Program (NPP) contracts. Technical assistance is provided through site visits during which case reviews are completed. FCS has also developed a monthly community of practice (CoP) for the providers to build relationships and share knowledge and resources, which is currently facilitated by Action for Child Protection.

The Statewide Independent Living Specialist will continue to provide consultation and technical assistance to staff and contracted agencies serving young adults during the CFSP period. This

technical assistance includes annual meetings to develop competencies and identify systemic improvements necessary to achieve positive outcomes for youth.

The Best for Babies initiative will continue to provide training and technical assistance to counties developing or improving Court Teams during the CFSP period, including training by experts on services with a developmental approach and the impact of trauma on infant and toddler development.

The Department will continue to provide assistance and mentoring to Arizona tribes to develop or enhance their own title IV-E programs.

# **Section VI**

## **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*

The Department will continue to ensure 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 DCS website, <https://dcs.az.gov/services/prevention-councils>. Additionally, RCAPCs are responsible for monthly posts on their own council Facebook pages that include prevention events, parent information, tips, and community resources. There are now eighteen statewide RCAPCs with at least one located in all fifteen counties.

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.

The councils will continue to be involved in numerous activities to support Child Abuse Prevention 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. Social Media sites such as Spotify, Pinterest, Instagram, and Facebook are utilized as sources of media distribution.

The councils will 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. Every April, the Office of Prevention

acknowledges Child Abuse Prevention Month by hosting a media campaign focused on bringing attention to child abuse and maltreatment prevention. The Office of Prevention will continue to host media campaigns on topics such as Safe Sleep, drownings/Water Safety, and Shaken Baby Syndrome. These campaigns include radio and tv media, out of home billboards, posters and flyers that are distributed at community, church and school events.

The Regional Child Abuse Prevention Councils are considered a part of Arizona's comprehensive statewide plan to prevent child maltreatment fatalities due to the focus of the councils and their efforts to prevent child maltreatment.

### ***Adverse Childhood Experiences (ACE) 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 align with the Department's values.

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

The "Who Do You Trust with Your Child?" campaign was initially launched in 2012 and continues due to the importance of identifying a safe caregiver for a child. 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 twenty-four 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.

The "Who Do You Trust with Your Child?" campaign is considered a part of Arizona's comprehensive statewide plan to prevent child maltreatment fatalities due to the number of child deaths that occur while substitute caregivers, often a parent's significant other, are caring for a parent's child.

### ***Prevention Advisory Collaborative***

The Prevention Advisory Collaborative (PAC) will continue to actively provide a parent voice to influence DCS policy, procedure, and preventative and intervention programs. The PAC is comprised of parents and kinship providers previously involved in the child welfare system. The PAC meets several times a month as subcommittees, in addition to, quarterly meetings for two hours. Quarterly meetings are designed and facilitated by one of the parent leaders. At each

meeting, a member of the DCS executive leadership presents updates and follows up on recommendations made during past PAC meetings. PAC subcommittee members report out on their progress.

### ***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, contracted providers, hospitals, and the community to address safe sleep practices with families who have children under one year of age. The Safe Sleep Campaign includes the provision of Pack N Plays for families involved with the Department and families in the community who need a safe place for their infant to sleep. In 2023, when federal guidelines changed for infant sleep equipment, DCS transitioned from providing Baby Boxes to Pack N Plays to align with guidance provided by the Arizona Department of Health Services. Since 2020, DCS has distributed 1,238 Baby Boxes and 590 Pack N Plays to families in need of emergency safe sleep equipment for infants.

Due to large disproportionalities in co-sleeping deaths, intentional efforts have been made to engage African American, American Indian, Hispanic, and Refugee communities in safe sleep awareness. The 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 the Department to provide safe sleep resources and education to communities where Native American children are overrepresented in the unsafe sleep death data. The 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. 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 has partnered with Arizona Department of Health Services (ADHS) to collectively and uniformly reinforce safe sleep practices in a unified format. Printed Safe Sleep posters were distributed with the ability for refugee families to access in their native languages. The Department and the Arizona Department of Health Services (ADHS) looks forward to future Safe Sleep collaboratives. 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, childcare facilities and health clinics.

The Safe Sleep Campaigns are considered a part of Arizona’s comprehensive statewide plan to prevent child maltreatment fatalities.

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

In its thirty-second year, the Healthy Families Arizona (HFAz) program is a nationally accredited, community-based, family-centered, statewide voluntary home visitation program serving at-risk prenatal families and families with children birth through five years of age. The HFAz program



was re-accredited in September of 2023 and one of the sites that was reviewed by national peer reviewers received a 100% rating of standards in adherence. To enroll in services the infant must be under three months of age at enrollment 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.

A trained Family Support Specialist (FSS) provides emotional support and education 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 SFY 2023, HFAz served 3,785 families during SFY 2023. This represents all families in the program, regardless of how long they had been in the program. Sixty three percent of families continued in HFAz from 2023 into 2024 and 31% of families participated for 24 months or more. The SFY 2023 outcomes include the following:

- child abuse and neglect: 95.2% of participating families (who received at least six months of HFAz services) had no substantiated DCS reports
- substance abuse: 1,004 parents received a substance abuse screening
- child development: 3,851 screenings were conducted and of those 81% showed typical childhood development
- child safety: 99% of parents locked up weapons and ammunition, 99% used car seats, and 94% used smoke alarms at 24 months

The Healthy Families Parenting Inventory (HFPI) revealed statistically significant improvement on the following subscales at twelve months of participation: Home Environment, Connection to Resources, Parent Child Interaction, Self-Care, Parental Self-Efficacy, and Problem-Solving Skills. The Department will continue to explore how HFPI results change over time, as families continue to recover from the pandemic. Overall, these improvements indicate that Healthy Families Arizona participants are continuing to see reductions in their risk factors related to child abuse and neglect. Because of this and other successes of the program, and the target population

of the program, HFAz is considered a part of Arizona's comprehensive statewide plan to prevent child maltreatment fatalities.

Funding for and participation in HFAz has recently increased. During CY 2023, 2,291 new families enrolled in the program and 1,033 during January-May 2024. The Department will continue to educate communities with high removal rates and DCS intervention on home visiting programs and provided referrals to HFAz.

All HFAz sites are required to maintain the standards necessary to comply with the Healthy Families America credential, including attending a standard training on the model. In partnership with the Department, Prevent Child Abuse Arizona coordinates this required training for all HFAZ staff. After each training, Prevent Child Abuse Arizona completes a post-training debrief with trainers to process participants' feedback and review strengths and challenges of the training. Due to program expansion, the addition of three new provider agencies, and new communities being served, numerous trainings were provided yearly.

The Department plans to continue to collaborate with AZ Department of Health Services, First Things First and Prevent Child Abuse AZ to provide yearly professional development for supervisors through a Home Visitor Supervisor Institute (HVSI). The HVSI is provided to all evidenced based and evidenced informed home visitor program supervisors.

During SFY 2025, HFAz will update the program's marketing materials, utilize billboards and posters to share information about the program, and increase the program documents available in languages other than English and Spanish.

### ***A Helping Grand***

A Helping Grand is a primary prevention program designed with extensive input from the Parent Advisory Collaborative. Parents identified areas where emergency assistance had not been provided in the past. Low-income families in Arizona struggled during the COVID-19 pandemic due to illness, social isolation, job loss and lack of resources. Resources were needed to help families meet their needs by completing job certifications and vocational programs, assisting with auto repair costs, covering dental costs and receiving mental health support services for an increased emotional well-being.

Utilizing funds from the American Rescue Plan, the Office of Prevention plans to *Support 1000 with 1000*. In collaboration with Family Resource Centers, community resource hubs, schools and local faith-based organizations, families will be referred to receive up to one thousand dollars for any of the four services listed above. The families will receive financial assistance and build a relationship with local community resource center to utilize supports if needed in the future. Payments will be made directly to the vendor rendering the service avoiding interference with any state provided financial or nutrition assistance the family may be receiving.

With a grass roots approach, this program was piloted in zip codes where the Department's intervention and removal rates are higher and where disproportionate outcomes exist specifically for African American children. This program was in the planning and development

stages during FFY 2022 and was launched February 1, 2023. To date, the program has served 11,431 families approving over one million dollars in concrete supports.

### ***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 (PCA 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 TFSC initiative in Arizona 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 leadership team of TFSC Arizona includes Prevent Child Abuse Arizona’s Executive Director, the Department’s Cabinet Executive Officer, the Executive Consultant to the DCS CEO, leaders of organizations serving the African American community, leaders of advocacy organizations, and individuals with lived experience of the child protection system. The core team continues to meet at least monthly, has added more individuals with lived experience, and serves as the core team for the implementation of the Cultural Brokers program in Arizona.

### ***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 held two trainings during CY 2023 to certified trainers representing Coconino, Cochise, Gila, Maricopa, Mohave, Pinal and Yavapai Counties. Those certified included Department staff, home visitor program staff, educators, professionals from other agencies, faith-based organizations, the only African American male doula in Arizona, 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 the training cost of the participant’s first three trainings, which will ensure trainings provided 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 Office of Prevention offers support for housing through partnerships that offer Housing and Urban Development's Family Unification Program (FUP) and the Foster Youth to Independence Tenant Protected Voucher Program (FYI-TPV).

Arizona currently has one of the largest housing awards from the United States Department of Housing and Urban Development (HUD) for Family Unification Program (FUP) vouchers. The FUP vouchers provide housing to families to prevent children from entering care, removing housing barriers for the reunification of children and parents and for foster youth aging out of care that are at risk for homelessness. Arizona has a total of 441 FUP vouchers across the state among six housing authorities including the Cities of Mesa, Tempe, Phoenix, Tucson, Yuma, and Maricopa County. As of January 2023, all the vouchers in the Cities of Mesa, Tempe, Phoenix, and Maricopa County were being utilized successfully by young people and families.

The Department has been able to offer support to young parents who themselves have previously been involved with the child welfare systems and those who do not have any history of involvement with child welfare systems as parents by utilizing the CBCAP grant to support them with the costs associated in leasing an apartment, completing other necessary tasks associated with a lease, or other unforeseen costs related to securing housing.

The Department continues to provide Foster Youth to Independence program (FYI) services. FYI is a dedicated program supporting the housing needs of young people who were in any state or tribal foster care program at age 16 or later. Housing vouchers are available to youth ages 18 through 25. The program has been successfully maintained through strategic support and partnerships among four housing authorities including the Cities of Glendale, Scottsdale, and Flagstaff, and Mohave County. HUD continues to make programmatic and administrative changes that allow rural communities to access vouchers at a lower rate than their metropolitan counterparts. At this time, HUD has changed the number of vouchers that can be requested through a single housing authority for FYI, which will minimize the rate of vouchers being issued. The new administrative change requires that a single housing authority successfully utilize 50% of their issued vouchers before being able to issue more.

The goal of expanding the availability of the vouchers is to provide support to families and young people with a history of child welfare involvement continues to be a priority. Developing processes for both programs has been ongoing and has allowed unique opportunities to involve both families and youth to gain feedback and support. Parents and young people with lived experience are regularly invited to attend discussions of the housing programs and serve a review function to ensure no breakdowns occur at any point. The collaboration resulted in the creation of a newsletter with helpful hints regarding the housing process in a manner that was understood by all attendees. While continuous improvement is a goal, there are limitations, as certain requirements set by the federal government that must be adhered to and this at times causes barriers to housing for youth and families. Arizona homeless rates continue to be elevated.

The Extended Foster Care subsidy amount is \$1200 per month, which supports youth and provides

funds to cover much of their housing expenses. DCS continued to evaluate how to better prepare young people with the financial management tools they will need to have once they turn 21 and no longer have this supportive funding available to them. Young adults in EFC can receive up to two start up payments to support room and board costs. The Department's after-care providers continued to provide funding for room and board for youth who reached the age of eighteen in any state or tribal foster care system based on need.

Arizona has a Transitional Housing contract with six providers to support youth aging out of foster care. During CY2023, 126 young adults were transitioned to Transitional Housing Programs. The Housing model consists of three phases, which allow a young adult to live in settings that do not have constant supervision but provide supportive services and opportunities for young adults to practice living outside of licensed settings. During CY2024 the program is expanding to increase the unit availability and ensure housing options extend across the state. In addition to the Transitional Housing Service, the Department also has agreements with Grand Canyon University and Arizona State University to fund room and board costs directly to the institutions for young adults attending those universities.

The Department also collaborates with community-based housing initiatives including Lifeology as a Runaway and Homeless Youth grantee for youth who may benefit from that system's support and the East Valley Institute of Technology (EVIT) in developing Hope Tech, a housing program for young people who have experienced foster care and are enrolled in EVIT's vocational programming, which may include the completion of a high school diploma or GED.

### ***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 an increased risk to experience income inequality, intimate partner violence, lack stable housing, and are almost twice as likely to become involved with the child welfare system as older parents. Young parents involved with the child welfare system are more susceptible to allegations of child maltreatment as to their own children, given their often-unstable family system and inherent limitations due to their developmental stage. The Office of Prevention will continue to facilitate the Young Parent University (YPU) during the CFSP period.

The Young Parent University involves both young people who are in foster or extended foster care, and youth within the community who have not been involved with the Department. Development and management of the program is a partnership between the DCS Office of Prevention and Permanency and Youth Services, to maximize funding and reach more youth that can benefit from the opportunity. The planning workgroup is comprised of stakeholders from Prevent Child Abuse Arizona, the Youth Empowerment Council, and staff from Arizona Children's Association. Recruitment for this workgroup was targeted to agencies that are known and recognized across the state as providing supportive services to young people between the ages of fourteen and twenty-one and have knowledge of working with young people who have previously been involved in the child protection system.

The Office of Prevention also provides outreach to pregnant and parenting teens to offer resources

and referrals to home visitor programs.

The Young Parent University includes workshops related to higher education, co-parenting, child support and paternity, financial literacy, the importance of fathers, child development, well checks, mental health during pregnancy, postpartum, safe sleep, and a self-care beading activity. Each session topic is selected to promote protective factors and strengthen young families in the community. The parents are able to choose the workshops they attend, based on their interests and needs. The participants typically receive a backpack, which is filled with helpful items such as a Chromebook with a Triple P Positive Parenting class code, children's books, and a planner. The event also typically includes a raffle of essential baby items.

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

DCS Office of Prevention runs awareness campaigns targeted to the public using internal data to intentionally bring awareness to most vulnerable families in the community that have increased involvement with DCS. DCS has been able to target various demographics by delivering the marketing campaigns via social media across Meta, Instagram, and Pinterest; digital advertisements; radio advertisements; billboards; and printed newspapers, magazines, and mailers.

The Arizona Annual Fatality Report released in November 2023, shared that there were 74 Sudden Unexpected Infant Deaths (SUID) in 2022 and 96% were preventable. Ninety-seven percent of those deaths were due to unsafe sleep environments. Based on this information, during the April 2023 Child Abuse Prevention Month, to bring awareness to Safe Sleep practices, the Safe Sleep Campaign messaging was delivered via an integrated media campaign designed to bring awareness to safe sleep practices and environments using the ABCs of safe sleep: Alone, Back, Crib. Similar efforts will continue into the 2025-2029 CFSP period.

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

The Department plans to continue campaigns in Spanish and English on multiple platforms such as social media, radio, and outdoor advertising on topics such as fatherhood and safe sleep awareness. Foster parent recruitment campaigns are also conducted in Spanish and English.

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

A component of the Office of Prevention's strategic plan is to ensure that every Arizona family has access to a car seat or booster seat for infants and children. DCS is the recipient of the Arizona Child Restraint Fund. This fund was established to provide child restraint systems to responsible agencies to distribute to families in need. Using additional funds from the CBCAP grant, DCS will continue to partner with various family resource centers, hospitals, child care facilities, and faith-based organizations to ensure that families in every community has car seats when needed. The Office of Prevention provides car seats and trainings to community agencies, who ensure the information is shared with those receiving a car seat. There are currently twenty-two community agencies that collaborate with the Department's car seat education and distribution program. Due to the number of child fatalities in recent years from children being unrestrained, the Office of Prevention will utilize State and Federal funding to expand the Car Seat Program. The Office of

Prevention will collaborate with Phoenix Fire Department, International Rescue Committee, RICE AZ, and Arizona Helping Hands to ensure that all families in need of a car seat can be provided one. Intentional efforts are being made to ensure that underserved communities have access to these resources as often as needed and discussions are occurring to incorporate local churches and teen parenting agencies into the DCS car seat program. During this FFY, DCS has distributed 1,144 car seats. Of that total, 332 were distributed to hospital partners. DCS currently partners with a total of 40 community partners for car seat distribution. The Car Seat Program is considered a part of Arizona's comprehensive statewide plan to prevent child maltreatment fatalities.

### ***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 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 Department CEO/Executive Deputy Director attends this partnership.

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.

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 the Department, as well as young adults who are exiting foster care due to age of majority. 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.

The CarePortal engages churches to help meet the needs of families to promote safe parenting and positive behavioral change. In this model, a child welfare worker identifies a need and accesses the CarePortal online and submits the request. Using GEO Radius Technology, CarePortal quickly sends an email to those churches that can assist. The Department 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. During the latest FFY, community CarePortal churches assisted 1,584 children by providing for many unmet needs in the way of tangible goods and services.

The Office of Prevention has begun discussions with CarePortal to implement a pilot program in two local school districts, where Department intervention is high, to allow for the submission of referrals for families in need of assistance. It is hoped utilization of this program will reduce reporting as families will be receiving assistance to meet their needs.

### ***Refugee Community Engagement***

Since FFY 2022, the Office of Prevention partnered with the International Rescue Committee to develop and deliver training and/or informational resources about the most common immigrant and refugee populations, including their parenting, relationship and problem-solving practices. The Office of Prevention has provided information to immigrant and refugee families and communities about parent behaviors that are considered abusive or neglectful in Arizona that may lead to Department involvement. The Office of Prevention introduced positive parenting practices and the Protective Factors Framework to refugee families during Cultural Orientation workshops within the first three weeks of families arriving in the United States. The Cultural Orientation workshops include information about financial literacy, citizenship, local and national laws, cultural norms, safety, domestic violence, and now child abuse prevention. The Office of Prevention has expanded this outreach and is now providing this service to Jewish Family & Children Services and the International Rescue Committee both located in Tucson, Arizona.

### ***Centralized Coordination of Family Resource Centers (FRCs)***

In 2022, a partnership between DCS Office of Prevention, Prevent Child Abuse Arizona, and First Things First formed to discuss FRCs as a strategy to achieve a shared goal of advancing child well-being statewide. Using funds from the American Rescue Plan, contracted services for technical assistance were obtained from National Family Support Network. As discussions progressed,



other partners throughout the state have been added to the discussions, including the Arizona Family Resource Network, Arizona Department of Health Services, and the Arizona Department of Economic Security. The primary goal of this group was to develop a robust, comprehensive, and sustainable system of FRCs accessible to families with children ages 0-17 across the state. This goal was designed to address a number of pressing statewide issues to include:

- Service providers lacking knowledge on how and where to refer families to resources,
- Families lacking knowledge on how and where to access resources available to meet their needs,
- The inefficient dissemination of resources to families in need,
- The overreliance on DCS to address family needs for resources,
- Underutilization of available resources in some areas,
- Lack of real time data on what is needed by families, and
- Time wasted on constant creation of resource guides.

This coordinated group established a shared definition of a Family Resource Center and conducted a Statewide Needs Assessment. The needs assessment was conducted and determined that Arizona was in a good place to move forward with this work. The group developed and distributed a survey to understand the landscape of Arizona's FRCs. The survey was designed and distributed to all agencies that may meet the definition of the FRC. The survey was open from December 15, 2023 through January 19, 2024. The survey was completed by 175 family support entities. In the coming year, the survey results will be compiled and distributed to all participants and potential funders. Website development for Arizona's FRCs has begun and will continue in the coming year.

### ***Mandated Reporter Prevention Training Development***

With funding from the Department, Prevent Child Abuse Arizona, in collaboration with the Arizona Adverse Childhood Experiences Consortium and Onward Hope, developed a training that will provide mandated reporters knowledge and tools to connect families to resources and support in order to reduce "family overwhelm" and prevent child maltreatment. This training is being designed to be offered with the standardized Mandated Reporter Training (MRT).

The training was developed to support the community, the context in which families and children live, as the frontline of prevention, and mandated reporters are an important part of that community. Mandated reporters must report when they suspect child abuse and neglect and can also connect families to supports and resources when needed, which at times can actually prevent the need for a child abuse report.

The one-hour training, entitled "Consider Yourself a Mandated Supporter" was developed based on the information gathered during focus groups of parents and educators and will educate mandated reporters on:

- The distinction between the child protective system and the broader child well-being system,
- individual behaviors that promote family protective factors, and
- opportunities to connect families to resources.

Twenty professionals completed the Training of Trainers. This cohort consisted of educators, social workers, members of the faith-based community, and parent leaders. During the coming year, these professionals will facilitate trainings with school professionals and law enforcement. Facilitators will be compensated for up to two trainings.

### ***Council on Child Safety and Family Empowerment***

Enacted on February 11, 2022, the Council on Child Safety and Family Empowerment was authorized under Executive Order 2020-05 and consists of members appointed by the Governor including the Department. This multidisciplinary council was created to align, leverage, and coordinate faith-based and community resources to address challenges faced by vulnerable children and families who may be engaged, or at risk of engaging, with the child welfare system. The goal of the Council is to develop partnerships between the State, faith-based organizations, and community entities to safely decrease the number of children being placed in foster care by facilitating and providing support for prevention and trauma informed services, as well as supporting recruitment to increase the number of foster and adoptive families and supporting existing foster and adoptive families. The Council will serve as the Children's Justice State Task Force, assisting in the development of a three-year assessment and establish recommendations for the implementation of the Child Abuse Prevention and Treatment Act/Children's Justice Act (CJA).

The council meets quarterly and the agendas include a variety of topics including employee compensation increases which led to positive results in a decrease in both turnover rates and the rate of the workforce drop-off, highlights of the Workforce Resilience program in addressing vicarious trauma that Department employees face, the DCS Welcome Center, and National Reunification Day.

### ***National Partnership for Child Safety***

The National Partnership for Child Safety (NPCS) is a collaborative comprised of jurisdictions across the country and is focused on quality improvement and prevention. The NPCS offers support to implement and develop critical incident review processes, coaching in the use of the Safe Systems Improvement Tool, policy updates, communication, data analysis, and a customized database. As a member of the NPCS, the Department attends recurring meetings including an Executive Committee, Systemic Critical Incident Review (SCIR) Peer Leaders meeting, and a Data Sharing Workgroup. The partnership also offers ongoing technical support.

The Department currently utilizes a REDCap database to house information from fatality and near fatality case reviews. The database was customized to the Department's needs with support from the University of Kentucky. The Department shares fatality and near fatality case data with the National Center for Fatality Review and Prevention (NCFRP). The NCFRP at the Michigan Public Health Institute (MPHI) serves as the data warehouse. Fatality review data includes various demographics, child welfare history, and case outcomes and is collected to be analyzed and help inform policy and prevention efforts.

In March 2024, the Department, in collaboration with the NPCS and University of Kentucky, issued the first iteration of the Arizona Safety Culture Survey state-wide. The goal of the survey

is to establish a baseline understanding of the Department's organizational culture and employee well-being. The results of the survey will be utilized to direct efforts to increase employee retention and deepen a culture of learning, which benefits children and families.

### ***Dad Together***

Utilizing funds provided through the American Rescue Plan, the Dad Together program provides statewide prevention services and supports to fathers to increase their involvement in the care and support of their children to prevent contact with the Department of Child Safety. This program is open to fathers, biological or psychological, who are referred or self-referred to this program. The fathers are immediately assigned to a Father Support Specialist (FSS), who is also a father. The FSS provides the fathers or father figures with mentorship and develop an individualized support plan to assist the father with services to achieve the individual's or their child's behavior health goals. The program also provides specialized support and parent education groups for fathers through the Nurturing Fathers Program. Since the inception of the program in 2021, the Dad Together program has provided ongoing supportive services to 299 fathers. One hundred eighty-three fathers have completed the Nurturing Fathers program.

This program has faced barriers related to keeping fathers engaged in the programs; however, many fathers leave the program and then return to complete the Nurturing Fathers curriculum or participate in the 1:1 Dad Talks. Surveys and interviews are being conducted to determine what obstacles fathers are facing that cause them to leave the program.

In collaboration with Prevent Child Abuse Arizona, Dad Together and DCS developed a four-part series of webinars to began to support family service providers to better engage with fathers. To date, two webinars have been held with a total of 90 participants. Each webinar was facilitated by a father, with the first facilitated by the only African American male doula in Arizona and the second by a father from the Native American community. The Dad Together program has been featured on the FRIENDS Peer Learning Call to discuss highlights of the program. Dad Together has created a brochure that gives a quick overview of the program and highlights two of the Father Support Specialists. These brochures are printed in English and Spanish. There is also a QR code listed that drives traffic to the program referral website. In FFY 2024, a video will be created for a local public service announcement to bring awareness to the program with the hopes of recruiting more fathers.

The Dad Together program has futuristic goals to develop partnerships with local hospitals in order to engage with fathers immediately after the birth of their babies to introduce and offer the Dad Together program.

### ***Youth Transitioning into Adulthood***

Coordinated outreach activities for the transition into adulthood are provided to young adults who have experienced foster care in Arizona, other states, or recognized tribes. Young people age eighteen through twenty who are legal residents of Arizona and have experienced child welfare in any state or tribal foster care program at age sixteen are eligible for services through the Arizona Transitional Independent Living Program (TILP). This program serves many former foster youth

annually, providing varying services, and specific supports to assist young people achieve a successful transition to adulthood. The TILP services are currently delivered statewide through a community-based contractors, Arizona's Children Association and Intermountain Centers for Human Development. The TILP services support young people to secure stable housing, enroll in post-secondary education and training programs, obtain employment, secure necessary behavioral health services, and connect with other state and federally funded services for young people.

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

### ***Supporting Housing Insecurity through Trauma-informed Practice***

The Office of Prevention has been offering training sessions to Department staff and community supports that offer help to the specific populations who are eligible for the Family Unification and Foster Youth to Independence Housing choice voucher programs. Strategic training has been created to help support those serving this population to understand the programmatic requirements and support the unique needs of individuals who may be experiencing homelessness and have been involved with the child welfare system.

Because of the Foster Youth to Independence Tenant Protected Voucher Program, strategic recruitment of communally recognized agencies that can offer direct support to young people has been instrumental to the success of the program. Administratively, the necessity of continuing a Community of Practice between all partners in the execution of the FYI program was recognized. These collaborations allow for a creative, often more emotionally supportive learning environment for the participating housing authorities to better navigate the program and understand how to best support the youth and families who participate.

Mandatory quarterly meetings were held for both Family Unification Program (FUP) and the Foster Youth to Independence (FYI) providers. The meetings offered an opportunity for the Office of Prevention to provide technical assistance to the participating housing authorities and Coordination of Care (CoC) by discussing the needs of families and youth, trends within the community, and ideas from professionals offering support to families and youth.

## **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 average answer speed hovers around 90 seconds.

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%.

The Hotline utilizes a FedRAMP-authorized cloud-based call center platform. In addition to call recording, the platform allows for transcription and analytics of the call providing insights into customer-agent conversations through sentiment analysis and topic trends. These insights highlight areas for improvement, recognition, and concern to better understand and serve customers and employees. The Hotline continues to explore how technology can further support the workforce and improve customer service.

The Hotline offers a combination of onsite, hybrid, and remote work options. This variety of flexible work options positively influences employee satisfaction and retention. Moreover, the remote work model allows critical operations to resume in case of a service outage at the Hotline worksite. Those employees working offsite can continue to serve the public if a service outage or interruption renders the worksite inaccessible or unavailable.

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

Arizona statute established the Department of Child Safety and its primary purpose, to protect children. To achieve this purpose, statute requires that the Department shall do and focus equally on the following:

- 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, and
- 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, the 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 all relevant stakeholders including municipal and/or county law enforcement agencies and procedures for investigation of criminal conduct.

Department 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.

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 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 family's whereabouts when determining the level of intervention. 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.

### ***Psychological Consultation***

The DCS Unit Psychological Consultation program allows DCS Specialists to staff cases with a psychologist who provides 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 the following.

- 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.

### ***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 of allegations of criminal conduct child abuse. The OCWI conducts child abuse investigations involving criminal conduct in Pima, Pinal, Mohave, and Maricopa counties, as defined in Arizona Revised Statute §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. OCWI Investigators have extensive experience in child welfare, law enforcement, or both and receive ongoing training

to support their expertise. 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 reports from the Department's Hotline, and 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. 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 related to the criminal conduct tracking characteristic, which is added to qualifying reports. This position also completes training for Hotline staff on 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. These efforts have resulted in a 28% reduction in missing, runaway, and/or abducted DCS wards during SFY 2024. The Department plans to increase and expand the youth locate efforts during the CFSP period.

#### ***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 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.

Multi-Disciplinary Child and Family Advocacy Centers have proven to be an effective means to coordinate safety assessments and services. Investigative DCS Specialists, OCWI staff in Maricopa, Pinal, and Pima Counties; law enforcement; medical professionals; advocates; mental health professionals; and other agencies serving the same families are co-located in advocacy centers throughout the state. Co-location allows for a more coordinated 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 interdisciplinary 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 memos of understanding in place with several other counties to allow law enforcement and child welfare to utilize the nearby centers as needed. In addition to the advocacy centers, there are satellite offices and mobile units, which allow victims to receive services without having to travel long distances. There are also advocacy centers in Arizona that have signed memos of understanding with Arizona Tribes to allow tribal law enforcement and child welfare to utilize the centers as needed. Information about joint investigation protocols and advocacy centers can be found at the Department's Joint Investigation Protocol website.

#### ***Superior Court Dependency Alternative Program***

The Pima County Superior Court implemented the Dependency Alternative Program (DAP) in July 2015. Since that time seven additional counties, Cochise, Coconino, Gila, Mohave Pinal, Yavapai, and Yuma, have implemented the program. DAP 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.

Two additional counties, Graham and Navajo, are considering implementing the program in the near future.

The Administrative Office of the Courts has held bi-annual DAP meetings since August 2022 to provide a networking learning opportunity for the counties offering a DAP. Attendees discuss the referral process and successes and barriers experienced by the various disciplines involved in DAP, as well as an opportunity to receive updates on statewide DAP activities. The teams who attend from each county typically include a Judicial Officer, DAP Coordinator, DCS Representative, Court Administration, and Community Partners.

#### ***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 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. PSRT will continue to attend section and unit meetings to provide information and support field staff.

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

#### ***Family Connections and Nurturing Parenting Program***

Family Connections and Nurturing Parenting Program are services that are individualized, relevant, engaging, coordinated, consistent, effective, and aligned with the Families First Prevention Services Act (FFPSA). The goals for the 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, and
- 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. 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, and is available statewide to families who have received a report of child abuse or neglect. 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. 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 the risk of maltreatment, address impending danger within 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. Starting in July 2023, DCS partnered with Action for Child Protection to provide regional and Community of Practice (CoP) technical assistance (TA) sessions for the 23 FC contracted provider agencies. The CoP TA sessions consisted of eight two-hour sessions held between September 2023 and June 2024. The regional TA sessions consisted of five two-hour regional sessions held monthly through May 2024. These sessions were designed to support FC provider agencies in their continued efforts toward delivering FC with fidelity. FC has served 5,364 families during the first ten months of SFY 2024

(source: Monthly Operational Outcomes Report May 2024).

The 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 the child's power and independence. NPP is provided by contracted community-based agencies and is available statewide in all Arizona counties for families who have received a report of child abuse or neglect. The Nurturing Parenting Program is 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 develops a Family Nurturing Plan with the family that outlines the service and determines what lessons will be taught. In May 2024, DCS collaborated with provider agencies to begin a NPP Community of Practice. NPP served 3,035 families during the first ten months of SFY 2024 (source: Monthly Operational Outcomes Report May 2024).

### ***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 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 (AFF 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 to provide aftercare support once the other services close. The Department currently contracts with twelve providers and those providers employ eleven 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 considered a part of Arizona's comprehensive statewide plan to prevent child maltreatment fatalities.

The SENSE program is supported by three Department staff from Fidelity and Compliance Services (FCS), two Service Coordinators, and a Nurse Consultant. The Service Coordinators monitor the program by conducting provider agency site visits and performing case reviews. The Service Coordinators collect data for the program and share this information at quarterly provider

meetings as an opportunity to discuss practice trends and program needs. FCS also works closely with the DCS Procurement team to report performance trends and assist with Vendor Performance Reports. Data and information collected is further shared with the Department's Consultation and Research unit to help inform future program design and 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 also facilitates a monthly statewide conference call with the nurses to provide technical assistance, information, and resources, and answer any programmatic questions that arise. Trends identified during the reviews are discussed by the Nurse Consultant during the monthly calls to help ensure quality services and program efficacy.

The Department 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 as well as fund the Nurse Consultant position. The grant funds cover 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 postpartum care, and the family is utilizing a primary care provider.

SENSE served 265 children and families, 954 DCS staff were trained in Safe Sleep, and 224 nursing assessments were completed in SFY 2023 (sources: DCS-FTF Joint Reports, SENSE Nurse Quarterly Reports, and Nurse Consultant's Assessment tracking tools).

SEN reports have decreased during the reporting period due to state legislative changes related to reports alleging marijuana use during pregnancy. As a result, the Consultation and Research unit plans to visit field offices receiving high numbers of SEN reports to ensure staff are up to date with any changes regarding the SENSE program and to fill knowledge gaps as needed.

### ***Supervised Visitation Only and Clinically Supervised Parenting Time Services***

The Department focuses efforts to provide the least restrictive level of supervision during parenting time. Safety threats are evaluated to determine if they are present during supervised visitation and the level of supervision is adjusted accordingly to allow the least restrictive visitation supervision, 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 visitation supervision between parents/guardians and their children, or between siblings. SVO services were provided to 7,705 families during the first 11 months of SFY 2024 (source: Monthly Operational Outcomes Report May 2024).

Additionally, if the family requires more trained oversight to recognize and manage the safety threat during parenting time, Clinically Supervised Parenting Time (CSPT) services are available. CSPT is available statewide and 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 less restrictive supervision. CSPT has served 33 families during the first 11 months of SFY 2024 (source: Monthly Operational Outcomes Report May 2024).

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 build and demonstrate their enhanced caregiver capacities.

### ***Parenting Time Practice Model***

During SFY 2024, the Department established a parenting time practice model that will support more timely permanency for children, a higher rate of reunification for families, and a lower rate of children returning to care due to repeat instances of abuse and neglect. The model focuses on developing individualized parenting time plans immediately after the removal of children from their families of origin. These plans should be specific to control the danger threat that may be present during parenting time in the least restrictive and most natural setting possible, to allow families to interact as naturally as possible, therefore allowing DCS to provide individualized case support to the family. In order to create these plans, DCS has developed a Parenting Time Planning Process that is facilitated by a Parenting Time Coordinator, who is an individual experienced in supervising and monitoring parenting time and trained on developing individualized parenting time plans. The process begins with a referral within one business day of removal, followed by immediate engagement with the family. The first parenting time session should be scheduled within the first week of removal, so long as contact is able to be made. The Parenting Time Coordinator will work to develop a parenting time plan in collaboration with the family and professionals working with the family within the first 45 to 60 days following the removal of the child. The plan focuses on using the various elements of the parenting time plan (frequency and duration, supervision level, location, time of day, people present, and supports) to control the danger threat in the least restrictive way possible. If a high restriction is recommended in the plan, there should be a clear reason behind the recommendation, as well as a clearly defined behavior change specific to parenting time so the parent knows what is required to decrease the restrictiveness of the contact. This process began in five urban sites in Pima and Maricopa Counties in April 2024, with a plan to add additional sites as resources become available. The roll out of the program will continue into 2025. Steps being made to support the implementation of this process include high level reviews of parenting time plans throughout the state, updating the DCS parenting time documents, and providing training to Parenting Time Case Aides and Parenting Time Service Providers.

### ***Recovery through Advocacy, Inspiration, Support and Empowerment (RAISE) Family Treatment Court (FTC) in Pima County and Family Treatment Court in Maricopa County***

Since its inception in 2001, RAISE FTC in Pima County has provided intensive case management and judicial oversight to dependency-involved parents affected by substance abuse and their children. RAISE FTC is a voluntary program for parents whose children are in the legal custody of the Department and who need support and guidance as they begin their recovery journey from drugs and/or alcohol or who seek assistance to maintain their sobriety and reunify with their children.

FTC uses a coordinated, trauma-informed, family-centered, evidence-based, multi-system approach to attain 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 is the successful incorporation of peer support through Recovery

Support Specialists. Recovery Support Specialists have the unique role of providing additional support and accountability for parents, drawing on their own lived experiences to aid the individuals they serve.

RAISE FTC is recognized as a National Peer Learning Court. During a five-year SAMHSA grant in effect between 2018 and 2023, 450 parents and 716 children enrolled in RAISE FTC, which represented 96% and 106% of the grant enrollment goals, respectively. The reunification rate for children with a parent who participated in FTC during the five-year grant, and whose case was closed at the end of the grant, was 79% (99% for parents who graduated, 89% for parents who voluntarily discharged, 49% for parents who were involuntarily discharged).

The Department continues to partner with the Pima County RAISE Family Treatment Court to provide substance abuse treatment and services for diverse families involved in the child welfare system. The partnership has evolved to a coordinated, multi-system approach. Through data and information sharing, this partnership allows FTC and the Department to provide a comprehensive, family-centered approach. The partnership promotes a collaborative focus on case management, safety planning, reunification, and shared goals to improve outcomes for parents with substance abuse issues and their children. The Department and RAISE FTC are currently participating in strategic planning to assess the feasibility of expanding and enhancing the program to:

- provide recovery support focused on enhancing recovery capital for participants,
- provide access to life skills services and groups including participant wellness,
- provide access to and direct provision of trauma therapy,
- ensure that diverse populations are provided access to RAISE, including review of recruitment efforts, and
- expand services and access to RAISE to increase reunification and stability while reducing recidivism and maltreatment.

The Maricopa County Family Treatment Court (FTC) is a voluntary program designed for parents struggling with substance use who are also involved in an open dependency case in the court's Juvenile Department. The program was established in December 2012 and follows the national treatment-focused problem-solving court model. FTC aims to support participants in their journey towards recovery. Through structured phases, FTC provides a framework of incentives and consequences to motivate and hold clients accountable. The primary objective is to foster sobriety, promote family reunification, and enhance the overall well-being of the children and families involved.

Mohave County began a Family Treatment Court pilot program in January 2024. At the preliminary protective hearing, the parents are ordered by the judge to attend two sessions of FTC. After attending these two sessions, the parent can then make the choice to remain involved. To date, Mohave County has had 10 parents attend FTC, with six of those parents voluntarily staying in the program and active at the end of the SFY. Mohave County FTC had its first parent graduate from the program in June 2024.

Coconino, Pinal, and Yavapai Counties are also in various stages of implementing Family Treatment Courts. If there are allegations of substance abuse, the judge will refer the parent to observe a session of Family Treatment Court. The parent then has the option to join the program

following the observed court session for continued support with their sobriety. The referral process also allows attorneys representing parents to refer parents to the program and parents to self-refer.

### ***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 is available state-wide, in all five DCS Regions. Individuals can be referred to AFF after receiving a report of alleged child neglect or abuse or through their involvement with the Arizona TANF program.

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, and outpatient and residential treatment services. The program focuses 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 AFF December 2023 Annual Evaluation Report indicates:

- 6,802 new referrals and 1,328 continuing referrals were received,
- AFF staff attempted at least one outreach with 98% of the new referrals during SFY 2023,
- 96% of those outreach attempts were completed within one business day of receiving the referral from the Department,
- 61% of referrals resulted in clients providing a release of information for voluntary acceptance of AFF services,
- 10% of these clients completed their assessment within seven days after accepting services,
- of those AFF clients receiving services and whose case was closed during SFY 2023, 12% (962 clients) successfully completed AFF services, and
- combined data for SFYs 2020-2023 indicate significantly more parents who completed AFF (86%) were reunified with their child than those who did not complete AFF (52%).

### ***Housing Assistance***

The Housing Assistance Program provides financial assistance to families for whom the lack of safe and adequate housing is a significant barrier to family preservation, family reunification, or permanency. This program operates in the form of vendor payments payable for rent, rent arrearages, utility deposits or payments, and utility arrearages on behalf of eligible families. The Housing Assistance Program can only be used if other community resources have been explored and are found to be unavailable. Housing Assistance Program eligibility requirements include that at least one child in the family must be involved in an open DCS case and that the adult caregiver

(usually, but not always, the parent) is a U.S. citizen or otherwise lawfully present in the United States.

The Housing Assistance Program is available statewide. Although there is no waiting list to receive these funds, affordable rental housing may not be available in all communities. Background checks by rental companies are another factor affecting the use of this program. Applicants with a history of evictions or of leaving units while owing money often have difficulty finding rental housing, despite the availability of Housing Assistance Program money. The maximum amount of money available to each family for an incident may not exceed \$1,800 in a six-month period.

### ***Team Based Parent Representation (TBPR)***

The TBPR program in Maricopa County began in October 2019 and provides an umbrella of support to some of the parents navigating the child welfare system within Maricopa County. The TBPR team is comprised of an attorney, a social worker, and a Peer Parent Navigator. The attorney and social worker work in the Office of the Public Advocate (OPA), the Office of the Legal Defender (OLD), or is contracted through the Office of the Public Defense Services. The attorney represents the parent at all dependency case hearings and provides advice and guidance on all legal matters pertaining to the case. The social worker is funded with title IV-E funds and assists the parent with resources and to obtain necessary services. The Peer Parent Navigator works for the Family Involvement Center and provides support, guidance, and assistance to parents as someone who has successfully navigated their own dependency case. In 2021, the Arizona State University conducted a program evaluation for the TBPR Program and found that of the 73 cases studied that had achieved a permanency outcome in which TBPR was involved, 72.6% or 53 of cases achieved a permanency outcome of reunification.

### ***Parents For Parents***

A peer-parent program, Parents For Parents, is available to a limited number of parents within Maricopa County. The program provides birth parents with the services of a mentor parent who has successfully navigated their own child welfare dependency case in the past. The Family Involvement Center (FIC) manages the Parents For Parents program with funds received from State Opioid Response funds, Piper Trust, and Casey Family Programs grants.

## **3. Permanency Planning and Placement 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 developed jointly with the parent or guardian and child when appropriate, focusing on the safety threats and risks identified from the family functioning assessment process, and written in behavioral language so the family understands the changes and activities necessary to achieve reunification or another permanency



goal.

The Department's policies on the selection of permanency goals, including timeframes for consideration of goals other than reunification, support timely achievement of the best permanency option for each child in out-of-home care. Each child is assigned a permanency goal based on the circumstances necessitating child protection services, the child's needs for permanency and stability, and Adoption and Safe Families Act (ASFA) requirements. The initial permanency goal for children in out-of-home care is typically 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 guides to further educate DCS Specialists to gather full information to assess functioning and protective capacities. The guides provide recommend open-ended, non-confrontational questions 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 with 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 twelve months of the child's initial removal is assessed as being unlikely. When concurrent planning is implemented, the DCS Specialist will simultaneously work toward the family reunification goal and the identified concurrent goal. 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, 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 a

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 circumstances where siblings are initially placed separately, and team members become reluctant to move the children to a permanent home that can care for the sibling group.

A permanency goal of adoption or guardianship may be considered if reunification is not successful within the timeframes identified in federal and state law. State policy directs that a goal of adoption be assigned and termination of parental rights (TPR) be pursued according to ASFA requirements. At the twelfth month permanency hearing, if the court determines that termination is in the child's best interest, the court may order the Department or the child's attorney or guardian ad litem to file a motion for TPR within ten days and set a date for an initial hearing on the motion within thirty days. Termination of parental rights is not initiated when it has been determined that such action is not in the child's best 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 another planned permanent living arrangement (APPLA). Department policy prohibits a permanency goal of APPLA for children younger than 16 years of age. Although APPLA is not the preferred goal, these youth often live in a stable setting with relatives or foster parents.

### ***Placement and Placement 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 will:

- 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, and
- place children with caregivers who can communicate in the child's language.

Out-of-home care types include licensed or court-approved kinship homes, non-relative licensed foster homes, 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 for a family locate.

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 Accurint, a person search software. This software can be used to conduct initial searches for family members of the child, and if efforts are not successful, a referral can be made to the Department Locate unit for more extensive search efforts.

The Department has a centralized and standardized process, through the DCS Placement Administration, 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.

The Department developed several specialized living arrangement types considered 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. QRTPs are considered when 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:

- 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, and
- making monthly in-person contacts with children in out-of-home care and their caregiver(s) to assess their safety, well-being, and service needs, including visiting alone with the child if 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.

The Department continues to provide assistance and support to out-of-home caregivers via the Department's Warm Line (877)-KIDS NEED U. Caregivers can call and speak with a DCS staff member related to foster care reimbursements, becoming licensed, and other inquires for support or assistance.

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 VI: 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 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. When a child enters the Department's care, program specialists complete Seneca family finding searches in order to support the child's connections, build and maintain a family support network, and possibly identify placement resources for child.

The Department has focused on identifying and engaging kin as early as possible, 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. As of May 31, 2024, 50.6% of all children age 0 to 17 in out-of-home care were placed with unlicensed relatives and kin or licensed relatives (source: Power BI OOH Dashboard, May 2024). This percentage does not include the children who were placed with licensed kin, which means that the percentage is actually higher.

Arizona's percentage of children with a relative or kinship OOH caregiver, which is above the current national average of the number of children with a relative (34%), indicates effective practice that is grounded in clear policy and procedural guidance (source: AFCARS Report No 30). 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 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,
- utilizing the *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,
- utilizing the 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.

During SFY 2024, the Department developed standard work and a process map to standardize the use of Seneca Searches for children in out-of-home care, particularly for those who are not placed with a relative or kinship out-of-home caregiver. DCS Section Program Specialists complete Seneca Searches in order to identify and locate relatives for children in out-of-home care, support the child's connections, build and maintain a family support network, and possibly identify placement resources for child. When the DCS Specialist's preliminary family finding efforts are not successful, the Specialist completes a referral for the Program Specialist to complete a Seneca Search. This tool uses birth parent information to identify potential contacts from various social media sites. The DCS Specialist then utilizes the information to contact the potential relatives and important people in the child's life.

The Department employs a team of Congregate Care Reduction Specialists who reconnect youth who are placed in a congregate care setting with natural supports and help identify new connections. Connections and family network building is the focus with the goal of locating a family living arrangement for the youth and a network to support them which will decrease the chances of re-entry into foster care. Other aspects of the Department's support to relative and kinship identification include:

- expanded TDM processes identify and transition youth who are placed in congregate care into family-like settings and
- increased availability of in-home, behavioral health, and other community services assist with transitioning the children to less restrictive placements and support any kinship caregivers identified.

The Department's health plan continues collaboration with Placement Administration to identify kinship caregivers who can benefit from support throughout Arizona. This collaboration identifies those kinship caregivers who are in need support in a timelier manner. DCS CHP, through its Resource Coordination team, provides outreach to referred caregivers when children are initially 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 and health plan navigation information should any issues or concerns arise or if caregivers 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 care provider, assistance with medication questions or issues, and locating a health care provider with more special health care needs.

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.

Collaboration continues with community agencies to discuss barriers for unlicensed kinship caregivers and problem-solving efforts to meet the needs of the families. Aviva Children's Services continues to provide support in the rural south, northeast, and northwest parts of the state. Food boxes are also available to support kinship caregivers as a supply of food boxes are kept at the kinship support office for statewide delivery. Presentations to the community and staff have been occurring to provide education and understanding of the kinship experience and support for kinship caregivers. The kinship team is present at events to answer questions from kinship caregivers and identify kinship caregivers that need extra support. The Department supports kin by conducting outreach activities through phone calls, mailings, and in-person information sessions.

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 contracted community agencies. Financial support, in the form of Temporary Assistance for Needy Families (TANF) was encouraged through the Home Assessment and Courtesy Supervision contracts and now the Kinship Support Services contract. Providers are required to assist families with the submission of TANF applications. The Kinship Support team reviews and corrects inaccurate application submissions with the goal of increasing the number of caregivers that apply for TANF and facilitate this assistance to occur early in the placement episode.

During SFY 2023, an average of 339 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 the Department and community-based agencies, including licensing, financial, social and educational resources. Kin are encouraged to pursue licensing and the Department has worked to reduce the requirements for kinship caregivers to become licensed, expanded criteria for kinship waivers to licensing rule, and created an expedited path to licensure for kin to be licensed in 60-90 days. On 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 2023 85 waivers were granted. Waivers are typically granted for the following reasons:

- applicant's age (18 to 20-year old applicants),
- applicants who do not meet the minimum financial requirements,
- homes that lack sufficient bedrooms or homes where bedrooms do not meet all the requirements,
- applicants who needed alternative delivery methods or schedules for pre-service training,
- sharing of bedrooms beyond what is prescribed, and
- 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 occurred. There is also additional information on the Department's public website which directs kinship caregivers to resources and supports.

Kinship caregivers currently receive \$9.86 per day per foster child in their home. For caregivers who do not pursue licensing, the following financial and other supports are provided:

- medical, dental, and mental health insurance for the child through the Department's Comprehensive Health Plan,
- childcare, parenting skills, and assistance with transportation for necessary appointments,
- monthly clothing and personal allowance and other "special" allowances may be available (diapers, supplemental tuition, emergency clothing, high school graduation, etc.),
- respite care up to 300 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 the Department's custody,
- kinship stipend for children living with unlicensed relatives was expanded 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 urban areas, offering services to strengthen kinship caregivers, access to community professionals who can assist in a variety of areas, and information on topics such as discipline, attachment and bonding, brain development, legal, and other issues, and
- community based agencies such as Aid to Adoption of Special Kids (AASK), Duet, Benevilla, Child Crisis Arizona, Arizona Helping Hands, Aviva, Boost a Foster Family, Family Involvement Center, GAP Ministries, Spreading Threads, Grandparent Ambassadors, ASA Now, and Arizona's Children Association (AzCA) continue to provide an array of services and supports to kinship caregivers across the state.

Direct support to kinship caregivers is 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.

During SFY 2023, kinship families were provided with 2,819 services statewide. The most needed services were TANF cash assistance, invoices and billing paperwork assistance, allowance assistance, referral to community resources, assistance with portal access for billing and direct deposit, and the Kinship information packet. There were 4,059 items provided to unlicensed kinship families statewide with the most needed items being clothes, diapers, wipes, backpacks, luggage, hygiene bags, bedding, furniture, food, beds, household items, toys, car seats, strollers, home repairs, and kinship folders containing information about DCS, community resources, and foster care. The Kinship Navigator Grant has assisted in obtaining these items.

In February 2024, the Kinship Support Services (KSS) contract began and expanded the prior work of the Department's Kinship Supports unit through statewide contracted providers with experience supporting kinship caregivers. KSS providers engage with kinship caregivers from the time the kinship resource is identified and/or placement is made. Services will last from referral until permanency is reached. KSS services include kinship navigation, home assessments, foster care licensing, and if applicable, adoption certification. Kinship navigation includes a Caregiver Self Evaluation and a Strength Needs & Cultural Discovery (SNCD) worksheet to develop an individualized navigation plan for the kinship caregiver. The plans address needs, barriers to services or licensure, case plan changes, and supports needed to navigate the child welfare, court, medical/behavioral health, and educational systems. The Department's Kinship Supports team now supports the KSS providers and facilitates relationships between providers and the DCS Specialist for the child and kinship caregiver.

The Department's Kinship Support Service (KSS) Team continues to participate in collaborative efforts with stakeholders to identify kinship caregiver needs and offer supports. Community groups and partnerships include the following.

- The Kinship Coalition consisting of community agencies primarily in the Maricopa County area offering resources to kinship caregivers. The group meets every two months to exchange information, collaborate on new resources needed and identify kinship caregiver needs and issues.
- 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 and licensing agencies.) 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 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.

As of February 2024, the Department created Congregate Care Reduction Specialists in the Congregate Care Reduction Unit within Placement Administration. The Congregate Care Reduction Specialists conduct activities focused on increasing important connections for youth and identifying family-like settings for children in group homes. These Specialists utilize strategies to achieve this goal such as searching case files for relative and important connections, meeting with youth to learn about connections, conduct Seneca Searches, and work with the Specialist to reassess any potential kin that have previously been ruled out. The Congregate Care Reduction Specialists conduct home inspections, submit referrals, assist with transitions of children into the home, conduct visits with the kinship caregivers, and assist with any barriers that arise and prevent youth from having natural connections and a family network available to them. Since February 2024, 179 youth were supported by the Congregate Care Reduction Specialists and 118 have been transitioned to family settings due to the combined efforts of Congregate Care Reduction Specialists, Placement Coordination, and DCS Field Specialists.

In June 2024, some of the Congregate Care Reduction Specialists started a collaboration with the Minority Professional Leadership Program to conduct research on disparities related to permanency outcomes for African American youth ages 16 and 17 over who reside in congregate care settings. The goal is to help identify and address barriers to achieving permanency to help avoid the children aging out of foster care without a permanent plan.

### ***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 agency, 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 60 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."

During the CFSP period, Arizona ICPC plans to continue processing ICPC requests and improving in areas of need. Arizona will address any staffing concerns that currently exist with contracted agencies with the expressed objective of completing more ICPC home studies within the Safe and Timely Act Guidelines. Arizona is expanding training to ensure better education of DCS and

judicial staff. Arizona will continue to learn about services available to youth in other states to better serve Arizona children when they are placed in those states. This will be accomplished with continued communication and research with other states.

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

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

The Department provides adoption promotion and support services with the goal of placing children in permanent homes. These services include an Adoption Registry of families who are certified to adopt children in Arizona, 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 include targeted and child specific recruitment. 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 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 as such, unexpected changes are not able to be reflected in the tool.

DCS has established a comprehensive Child Specific Recruitment contract with three providers across the state. This contractual initiative is designed to address the unique needs, interests, and connections of individual children in foster care, with a primary focus on recruiting or identifying suitable foster, adoptive, and kinship families. These efforts encompass a range of strategies, including the creation of photo listings and recruitment videos, meticulous file mining, and proactive family finding endeavors. Moreover, the program extends its outreach by engaging with specialized groups possessing relevant expertise, such as parents of children with autism or special education teachers, as well as individuals sharing specific interests with the child, such as artists or veterinarians. Furthermore, the initiative emphasizes the empowerment of children and teenagers, encouraging them to actively participate in suggesting strategies for recruiting or identifying potential families, thereby fostering a collaborative and inclusive approach to child welfare.

Arizona utilizes 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.

### *Adoption Subsidy*

The Department continues the title IV-E Adoption Assistance Program and the state administered 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, a sibling relationship, or racial or ethnic factors impacting timely permanency. 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 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 decreased slightly during the reporting period after consistently increasing for many years. The number of children served by the adoption subsidy program was 33,093 on March 31, 2024. The Department reimbursed \$4,168,184 of nonrecurring adoption expenses in FFY 2023. Of the 2,808 children who were adopted during SFY 2023, approximately 98% were covered under a title IV-E adoption agreement, and the remaining 2% 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.
- The Department has a higher specialized adoption subsidy rate for children who have significant developmental delays or behavioral health needs and required the care of a Therapeutic Foster Home or Child Developmental Home while in foster care. This additional support has allowed more children to be adopted, as many may not have been able to achieve permanency without this level of support to more closely match the child's increased financial needs.

- Adoption subsidy staff continue to collaborate with behavioral health agencies and service providers to coordinate services to meet the behavioral health needs of adoptive children. The Department continues to fund two Subsidy Behavioral Health Liaison positions to ensure that the needs of children and families are met both inside of Arizona and beyond. These positions assist families with navigating the behavioral health system, including attendance at Child and Family Team meetings to assist adoptive parents understand and advocate for their children's needs.
- Adoption subsidy staff participate in the November National Adoption Day celebrations.
- The Department has compiled a listing of support agencies and community resources for adoptive families across the state and nationally. This listing is provided to the licensing agencies, adoption subsidy workers, and Department field staff to provide to families as needed. The Subsidy Supervisors and Program Manager regularly present information around the state to make community partners and Department staff aware of the supports available to adoptive families and improve the communication surrounding support to adoptive families. The Department continues to identify new community resources for children eligible for adoption subsidy.

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

The Department plans to provide the following services and supports to children and families using the Adoption Incentive Funds during the FFY 2025-2029 CFSP period:

- monthly adoption subsidy maintenance payments and
- respite care.

The Department does not receive funding under the federal Legal Guardianship Incentive Program. The Department's guardianship subsidy program is a state funded program providing a monthly reimbursement to caretakers appointed by the court through an Arizona Revised Statutes Title 8 guardianship.

#### *Adoption Savings*

The Department plans to provide and expand the following services and supports to children and families using the Adoption Savings Funds during the FFY 2025-2029 CFSP period:

- monthly adoption subsidy maintenance payments and
- respite care.

The Department will spend 30% of the savings on post-adoption services, post-guardianship services, and services to support positive permanent outcomes for children at risk of entering foster care. Two-thirds of the 30% will be spent on post-adoption and post-guardianship services. The Department continues to use the CB Method to calculate the adoption savings and has not made any changes to the calculation method since the prior submission. As the Department expands and implements initiatives, the lead time for the Department to fully leverage unspent adoption savings from previous years will be roughly three years, beginning in FFY 2020.

#### *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 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, 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.

## **5. 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 placements 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 is still residing with the guardians. Families are required to continue submitting annual review forms to the subsidy program to verify that the child remains in their custody. As of March 31, 2024, there were 3,365 children receiving guardianship subsidy with 2,222 families.

Although not formally part of the Guardianship Subsidy agreements, the Department's Post-Permanency Supports program has extended behavioral health support to guardians needing assistance. The Post-Permanency Triple P service is also available to guardianship families needing support. Over the next review period, the Department intends to compile data regarding families' access to these supports in order to show the need to formalize the inclusion of these supports in guardianship subsidy agreements and children's aftercare planning to prevent re-entry into foster care.

### *Independent Living and Transitional Independent Living*

Provision of effective services to support young adults improves placement stability, reduces foster care re-entry, increases the percentage of youth placed with siblings and relatives, reduces the number of youth in out-of-home care, and increases the number and percentage of youth who exit to permanency rather than at the age of majority. Youth and Department staff work together to establish youth-centered case plans that include services and supports to assist each youth to reach his or her full potential while transitioning to adulthood, and to maintain safe, stable, long-term living arrangements and relationships with persons committed to their support and nurturance.

State policy requires a Preparation for Adulthood Plan for all youth age 14 and older, regardless of his or her permanency goal, and for young adults age 18 and older participating in continued care through a voluntary extended foster care agreement. The Department provides life skills assessments and services to ensure each youth acquires the skills and resources necessary to live successfully outside of the state foster care system at age eighteen or older.

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

Department policy allows youth to continue to receive Department services and supports to 21 years of age through voluntary foster care services and/or the Transitional Independent Living Program. Young adults served under the Transitional Independent Living Program are former foster youth, 18 through 20 years of age, who were in out-of-home care and in the custody of the Department while age 16, 17, or 18. This Program provides job training, skill development, and financial and other assistance to former foster youth, to complement their efforts toward becoming self-sufficient. The Transitional Independent Living Program which is provided by contracted providers continues to do community outreach to identify and assist youth who would be eligible for the services.

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

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

- Transition to Adulthood service planning assists youth to make a smooth and seamless transition from the children's behavioral health system into the adult system. Transitional planning begins once the youth turns 16, or earlier if the Child and Family Team (CFT) determines that more time is needed for the youth to acquire the necessary skills. If needed, a request can be made to have a representative from the adult behavioral health system attend the youth's CFTs. Arizona behavioral health providers utilize the "Transition to Independence Process" or TIP Model to inform the delivery of services. The Regional Behavioral Health Authorities have provided technical assistance to providers to implement the TIP Model to fidelity. DCS continues to collaborate with AHCCCS and the RBHAs to ensure this population receives the Seriously Mentally Ill (SMI) determination when appropriate. AHCCCS has contracted with a single provider to manage the SMI eligibility process.

- Some child services continue to 21 years of age, when appropriate, including the TIP Model. This is supported by a special capitation rate for youth 18 to 21 years old. Transition Facilitators actively work with youth and young adults on their future planning and skill development. Peer support specialists utilize their own direct experience with mental health services to collaborate with, coach, and challenge the young person to view their situation as an opportunity for growth.
- Support and Rehabilitation Services are available for children, adolescents, and young adults, including a variety of home-based and community services with a goal of keeping children in their homes and community. Support services are services designed to facilitate the delivery of, or enhance the benefit received from, other behavioral health services. These services include case management, family support, peer support, unskilled respite, and transportation. Rehabilitation services include educating, coaching, training, and demonstrating. These services include behavioral health prevention/promotion education, medication training, and psychoeducational services such as pre-job training and job development and ongoing support to maintain employment.
- The Child and Adolescent Service Intensity Instrument (CASII) is used for all children ages six through 17 to identify the need level and recommended service intensity. Those members with a score indicating a higher need, are assigned a high needs behavioral health case manager, also called a recovery coach, who has a low caseload and meets with the member weekly. The results inform the CFT process, through which services and supports to best meet the youth's needs are identified. The CFT process mandates a crisis plan and a Strengths, Needs, and Cultural Discovery (SNCD) for youth with a CASII score indicating high needs. These youth are also assigned an intensive/dedicated case manager to provide support in the delivery of services.
- The Department, in conjunction with CMDP, DBHS, and AHCCCS, continues to evaluate Arizona's use of psychotropic medication for children in foster care. Arizona collects data using the same parameters as the General Accounting Office's report on United States use of psychotropic medication with foster youth. The majority of the youth in care prescribed psychotropic medications are teens. One of the improvements made during SFY 2016 was DBHS' finalization of the youth assent process for psychotropic medication prescribing. Since youth are not able to legally provide informed consent, the youths' assent, or agreement, to take the medication allows the youth to be more engaged in his or her care, case planning, and decisions.

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

*Young Adult Transitional Insurance (YATI)*



Young adults who reached the age of 18 while in out-of-home care may be eligible for medical services through the YATI Program, a Medicaid program operated by AHCCCS. All foster youth who are Medicaid eligible are pre-enrolled into an AHCCCS plan as they turn 18 years of age. This program provides continuous health coverage until the age of 26, regardless of income. Over 600 youth who reached the age of 18 while in foster care or who exited care at age 18 or older during the last year will benefit from the YATI program due to the continued support of the Medicaid expansion to age 26. In 2023 Arizona also implemented the new federal requirements in which the state must provide YATI to youth who aged out of another state or jurisdiction but are now residents of Arizona.

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

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

## **6. 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 those 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 than every six months. Progress and services can be reviewed and modified between formal case plan staffings to avoid unnecessary service provision and improve outcomes for families. DCS Specialists are to monitor the parent's engagement in services, and that the services and supports identified in the case plan are producing the desired behavioral changes.

Engaging family members in the continual evaluation of their strengths, needs, and goals is the most effective method to identify services that meet the family's unique needs, produce desired behavioral changes, and achieve desired outcomes. Concerted efforts to embed this and other family-centered practice principles continue throughout the Department. 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.
- In September 2023, DCS began providing the Trauma, Empathy, and Your Role in Culturally Grounded Practice training developed in partnership with Arizona State University. This training includes four computer-based trainings and four in-person classroom trainings and aligns with the DCS mission and objective to provide culturally relevant services to families and children served in Arizona. This learning track is required for all DCS Employees.
- 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 age 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, and
  - 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 50% of children placed with relative caregivers on May 31, 2023, which continues to be above the national average of 34% (source: Power BI OOH Dashboard and AFCARS Report No 30).
- 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.
- Content on family engagement is currently included in DCS Specialist and Case Aide Learning Track training. DCS Specialist classroom 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 includes 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 parallel process in their work with families. 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 utilizing structured field break activities and discussion with the Program Manager.

- Foster parents are encouraged to engage and communicate with 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*

The Team Decision Making™ (TDM) model is an evidence-supported approach to quickly bring together the important people in a child's life when a safety threat suggests that child may need to be separated from their parents or the child is at risk of a placement move. The TDM model is focused on a collaborative approach to decision making that respects and values the input of all meeting participants. The model recognizes the strength of families and the importance of respectfully involving them in the decision-making process, while also emphasizing the value of teamwork and the need to consider the perspectives of all involved parties. The TDM core values highlight the importance of creating a respectful and inclusive environment during the meeting and to provide guidelines for participants to ensure that all voices are heard and considered. TDM meetings involve a team of people, including Department field staff, supervisors, TDM facilitators, parents and family (custodial and non-custodial parents, legal guardians, and extended family), family supports, formal or informal community members (including tribal representatives when applicable), current or past service providers. Children and their siblings are also invited if their level of functioning and the current situation permit their full participation. 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.

A Team Decision Making meeting is held as quickly as possible after the child's immediate safety needs are met. The purpose of the TDM meeting is to make the best possible decisions regarding whether a child can remain safely in the home, possible living arrangement changes, reunification, or a permanency goal change. The focus of the TDM meeting is to ensure the safety, well-being, and permanency of children. At TDM meetings, the group seeks consensus on the best way to keep a child safe and stable, either at home if possible or in another living arrangement.

The Department has spent the last two years working with [Evident Change](#), the proprietors of the Team Decision Making™ approach, in reviewing fidelity to the TDM meeting model as well as alignment with the Department's SAFE AZ practice model. The TDM process and procedures

were updated and during 2024, staff were provided with a training on the new TDM protocol to be better equipped to serve families and young people with care and compassion. Through the work with Evident Change, the Department reduced TDM meetings to three types, Safety, Placement Stability, and Permanency to ensure model fidelity.

**Safety:** A safety TDM meeting is a facilitated family team meeting to determine whether a child can be kept safe at home with a plan to manage dangers. The team seeks to make a decision or recommendation during the meeting, considering any new information in collaboration with the family, about the least intrusive way to maintain a child's safety.

**Placement Stability:** A Placement Stability TDM meeting is a facilitated family team meeting held to make a decision that increases placement stability, ensures positive transition when a move is necessary, and addresses level of care. The team seeks to make a decision or recommendation by convening at the earliest indication of a disruption to the living arrangement or if any change of living arrangement is being considered.

**Permanency:** A Permanency TDM meeting is a facilitated family team meeting held to ensure safe, stable, and timely permanency can occur by expediting the return of a child to their parent, or by exploring an alternative permanency goal. The permanency TDM may include the development of safety plans that include actions that are sufficient to control the danger, feasible to implement, sustainable, and least intrusive to the family. Permanency TDM meetings take place any time conditions for return have been met or a change in the permanency goal is being considered.

An experienced, independent facilitator guides the group participants using a structured six-stage TDM meeting model. The TDM Facilitator helps the team 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. Newly hired Team Decision Making facilitators attend a five-day training. After the initial training, TDM program supervisors and experienced TDM facilitators support and mentor newly trained TDM facilitators. The TDM statewide program manager focuses on implementing TDM initiatives statewide, providing technical support, refining data elements and collection, identifying and addressing TDM program issues, determining continued needs, and mentoring the TDM regional advisors individually and collectively. The TDM statewide program manager and TDM program supervisors work collaboratively to ensure statewide TDM model fidelity.

The TDM program is receiving technical assistance from Action for Child Protection to help strengthen facilitators' knowledge of SAFE AZ, the Department's safety assessment model. Knowledge of the SAFE AZ model assists TDM facilitators in guiding the team members to a consensus that focuses on the least intrusive and safest plan for the children. In addition to having facilitators trained in SAFE AZ within the TDM framework, Evident Change is providing technical assistance to ensure model fidelity and enhance facilitator skill awareness in group engagement. Evident Change is conducting TDM observations across the state to help advise as to practice implementation. Observations are being conducted with all TDM types, and in every region. Technical assistance is also focusing on cultural responsiveness, parenting time, and domestic violence aspects being supported by TDM and the SAFE AZ model.

There have been barriers to tracking TDM data consistently in the past. An important part of implementing the TDM model is developing the capacity to track and report on the key elements of this strategy. This includes collecting data on TDM implementation progress, developing a process for assessing the quality of meetings held, regularly reporting on implementation and quality status and, eventually, linking these data to child-level outcome data to determine the impact of the TDM model. In addition to the technical assistance, Evident Change has created and shared TDM Database software. The Department is working closely with Evident Change on the customization of the TDM application software to meet the Department's needs for data collection. Both qualitative and quantitative data are needed for implementation measurement. Quantitative data on the structural data elements are collected by facilitators at each meeting and input into the TDM application from Evident Change. The use of this TDM application is a possible solution to the TDM data collection barriers.

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

The DCS Specialist's contacts with children and parents are important opportunities to conduct ongoing assessment; 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 visits between the DCS Specialist and the child and out-of-home caregiver (if applicable) occur at least one time per calendar month. The majority of contacts must be in the child's residence (be it the parental home or an out-of-home placement), and any verbal child must be seen alone for part of one visit each month. DCS Specialists are required to consult with the out-of-home caregiver, the child (if verbal), and other service team members as appropriate to determine if the child and/or caregiver requires more frequent face-to-face visits and/or telephone contact between face-to-face visits.

Department procedures and an extensive reference document, *Child and Caregiver Visitation Guide*, provide guidance on the topics that should be explored and discussed with children and out-of-home caregivers. In addition, DCS Specialists have been instructed to use a child contact case note documentation outline, which includes headers to remind the DCS Specialist to document time spent alone with the child; efforts to involve the child in case planning; discussion about the child's educational, physical health, and behavioral health status; discussion about visitation and contact with parents and siblings; efforts to allow the child to participate in developmentally appropriate activities; and other areas. Instructions and a detailed guide accompany the outline. DCS Specialists can use the guide in the field to prompt discussion about key areas and take notes.

Child contact information is monitored using scorecards at the unit, section, and region level to monitor the completion of required contacts and documentation.

Arizona's state quality assurance case review instrument, the Practice Improvement Case Review

(PICR) includes an item to evaluate the frequency and quality of DCS Specialist contacts with children. The Practice Improvement Specialists give individualized feedback to DCS Specialists and DCS Program Supervisors based on the case review findings. The PICR provides an ongoing opportunity to clarify practice expectations, such as the requirement to meet alone with the child for part of at least one visit each month.

The Department's policies include an emphasis to consider cultural and inclusive language when interacting with case participants. 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.

The caseworker visit data submitted for FFY 2023 indicated 96% of children were seen on a monthly basis by caseworkers and 67% of the total number of visits occurred in the child's residence which met both of the federal standards.

During the CFSP period, DCS plans to use the federal Monthly Caseworker Visit Grant to further invest in mobile technology for field staff. The investment in mobile technology improves capacity to conduct and document monthly caseworker visits with children.

#### *Case Manager Contacts with Parents*

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

If the permanency goal is a goal other than remain with family or family reunification, the DCS Specialist is to conduct quarterly contact with the parent until the court has ordered termination of the parent-child relationship, granted permanent guardianship of the child, or the child has reached the age of majority. Contact may be face-to-face, written, or by telephone.

The PICR instrument includes an item to evaluate the frequency and quality of DCS Specialists' contacts with 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 frequency of required contact and the importance of discussing the parents' needs, services, progress, etc.

*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.

Section Program Specialists, located at the various offices across the state, have access to Accurint (LexisNexis), a person search software and other sources to search for contact information for parents and relatives of children during child abuse investigations and ongoing cases. If these initial efforts are not successful, a referral can be made to the DCS Locate Team for more extensive search efforts. From July 2023 through April 2024, the Section Program Specialists conducted approximately 1,467 searches and located possible contact information for 1,301 of the individuals (source: Region Field Locate Tracking Logs).

In 2023, the Arizona legislature passed, and the Governor signed, House Bill 2313 amending A.R.S. § 8-514.07 which expands the requirements of field staff's due diligence search efforts. This statute now outlines specific actions required by DCS, including but not limited to, interviews with the child's parent, the child, adult relatives and "other persons who may have information regarding the location...of persons with a significant relationship with the child." Additionally, it outlines specific sources that could be utilized including employment records, vehicle registration, child support records, utility accounts, previous addresses, law enforcement records and Department of Corrections records. While this did not drastically change actions already being taken, the statute requires the Department to file documentation of these efforts with the Court within 30 days of the child being taken into temporary custody and at each subsequent hearing. The statute now states this documentation "shall include a detailed narrative explaining the Department's efforts to consider each potential placement and the specific outcome."

The Department's Locate Team will continue to accept locate requests from the Attorney General's Office to effectuate service. Family locate efforts can be conducted for person within and outside the United States. The DCS Locate Team will perform all requests for international search efforts. Referrals received from the Attorney General's Office are typically for a 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), Arizona Motor Vehicle Division records, Juvenile Access Communication Exchange (JAX), the Federal Bureau of Prisons, social media including, but not limited to, Facebook, and general internet search engines such as Google. Effective May 20, 2024, the Department of Economic Security (DES)/Division of Child Support Services (DCSS) notified DCS that the ATLAS system was being decommissioned and replaced by a new system, AZCARES. DCSS also notified DCS that direct access to the AZCARES system by DCS is barred pursuant to 42 CFR § 302.35. DCS is now required to submit an Arizona Parent Locator Service (APLS) form to DES/DCSS for each person DCS is attempting to locate. Complicating this further is that DES/DCSS will take 3-5 days to provide results and will only provide a name, social security number, most recent address, employer name and address, wages, health care coverage and asset or debt information, DES/DCSS will not provide a date of birth or previous address, phone numbers, or other data that can assist in affirming the



location of a parent being sought. Information about relatives of the child is limited to name, social security number, most recent address and employer name and address.

The DCS Locate Team will continue its practice of communicating with critical persons who may be knowledgeable about the person being sought. Other than the changes resulting from the DES/DCSS database mentioned above, the Locate Team will continue to utilize its robust array of investigative tools. This includes 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 May 2023 through April 2024, the DCS Locate Team received 3,445 referrals from the Arizona Attorney General Office (AGO) and 59 from DCS Specialists. Of these, 163 were cancelled by the AGO or rejected and 40 are still being processed. Thus, as of May 1, 2024, DCS Locate Team attempted to locate 3,296 people and successfully obtained location information for 1,341 (41%) of the individuals. It is important to note that the individuals identified for locate attempts are referred due to the inability to readily obtain address or contact information in other ways and often are willfully engaged in efforts to avoid being located. In addition, because the DCS Locate Team receives locate requests from the Attorney General's Office for the purposes of legal court proceedings, the DCS Locate Team only considers a person as located if at least two separate sources identify the contact or location information for the person for whom the search is being conducted. There are many additional people for which possible contact information is found, but there is not a second source to confirm the person's location or contact information.

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.

## **7. 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 young people experiencing foster care, parents, foster caregivers, community 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, and other formal and informal meetings. The case plan for every child/youth in out-of-home care specifies their educational status and needs, and services provided to address those needs. Education related goals and tasks may be included in the case plan for children residing with their parents and receiving “in-home” services, and are required as part of the reunification plans to ensure smooth transitions for children returning home.

Children and youth receive educational services, including exceptional student (special education) services, through the Arizona public school system, which includes tuition-free specialized charter schools. DCS Specialists coordinate with parents, the Individuals with Disabilities Education Act (IDEA) parent (if different from biological or adoptive parent), school officials, teachers, foster care providers, and others to monitor educational needs and plan, and modify services as necessary. DCS Specialists frequently advocate for services through other agencies such as the Department of Education and the Department of Health Services/Division of Behavioral Health Services, and through school and community-based supports.

DCS identifies the education rights holder which is most often the child’s parent(s) (birth or adoptive), and encourages and supports their participation in the development and approval of education plans, including Individualized Education Plans (IEP) to address special education needs. When the parent(s) cannot be located or are unwilling or unable to participate in education decision making, the Department notifies the Local Educational Agency (LEA) or school district (and when necessary, the dependency court), and collaborates to identify another person to act as the IDEA parent. State law permits a kinship or licensed foster parent or another person (i.e. surrogate parent) appointed by the Arizona Department of Education (or court) to act as the IDEA parent. When needed, a surrogate parent is assigned the IDEA decision making rights to request and approve special education evaluation and services, and participates in the development, approval, and review of Individualized Education Plans (IEPs). (Congregate care providers and DCS Specialists are not permitted to serve as the IDEA parent but may provide information and attend IEP meetings.)

DCS maintains an Educational Case Management Unit managed by the State Coordinator for Foster Care-Education Partnerships. This unit consists of three full-time case managers who serve youth currently and former in foster care, statewide. The educational case management unit is mandated in state law to assist youth to: 1) graduate from high school; 2) pass the statewide assessment; 3) apply for post-secondary financial assistance; and 4) apply for post-secondary education. Education Specialist additional support youth currently and formerly foster care through the following:

- Education experience assessments conducted during in-person to inform education plans including plans for completion of high school and enrollment into post-secondary education and training programs.
- In-person and virtual meetings with referred youth on an individual basis providing support through information sharing, and connecting youth to academic and financial supports, as needed.
- Collaborate with a DCS Youth Advocacy Specialist (young adults with lived experience) to support youth in identifying education needs and navigating support systems.

- Provision of technical assistance to assigned case managers, foster caregivers, and others.
- Participation in local and statewide collaboratives to monitor and improve the education experiences of young people experiencing foster care.

The State Coordinator for Foster Care-Education Partnerships acts as the state-level foster care point of contact (POC) supporting implementation of the Every Student Succeeds Act (ESSA). This position provides outreach, support and technical assistance to Local Educational Agencies (LEAs) or school districts, in addition to overseeing the activities of the Education Case Management Unit. More information on high school attainment can be found in the Section XI: *Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program State Plan*.

DCS maintains a partnership (supported by the Governor’s Office) with FosterEd Arizona, a Compassionate Education Systems Initiative of the National Center for Youth Law. This initiative works to ensure students in foster care have effective and committed education champions (“persons in their corner”), well-coordinated education teams, and student-centered education engagement and plans. The partnership provides for the following:

- Field-level support: FosterEd maintains four staff (three liaisons and a regional Program Manager) in Pima County with one liaison co-located in a field office and two liaisons co-located in Tucson Unified School District high schools. In Maricopa County, four education liaisons are co-located in Department offices throughout the region. Yavapai County in northern Arizona has one liaison co-located in both schools and a field office. Other students in the state are served through student-level consultation on an as needed basis. Recognizing that all youth may not require the same level of involvement,
- Three tiers of support: intensive, responsive, and universal. The “intensive tier” focuses on supporting high school aged and other students with complex needs, while the responsive tier focuses on students in lower grades with less complex needs, often by collaborating with and supporting the adults in students’ lives. The universal tier of service supports the successful implementation of system-level policies and practices ensuring youth access academic and social-emotional interventions. This is accomplished by providing training to education and child welfare agency partners, being available to consult with agency partners about specific issues for youth in foster care without formally embarking on a responsive or intensive case plan.
- Collaborative leadership: The FosterEd Arizona leadership team continues to partner very closely with the Department through support of community collaboratives in Pima and Maricopa County, and through monthly meetings with state-level managers and administrators to discuss trends and successes, provide input and feedback on current policy and practice and to work collaborative to improve education outcomes for children experiencing foster care.

Other activities to improve educational outcomes for children and youth experiencing foster care will continue across Arizona during the CFSP period. Recent and continuing examples of these efforts include:

- Ongoing collaboration with the Arizona Department of Education is targeting

improvements to the implementation of the ESSA to resolve issues related to maintaining school of origin, transportation, and other services.

- The creation and updating of guides, pamphlets, and informational workshops inform youth, caregivers, DCS Specialists, and community partners about educational supports and opportunities including financial aid for post-secondary programs.
- DCS will continue (and seek to expand) collaborations with colleges, universities (i.e. Grand Canyon University Fostering Futures Scholars, Arizona State University Bridging Success+), and other organizations to increase the number of youth enrolled in and completing post-secondary education programs. When funding is available, DCS supports staff attendance at conferences and external meetings to learn about and share information on resources and innovative practices.

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 VIII: Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report* for additional information about the Department's performance and activities to support educational outcomes for young adults, including the Education and Training Voucher Program.

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

The Department is responsible for the provision of covered, medically necessary services for children in out-of-home care (A.R.S. § 8-512). The majority of children in Arizona's foster care system receive health care coverage through DCS CHP, which is the health insurance health plan embedded within the Department. DCS CHP operates as a fully integrated health plan under contract (ADCS15-074550) with the Arizona Health Care Cost Containment System (AHCCCS), for children who are determined to be Medicaid eligible. Non-Medicaid eligible children are also covered by the health plan and 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). Prior to integration, behavioral health benefits for Medicaid eligible children in out-of-home care were provided through AHCCCS contracted Regional Behavioral Health Authorities (RBHA). American Indian children are served through DCS 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 and its contracted health plan. 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 Department recognizes the importance of a coordinated oversight and monitoring system of the health and wellbeing for children in out-of-home care. During this review period, the Department contracted with an AHCCCS Managed Care Organization (MCO), with knowledge

and experience in integrated physical and behavioral health care and service delivery for a pediatric population. This statewide contract was effective April 1, 2021, and serves all Arizona children and youth in out-of-home care. This approach provides a continuum that encompasses the oversight of services, identification of needed services, and the delivery of those needed services for children in foster care. The subcontracted MCO is expected to support and facilitate delegated administrative functions as specified in DCS Solicitation/Contract (CTR050520). DCS CHP has ultimate responsibility in meeting the expectations of the AHCCCS contract.

With the successful implementation of a fully integrated health plan, the Department gained additional knowledge about the medical and behavioral health needs of the children served, available medical resources, and gaps in services in some areas. The Department recognized the need for increased communication and collaboration with its subcontracted MCO partner to strengthen data sharing activities related to improving healthcare and oversight. The Department participates in monthly business review meetings where performance metrics and counter measures are discussed with the subcontracted MCO to identify opportunities to improve children and youth's access to health services. As new technologies and processes are developed, this relationship continues to evolve, and will remain the cornerstone of the Department's efforts to improve health outcomes for children and youth in foster care.

The Department's Program Policies and Practice Guidelines, in conjunction with required state and federal Medicaid policies and guidelines, outline procedures to be followed when providing children with health screenings and other medical care, dental exams, behavioral health, developmental and social assessments/screenings, and immunizations. These guidelines also address procedures to be followed for special medical situations.

### ***Initial and Follow up Health Screenings***

All children who are ill or have signs of abuse or neglect are seen by a medical provider within 24 hours of entering the Department's custody. Emergency medical treatment is obtained for any child when necessary as soon as is possible.

All children entering care, regardless of acute issues or abuse or neglect, are assessed for immediate behavioral health and physical health care needs upon entry into DCS care. Arizona's statewide protocol for children in out-of-home care, indicates that within 24 hours of removal, all children are referred for an Integrated Rapid Response (IRR) assessment. The IRR is an initial in-home assessment, conducted by the crisis response system within 72 hours of the IRR referral. Clinicians assess the child's immediate behavioral health needs and triage any crisis or trauma-related issues, including those related to the removal or the reasons for the removal. Additionally, the assessor screens for developmental delays and physical health needs that require immediate support, such as managing acute needs, medications, and durable medical equipment, and connections to ongoing services. The child is assigned to a behavioral health home depending on the caregiver's preference and location. Within seven days of the IRR, a behavioral health intake assessment is offered to the child's caregiver. If a need which may be remedied through a behavioral health service is identified, the first behavioral health service appointment begins within 21 calendar days of the intake assessment. The IRR clinician may refer the child to a primary care provider (PCP) for ongoing physical health services or a specialist or other services if needed

acutely. Barring acute needs, the child will have a comprehensive health care assessment in the form of an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visit at an assigned medical home and a dental visit with a dental provider/home, to assess for dental issues, within the first 30 days of entry into care.

Due to its high level of importance DCS CHP with its subcontracted Managed Care Organization (MCO), monitors that children and youth receive the Integrated Rapid Response assessment. Specifically, DCS CHP performs a monthly reconciliation of members entering DCS' care in contrast to those who have received an IRR assessment. For children who have not received an IRR, the health plan in collaboration with the DCS Specialist and caregiver, ensure an IRR assessment is completed and the children receive the needed services.

DCS CHP covers a full scope of prevention and treatment healthcare services, when determined medically necessary. 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.

Department policy requires a comprehensive medical examination that meets EPSDT requirements within 30 days of a child's initial placement into out-of-home care, periodic EPSDT exams, as well as dental assessments to be completed with 30 days of entry into out-of-home care for children ages one year and older, and semi-annually thereafter. Oversight of EPSDT services is conducted through various mechanisms such as health utilization process reviews, prior authorization of services, concurrent hospitalization reviews, and ongoing quality and care coordination mechanisms. Health plan staff review EPSDT documentation received from health care providers for completeness, quality of service, and care. Health plan Care Managers assist caregivers and DCS Specialists to coordinate the completion of the EPSDT and dental visit as well as the appropriate services and referrals for conditions identified during EPSDT visits. More specifically, DCS CHP uses metrics and specific performance measures to track receipt of EPSDT services. At times, a child may not receive an EPSDT service within 30 days for extenuating circumstances (hospitalization, kinship caregiver scheduling). For this reason, DCS CHP reviews whether members who remain with the health plan longer than 30 days received services by 60 days and 90 days. See the Health Care Oversight plan for additional information.

DCS CHP's Network Administration team also supports EPSDT efforts. This team educates healthcare providers at onsite visits on the importance of EPSDT and how healthcare providers may access enhanced rates for offering EPSDT services and submitting required documentation to the health plan. DCS CHP's subcontracted MCO delivers electronic toolkits to its healthcare providers to assist them in the management of children and youth. The toolkits include the Healthcare Effectiveness Data and Information Set (HEDIS) Gaps in Care (GIC) Report, tips for successfully leveraging the report, a billing guide, billing codes, HEDIS measure definitions, and patient chart tips which include how to avoid common mistakes.

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. CFTs are responsible for obtaining appropriate behavioral health services and may request services requiring a prior authorization that are subject to a medical necessity determination by DCS 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, DCS 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. The CHP System of Care function area developed and implemented a CFT Practice Evaluation tool to ensure that youth in out-of-home care receive the benefit of the CFT practice.

The Department's 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 children and youth in out-of-home care 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, HB2442, also known as Jacob's Law, was signed into law to improve care for Arizona's foster/kinship/adoptive families receiving behavioral health services. The law establishes timelines to provide behavioral health services to foster and adoptive children. The bill's purpose is to ensure easier, better access to behavioral health care for Arizona's children in foster care and their families. The Department, foster parents, AHCCCS, services providers, and other key stakeholders work jointly to implement several key components of this law, which include the following.

- DCS placement packets are provided to the out-of-home caregiver immediately and 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.
- Out-of-home caregivers may contact DCS CHP directly to request a screening and evaluation of the child.
- If a child in the Department's care 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, DCS CHP tracks 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.

### ***Care Coordination***

The DCS CHP Resource Coordination team collaborates regularly with the subcontracted MCO and the Department's child welfare staff to elevate care coordination and system of care interventions for children and youth with a chronic or acute condition. The DCS CHP Resource Coordination team phones caregivers upon health plan enrollment to identify the need for immediate care coordination and/or health coordination and system of care interventions. When a need is identified, the information is communicated through a messaging function within the FamilyCare Central portal directly to the assigned Care Manager. DCS Specialists also have access to the child's health plan information using the FamilyCare Central portal. This portal provides access to care management assessments, the child's insurance card, prior authorization for services information, medications, and other health care resource information.

### ***Special Health Care Needs - Children's Rehabilitative Services***

DCS CHP 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 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*.

### ***Health Record***

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. Ongoing DCS CHP systems interface enhancements in Guardian, the electronic record for the Department, will provide for the future transmission of medical record information. Information that can be entered into Guardian includes immunization types and dates, well-child visits (EPSDT), dental visits, certain key diagnoses, and other services and medical events which are received in electronic format. Medical summary reports can be generated and provided to the courts and out-of-home caregivers. The data interface maps 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. The DCS CHP System of Care team is able to document healthcare coordination activities in Guardian case notes, which are accessible to anyone within the Department with access to the specific case record. Healthcare information contained within these notes can be utilized by the DCS Specialist for ongoing case management and coordination for that child.

### ***Health Information Exchange***

DCS CHP has access to the most accurate and up-to-date patient information, allowing for informed decision-making and improved care management through Health Information Exchange (HIE). DCS utilizes a secure web-based portal to access patient medical histories and clinical results from the state's major health systems and labs. HIE is a technology that facilitates the flow



of health information among various healthcare providers, including physician practices, hospitals, long-term care facilities, labs, and radiology centers. The real-time data exchange enables DCS CHP and healthcare providers to stay informed about patient lab results, emergency room visits, hospital admissions and discharges, and other relevant information. This timely access to data supports efforts to reduce hospital readmissions, enhance disease management programs, and inform quality improvement initiatives.

### ***FamilyCare Central Portal***

FamilyCare Central Portal is a health plan tool for access to health plan information at the child specific level. This portal allows DCS Specialists access to healthcare assessments, a child’s insurance card, prior authorization for services information, medications, and other health care resource information. DCS Specialists can access historical information as needed and are able to connect to the child’s assigned case manager within the health plan. More readily available, accurate, timely, and comprehensive medical information can then be appropriately shared.

### ***Quality Oversight***

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

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 or Centers for Medicare & Medicaid Services (CMS) benchmarks, evaluated to identify areas in need of improvement, and compared to other state Medicaid health plans. During this rating period, DCS CHP demonstrated strength in providing access to quality health care services to children placed in out-of-home care. DCS CHP’s rates for quality performance measures were at or above the 90th percentile [[AHCCCS EQR CYE 2023 Annual Technical Report](#)].


DCS CHP rates for the following quality and access measures met or exceeded the NCQA Quality Compass national Medicaid HMO mean for HEDIS measurement year (MY) 2022:

- Metabolic Monitoring for Children and Adolescents on Antipsychotics,
- Childhood Immunization Status,
- Immunizations for Adolescents, and
- Child and Adolescent Well-Care Visits.

The table below presents performance measures for DCS CHP. Performance measurement rate cells shaded green indicate that DCS CHP met or exceeded the NCQA Quality Compass national Medicaid MHO mean for HEDIS MY 2022.

### **CY 2021 and CY 2022 Performance Measure Results for DCS**

Measure	CY 2021 Performance	CY 2022 Performance	2021–2022 Comparison <sup>1</sup>	2022 Performance Level <sup>2</sup>
<b><i>Pediatric Health</i></b>				
<b><i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i></b>				
Blood Glucose Testing—Total (1–17 Years)	—	71.4%	—	★★★★★
Cholesterol Testing—Total (1–17 Years)	—	60.0%	—	★★★★★
Blood Glucose and Cholesterol				

- + Indicates the measure was reported using hybrid methodology.
- \*\* [AHCCCS CYE 2023 External Quality Review Annual Report, Table A-1 in Appendix A](#). Methodology outlines which immunizations are included within each combination.
-  Cells shaded green indicate that the rate met or exceeded the MY 2021 and/or MY 2022 national Medicaid mean.
- <sup>1</sup> Indicates a 2021–2022 comparison is not presented in the CYE 2023 Annual Technical Report because either there was a break in trending, the CY 2021 rate was not presented in the CYE 2022 Annual Technical Report, or no significance testing could be applied due to the performance being expressed numerically instead of as a percentage
- <sup>2</sup> Performance Levels for CY 2022 were based on comparisons of the HEDIS MY 2022 measure rates to national Medicaid Quality Compass HEDIS MY 2022 benchmarks
- <sup>†</sup> Indicates improvement of measure rates
- <sup>‡</sup> Indicates decline of measure rates
- <sup>→</sup> Indicates stable measure rates
- Performance Levels for 2022 represent the following percentile comparisons:
  - ★★★★★ = 90th percentile and above
  - ★★★★ = 75th to 89th percentile
  - ★★★ = 50th to 74th percentile
- <sup>N</sup> Indicates measure has no NCQA Medicaid mean for comparison

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

Concerns nationwide about the opioid epidemic have led to multiple initiatives in Arizona to curb fatalities attributable to opioid overdose. Arizona Medicaid has implemented and directed limitations to the filling of opioid prescriptions for all Medicaid health plans, and DCS CHP has implemented these same limitations for the children in foster care. DCS CHP requires prior authorization of all long-acting opioids unless the child has an active oncology diagnosis with neoplasm care or is in hospice or end of life care. DCS CHP also has fill, refill, quantity, and length of therapy limits on short-acting opioids. Both initial and refill prescriptions for short acting opioids are limited to a 5-day supply, except if the child has an active oncology diagnosis, is in hospice or end of life care, is in palliative care, is on an opioid wean at the time of hospital discharge, has a traumatic injury, or has a chronic condition for which the prescriber has obtained prior authorization from DCS CHP.

DCS CHP monitors opioid utilization by monitoring day’s supply, quantity limits, early fills, and

therapeutic duplications in an attempt to identify children who may be at risk for developing an opioid use disorder and when identified, refer them for appropriate services. DCS CHP also monitors the doses of opioids prescribed and has safety edits in place for a Morphine Equivalent Daily Dose (MEDD) 50 or greater for opioid naïve patients.

DCS CHP also has monitoring efforts in place for children who may be prescribed an opioid in conjunction with a benzodiazepine and/or an antipsychotic medication.

As part of its oversight, DCS CHP reviews and analyzes pharmacy data on a regular cadence to ensure compliance with policy. DCS CHP complies with Drug Utilization Review (DUR) management activities which include the aspects of opioid and psychotropic prescribing and utilization.

Oversight of psychotropic medication prescribing and related care is conducted through a variety of mechanisms including:

- Prior authorization is required for
  - psychotropic medications of children under 6 years of age
  - Clozapine under age 18
  - Concomitant Antidepressant Treatment
  - Concomitant Antipsychotic Treatment
  - Long-Acting Antipsychotic Injectables Under 18 years of age
- Behavioral Health Chart audit which includes addressing psychotropic medication prescribing
- Review of members on multiple concurrent psychotropic medications
- Performance Measure Reports on
  - Metabolic monitoring of children and Adolescents on Antipsychotics
  - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
  - Follow up care after emergency room visits for alcohol and other drugs of abuse or dependence
  - Follow up after hospitalization for mental illness
  - Follow up care for children prescribed ADHD medication
  - Mental Health Utilization

### ***Healthcare Provider Network Adequacy Oversight***

The Department, through its subcontracted MCO, maintains a provider network in accordance with the network standards outlined in the state Medicaid policy. DCS CHP has appropriate structures and mechanisms to oversee delegated network management activities performed by the contracted MCO. The 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

- addition of physical health screening to the rapid response behavioral health screening;
- co-location of the crisis integrated rapid response provider as well as a pediatric clinic within the Maricopa County DCS Welcome Center to better provide trauma informed approaches;
- expansion of physical and behavioral health services in rural -- northern and southern areas of Arizona;
- expansion of respite providers;
- expansion of behavioral health residential facilities; and
- therapeutic Foster Caregiver training and recruitment.

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

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

Collaboration between the Department, the health plan, 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 continues to occur multiple levels including statewide system planning and coordination, and individual child or family coordination. DCS CHP began operating as a fully integrated health plan on April 1, 2021. For additional information, see the *Arizona Health Care Oversight and Coordination Plan*.

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

The Department of Economic Security (DES), Division of Developmental Disabilities (DDD) provides supports and services that help enable individuals with developmental disabilities to lead self-directed, healthy, and meaningful lives. DCS CHP collaborates with the DDD to ensure that children and youth in out-of-home care who are determined eligible or likely eligible for DDD services have access to receive necessary medical and behavioral health support and services. The Department and DDD have executed an Intergovernmental Agreement that specifies cooperative actions to develop a method for sharing data files about the DDD services approved for children in the care of the Department. In addition, DCS CHP continues to collaborate with DDD to coordinate care for the children that qualify for the Arizona Early Intervention Program (AzEIP) and enhance system provision of services.

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

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

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

Children age five or younger are defined as highly vulnerable, which is considered by Child Abuse Hotline staff when determining the response time for a report. The Department considers the child's age of 5 and under when assigning a response time for allegations of abuse and neglect, and reports alleging a substance exposed newborn require a two-hour response, or a response within 48 hours if the child will remain in the hospital until the DCS response occurs. Reports alleging a victim child age three or younger and children age four and five with a prior abuse history require a response time of no longer than 48 hours. 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.

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

- The Healthy Families Arizona (HFAz) program is a nationally-credentialed, community-based, family-centered, voluntary home-visitation program serving at-risk prenatal families and families with children age newborn through five. The infant must be under three months of age at 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 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 keep the infants in the home while ensuring 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 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 (AFF provider). 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 was 3,233 on December 31, 2023. The children under the age of five represented 35.6% of the total DCS out-of-home population (age birth through 17) (source: Semi-annual Child Welfare Reports March 2024, 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 parenting time 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. When children are not able to be reunified, 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 the 2025-2029 CFSP, for a description of general and targeted recruitment activities.

The Department has assessment processes and services that address the developmental needs of infants, toddlers, and young children, as early into the process as possible. Child abuse 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 also 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 when the alleged abuse or neglect occurred within the prior 12 months. Likewise, child vulnerability, including the child's age and developmental status, is one of the five safety threshold criteria considered by DCS Specialists when determining if a safety threat is present during both investigations and ongoing/in-home case work.

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/placement assessment, conducted by behavioral health providers, for children entering DCS custody. Clinicians assess the child's immediate behavioral health needs and screen 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 or other needs.

Additional services and supports 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.
- The CASA program's 30-hour initial training academy includes topics such as childhood development to prepare CASAs to represent the best interests of children. This academy training is required for all CASAs prior to becoming certified. The CASA program reports

100% of CASAs become certified prior to being assigned to represent a child.

- In an effort to provide CASA volunteers appointed to cases with children ages 0-5 with insightful information to enhance their advocacy efforts for these children, the CASA program has a training which focuses on trauma and the unique developmental issues associated from the trauma. These are trauma-based trainings regarding developmental needs, educational needs, child strengths, and child growth opportunities, so that volunteers working directly with the children are aware of the unique needs of the population. The training was video recorded and is available to all CASA volunteers through their learning management system.
- In order to ensure attorneys representing children in dependency cases are aware and have basic knowledge needed to make recommendations concerning the best interests of the children they serve, the Administrative Office of Courts' Introduction to Dependency training includes information related to early childhood, child, and adolescent development as required by section 106(b)(2)(B)(xiii) of CAPTA.
- 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.
- DCS staff training includes instruction on the needs of young children. DCS Specialist Learning Track 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 DCS Comprehensive Health Plan Chief Medical Officer provides trainings to judges, attorneys, and other groups 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.

The following programs and activities will continue to be available into the 2025-2029 CFSP period 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 CFSP that relate to all children.

### *Best for Babies*

Best for Babies in Arizona began in 2004. It is modeled after Safe Babies Court Teams (SBCT), a national initiative of ZERO TO THREE that was adopted by Arizona's juvenile courts. Most counties in Arizona engage in Best for Babies, some naming it differently such as Cradle to Crayons in Maricopa County and Building Blocks in Pima County. The California Evidence Based Clearinghouse for Child Welfare rates SBCT as a promising practice. Rooted in developmental science, SBCT is considered an approach to community engagement and systems change. Infant and Toddler Court Teams, through the SBCT approach, work with counties to build capacity to address early risks and adversities families face and prevent the removal of young children from their parents. Best for Babies works at the community level to improve how the courts, Department of Child Safety, and related service organizations work together. It focuses on transforming the dependency process from a siloed system to a collaborative community approach in order to

facilitate integrated service delivery and achieve expedited permanency for young children. It also focuses on prevention of removal by supporting families and providers in accessing vital services, needed referrals, and concrete supports to reduce family stress overload.

Most Arizona counties engage in addressing the unique needs of infants and toddlers involved in the dependency process through this approach. Through the initiative, judges order more frequent hearings to expedite service referral and delivery, usually every six to eight weeks. Birth to five assessments are ordered to assess children's developmental and behavioral health needs. Participating counties utilize the *Birth to Five Essential Services Checklist* to ensure physical, developmental, and attachment needs are being met by DCS and providers. In participating counties, DCS provides updates to this checklist at review hearings.

Clinical Services, where available, may include assessment of the parent-child relationship, which identifies existing trauma between the parent and child and the trauma caused by the child's removal; parenting time coaching (Maricopa and Coconino); and individual appointments for parents for psychoeducation, child-parent psychotherapy, Triple P parenting education, individual trauma therapy, and resource coordination.

Every year, Prevent Child Abuse Arizona hosts an annual statewide court team summit, inviting all of Arizona's county teams. The July 2023 in-person convening provided an opportunity for all court teams in the state to receive advanced training on trauma responsive courts and parent engagement, and discuss goals and progress at both the statewide and county levels. The July 2024 in-person statewide convening will focus on disparities and inequities within Arizona's Child Welfare System.

Several counties in Arizona have an active Community Team and meet monthly. Each meeting includes system and partner updates and discussion of barriers and solutions to improving outcomes for families and young children involved in child welfare. Training and education are often offered as well. DCS attends some of these meetings and provides updates and receives feedback from the community team.

The Best for Babies initiative continually provides training and technical assistance to court teams statewide, including training by experts on infant and toddler development and the impact of trauma on young children. Statewide quarterly community of practice meetings occur, bringing together coordinators from across the state to learn how other counties are implementing SBCTs, address barriers and identify successes, and network for solutions.

Prevent Child Abuse Arizona (PCAAZ) is now in year two of a five-year federal grant from Health Resources and Services Administration. This grant is strengthening Best for Babies in Arizona by advancing statewide coordination of county court teams, enhancing the ZERO TO THREE SBCT approach in three existing county sites, and creating opportunities for shared learning and improvement for all counties in Arizona. Data collection and evaluation will occur through partnership with the Arizona State University School of Social Work. Through this grant a statewide leadership team was created to advance the Best for Babies work across Arizona. DCS participates in the leadership team meetings.



The three existing sites that applied and were chosen as Best for Babies enhancement sites are Coconino County, Yavapai County, and Yuma County. All three sites now have funded positions to support the work to enhance their SBCT implementation through September 2027. After being awarded, partners from the three sites attended a “boot camp” to learn more about the SBCT approach. The boot camp was a two-day training guided by the five areas of focus within the Safe Babies approach, with the needs of babies and their parents at the center. The Department was present at all bootcamps with varying levels of leadership from local offices. These three counties will also create site implementation teams which will include the Department. These teams will work to create meaningful change within their courts and within their dependency process. These teams will collaborate in decision making for their county as it pertains to the SBCT approach.

During this grant’s five-year span, PCAAZ and partners will work to improve collaborative service delivery to meet the needs of families with young children and reduce racial disparities in the child protection system through the coordination and enhancement of SBCTs through the following three objectives:

- Objective 1: Form a cross-sector statewide network of experts, including culturally and racially diverse people with lived experience to provide recommendations, guidance, and policy oversight to increase statewide awareness and effectiveness of the ITC court team approach.
- Objective 2: Advance implementation of Safe Babies Court Teams (SBCT) Core Components in three selected existing ITC sites and measure the effect of enhancements made on reunifications, disparities, positive parenting outcomes, service access for families, and child and family well-being outcomes.
- Objective 3: Provide training and cross-sector convenings for all existing ITCs and selected expansion sites in order to increase judicial oversight, improve coordination among resource providers, produce service delivery systems co-designed with families with lived experience, strengthen trauma-informed practices in the court and services, and reduce racial and rural disparities.

In the coming years of the grant, the leadership team, PCAAZ, and counties will engage in sustainability planning to ensure the continued growth and support at the community level to improve how the courts, the Department of Child Safety, and related service organizations strengthen and support families with young children. PCAAZ, along with its partners will continue to nurture the collaborative community approach that improves integrated service delivery, expedites permanency for young children and prevents them from being removed from parents in the first place.

#### *Foster Parent College*

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, and
- to choose specific behavioral strategies and techniques that assure a child's safety.

### *Use of Infant Care Plans*

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 safety decision-making process, 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.

The number of infant care plans, Arizona's plan of safe care, entered into the Guardian Infant Care Plan screen monthly during SFY 2023 ranged from 263 to 351. The number of reports received during SFY 2023 with an allegation of a substance exposed newborn ranged from 334 to 497 (source: Guardian Advanced Find, June 28, 2024). The actual number of infant care plans developed monthly is likely to be higher due to plans developed using paper versions and filed in the hard copy file or uploaded into the Documents section of Guardian.

### *Other Services for Child under the Age of Five*

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 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 five 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 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 Safe Sleep Campaigns and the Pack N Play Program. The current Safe Sleep Campaign urges caregivers to use the “ABCs” of safe sleep, Alone, on their Back, and in a Crib. Pack N Plays are provided to families involved with the Department and families in the community who need a safe place for their infant to sleep.

The Department’s policy manual includes a Safe Haven newborn infant policy based on Arizona statute (A.R.S. §8-528). State statute allows unharmed newborn infants up to 30 days old to be received by a Safe Haven provider. The DCS Child Abuse 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 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.

#### *Efforts to Track and Prevent Child Maltreatment Deaths*

The Department continues to have processes in place to track and a plan in place to prevent child maltreatment deaths. Information about the components of the Department’s plan to prevent child maltreatment deaths is described in various sections of this CFSP, such as the Safe Sleep campaign, the car seat program, the Department’s safety assessment model, services and supports for young parents such as the Young Parent University, safe housing supports the SENSE program, stakeholder workgroups focused on prevention of child abuse and neglect, and home visiting programs such as Healthy Families. Please see *Section VI: Programs and Services to Achieve Safety, Permanency, and Well-Being* for additional information about home visiting programs.

Within the Office of Accountability, the Department’s Safety Analysis Review Team reviews all child fatalities and near fatalities alleged to be caused by abuse or neglect, for the purpose of

releasing information to the public as required by A.R.S. § 8-807.01 and to gather information about systemic complexities that influence decision-making in these cases. This office oversees a Multidisciplinary Review Team (MDT) that reviews all child fatality and confirmed near fatality reports. The MDT is comprised of DCS representatives from Practice Improvement, Learning and Development, the Child Abuse Hotline, the Policy Unit, General Counsel, the Prevention Administration, and the Office of Child Welfare Investigations. The MDT reviews all cases, and identifies a sub-set to receive an in-depth Systemic Critical Incident Review (SCIR). Department staff also attend monthly meetings with the Arizona Department of Health Services' (ADHS) Arizona Fatality Review Program, and contribute to the Annual Arizona Fatality Review Report.

Using the SCIR process, the Department seeks opportunities for to learn and understand what influences may have led to the event and the systemic complexities that influence decision-making. Ultimately, the goal is to promote better outcomes for children and families while supporting the workforce who are tasked with making difficult decisions. The review process seeks to understand the contexts in which the decisions were made, and identify opportunities to change those contextual influences in future cases. The process uses a true systems approach to better understand those factors, which influence the quality and delivery of services provided to children and their families. The SCIR process has been developed to:

- discover patterns in the factors that influence decisions and actions in fatality and near fatality cases where the Department had prior involvement;
- recommend systemic adjustments to potentially decrease the likelihood of child fatalities and near-fatalities from child abuse or neglect; and
- promote an organizational culture of safety within DCS by responding to fatality and near fatality cases in a manner that promotes learning, transparency, and employee health.

Complete and accurate data on child fatalities from abuse and neglect informs and guides prevention initiatives. The Department of Child Safety compiles and reports this information to the National Child Abuse and Neglect Data System, and since 2016 has published an Annual Fatality Report. The Department reviews each child fatality and near fatality identified in the Department's statewide information system, Guardian.

More than 25 years ago, the Arizona legislature passed a law establishing the Arizona Child Fatality Review Program. The State Team includes representatives from the Arizona Academy of Pediatrics, the Arizona Department of Economic Security's Division of Developmental Disabilities, the Department of Child Safety, law enforcement, and ADHS. The team's role is to review all childhood deaths in Arizona and produce an annual report to the Governor and legislature with a summary of findings and recommendations based on promising and proven strategies regarding the prevention of child deaths.

The Office of Prevention reviews quarterly and annual aggregate data on fatalities, and the Annual Child Fatality Review Report published by ADHS, to develop and implement strategies to prevent child fatalities from abuse and neglect. The Department's Safe Sleep Campaign, the Teen Parent University, and resources for teen parents are actions that have been developed as a result of this data review. The Department's Office of Prevention launched a Safe Sleep media campaign with a local marketing firm because of the data identified in the annual Arizona Child Fatality Review Report. According to the November 2023 Arizona Child Fatality Review Team report, there were

74 Sudden Unexpected Infant Deaths (SUID) in 2022. Unsafe sleep environment was the #1 risk factor, American Indian and Black children were disproportionately affected, and 96% of the SUIDs were determined to be preventable. The Office of Prevention will continue the Safe Sleep campaign to promote safe sleep practices and reduce the number of sleep-related deaths.

The Department has also policies that require an Infant Care Plan be developed with the parents or out-of-home caregivers, to include information about safe sleep.

The number of child deaths reported in NCANDS 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 to the Hotline about the death 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 2023, but the substantiated finding was not entered until FFY 2024, the child would be counted in NCANDS in FFY 2024, rather than 2023.

Child fatalities reported to NCANDS come through the Child Abuse Hotline 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.

#### *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, information collection, 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. In regards to Adoption and APPLA cases, discussions are held at various points of the case to include permanency engagement, permanency planning, permanency progress update, and permanency aftercare planning, young person discovery, young person engagement, case plan/transition planning, transition to adulthood progress update, and successful discharge planning for young person. Within any of these clinical supervision conversations, topics such as family contact including 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-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 Managers and Program Supervisors in both clinical supervision and the Management System through the Supervision Coach Program. Field Program Managers, Field Program Supervisors, Office of Child Welfare Investigations Deputy Chiefs and Managers as well as Team Decision Making Program Manager and Program Supervisors are all supported by the Supervision Coach Program. The Department has 19 full-time Supervision Coach positions which allows for a coach to coachee ratio of 1:14. 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. Supervision Coaches capture learning objectives and activities for continued professional development on an Individualized Expert Development Plan. Areas of practice addressed through the Supervision Coach Program include safety assessment, clinical case management, clinical supervision, administrative supervision, coaching in child welfare, and creating a culture of safety and learning. Program elements include all participants; receiving monthly 1:1 coaching sessions and monthly observation and feedback to support their ongoing professional development in the areas of practice addressed by the program. 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.

During the CFSP period, the Department will be implementing scored proficiency assessments for Supervisors and Managers receiving support from a Supervision Coach. Concepts within the Department's safety assessment model and the Management System will be assessed. Although all Program Managers and Supervisors currently receive observation and feedback on their use of both SAFE AZ and the Management System, these positions are not currently assigned a more formal proficiency rating for each concept observed. A Kaizen event will be held in the summer of 2024 to develop this process to measure the leaders' proficiency, as well as a process to ensure each leader's learning is individualized to their needs and style of learning. The assessment process will help measure areas of strength within the field leaders as well as areas to focus support and the development of a more structured path for learning and coaching around SAFE AZ and the Management System will ensure the leaders' skills continue to grow and develop, including those critical to their position within the Department. This new process, known as the Learning Journey, will provide Program Managers and Program Supervisors with more guidance on how to best utilize the Supervision Coach resources available to them and will coincide with the plan for completing proficiency assessments. This will help to support self-reflection and individualized planning based on standardized assessments and feedback, which parallels and models the desired strength-based and solution-focused case planning process with families served by the Department.

# **Section VII**

## **Consultation and Coordination with Tribes**



### ***Coordination and Collaboration with Tribes***

Department staff worked closely with Arizona's 22 tribal communities and urban Indian programs throughout the five-year reporting period. Communication and consultation between the state and tribes 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 ITCA is a non-profit organization that represents 21 of the 22 Arizona tribes, excluding the Navajo Nation. The Navajo Nation has an Inter-Governmental Agreement (IGA) with the Department that stipulates quarterly meetings with the tribe shall occur. 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. The meetings occur in a hybrid environment, allowing for both in-person and virtual attendance.

In addition to the official quarterly tribal consultation meetings, the Department meets monthly 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 and improve culturally centered rehabilitative services in the domicile community.

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 Department field staff and Tribal Social Services Departments to ensure the agency is in full compliance with ICWA. The Department's Intergovernmental Liaison is also currently working with the Pima and Maricopa ICWA Courts on establishing culturally appropriate approaches to services.

The Department's Intergovernmental Tribal Liaison plans to conduct yearly site visits to all 22 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, by mule, or via a 16-mile hike and tribes located on the Utah, Nevada, California, New Mexico, and Mexican borders. Generally, tribal attendees included Tribal Social Services Directors, Social Workers/Case Managers, Tribal Attorneys, and ICWA Coordinators. During these meetings the Tribal Liaison shares general Department updates and available training, and discussions occur related to any case specific issues or service concerns requiring assistance.

The DCS Intergovernmental Tribal Liaison also maintains regular contact with the tribes through a variety of means, including virtual consultations, email, phone calls, and attendance at various meetings. The meetings generally include the Directors of Social Services and/or the ICWA tribal contacts.

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 maintains an Arizona DCS Tribal Consultation Policy and a yearly report is submitted to the Arizona Governor summarizing tribe consultation efforts. The Intergovernmental Tribal Liaison meets weekly with 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 American Indian families we serve. The Intergovernmental Tribal Liaison is currently working with the Department of Corrections to establish more culturally appropriate services for incarcerated parents which aligns with their cultural beliefs and traditions.

The Department continues to have an 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 also signed an MOU with the Pascua Yaqui Tribe in August 2022. The Department maintains quarterly contact with the Pascua Yaqui Tribe to discuss items of mutual interest. At this time the Department is also working with the Pascua Yaqui Nation on implementing an IGA agreement that would also include the Department of Economic Security. The Department is currently working with the Tohono O’odham, Hopi, Quechan, Salt River Pima - Maricopa Indian Community, and White Mountain Nations to establish MOUs, with an anticipated completion date of June 2025.

The Department has three IGAs with tribes for Specialized Substance Abuse Treatment services. The Department has IGAs 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.

The Department will email a copy of this FFY 2025-2029 CFSP to the Arizona federally recognized tribes upon approval of the report by the Children’s Bureau. The DCS public website where the CFSP and supporting plans can be viewed and downloaded will be included in the email.

### ***Monitoring ICWA Compliance***

The Department monitors ICWA compliance in several ongoing ways. The Department funds and supports three full-time dedicated ICWA related positions, the Intergovernmental Tribal Liaison, an Indian Child Welfare Specialist position, and a Qualified Expert Witness (QEW) Coordinator. The Indian Child Welfare Specialist is dedicated to ICWA policy and practice compliance, and the QEW Coordinator provides technical assistance throughout the state and ICWA case monitoring functions. The Department's Tribal Liaison meets regularly with tribal communities and leadership to consult and review the progress made toward ICWA compliance, and the timely and appropriate delivery of Indian child welfare services. In addition to the regularly scheduled meetings referenced above, the Tribal Liaison is available to speak and consult with tribal communities at any time.

The Department utilizes data reports to track tribal identification and placement preferences. In addition, the Office of the Attorney General provides the Department with ICWA case data from its automated system 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 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***

According to the May 2024 MOOR data report, there were 992 American Indian children age newborn through 17 and 61 youth age 18 through 20 in out-of-home care in March 2024. 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 2023, 81 of the 108 applicable cases reviewed contained documented sufficient inquiry.

Department challenges with identifying American Indian heritage include the following.

- Department staff indicate that some parents may be reluctant to disclose tribal information during their initial interviews as they do not want their tribe or their extended family to know that they are involved in an alleged child abuse or neglect investigation.
- There are times when Department staff do not document sufficient information regarding

the family's tribal affiliation and times when an immediate child enrollment inquiry with a tribe cannot be made.

- Many tribes require a birth certificate, social security card, and family tree to seek information regarding enrollment eligibility and extended family information. Since this information is many times lacking in the initial stages of the child abuse and neglect investigation, the process for 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. In addition, DCS Specialists often 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 petition does get filed.

The Office of the Attorney General's service matrix reminds the clerk of the court that the tribe, parent, and/or BIA must receive notices at least ten days before the court hearing. If that does not occur, the clerk advises the Office of the Attorney General to seek a continued hearing so that the parent, tribe, and/or BIA has adequate time to prepare for the hearing. After court hearings, attorneys provide their support staff with a "post-hearing sheet" so that any service or other follow-up matters are handled after the court hearing without waiting for the court to issue the minute entry.

The Department's Practice Improvement Case Review (PICR) in-home and out-of-home instrument continues to be used to monitor timely notification to the tribe. Timely notification was provided to the tribe in both of the two applicable cases reviewed during CY 2023. 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. If a relative is not available, the next placement preference is a tribal foster home; however, the biggest challenge continues to be the lack of

available American Indian foster homes compared to the number of American Indian children needing out-of-home care. Despite efforts during the CFSP period to increase the number of American Indian foster homes, the number has not increased. Only 1% of the foster parents licensed through OLR report being American Indian. Efforts to increase the number of American Indian foster parents will continue into the next reporting period.

The Department's policies related to placement preferences for ICWA eligible children is aligned with the BIA guidelines for implementing ICWA. 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.

During the reporting period, the Department made cultural awareness training available to licensing agencies and foster parents that serve as caregivers to American Indian children. The training addressed several areas of Indian culture that provide non-Indian families with a better understanding of American Indian culture and how important traditions are to an Indian child's identity. The training helped caregivers understand their role in fostering Indian children and encouraged collaboration between caregivers and the child's tribe.

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 a question related to the placement of the child in accordance with ICWA placement preferences. Data from CY 2023 indicates eight of the nine 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.

### ***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,

- Native Americans for Community Action (Flagstaff),
- Tucson Indian Center,
- Indian Health Services, and
- Various contacts within tribal communities for traditional medicine.

The Department policy manual includes the same definition of active efforts used by the BIA 2016 Guidelines. 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,
- 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, and
- 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

each of 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.

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.
- 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 VIII: Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program*, "Consultation with Tribes," 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 Inter-governmental 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***

There are no planned Department policy changes or Arizona law changes related to ICWA.



# **Section VIII**

**Chafee Foster Care Program for  
Successful Transition to Adulthood  
and Education and Training Voucher  
Program State Plan FFYs 2025 – 2029**

## **Agency Administering Chafee (section 477(b)(2) of the Act)**

The Department of Child Safety (DCS) is the responsible State agency administering the title IV-E Program. The Department will administer the John H. Chafee Foster Care Program for Successful Transition to Adulthood under Sections 471, 472, 474, 475, and 477 in Title IV-E of the Social Security Act (the “Act”), Title I, Improved Independent Living Program, Public Law 106-169, Foster Care Independence Act of 1999, and the Education and Training Vouchers Program (ETVP) 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.”

See the signed Attachment C Assurances and Certifications submitted with the Arizona 2025-2029 CFSP indicating the State will expend no more than 30 percent of their allotment of Federal funds for room and board for youth who left foster care because they attained 18 years of age, but have not yet attained 21 years of age. For the purpose of this plan, “room and board” is defined to include housing (direct rental assistance or related costs such as security or utility deposits), food, expenses of a child in their care, personal care, clothing, and basic furniture and household maintenance items. Room and board are made available through the state’s IV-E extended foster care program, and through the program of aftercare services, called the Transitional Independent Living Program (TILP). The TILP provides an array of services and supports to legal residents of Arizona under 21 years of age who were previously in the custody of a state or tribal child welfare foster care program and in out-of-home care at 16 years of age or older.

The Permanency and Youth Services (PYS) Unit works closely with Department leadership to ensure necessary Chafee services and supports are being provided to young people ages 14 and older. The PYS unit provides all related contract service planning, and oversight and monitoring of both internal programs and contracted services and supports provided through the Chafee program. The PYS unit employs three primary strategies to monitor its program services and supports: DCS Arizona Management System (AMS), fidelity and compliance service (FCS) monitoring processes (for contract providers), and the Extended Foster Care (EFC) Review. The purpose of these processes is to identify and support quality practice.

The AMS features a visual management component that includes monthly reviews of program data and service data by the PYS unit. Program outcomes and related measures are monitored to ensure the service array is meeting the needs of program youth. The FCS process also includes a review of monthly data reports from contract providers and for the Successful Transition to Adulthood (STA), Education and Training Voucher (ETV), Transitional Housing Program (THP) and new Extended Foster Care Success Coaching programs, targeted “site reviews.” The site review is typically held bi-annually, centered around a client-level service file review, and serves as a programmatic approach to ensure contract services are delivered with fidelity to the foundational model. The site review additionally provides an opportunity to identify strengths and opportunities for improvement to help maintain good practices. The findings of the site reviews are shared with the providers in a formal meeting setting to ensure effectiveness and efficiency of current practice. The EFC Reviews with the young adult, their identified supports, and the DCS Specialist or coach ensures compliance with the requirements of the federal IV-E program as well as ensures the right supports and services are in place so young adults will successfully transition to adulthood. These reviews occur every 180 days for young adults in the IV-E Extended Foster

Care program and are documented in the case record. The PYS Unit will continue to deliver technical assistance regarding all services related to Chafee program delivery during the next five years.

## **I. Description of Program Design and Delivery**

The Department has enriched the Chafee program's design and delivery extensively during the last five-year plan period. This included adding opportunities for youth and young adults to access driver's education and gain a driver's license, participate in financial literacy courses led by individuals with lived experience, and obtain transitional housing. The Department also made additional enhancements to the NYTD survey and distribution of data. These improvements occurred in partnership with youth and young adults with lived experience, community stakeholders, a Transition Age Youth Stakeholder group of key community members, the DCS Citizen's Review Panel for the Successful Transition to Adulthood, a NYTD partnership with Arizona State University (ASU), Department Leadership, and through legislative action.

For the 2025-2029 submittal, the Department partnered with various stakeholders to ensure the Arizona Chafee plan was centered around the voices of Arizona's young people. To ensure youth and community stakeholders from across the state were able to inform this plan a survey was created and distributed with specific outreach to the Fostering Advocates Arizona Board through their facilitator. The input of youth currently and formerly experiencing foster care is at the heart of Arizona's Chafee Plan. The PYS unit maintains open, ongoing communication with involved youth and young adult stakeholders in various ways, including surveys, in person and virtual meetings, and other formal and informal gatherings.

The PYS unit meets regularly with the DCS Youth Empowerment Council (YEC), whose mission is to improve the experience of foster care for youth and young adults. The YEC is made up of youth 14-23 years of age who are currently experiencing foster care or who have lived experience. The PYS unit engaged youth attending the 2023 Annual Youth Conference to gather input into the types of services they felt would improve their transition to adulthood, and also met with the youth board of Mercy Care DCS CHP, the comprehensive health plan for youth in foster care. Youth provided strong feedback as to their experience, thoughts about improvements, and challenges not only with child welfare, but with the behavioral health system. Feedback from young people specific to the IV-E Extended Foster Care program was also gained through statewide focus groups. The Department provided incentives and/or stipends to youth who met with the PYS unit to inform this plan and related Department policies and practices. The YEC assisted the PYS to create a payment structure (which includes gift cards) based on the investment of time of youth and young adults in feedback and activities.

Another unique method of engaging youth to inform this plan was through the Youth Advocate workforce, a specialized team within the PYS unit. These young professionals have lived experience, utilizing their expertise to engage with youth currently experiencing foster care as a key component of their job duties. They are able to gain important insight through their engagement with youth currently experiencing foster care, and articulate their findings to the PYS and Department leadership to enhance our understanding of that experience in "real time" and for the betterment of services.

One final area of engagement to highlight is a partnership with Arizona State University. A Qualitative Assessment of Key Needs of Young People Transitioning Out of Foster Care in Arizona was completed. This assessment was informed by extensive outreach to the community and young people through focus groups, surveys, and the development of a Transition Age Youth (TAY) Stakeholder group. The TAY Stakeholder group continues to meet semiannually. A summarization of the priority goal findings from the assessment are listed below.

#### Economic Independence/A Stable Income

In an open-ended question, 37.5% of survey respondents identified economic independence as a key goal for young people as they prepare for adulthood. In the focus groups, providers emphasized that young people needed to know both how to get a job and how to keep that job once they have it. They specified that young people benefit from having opportunities to explore career options, and to develop professional and marketable skills. Young people also identified having a job as a key goal for their transition to adulthood both in the survey and the focus groups. In the TAY Stakeholders' group, members also highlighted the importance of helping young people identify a career direction they find satisfying.

#### Budgeting and Managing Money

In an open-ended question, 29% of survey respondents said that young people need help in learning to budget and manage money in preparation for independence. In addition, when selecting from a list of departmental priorities for case management of young people, financial literacy was more commonly identified as a priority than any other goal including such major areas as education, job training, living arrangements, health care management and transportation. Young people echoed this concern in the focus groups, as did providers, who emphasized that young people need hands-on help with financial literacy.

#### Opportunities for Supportive and Meaningful Connections

In an open-ended question, 24% of survey respondents brought up supportive and meaningful connections as a critical need for young people as they exit foster care. Additionally, over 70% of survey respondents in the provider survey said they believe relational permanency was important to young people's case management. While this was not seen by respondents as being as important as some other goals such as financial literacy, education and job training, it was still clearly a case management priority. The focus groups, community providers, and young people gave a nuanced and detailed portrayal of what young people need to form and maintain connections. Providers and young people noted multiple placement changes are damaging to long-term connections, emphasizing that young people need ongoing, natural opportunities to engage with supportive connections. Young people reported lack of access to the basic tools they needed to maintain contact with connections, such as access to a phone or email, negatively impacted their ability to maintain and build meaningful connections.

#### Educational Attainment

Twenty-two percent of respondents to the survey said that young people being enrolled in or completing their education was a necessary step toward a successful transition to adulthood. In focus groups, the young people said that assistance with both figuring out how to finance college and manage the transition out of foster care would help them to get an education. Providers pointed out practical steps DCS could take to make it easier for young people to enroll in school including access to their vital records and transcripts. In addition, they noted that success in school must start early with early investments in the education of young people, fewer school disruptions, and more education to students about special education rights and services.

### Honoring Young People's Feelings and Empowering Them

Young people shared they wanted service providers to pay attention to how they feel about their lives; how their happiness should be given consideration, not just hitting specific markers in adulthood. Young people asked that services be delivered by people who genuinely care and see them as valuable. They emphasized that a commitment to addressing their trauma and mental health needs must be prioritized.

### Autonomy and Normalcy

Young people described many instances where they lacked autonomy that young people who are not in foster care routinely enjoy, including access to their own money, ability to make spending decisions, access to a phone and computer, and autonomy about where to go. Practicing autonomy within safe boundaries is a key step that young people need to be able to take in order to transition to independent adulthood.

### Effective Communication

Young people noted that a lot of service referrals are in the form of giving young people information rather than walking them through their options and letting them practice new skills with a trusted adult, as would typically happen for young people who live with parents or family caregivers. Some young people in the focus group were also unaware of and surprised by the lack of support they received after they turned 18. They needed more warning from their caseworkers about what to expect after they turned 18, including about the opportunities associated with Extended Foster Care.

### Supporting BIPOC and LGBTQ+ Young People

Priority areas identified included: creating support groups (21% of respondents), connecting young people to community agencies that specialize in these service populations (19% of respondents), and setting up mentorship opportunities with others of the same cultural backgrounds (13%). Young people suggested giving them access to resources to pay for culturally embedded self-care practices, such as hair care. During the focus groups providers talked about the need for ongoing conversations about cultural identity. Finally, staff competency was identified in the youth survey as an area for growth, such as having case workers use the pronouns and names that the young people have selected.

## **2025-2029 Program Goals**

The following broad goals have been identified, based on the information gathering and planning efforts of Arizona's Chafee program:

### Transition Planning Processes

- A. Increase the number of youth 14 and older who have an active transition plan documented in the DCS Guardian (electronic case management) system.
- B. Improve the quality of transition plans by ensuring planning is asset-based and culturally -rooted.
- C. Ensure planning is specific to youth's individual cultural needs, and considers any additional supports and services which would be beneficial to the cultural needs of racially marginalized youth, including those who identify as Black, Indigenous, and People of Color.
- D. DCS Specialists and contractors will integrate the case plan staffing and the Youth Thrive Survey into the transition planning process.
- E. Increase housing options through the existing Transitional Housing Program, and create short term housing options and supports (to include allowances for necessary personal care needs) for young adults ages 18 and older who experience living arrangement disruptions, and for young adults who enter temporary housing through treatment programs or shelters providing housing and services to persons experiencing domestic violence.
- F. Improve the capacity of kinship, foster, and group home caregivers in supporting life skills training and educating youth in options and opportunities for older youth in care.
- G. Improve access to services by the following: ensure youth begin participating in skill building training through normalcy and extra-curricular activities at age 14, and when needed confirm formal skills training occurs; enhance the array of supports and services available
- H. Ensure youth with severe mental health needs receive a timely SMI determination.
- I. Increase youth access to technology to support communication, social integration, and education and employment needs.

### Advance Equity for LGBTQIA2S+ Young People

- A. Increase the number of qualified foster parents who are ready and willing to welcome LGBTQIA2S+ young people into their homes.
- B. Ensure young people have the ability to provide feedback to their foster parent living arrangement experience.
- C. Conduct comprehensive LGBTQIA2S+ cultural competency training specific to the youth experience for all staff providing services to youth and young adults in foster care.
- D. Increase the availability of technical assistance and training to health care and social service providers on evidence-informed promising practices for supporting the health, including mental health, of LGBTQIA2S+ youth.
- E. Seek community partnerships and opportunities for programs and services that improve outcomes for LGBTQIA2S+ youth currently experiencing foster care and for those in the Departments after care program.
- F. Develop and provide guidance on how to identify and fund a youth's participation in school or community-based support groups, and secure items related to supporting a youth's expression of their gender identify and/or sexual orientation.

### Education, Training, and Services Necessary to Obtain Employment

- A. Improve skill development and enhance training opportunities by ensuring youth have appropriate educational assessments and are provided with opportunities to develop “soft skills” such as how to keep a job, respond to authority, rules and direction, and time management, etc. Ensure youth have the means to participate in workforce readiness and paid employment by supporting transportation including engaging more youth to participate in driver’s education programs.
- B. Engage employers to increase opportunities for youth experiencing foster care to participate in practical applications such as volunteering, internships (paid and unpaid), job shadowing /ride along opportunities, and provide incentives for volunteering.
- C. Remove barriers to employment through strengthening connections with local employment offices, childcare resources, vocational rehabilitation, and engaging employers to work with youth with criminal justice histories.
- D. Increase support and understanding of the specific needs of youth and young adults who experience foster care through enhanced partnerships with schools and vocational programs.

### Permanent Connections with Dedicated Adults

- A. Increase efforts to help youth identify persons with whom they may develop lifelong connections through the creation of community-based activities such as community service/volunteer projects where youth may interact with positive adults in a “natural” setting.
- B. Develop staff resources to dedicate time to engage, train and support alumni (persons with lived experience) and community members as mentors/supports for youth.
- C. Enhance the knowledge, skills, and abilities of the Youth Advocacy Specialists through additional training in Peer to Peer mentoring and Strategic Sharing.
- D. Increase community-based support for family members to develop an understanding of trauma informed care and healing centered engagement.

### Financial Competency

- A. Increase the number of youth who have the full implementation of the Keys to Your Financial Future curriculum.
- B. Increase the capacity of DCS Specialists and EFC Coaches to read and interpret a youth’s credit report and to guide and support youth in developing knowledge and skills to: save money for specific goals, assets, and emergencies; purchase vehicles; and learn general money management practices.
- C. Create an asset match program to incentivize youth and young adults to save for a specific need or interest.

### Support and Services to Former Foster Care Recipients Ages 18 through 20

- A. Increase affordable housing opportunities by creating/enhancing relationships with local public housing authorities, community housing programs and transitional housing programs, and provide short term housing opportunities through the use of hotel vouchers and rapid rehousing programs.
- B. Review the state’s ability to expand Chafee funded after care services to age 23.

- C. Improve access to behavioral health and peer support by involving representatives of adult behavioral health in transition planning.

## **II. Serving Youth Across the State**

The Department ensures the Chafee program is administered in the same manner across the state through statewide rules, policies and procedures, and service and practice guides which are applicable to all regions of the state agency. The Department's Successful Transition to Adulthood (STA) contract service and aftercare program is delivered statewide, under a single scope of work through two provider agencies, Arizona's Children Association and Intermountain Centers for Human Development. The Department additionally provides youth ages 14 and older across the state the opportunity to attend an Annual Youth Conference. This event is always well received by youth and provides an opportunity to gain leadership skills, learn about programs, connect with youth from other areas of the state, and have fun. This delivery process allows for the fair and equitable treatment of eligibility and service benefits.

Efforts to administer the program equitably across the state are enhanced by the Department's PYS unit, which provides program and policy clarifications, monitoring of programs, and guidance to all region staff, community providers, and stakeholders. Data is collected, reviewed, and discussed to identify internal barriers to service delivery as well as to identify and discuss trends in service delivery, both positive and negative, and to resolve areas of concern.

## **III. Serving Youth of Various Ages and Stages of Achieving Independence (section 477(b)(2)(C) of the Act)**

Youth and young adults of various ages and stages of achieving independence are served by the Program [Section 477(b)(2)(C)]. Chafee funded services are available to legal residents of Arizona who are under the age of 21 (up to age 26 for those in the ETV program) and who are currently in the state foster care system or an Arizona tribal foster care system at age 14 or older, or were previously in a state or tribal foster care system at age 16 or older, including youth who were adopted or placed with permanent guardians (including kinship guardianship) at age 16 or older [Section 477(a)(7) and 477(I)(2)] of the Social Security Act]. Arizona's IV-E Extended Foster Care program serves eligible youth who reach the age of 18 while in out of home care (in Arizona's state foster care system). Arizona has designed and conducts its programs to achieve the purposes of Sections 477(b)(2)(A) and 477(a)(1-7) of the Social Security Act as indicated below.

The YAP provides an array of services to youth statewide, coupled with specialized case management in multiple counties across the state. The YAP specialized case management units manage services for older youth in care (typically beginning at age 16) identified as likely to reach age 18 while in out-of-home care. Youth ages 14 and older are eligible for services which include referral for participation in contracted services, transition planning, activities sponsored both internally and through agencies outside of the state foster care system, employment readiness training, job shadowing, volunteer services, secondary and post-secondary education planning and support, counseling, and community mentor programs. In support of normalcy and equity with the experiences and opportunities of non-foster peers, the Department has contracted with a driving school to assist youth in gaining driving skills and to obtain a driver's license, and a cell-phone



program where youth may receive a cell phone and two years of service, including a hotspot for internet access. In CY 2023, 50 youth accessed cell phones, and 287 youth were referred to driver's school with 145 youth completing their coursework and obtaining a driver's license. Out-of-home care providers are encouraged, and in some instances contractually required, to teach basic life skills as part of every child's normal daily routine. The STA contract service supports life skills development through engagement and collaboration with the foster caregiver.

The Department offers additional support for youth ages 14 and older through programming delivered through the Youth Advocacy Specialist (YAS) positions at the Department. In CY 2023, the YAS met with 181 individual youth and had 997 contacts. These positions are unique in that they deliver a peer-to-peer mentoring opportunity from young professionals with lived experience. These staff work directly with youth, assisting them in building skills around self-advocacy, communication and conflict resolution skills, and building meaningful and permanent connections to family and fictive kin. The YAS staff attend court, Child and Family Team meetings, Adult Recovery Team meetings, and case staffings and other meetings to support and assist the young person in feeling confident to express themselves with adults and professionals. The YAS staff are also responsible for training youth in financial literacy, having adapted the Keys to Your Financial Future curriculum (to conduct a financial basics training). This ensures all youth in care have the opportunity to speak to individuals with lived experience around money management. In CY 2023, 234 youth completed this Financial Literacy training with the YAS. The full implementation of the Keys to Your Financial Future curriculum is available to interested young people through the Department's contract provider of STA services or through the Extended Foster Care Success Coaching program (for enrolled youth ages 18 and older).

As noted earlier, basic life skills training is a component of the STA service delivered by contract providers through the STA Navigators (staff assigned to work directly with referred youth). This training is individually tailored to each youth, and accommodates special educational, behavioral, and other needs. A variety of presentation methods and materials may be used to more effectively serve young people with lower reading levels and cognitive deficits. In CY 2023, 522 youth were referred to the STA service. To ensure this service is meeting the needs of referred youth, the Department utilizes the aforementioned contract fidelity and compliance monitoring process, and additionally engages youth voice/feedback through anonymous surveys. In reviewing survey responses received, it was noted that youth reported feeling well supported by the service, the service helped them reach their goals, and they were able to meet their STA navigator when and how often they needed to meet.

Life skills training is also a Title XIX covered service. Youth with significant mental health needs are referred through the Child and Family Team for training through this resource. YAP youth eligible for services through the Division of Developmental Disabilities (DDD) may also receive training and additional support from DDD staff who assist in navigating the DDD service delivery system including securing enrollment into the Arizona Long Term Care System (ALTCS) for eligible youth. Most youth determined eligible transition into the ALTCS service system after turning 18, while youth who are DDD eligible but not ALTCS eligible (aka "state only DDD") remain in YAP case management and receive services on the same basis as other youth in the state. In some situations, a conservator is sought to assist in making financial decisions and providing oversight and support to youth with disabilities.

Over the last year the Department obtained a grant from Youth Villages to support a pilot of their LifeSet program in Arizona. This individualized, evidence-informed, community-based program provides weekly, in-person support to assist “high needs” youth to stabilize and move beyond the complicated and difficult situations that surround them. These young people are often experiencing significant mental health needs deeply rooted in the trauma they have experienced throughout their lives. The Department is implementing LifeSet specifically with youth ages 16 and older who are residing in group home/congregate care settings in Maricopa County, which is where most of the young people in foster care reside. The provision of LifeSet expands and enhances Arizona’s service array to better serve these high needs youth. The Department is excited to see the positive impact of this comprehensive service model on Arizona’s youth and will evaluate the program’s effectiveness and work to expand this service to youth in other areas of the state. Since December of 2023, 66 youth have been referred to the LifeSet program and 54 are currently engaged in services.

The Department has additionally continued to enhance foster care services for youth who reach the age of 18 while in out-of-home care. In 2019 the Department transitioned its voluntary continued foster care program for young adults ages 18 through 20 into a federally reimbursable service under the Title IV-E Extended Foster Care (EFC) program, which was delivered through internal staff (DCS Specialists). In FFY 2024, the Department responded to the challenge of ensuring that all youth experienced a safe and planful transition to adulthood through implementation of the Extended Foster Care Success Coaching program. This program delivers support services and transition planning through a “Success Coach” to youth beginning at age 17 ½, and provides continued and expanded support by assuming all case management related services for youth age 18 or older participating in the Title IV-E EFC program. By initiating the coaching program at age 17 ½, Success Coaches are able to work collaboratively with DCS Specialists to create or modify the youth’s transition plan and prepare them for turning age 18 and beyond.

This new model is being implemented in stages to ensure high quality services, limit disruptions in case management, and to ensure that every youth across Arizona gains the same information and access to planning and preparation in the six months prior to turning age 18 (and for youth who engage in the EFC, to the age of 21). As of May 2024, 960 youth have signed voluntary agreements for the IV-E Extended Foster Care program with 670 youth referred to the EFC Success Coaching program. The Department is currently monitoring this program for effectiveness through an evaluation by Arizona State University. Participating youth are also engaged in quarterly focus groups to provide feedback about how they feel the program is meeting their needs, which is a key driver of continuous quality improvement. Residents of Arizona who exited the Arizona foster care system at age eighteen or older and are currently less than age twenty-one and in need of long-term case management and support services have the option of returning to the State IV-E EFC program.

Legal residents of Arizona ages 18 to 21 who were in any State or Tribal foster care system at age 16 or older receive “aftercare” services through the Transitional Independent Living Program (TILP), specifically through the STA contract. These former foster youth typically are living on their own and no longer have an open service case with the DCS or with another state’s foster care

program. TILP services are delivered through the community-based STA provider who assists youth to develop an individualized service plan. The service plan must identify goals specific to employment, education, life skills and other areas necessary for transition to adulthood. Some financial support is available (dependent on resources) to assist youth pursue education, employment, and therapeutic services, etc. The STA Navigator will meet with the youth to discuss their needs and goals. TILP services may be provided as often as needed after a young person reaches the age of 18, but end once the young person reaches the age of 21. Youth are supported and guided to understand and demonstrate personal responsibility for embracing their transition to adulthood. In doing so, the youth are empowered to drive the service plan and actively participate in the service areas they select, resulting in ownership of the service plan and a sense of control and self-efficacy for their own futures.

Social Security benefits can provide a vital support to young people exiting the foster care system. In June of 2023, Arizona passed legislation which will set aside social security benefits for children and youth in foster care rather than utilizing those benefits to offset the cost of the child's foster care services. The Department is currently building a process through Personal Needs Accounts, with an Achieving a Better Life Experience (ABLE) account to be provided to youth at age 18 or at the time they exit the foster care system. The PYS unit is working in collaboration with Department leadership in planning and implementing this process, and in supporting youth to ensure they are prepared to receive and benefit from this funding.

#### **IV. Collaboration with Other Private and Public Agencies**

The Department relies heavily on strong partnerships with private and public agencies to ensure young people in Arizona experience successful transitions to adulthood. The PYS unit and their contracted service providers have ongoing engagement with youth, tribes, caregivers, education partners and community providers, and DCS staff to monitor and plan for program improvement. Current collaborations include, but are not limited to: community colleges, state universities, Arizona Friends of Foster Children Foundation, Fostering Advocates Arizona, Workforce Innovation and Opportunity Act (WIOA) providers, Vocational Rehabilitation, Division of Developmental Disabilities, Arizona Department of Education and Local Education Agencies, Arizona Department of Juvenile Corrections, Housing Authorities, Homeless Youth Providers, behavioral health providers, and additional privately-operated community partners.

The Department additionally meets monthly with the Successful Transition to Adulthood Citizen Review Panel. These board members represent community programs, behavioral health providers, universities, court personnel, and individuals with lived experience. In 2021, the Department, in partnership with Arizona State University, formed a Transition Age Youth (TAY) Stakeholder group. This stakeholder group is comprised of a diverse group of individuals including young people with lived experience, foster parents, tribal members, community advocates, Casey Family program staff, business members, and individuals from educational institutions. This group was influential in making recommendations to enhance transition age services such as transitional housing and the new EFC programming, as well as how to better support education, employment, and vocational training.

The transition of health care providers at age 18 is a critical step in ensuring young people experience good health as they enter adulthood. The PYS unit has worked with the Arizona Health Care Cost Containment System (AHCCCS), the state's Medicaid program, to ensure youth

residing in Arizona who experienced foster care in other state jurisdictions and tribal foster care programs have access to health care benefits on the same basis as other eligible youth in the state (through the Former Foster Care Children/FFCC group eligibility). AHCCCS has updated their application to reference foster care status from other states in determining eligibility. The PYS unit supports verification when needed by contacting other states Independent Living Coordinators and tribal agencies to verify former foster care status. The Department has communicated this update to TILP staff and other partners who assist in ensuring young people are aware of the update to the law. Additionally, the PYS unit is currently working with AHCCCS to create training for support staff to better assist young people in accessing healthcare benefits. Monthly virtual information sessions will also be available to staff serving youth in the EFC and TILP programs to ask questions, identify areas of concern, and offer suggestions for improvement.

Housing is another area that has been targeted through collaboration. In FFY 2023, the Department created a Transitional Housing program for current and former foster youth. The service is delivered in three phases. Phases One and Two include funding through the Department to fully or partially pay for the young adult's room and board costs. Youth receive support and guidance in both of these phases, with young adults assuming responsibility for a portion of their housing costs in Phase Two. Phase Two helps prepare youth to become progressively more responsible through preparation to transition into their own, independent housing. For young people preparing to exit care due to reaching age 21, Phase Two helps connect youth to other housing opportunities such as accessing housing vouchers through related programs (i.e. FUP and FYI housing voucher programs). Phase Three is a housing navigation service that helps in locating safe, affordable housing a young person can maintain on their own. Phase Three also complements funding from the Department to eligible youth in EFC through the independent living subsidy program. Phase Three provides an additional supportive service that is available for a period of time after a youth secures housing to ensure the young adult is maintaining and thriving in their selected housing arrangement. Phase Three is also available to young people who have reached the age of 21 or have otherwise closed out of the EFC program.

The Department works in collaboration with DCS staff, service contractors and community partners to gather and provide NYTD data to stakeholders through community meetings and the DCS Website. The Department collaborates with ASU on the collection and display of NYTD survey data. ASU completes a NYTD survey infographic for each NYTD year and displays it on the [NYTDAZ Arizona National Youth in Transition Database](#) website, as well as through social media platforms. ASU partners with the Department's YEC Instagram account to share information about NYTD and connect youth to resources. NYTD data is also shared at YEC meetings throughout the year and helps to inform the Department when developing contracts and programming. Additionally, each year ASU shares NYTD data and encourages youth to complete surveys (when applicable) at the Annual Youth Conference. The Department will continue to make efforts to improve the NYTD data collection. Additional outreach and training to staff is being completed to ensure a higher quantity of NYTD services is tracked and reported.

## **V. Determining Eligibility for Benefits and Services (Section 477(b)(2)(E) of the Act)**

The Department requires a Preparation for Adulthood Plan for all young people 14 years of age and older in out-of-home care to ensure they have an opportunity to build the skills necessary for

a successful transition to adulthood. This plan includes goals and activities focused on building self-sufficiency skills in areas such as personal care, home sanitation, workforce readiness and other areas common to all adolescent youth. Youth 14 years of age and older in out-of-home care will receive services that include an array of activities and supports (both contract and non-contract) designed to promote self-sufficiency through enhancement of various life skills, the accumulation of personal assets (including financial assets), and the development of lifelong supports through connections with dedicated adults.

Administrative rules drafted in 2014 were finalized in January 2016 and can be found in Title 21, Chapter 5, Article 2, Independent Living and Transitional Independent Living Programs. These rules provide clarification and guidance on eligibility criteria. Program policy includes requirements and procedures for advising youth of available services and supports, program requirements (including acceptance of personal responsibility and own efforts towards self-sufficiency), and the right to appeal decisions made during the time they are under the supervision of and/or receiving services through the Department. This includes decisions related to any denial or termination of services [(Section 477 (b)(2)(E) of the Act]. The state website <http://www.dcs.az.gov> also provides links to an array of policy, program, service, and resource information, including contact information for staff. TILP services are available to youth who have reached 18 years of age or older when the youth is a legal resident of Arizona, has not turned 21 years of age, and was formerly in any state or federally recognized tribal foster care program (in out-of-home care while under the jurisdiction of the state or tribal court or child welfare agency) at 16 years of age or older. Youth who are legal residents of Arizona and who are residing out of state on a temporary basis (e.g., for the purpose of education or training) remain eligible for services while temporarily residing out of state. Youth 18 years of age and older who become legal residents of another state may access Chafee-funded services available through the state or county (for county administered states) of residence.

## **VI. Cooperation in National Evaluations (section 477(b)(2)(F) of the Act)**

The Department will cooperate with national evaluations of the effects of the programs implemented to achieve its purposes as required under Section 477 (b)(2)(F) of the Act.

## **VII. Chafee Training**

The Department has continued to utilize the Center for Study of Social Policy's two-day Youth Thrive™ training to ensure that DCS Specialists, EFC Success Coaches, 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 over 750 staff and community partners since 2019. The Department has now included Youth Thrive as a required training for group home caregivers and EFC Success Coaches.

The Department continues to provide a computer-based training (CBT) on the YAP and associated service array. In FFY 2024 DCS leadership determined that all DCS Specialists would be required to participate in this CBT training. The CBT includes information on the federal Chafee program,

NYTD, education and the ETV program, protective and promotive factors, adolescent brain development, trauma informed care, case planning for older youth, natural supports, and transitional support services. In FFY 2023 the Department secured an opportunity to gain training through the Quality Improvement Center on Engaging youth (QIC-EY). This training has been incorporated into the EFC Success Coaching curriculum to support positive youth engagement. The Department has found it fits well within the framework of Youth Thrive™.

### **VIII. Education and Training Vouchers (ETV) Program (section 477(i) of the Act)**

The Family First Prevention Services Act (FFPSA) amended the ETV program to extend eligibility to youth up until their 26th birthday, while placing a five-year limit on the total length of time a youth can receive an ETV voucher (section 477(i)(3) of the Act). The maximum annual amount of the voucher (\$5,000) and its purpose (to apply toward the cost of attendance at an institution of higher education) remains unchanged (section 477(i)(4) of the Act). Arizona's current program makes vouchers available to youth who left foster care for any reason at 16 years of age or older. The Department contracts with Foster Success Education Services, Inc., to operate the state's ETV Program. Current and former foster youth may apply directly for the voucher by applying online at [www.ArizonaETV.org](http://www.ArizonaETV.org). Designated Department staff enter the web-based application and provide verification of former foster care status for all initial applicants. Contract staff work directly with youth to ensure all necessary documentation is submitted prior to authorizing funding. Funds for tuition, school-based room and board, and fees are paid directly to the institution. Funding for living expenses incurred outside of the education institution are distributed monthly to the student, based on the approved application and budget. The Department has expanded the age of youth served in the ETV Program to age 26 (as authorized under the FFPSA). The Department contract further provides ongoing support to students through one on one contact with Foster Care to Success staff and involvement in supplemental support services (for struggling and disengaged students). Department staff meet with contract staff virtually on a monthly basis (or as needed) to discuss progress and resolve issues/barriers to student success, review and approve invoices, and monitor the assistance provided to students. Additionally, internal meetings with budget/finance staff are held to monitor expenditures.

The Department monitors the amount of financial assistance provided to students through monthly invoices and monthly budget reports that are reviewed by both financial, administrative, and program staff. The Department contractor ensures the total amount of education assistance to a student does not exceed the total cost of attendance (as defined in section 472 of the Higher Education Act of 1965), and does not duplicate benefits under any other federal or federally assisted benefit program per sections 477(b)(3)(J) and (i)(5) of the Act, and Attachment C. Performance measures for the ETV Program as reflected in the Department contract include spending 100% of ETV funds with 75% of approved applicants completing their funded course/semester of study. The YAP will coordinate the development of additional goals, outcomes, and measurements for the state ETV Program to the extent possible and appropriate for the program. Foster Success Education Services, Inc., will continue to provide the required federal reporting of the unduplicated number of ETVs awarded each school year to new and continuing students.

The Department continues to collaborate with the Arizona Board of Regents in support of a state Tuition Waiver for current and former foster youth. Eligible students must have been in foster care at age 14 or older. (This population was expanded from age 16 and older to include youth ages 14 and 15 in April 2019.) Verification of eligibility to Arizona's public universities and community colleges is accomplished with the support of the state ETV contract provider.

Arizona continues collaborative efforts with College Success Programs throughout the state. Maricopa Community Colleges and Arizona State University continue to partner with their respective Bridging Success programs which provide supports during the school year and into the summer. The PYS Education unit participates in an Advisory Committee that meets quarterly and includes College Success Programs across the state such as College Depot, College Success Arizona, Fostering Success-University of Arizona, FosterEd, and ASU's Nina Pullum Scholarship. Arizona additionally is completing the second year of a new partnership with Grand Canyon University, a private for-profit institution, to remove barriers to post-secondary education. This partnership provides year-round on-campus housing and a scholarship package that covers the cost of tuition, books, and fees.

## **IX. Consultation with Tribes**

Benefits and services under the YAP and ETV Programs are available to American Indian youth in the state on the same basis as to other youth in the state. Tribal child welfare staff refer youth ages 14 years and older directly to the contract service providers. Services available include life skills training and support, financial assistance to support specific transition needs outlined in the youth's individualized service or case plan, and the ETV. Youth 18 years of age and older who were formerly in out-of-home care under tribal jurisdiction may self-refer to the Department STA contract provider for services through the aftercare program, which is the same process used by youth formerly in state foster care programs. Department staff contact tribal foster care staff directly to verify eligibility for services for all applicants. Tribal youth apply for the state ETV in the same manner as other applicants, through the online application at [www.ArizonaETV.org](http://www.ArizonaETV.org). The PYS unit and Department STA contract providers (Arizona's Children Association and Intermountain Centers for Human Development) have jointly conducted outreach efforts to Arizona's tribes for the purpose of informing them about current services available, developing a single referral process, reviewing the effectiveness of services provided, and coordinating services with available tribal resources. The STA contractor continues to engage tribes and build relationships through in-person meetings and program presentations. Local contract staff work directly with tribal youth, caregivers, and the assigned tribal case manager to create an individualized service plan for each youth served.



# **DISASTER PREPAREDNESS, RESPONSE, AND RECOVERY PLAN**

*Department of Child Safety*  
STATE OF ARIZONA

**Submitted to:  
U.S. Department of Health and Human Services  
Administration for Children and Families  
June 30, 2024**



# INTRODUCTION

This section of the document will address how the Arizona Department of Child Safety (DCS or the Department) addresses mitigation/ preparedness, response and recovery in all hazardous incidents including wild fires, floods, pandemic situations, and potential incidents with the Palo Verde Nuclear Generating Power Station. DCS conducts preparedness activities to ensure that vulnerable populations, including children, living in the Emergency Planning Zone will be assisted properly.

## **Arizona Department of Child Safety**

### ***Business Contingency Procedures***

The Department is a child welfare program established under A.R.S. § 8-451 for the protection of children alleged to be abused and neglected. The Department provides an array of services to children and families, including prevention programs, child protective services, in-home intensive services, family support and preservation services, kinship and foster care services, adoption promotion and support services, health care services for children in foster care, and other child welfare programs.

The DCS Disaster Procedures are designed to go into effect when a natural, medical, or human-caused disaster has an adverse effect on the day-to-day operations of the DCS. The DCS focuses its response to disaster planning on:

- Continuing/restoring critical business activities immediately following an emergency event; and
- Restoring and recovering essential administrative and business activities, if practical, immediately following such an emergency event, or as soon thereafter as possible.

Understanding the critical functions of the DCS is important in ensuring the safety, permanence and well-being of Arizona's at-risk children and families. The DCS continually analyzes procedures against possible threats and evaluates results to determine if the emergency procedures provide the desired outcomes. This is a continuous process in combination with staff, client, and community providers.

# PREPAREDNESS/MITIGATION

## **Preparing to Manage *Direction and Control***

DCS is a department that performs a critical function: ensuring the safety of children.

The DCS Central Office is located in Phoenix and is overseen by CEO David Lujan. Under the direction of CEO Lujan, an executive management team provides command and control over internal operations, logistics, planning, administrative and finance functions. The DCS Central Office and the DCS Child Abuse Hotline have a detailed Continuity of Operations Plan (COOP) which would be implemented in the event of a disaster.

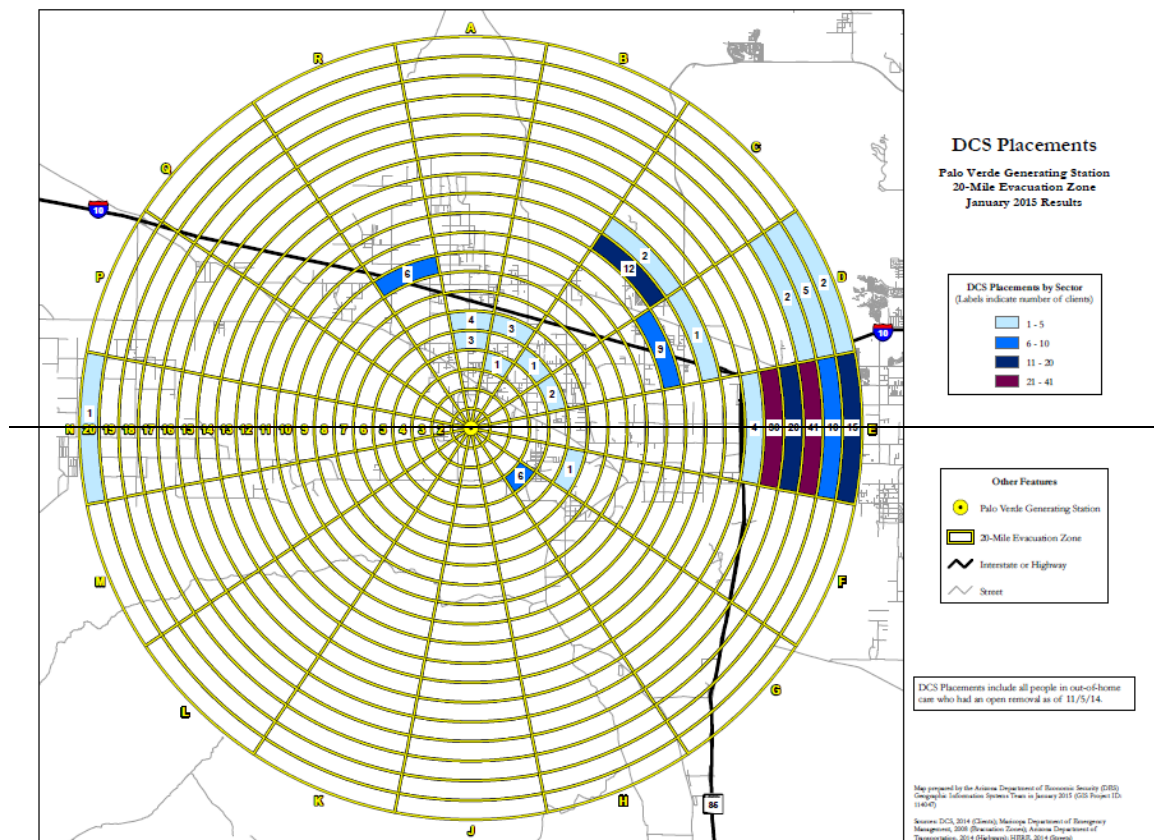
Each Region within the DCS has a Program Administrator (PA) who is responsible for responding to emergencies within their own Region and for coordinating with other Regions who are responding to an emergency. Each PA is responsible for communicating possible threats and required response to their Region's Management Team, DCS Supervisors, Child Safety Specialists, and other critical staff. Each PA is responsible for communicating potential threats to the DCS executive management team and for keeping the team informed of the status of the emergency response.

The DCS continues to collaborate with emergency preparedness entities, the Arizona Department of Economic Security and county health coordinators in each county to address special needs populations, including children under state care or supervision. The DCS maps the locations of these children in each county and has established a call tree to communicate with response teams in each county. The call tree allows the DCS to rapidly communicate with county response teams regarding any special needs or requirements for these children during emergency situations.

## **Palo Verde Nuclear Generating Station Exercise**

One example where emergency preparedness is crucial for DCS is during potential hazardous situations relating to the Palo Verde Nuclear Generating Station (PVNGS), the nation's largest nuclear power plant located about 45 miles west of central Phoenix. A significant number of children involved with DCS and their caregivers live near the PVNGS. DCS conducts preparedness activities to assure this population is assisted properly.

The following is an example of a map that is used for emergency preparedness exercises related to an accident at the Palo Verde nuclear power plant:



As part of this exercise, DCS has a designated response team to address the needs of populations it serves. The team is composed of DCS Staff who are trained to help these individuals with evacuation, decontamination, registration at the designated Reception and Care Center (RCC), reunification with their appropriate caregivers and facilitating transport to shelter if needed. The emergency planning is a cooperative effort of Arizona Division of Emergency Management, Maricopa County, Red Cross, Public Health and numerous other volunteer organizations.

## DCS Pandemic Planning Efforts

Another crucial area for emergency preparedness is planning for a pandemic, particularly for agencies tasked with the protection, safety and well-being of children. DCS conducts a variety of activities to ensure meeting the needs of all children involved in some form or another with the DCS system. DCS has in place a plan where it requires that all affiliated agencies establish a pandemic preparedness plan and appoint a pandemic coordinator as part of their contracts, prioritizing agencies that work directly with DCS. Included in this plan are:

- Reprioritizing functions to ensure resources are devoted to critical tasks.
- Identifying critical staff in DCS and cross-training appropriate personnel to work in DCS.
- Developing plans to redeploy staff to DCS offices throughout AZ to ensure time sensitive work is completed.
- Holding tabletop exercises with the trained personnel to fill each other's roles as needed.

During the COVID-19 pandemic, DCS was able to implement the plan described which resulted in an effective and efficient continuation of critical business functions including the ability to ensure the safety and well-being of children

In the past, Arizona was recognized for its best practices implementation for both radiological and pandemic diseases emergency planning.

Two articles were featured in the Public Health Practices website (*a joint project of the Center for Infectious Disease Research and Policy at the University of Minnesota in a partnership with the Association of State and Territorial Health Officials*). The Public Health Practices website is a one stop shop for tools and strategies to respond to the health consequences of disasters and emergencies and is consulted nationwide.

Publications where Arizona was recognized are as follows and can be found on the internet:

"Radiological preparedness activities focus on at risk populations living in proximity to nuclear power plant" found at <http://www.publichealthpractices.org/practice/radiological-preparedness-activities-focus-risk-populations-living-proximity-nuclear-power>

"Child Protective Services preparedness leads to continuity of essential functions during H1N1" located at <http://www.publichealthpractices.org/practice/child-protective-services-preparedness-leads-continuity-essential-functions-during-h1n1>

## **Arizona Emergency Information Network**

Arizona's Emergency on-line system combines information from a wide variety of health and human services providers through a single information network that can be accessed by DCS staff and the public at large. Through this network, Arizona citizens are able to access disaster response and homeland security information, including assistance in locating disaster relief organizations and services, and in identifying opportunities to volunteer in their communities.

Access is available at <http://www.azein.gov/azein/default.aspx>

## **Communicator Alert Notification System**

The Communicator Alert Notification System is a software program managed by the Arizona Division of Emergency Management (ADEM). The Communicator Alert Notification System allows the Department to quickly notify appropriate staff and others about an emergency situation. The system uses 24 lines to call many people at one time. The Department can use the Communicator Alert Notification System without cost to any of its programs. This system can send custom messages by telephone or internet to many individuals simultaneously with information needed for a disaster response.

## **Office Preparation**

### ***Evacuation Procedures & Disaster Response Plans***

Each of Arizona's DCS Offices has an Emergency Action Plan posted for emergency procedures. The following checklist outlines primary procedures for securing offices and ensuring the safety and support of children, families and staff:

- Based upon the type of disaster, immediately notify the emergency responder such as the fire department and/or law enforcement;
- Immediately notify affected Office staff through the phone tree;
- Immediately notify the Director or Designee who will inform the Deputy Directors;
- Coordinate emergency response with the DCS's Central Office;
- If the building is threatened, ensure the safety of staff and clients in the office first;
- If time permits, secure a safe place for all hard-copy case files and a safe place for all state vehicles. DCS has a centralized closed records warehouse to store all closed files. Active files are managed by each individual field office;
- If the emergency involves evacuation of residents from their homes, attempt to contact all out-of-home care providers to assess the safety of children in their care and determine their course of action;
- For offices that are evacuated, designate another DCS office where staff can call or work and where all interoffice mail and travel and paychecks can be transferred;
- Notify the statewide Child Abuse Hotline as to which office(s) will be taking standby DCS reports;
- Program telephones, if telephones are not involved in an outage, so that there is a voice message alerting staff, clients and the community where they can call to leave or give messages or where parents can check the welfare of their children; and
- Allow staff time to arrange for their own personal affairs in order to ready themselves for evacuation, if needed.

The DCS has the ability to map the location of each child by zip code that is under state care or supervision and has developed strategies to address the needs of these vulnerable children. DCS response teams in each county are ready to assist with an evacuation of these children.

Each Regional office will maintain a regularly updated Disaster Response Plan, which shall be made available to all Region management and supervisory staff. The plan is to be used in combination with information contained within the DCS automated case management and payment system (Guardian).

**Disaster Plans will include:**

- Up to date phone trees and e-mail addresses for:
  - DCS Central Office key administrators
  - PAs
  - PMs
  - DCS Supervisors
  - Child Safety Specialists
  - All other office employees
  
- Up to date addresses and contact information for:
  - Out-of-home care providers
  - Location of children placed in foster care
  - Home Recruitment, Study and Supervision (HRSS) foster and adoptive home contracted agencies
  
- Paper forms for all processes when Guardian is not available
  
- Alert levels



## **Preparation by Regions**

### ***Arizona's Regions Preparedness***

The Program Administrator (PA) or designee will maintain a general crisis plan to include the following procedures for:

- Activation of the phone tree;
- Maintenance of up-to-date listings of out-of-home care providers, including their locations and contact information;
- Maintenance of up-to-date listings of the location of children in out-of-home care, including the identification of any children with special behavioral health or health care needs;
- Maintenance of an up-to-date listing of HRSS contracted agencies;
- Maintenance of a listing of emergency first responder contacts;
- Maintenance of plans for each office within the Region to handle phone outages, computer outages and/or need to relocate staff to another office;
- Maintenance of a listing of emergency resources;
- Designation of responsible personnel and their duties and responsibilities;
- Forms for manual documentation in the event of a computer systems failure;
- Maintenance of the Plan; and
- Collaboration and communication with emergency response personnel in each county.

In the event of a fire, flood, natural disaster, pandemic influenza, bomb threat, terrorism or other major catastrophic event, the PA or designee shall:

- Ensure that the emergency first responder has been alerted to the disaster;
- Appoint a staff member to monitor the emergency channel on the emergency radio. That person shall report any information related to evacuation, client safety, and change in conditions or clearance of the emergency to the PA;
- Activate the phone tree for the geographic area experiencing the emergency and provide contacted staff information on the disaster, areas affected, actions to be taken, and staffing needs to address the emergency event;
- Designate staff who are to report to the Regional Office or staging area;
- Appoint staff members to notify appropriate emergency services personnel (fire, police etc.) of any homes in the involved area in which a person with a disability lives and who may be in danger; and
- The PA acts as the primary liaison between various agencies involved in the emergency situation (e.g., Homeland Security, FEMA, DES agencies).

In the event of a Medical Emergency (including pandemic influenza) the PA or Designee shall:

- Active the phone tree as delineated above;
- For pandemic influenza, follow the planning efforts matrix for the six phases (World Health Organization) of the pandemic alert;
- Determine the extent of the emergency, Region emergency response and provide instruction to staff. For example, in situations where it is unsafe for groups of people to be together, it may be necessary for staff to work from their homes in order to protect themselves and still ensure the safety of persons served. In the event of a major medical event such as a group of people involved in an automobile accident or a group of people burned or seriously injured, the PA may elect to deploy staff to the respective hospitals so that DCS reports can be taken first hand; and
- As necessary, request the need for additional assistance through the DCS Director or Designee.

In the event of a Power/Water or Phone failure, the PA or Designee shall:

- Activate the phone tree as delineated above;
- Assess the extent of the utility failure and determine if business can continue as usual within the affected Office;
- Assess whether operations need to be relocated to another office;
- Notify staff of any decisions made to address the emergency and the course of action they are expected to take;
- Assess the impact of the utility concern on persons receiving services in the specific geographic area;
- In the event that there are individuals dependent on power within the affected area and these individuals live alone, notify emergency first responders of the situation;
- Assess the need to contact out-of-home care providers in the geographic area to determine if providers are being evaluated;
- Based on this assessment, Child Safety Specialists will assist in contacting providers to ascertain their individual situations; and
- Ensure that affected staff has cellular phones and needed resources.

Documentation of the actions taken in any emergency is critical. This documentation will serve as back up of efforts made to ensure the safety of clients. Post event review of the documentation should occur so that it can be determined how well the plan worked and if any revisions are necessary to the plan.

## **Preparing Community Partners**

*DCS and its community partners will continue their efforts to enhance their collaboration in emergency/disaster situations.*

### **The DCS in collaboration with others will:**

- Identify all possible disasters that can impact the protection of children and delivery of child welfare services that may be unique to a geographic locale and require specific planning and response;
- Coordinate with all key child welfare stakeholders in disaster planning (local courts, CASA, JPOs, etc.);
- Maintain a DCS lead for coordination of child welfare disaster planning and response. The DCS lead serves as liaison to DES disaster planning efforts and communication of expectations to staff; and
- Participate in emergency preparedness exercises, including table-top, functional, and full-scale exercises.

DCS follows Title 6, Ch. 5 Arizona Administrative Code. Article 74, contains the licensing process and licensing requirements for child welfare agencies operating residential group care facilities and outdoor experience programs and Article 58 contains the licensing requirements for foster homes. Each of these documents has specific requirements in regards to ensuring the safety of children. Each specifies that the foster placement must have provisions for the evacuation of buildings, including the evacuation of children with physical disabilities, and preparation of staff and children to respond to emergencies. In addition, group care facilities, shall maintain a record of practice emergency drills, and both must have emergency equipment to deal with a variety of emergent situations.

Other safeguards are in place to ensure the safety of children in care. For example, each of the contracts with the foster care facilities requires them to have in place a pandemic performance plan.

### **Managing Disasters:**

- Each Region's emergency plan shall address how the Region will involve community partners in responding to the needs of vulnerable children and adults.
- Each Region's emergency plan should include coordination with emergency first responders, providers of emergency services and volunteer organizations.
- Each Region's emergency plan should outline their interface with the Juvenile Court during an emergency that impacts the ability of the Court to conduct business as usual.

### **Rebuilding:**

Each Region's emergency plan shall include a debriefing process with community partners and stakeholders to assess any need to revise the emergency plan. Rebuilding plans should also include a coordinated effort with other government agencies, stakeholders and community partners.

## **Preparing Youth and Families**

*When a disaster strikes, these are some of the things you can do before, during and after the disaster.*

[Note: This section will be made available to out-of-home care providers to assist them in preparing for and responding to an emergency situation. This information has been or will be distributed in trainings, emails, special mailings, poster campaigns, and as a feature in a published newsletter.]

### ***Prior to a Disaster***

#### ***Foster Parents: these are some of the steps that you can take to prepare for a disaster:***

- Meet with your family and discuss why you need to prepare for disasters. Explain the dangers of fire, severe weather, and other types of disasters to children. Plan to share responsibilities and work together as a team. Include pets in your disaster planning.
- Discuss the types of disasters that are most likely to happen. As a family discuss how this can affect all family members and how you will address the special needs of persons with a disability. Explain what to do in each case.
- Notify your local fire and/or police chiefs of any special evacuation needs.
- Pick two places to meet in the event you are separated. You might pick outside your home in case of a sudden emergency such as a fire. Or if you cannot return home, you would pick someplace outside of your neighborhood. Everyone must know the address of the “meeting place” and how to contact one another.
- Ask an out-of state friend to be your “family contact” and share this information with your Child Safety Specialist and/or Licensing Case Worker. After a disaster, it’s often easier to call long distance. Other family members should call this person and tell them where they are. Everyone should memorize your contact’s phone number.
- Post emergency telephone numbers by phones (fire, police, ambulance, hospital, doctor, poison control, etc.)
- Teach children how and when to call 9-1-1 or your local emergency medical services number for emergency help.
- Show each adult family member how and when to turn off the water, gas, and electricity at the main switches.
- Decide the best evacuation routes from your home.
- Prepare a disaster supply kit (food, water, first aid, etc.) for 10 days for your family.
- Identify and have easily accessible health information and medications used/needed for each family member.
- Determine if back up systems are needed for special medical equipment that requires electricity.
- Make sure all medical information is updated and documented.
- Check with your children’s school to find out what their emergency plan is.
- Post your case manager’s and licensing worker’s numbers and inform all family members.

*If a disaster strikes:*

- Stay calm. Put your plan into action.
- Check for injuries and give first aid or get help for seriously injured people.
- Try to reduce your child's fear and anxiety.
- Listen to your battery powered radio for news and instructions.
- Evacuate, if advised to do so.
- Check for damage in your home.
- Use flashlights not candles or lanterns—do not light matches or turn on electrical switches if you think there may be damage to your home.
- Check for fires, fire hazards and other household hazards.
- If you smell gas leaking from your stove, furnace, water heater, or other gas appliance leave your house immediately and contact the gas company or the fire department from a neighbor's house.
- Clean up spilled medicines, bleaches, gasoline and other flammable liquids immediately.
- Put your pets in a safe place.
- Call the Child Abuse Hotline (1-888-767-2445) and your family contact—do not use the telephone again unless it is a life-threatening emergency.
- Check on your neighbors, especially elderly or disabled persons.
- Stay away from downed power lines.
- Check food and water to determine if it is still safe to eat and drink.
- Watch animals (both wild and domestic) as they will be confused and scared and may be dangerous.
- Be careful of snakes and insects. They may be on the move looking for new homes or a place to hide.
- Contact your Child Safety Specialist when it is safe to do so and inform the worker of your location and the location and condition of your foster children and how you can be contacted.

## **Assisting Staff**

The recovery staff is activated when ordered by the DCS Director, Deputy Director or designee, and/or a DCS Program Administrator (PA) dependent upon the type and extent of the emergency.

### ***PA will:***

- Determine the impact of the emergency upon staff;
- Assess whether additional staff need to be deployed to the emergency area and contact the DCS Director, Deputy Director, or designee for assistance;
- Assist staff in addressing personal issues by offering the assistance of the Employee Assistance Program (EAP) or other local resources and if determined needed, contact those resources to make arrangements for services;
- Ensure that staff have the resources they need to address the emergency;
- Maintain constant communications with staff as to the status of the emergency situation; and
- The Support Services administration would help facilitate communications to the Field Operations Leadership on any disaster events impacting staff. Each field office shall have a call tree to disseminate information.

### ***DCS employees will:***

- Keep their immediate supervisor informed regarding the impact of a disaster or significant event that may impact their work or pose a safety risk to themselves or to their families;
- Inform their immediate supervisor if they are unable to continue to respond to the emergency; and
- Contact their immediate supervisor periodically regarding their own safety, or the safety of their family.

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### ***Critical Function Areas***

- *Child Abuse Hotline*
  - *Investigations*
  - *Ongoing Case Management*
  - *Interstate Compact on the Placement of Children*
  - *Comprehensive Medical and Dental Program*
- 

The Child Abuse Hotline, Arizona's centralized intake for child abuse and neglect reports, Child Safety Investigations, Ongoing Case Management, Interstate Compact on the Placement of Children (ICPC) and the DCS Comprehensive Health Plan (CHP) are considered the critical functional areas. The emergency plan is activated when there is any indication that any of these functions are disrupted due to an emergency, as follows:

#### **Child Abuse Hotline**

##### ***The Hotline Program Administrator responsibilities:***

- Assess and determine if there are other alternatives to the receipt of child abuse and neglect reports including the pick-up of telephone messages, faxing of information, transfer of calls to cell-phones, use of an alternative site, and etc;
- Contact them and e-mail DCS staff on the emergency procedures implemented by the Intake Bureau to respond to the emergency;
- Activate the phone tree to contact Child Abuse Hotline staff when they cannot report to work at their normal work site and/or the alternative for receiving DCS reports;
- Continue to receive and review communications to the Intake Bureau;
- Utilize paper forms for documenting reports if Guardian is not available; and
- Notify DCS staff when the emergency is no longer a threat.

#### **Child Safety Investigations**

##### ***Regional Program Administrator (PA) responsibilities:***

- When Child Safety Specialists are impacted by the emergency and workload presents an issue, prioritize Priority 1 reports for investigation;
- Designate staff from other areas of the region or request assistance from other regions to ensure reports of abuse and neglect are responded to, and required services are provided;
- Activate the phone tree for affected areas providing staff with information regarding their role in responding to the emergency;
- Contact law enforcement when a child is in danger and DCS if the Region cannot respond to the report;
- Provide ongoing communications to the DCS Director, Deputy Director, or designee regarding staffing needs, the Region's ability to respond to reports during the emergency, and other Region's needs;
- Respond to a DCS directive to respond to the emergency needs of children entering Arizona when an emergency has occurred in another jurisdiction and

- report to the Child Abuse Hotline and the Interstate Compact on the Placement of Children (ICPC), available information regarding any such children; and
- Notify DCS staff when the emergency is no longer a threat.

***Child Safety Specialists responsibilities:***

- Determine the best method for conducting the investigation when the standard procedures cannot be followed. For example, additional collateral contacts may be made to ensure that children are safe when a child cannot be seen in person;
- Notify local law enforcement when a child is in imminent danger and the Child Safety Specialist cannot respond;
- Document all efforts made in Guardian (or on paper); and
- Maintain regular contact with the immediate supervisor.

**Ongoing Case Management**

***PA's responsibilities:***

When Ongoing Case Management Specialists are impacted by the emergency and workload presents an issue, activate the phone tree for affected areas providing staff with information regarding their role in responding to the emergency.

***Program Managers (PM) or Child Safety Unit Supervisor's responsibilities:***

- Assign staff as needed to check on each foster child's condition, location and on-going needs;
- Ensure out-of-home care providers are contacted;
- Review all cases and confirm the safety of all children with immediate safety issues such as: medically fragile children dependent on life supporting equipment, children dependent on prescription medications, and children in the process of being removed from their homes. Contact information may be obtained through the Regional Resource & Referral units who manage the coordination of services with contracted providers. They will also assist with helping to identify providers off contract and out of state and work in collaboration with the Contracts administration to put together direct contracts or single case agreements;
- Determine what essential activities need to be continued;
- Notify local law enforcement when a child is in imminent danger and the Child Safety Specialist cannot respond;
- Document all efforts made in Guardian (or on paper); and
- Maintain regular contact with the immediate Supervisor.

***Child Safety Response Teams responsibilities:***

- Help with the evacuation of children under state care or supervision to the special needs shelters identified by the county health departments and/or county emergency preparedness director.

**Out-of-Home Care Providers**

***Child Safety Specialist responsibilities for affected geographic areas:***



- Contact all out-of-home care providers of children in open cases to collect information about: their current and any planned future locations; need for medical information and/or prescriptions for every child in their care; and, any other specific needs of the child or family during and after the disaster;
- Ensure providers have DCS emergency contact information; and
- Notify local law enforcement when a child is in imminent danger and the Child Safety Specialist cannot respond.

***Residential Providers responsibilities:***

- Implement the emergency plans specified by licensing rules Title 6, Chapter 5, Article 74 and Contract Agreements;
- Contact the statewide Child Abuse Hotline at 1-888-767-2445 informing them of the emergency. If the situation allows, also contact the Child Safety Specialist or their Supervisor who has responsibility for the child's case management and inform them of the status, needs and location of the child;
- Follow procedures required by contractual agreements and by licensing rules Title 6, Chapter 5, Article 74;
- Identify placement changes that may be necessary; and
- Provide name and location of new site if re-location becomes necessary.

***DCS Supervisors and/or Child Safety Specialist responsibilities:***

- Document all information received about a child in residential care;
- Determine if there are available foster homes or other residential facilities for a child who may need to be transferred;
- Assist in the transfer of the child when requested; and
- Keep the PA or PM informed of the situations.

**Interstate Compact on the Placement of Children (ICPC)**

The ICPC emergency plan is activated when ordered by the Director, Deputy Director, or designee and when the agency can no longer follow the usual procedures.

***Interstate Compact for the Placement of Children Administrator responsibilities:***

- Receive information about children in the geographic area affected by the disaster;
- Receive information about the child's location and condition, contact the Child Safety Specialist responsible for the case, and entering a case note into Guardian regarding the child's location and emergency contact;
- Receive information about children that have been displaced from other states;
- For children displaced from other states, enter a case into Guardian under Interstate Compact Placement;
- For children displaced, contact the ICPC in the child's state of origin and provide any available information; and
- Document any collected information on paper forms (if Guardian is unavailable).

## **The Comprehensive Health Plan (CHP)**

The CHP provides medical, dental health, and behavioral health care for children placed in foster care in Arizona. Its emergency plan is activated when ordered by the Director, or the Assistant Director or Designee and when the agency can no longer follow the usual procedures.

### ***Emergency Prescription:***

- Pharmacies are authorized to cover a 30 day emergency supply.

### ***Prior Authorization for Medical/Dental:***

- Providers understand *Emergency Procedures* and know that emergencies do not require authorization.
- Medical doctors can sign for emergency “unauthorized procedures”.

### ***Emergency Behavioral Health Hospitalization:***

- The Behavioral Health Manager and Psychiatric Consultant can authorize 72 hour evaluation and request consultant behavioral health services.
- If system failure occurs, the MIS staff will develop Ad Hoc Reports and Children and Provider Eligibility rosters.
- An alternative solution is to shift operation/business functions to the local DES offices and perform back-up off site.

### ***MIM Health Plans (Prescription Contractor) responsibilities:***

- The Contracts Manager (CM) performs back-up system off-site per the contract.
- The CM will follow the Information Technology (IT) Disaster Recovery Plan from DES Division of Technology Services (DTS).

**Critical Function Area**  
***Business and Administrative Areas***

The Business and Administrative Areas emergency plan is activated when ordered by the Director, Deputy Director or designee and when the agency can no longer follow the usual procedures.

**Statewide Child Abuse Hotline:**

- Power Failure
  - For a short-term (under 1 hour) power failure calls will be forwarded to DCS Hotline cellular telephones.
  - For a long-term power failure of greater than 1 hour the alternate location will be utilized.
- Telephone system failure
  - For short-term failure (under 1 hour), calls will be forwarded to DCS Hotline cellular telephones.
  - For a long-term power failure of greater than 1 hour the alternate location will be utilized.
- Fax machine failure
  - Faxes are be obtained remotely via e-fax.
- US Postal Service (USPS) disruption
  - US Postal Service mail is obtained daily from a local Post Office box that is established.
  - If the USPS is unable to provide service, public service announcements will direct the public on an alternative solution based on the nature of the emergency.
- Guardian System Failure
  - System Down procedures will be initiated as outlined in the procedures manual.

**Foster Care Provider Payments and Payments for Contracted Services:**

- Guardian and Arizona Financial Information System (AFIS) failures
  - Short-term (Under 30 days): Districts will use the PAAR fund for emergency payments only and will manually track payments; once systems are functional then enter payments into the appropriate system.
  - Long-Term: (After 30 days), the Districts will make payments manually and track payments; once systems are functional then enter payments into the appropriate system.
  - The IT Disaster Recovery Plan from DTS will be followed.

**Licensing:**

**Guardian and Mainframe System Failures**

- The Regions will manually track/record contract and licensing documents.
- The license will be issued manually.
- For fingerprint clearance and background checks, DES will mail form letters to the contract providers.
- The providers may also go to the DCS office to obtain necessary documents.

- The IT Disaster Recovery Plan from DTS will be followed.

**Eligibility:**

- If there are Guardian, AZTECS or PMMIS Systems failures, DCS will shift operation/business functions to local DES offices.
- If eligibility processing fails, paper forms will be utilized.

**Data Center:**

- DCS relies on the Arizona Department of Economic Security for all technology support. All technology recovery plans are developed and managed by DES.

# RECOVERY

## **Business Response and Recovery Process**

This Business Response and Recovery Process will define what our personnel need to do during any disaster in managing an incident, and what resources are needed to resume services, and to continue to recover as DCS moves toward full restoration.

### ***Incident Management Systems***

#### ***Checklist Involved in Most Business Disaster Recoveries***

An all-hazard approach to preparedness will be utilized to enhance agency capability to respond to and recover from potential business disruptions. This means that the plan operates exactly the same way regardless of the type of emergency.

To acquaint the business response and recovery team leads and members with the general types of activities that occur to recover from most disasters, below is an overview of seven checklist events associated with most disaster recovery operations.

#### ***1. Immediate Response Steps***

The point at which it is determined by competent authority that Immediate Action steps must be executed. The immediate response steps include protection of life and property, damage assessment, salvaging vital records, and notification of key individuals to protect our children.

#### ***2. Environmental Restoration***

The point at which all personnel are to relocate to the alternate facility and ensure they have the appropriate work space. The necessary vendors and support personnel should be contacted to verify recovery requirements and determine availability of the network and applications.

#### ***3. Functional Restoration***

The point at which all resources that support business operations should be restored. These include telephone/voice, mainframe applications, personal computer applications, and any physical equipment. Recovery teams should work with the BCP Team Coordinator, the Administration Team, and the alternate site vendor to accomplish this activity.

#### ***4. Deferred Processing***

Recovery teams must verify the accuracy and data integrity of the restored systems, and begin to “catch up” on deferred or lost work. Any reconciliation that is done on a daily basis should be carried out during this stage.

#### ***5. Business Resumption***

The point at which recovery teams can resume some portion of their normal business operations. It is important during this stage to consider what the business strategy will be during the disaster recovery and then to determine the critical tasks to be accomplished to fulfill the recovery teams’ responsibilities.

### ***6. Interim Site Migration***

In the event of a long-term power outage (e.g., greater than six weeks), it may be necessary to move from the internal sites to an interim location while the home site is repaired/reconstructed.

### ***7. Return to Home Site***

Once the damaged site has been repaired, reconstructed, or a new location has been selected and prepared, the affected business units will return to their home/permanent office locations.

## **Coping with Disaster**

### ***Staff***

The emotional toll that disaster brings can sometimes be more devastating than the financial strains of damage and loss of home, business or personal property. The DCS is sensitive to the needs of its staff and thus encourages staff to:

- talk to seek professional help for disaster related stress;
- do not hold yourself responsible for a disastrous event
- take steps to promote his/her physical and emotional health
- spend time with family and friends

In addition, DCS in accordance with ADOA Personnel Rules R2-5-409 and R2-5-803.D., administrative leave policy DES 1-26-05 allows for leave with pay under an emergency situation which includes natural disasters, pandemic outbreaks or malfunction of publicly owned machinery that may result in office closure.

### ***Children in the care of DCS***

When it comes to helping children cope with disaster, this is of outmost importance to the DCS and thus, we encourage staff, providers, stakeholders, and community partners to inform themselves on how to recognize:

- risk factors for children in their response to a catastrophic event;
- to understand the vulnerabilities of children;
- to meet the child's emotional needs in addition to their physical needs and
- to reassure children after a disaster.

A great resource used by DCS is the Federal Emergency Management Agency website located at:

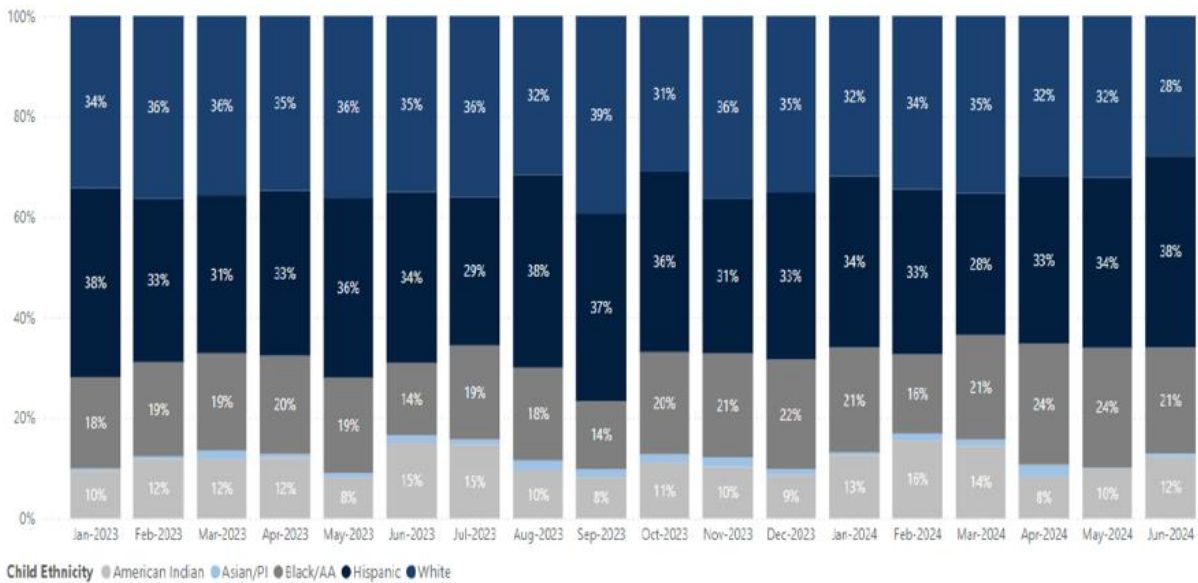
<http://www.fema.gov/coping-disaster>

# Arizona Foster and Adoptive Parent Diligent Recruitment Plan FFYs 2025-2029

## Characteristics of Children Needing Foster and Adoptive Homes

Since SFY16, the number of children entering into the care of the Arizona Department of Child Safety has steadily decreased; however, a disproportionate number of African American and Native American children are in care compared to the general population in Arizona. In June 2024, 21% of children entering care were Black/African American and 12% were American Indian (source: Entries and Exits PBI, June 17, 2024) compared to 5.2% of the Arizona population identifying as Black/African American and 4.6% American Indian (source: Arizona Office of Economic Opportunity, July 1, 2023).

## Children Entering Care by Race (0-17 years old)



NOTE: AA = African American, PI = Pacific Islander. Where multiple races are chosen, the hierarchy applied is the order displayed on the chart. Race is unknown on ~2% of children in this cohort. Distribution is based on known races only.

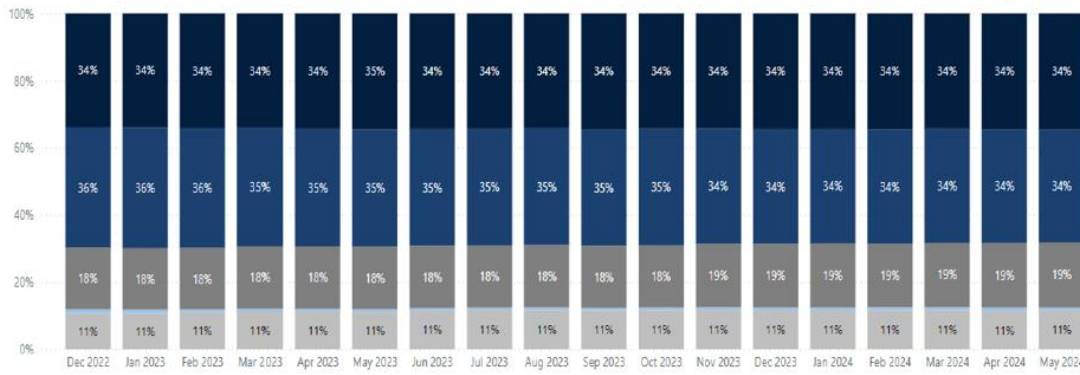
Data Source: Entries and Exits PBI, as of 6/17/2024



When safety threats can be mitigated, the Department will keep children residing with their parents or primary caregivers in their home. Nineteen percent of children being served through in-home services are African American and 10% are American Indian. When children cannot safely remain in their homes, they are placed in out-of-home care with kinship caregivers, foster parents, congregate care settings, or in independent living arrangements. Black/African American children make up 19% of the children in out-of-home care and American Indian children make up 11% of the children in out-of-home care. The charts below show the breakdown of all the children in out-of-home care by race as well as the breakdown by race of children placed in congregate care.



# Children in Out-of-Home Care by Race (0-17 years old)



Race Groups: American Indian, Asian/PI, Black/AA, Hispanic, White

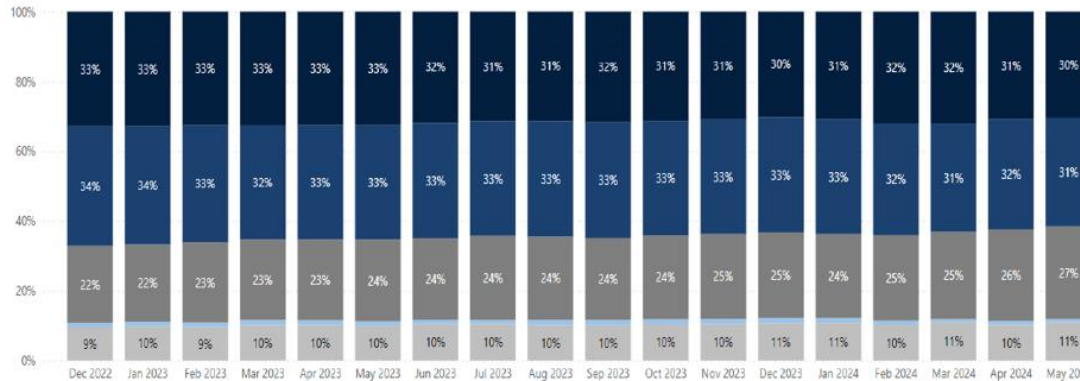
Race Groups	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
American Indian	1145	1129	1149	1152	1135	1101	1129	1135	1121	1099	1082	1064	1021	1005	999	996	964	953
Asian/PI	137	120	115	119	112	105	99	93	103	98	103	103	106	104	105	102	104	97
Black/AA	1971	1941	1936	1926	1889	1857	1839	1808	1801	1768	1738	1728	1696	1683	1643	1655	1646	1637
Hispanic	3884	3840	3816	3717	3623	3541	3494	3443	3432	3377	3314	3192	3113	3050	3010	2966	2909	2843
Other	10	9	9	10	9	7	7	6	6	6	18	31	34	42	47	54	64	76
White	3655	3617	3640	3576	3540	3481	3438	3393	3344	3331	3262	3177	3112	3063	3030	2993	2958	2906
<b>Total</b>	<b>10802</b>	<b>10656</b>	<b>10665</b>	<b>10500</b>	<b>10308</b>	<b>10092</b>	<b>10006</b>	<b>9878</b>	<b>9807</b>	<b>9679</b>	<b>9517</b>	<b>9295</b>	<b>9082</b>	<b>8947</b>	<b>8834</b>	<b>8766</b>	<b>8645</b>	<b>8512</b>

NOTE: AA = African American, PI = Pacific Islander. Where multiple races are chosen, the hierarchy applied is the order displayed on the chart. Race is unknown on ~1% of children in this cohort. Distribution is based on known races only. Data includes: Child removal date is <= report period end date, return date is null or > than report period end date.

Data Source: Children in OOH Care – Monthly; data updated 6/17/2024



# Children Age 0 -17 in Congregate Care by Race



Race Groups: American Indian, Asian/PI, Black/AA, Hispanic, White

Race Groups	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
American Indian	161	164	162	171	170	168	175	177	173	173	174	175	174	169	160	163	150	161
Asian/PI	22	22	23	25	23	21	20	20	26	27	26	25	25	22	18	14	17	14
Black/AA	386	380	399	398	397	404	399	417	416	412	415	418	409	385	389	382	396	399
Hispanic	587	571	574	554	552	556	561	565	574	579	564	560	547	523	505	470	474	466
Other	1	1	1	1	1	1	1	1	1	1	2	7	8	9	8	9	7	9
White	569	559	562	559	554	558	538	537	539	550	534	524	488	488	504	485	460	452
<b>Total</b>	<b>1726</b>	<b>1697</b>	<b>1721</b>	<b>1708</b>	<b>1697</b>	<b>1707</b>	<b>1694</b>	<b>1717</b>	<b>1729</b>	<b>1742</b>	<b>1715</b>	<b>1709</b>	<b>1661</b>	<b>1596</b>	<b>1584</b>	<b>1523</b>	<b>1504</b>	<b>1501</b>

NOTE: AA = African American, PI = Pacific Islander. Where multiple races are chosen, the hierarchy applied is the order displayed on the chart. Race is unknown on ~1% of children in this cohort. Distribution is based on known races only. Data includes: Child removal date is <= report period end date, return date is null or > than report period end date.

Data Source: Children in OOH Care – Monthly; data updated 6/17/2024



Racial disparity continues when we examine the types of living arrangements of each racial group. Of the children placed in congregate care, 27% are Black/African American. African American children are less likely to remain in in-home care and more likely to be placed in out-of-home care. African American children are less likely to be placed in a family-like setting and more likely to be placed in congregate care.

The Department is not always able to place children in foster homes that match their ethnic and racial make-up. Arizona desires to recruit and retain an out-of-home caregiver population that more closely matches the ethnic and diversity of children in care. The following chart provides information related to the approximate race and Hispanic ethnicity of children in out-of-home care, age birth through 17, compared to the existing foster home population.

	<b>African American</b>	<b>American Indian</b>	<b>Asian or Pacific Islander</b>	<b>Caucasian</b>	<b>Hispanic</b>	<b>Unknown or other</b>
<b>AZ Foster Homes</b>	11.7%	1.4%	2.6%	61.1%	23.1%	0.1%
<b>AZ Children in OOH Care (birth to 17)</b>	17.7%	10.4%	1.0%	33.7%	32.8%	4.4%

Sources: Semi Annual Child Welfare Report March 2024 and OLR Active License Report April 2024

When we look at the ages of children in out-of-home care, 40.3% of the children are ages 5 and under, 30.6% are aged 6-12 and 29.1% of the children are ages 13-17.

Out-Of-Home Population (by Child)	SFY 15	SFY 16	SFY 17	SFY 18	SFY 19	SFY 20	SFY 21	SFY 22	SFY 23	SFY 24 YTD
Total in Out-of-Home Care	17,264	17,390	15,803	13,651	13,326	13,161	13,581	11,630	10,016	8,704
<b>AGE RANGE</b>										
0-12 months	1,467	1,472	1,365	1,152	1,233	1,308	1,341	1,079	946	845
1 years	1,598	1,570	1,342	1,183	1,188	1,218	1,267	1,128	914	770
2-3 years	2,408	2,510	2,148	1,821	1,782	1,822	1,843	1,578	1,266	1,025
4-5 years	2,010	2,009	1,823	1,562	1,509	1,486	1,613	1,295	1,065	871
6-8 years	2,968	2,825	2,406	1,980	1,882	1,829	1,923	1,689	1,447	1,242
9-12 years	2,887	3,088	3,003	2,511	2,334	2,207	2,155	1,795	1,638	1,421
13-17 years	3,926	3,916	3,716	3,442	3,398	3,291	3,309	3,066	2,740	2,531
Unavailable	0	0	0	0	0	0	13	0	0	0

Source: Monthly Operational Outcomes Report, May 2024

Children in out-of-home sometimes have extensive medical and behavioral needs and those children have a need for caregivers who can meet those needs. While most children in out-of-home care have suffered trauma due to abuse and/or neglect, some children have more significant trauma or have complex medical issues, are medically fragile, and/or have developmental delays making them eligible for services through the Division of Developmental Disabilities. Some children also have complex and compounding behavioral health challenges, exhibit sexually maladaptive behaviors, or would benefit from stabilization before being placed in a family-like setting. Group homes, Qualified Residential Treatment Program group homes, residential treatment centers, and hospitals may offer stabilization and increase the likelihood of success in a family-like setting. The Department strives to meet the needs of the children in care by having an array of out-of-home placement resources for children. The table below reflects the placements of children across the array of current resources.

Out-Of-Home Population (by Child)	SFY 15	SFY 16	SFY 17	SFY18	SFY19	SFY20	SFY21	SFY22	SFY23	SFY24 YTD
Total in Out-of-Home Care	17,264	17,390	15,803	13,651	13,326	13,161	13,581	11,630	10,016	8,704
<b>PLACEMENT TYPE <sup>2</sup></b>										
Unlicensed (Primarily Kinship) <sup>4</sup>	7,532	7,425	6,473	5,522	5,372	5,775	5,928	5,611	4,879	4,147
Family Foster Home	6,685	6,900	6,466	5,780	5,559	5,072	4,660	3,715	3,033	2,595
Family Foster Home								2,358	1,637	1,374
Family Foster Home - DDD								321	343	370
Family Foster Home - Out of State								127	95	88
Family Foster Home - Medically Fragile	---	---	---	---	---	---	18	33	29	27
Family Foster Home - Specialized								762	809	646
Family Foster Home - Therapeutic Foster Care	---	---	---	---	---	---	145	114	120	90
Family Foster Home & Unlicensed (Non-Kinship) <sup>4</sup>							3,945	---	490	949
Family Foster Home & Unlicensed (Kinship) <sup>4</sup>	---	---	---	---	---	---	552	---	2,258	2,714
Congregate Care - Shelter Care	353	359	235	114	90	52	75	51	22	15
Congregate Care - Group Home	1,682	1,886	1,745	1,499	1,545	1,586	1,217	947	1,144	944
Standard GH	---	---	---	---	---	---	1,076	848	805	672
Medical GH	---	---	---	---	---	---	0	0	2	1
Mother/Infant/House Parent/Teen Parent GH	---	---	---	---	---	---	38	32	248	170
DDD GH	---	---	---	---	---	---	103	67	89	101
Congregate Care - QRTP Group Home	---	---	---	---	---	---	719	657	308	352
Structured GH	---	---	---	---	---	---	213	201	99	89
Sexually Maladaptive GH	---	---	---	---	---	---	96	78	35	31
Significant Trauma GH	---	---	---	---	---	---	410	378	174	232
Congregate Care - Residential Treatment	334	253	382	417	468	372	166	216	213	209
BHRF	---	---	---	---	---	---	85	59	71	60
BHIF	---	---	---	---	---	---	41	53	77	85
Welcome Centers	---	---	---	---	---	---	3	16	17	18
Detention	---	---	---	---	---	---	27	53	48	46
Hospital & Other	---	---	---	---	---	---	10	35	0	0
Independent Living (includes stipend and non-stipend)	3	3	0	0	1	1	86	0	0	2
Runaway	309	368	321	253	209	240	70	146	138	124
Missing/Abducted				20	45	42	27	30	35	21
Service Authorization Pending	341	169	153	35	35	19	511	271	244	296
Parent Guardian (Trial Home Visit)	25	27	28	11	2	2	6	0	5	0

Source: Monthly Operational Outcomes Report, May 2024

The table also indicates the majority of children in out-of-home care reside with kinship caregivers or licensed foster parents. The Department continues to recruit foster and adoptive families to care for children of all ages with the most significant need continuing to be for teens, sibling groups, and children with complex medical and behavioral health needs.

The need for foster and adoptive families is estimated utilizing the Recruitment Estimator tool created by the Department based on out-of-home data, which is provided quarterly to foster licensing agencies statewide. Based on the number of prospective foster homes that are in pre-service training, have been licensed, are active, and have closed their licenses, the Recruitment Estimator projects the need for homes in each region of the state. The Recruitment Estimator examines the number of children in care at the time of the estimate by county, age, race, and specialized level of need and predicts the level of need for foster homes with the following assumptions: “(1) the average number of beds per foster home is 2; (2) certain groups are more difficult to place than others and the number of foster homes needed for those have been scaled up 1; (3) due to data limitations, it is assumed that the current foster home placement proportionality will remain constant.”

According to the March 2024 Department of Child Safety Recruitment Estimator, it was estimated that during the subsequent twelve months, the Department will need to recruit 410 foster homes for children ages 6-12, 701 foster homes for teens ages 13-17, 279 foster homes for sibling groups of four or more children or 419 when factoring in difficulty of placement, and 165 foster homes for children with complex medical needs, including those who receive services through the Department of Developmental Disabilities. The Department does not estimate a need to recruit additional foster homes for children ages 0-5 since that age range is common on foster home licensing parameters and there is a surplus of bed availability for those ages. These estimates are designed to ensure that not only the number of current licensed homes remain balanced by replacing homes that will close their licenses during the year, but also that new homes will meet the specific needs of children in care.

The information provided by the Recruitment Estimator report also outlines the need for homes based on race and Hispanic ethnicity. This helps drive recruitment efforts to provide homes that can reflect the racial makeup of the children in care and ensure homes are available that are culturally aware of the needs of the children. The March 2024 Recruitment Estimator projected a need to recruit 121 Caucasian families, 489 Hispanic families, 247 African American families, and 225 Native American families to meet the needs of children served in foster care.

The Department also utilizes a census reporting form for group homes and shelters to monitor the number and characteristics of children in these congregate care placements. The census reports include information on every child placed in each facility, as well as any information related to special populations in which the facility specializes. The Department's placement units utilize this information to identify family foster homes for the children.

The Department had a total of 2,071 licensed foster homes on June 1, 2024 with a total of 4,592 bed spaces (source: Quick Connect, Active License Report June 1, 2024). The Department's bed capacity includes beds for which no child has been matched. The Department has identified that children are often not matched with an available foster home bed because the families are waiting for children with certain characteristics, such as age or gender. Most of the available beds are for ages 0-5.

The Department's Office of Licensing and Regulation (OLR) monitors the number of new and closed licenses each month. From July 2023 through May 2024, OLR reported a net reduction of 411 licensed foster homes. Of the families who chose to close their licenses, the majority did so due to adoption or guardianship of a child, other time commitments and priorities, or personal reasons such as divorce, pregnancy, and health concerns. Efforts to retain licensed foster homes continues to be a focus of the Department. One of the objectives in the Department's Strategic Plan for 2024 has been to improve the caregiver experience. Areas of focus have included improving communication between the Department and caregivers, promoting a "kin first" culture, increasing caregiver supports, enhancing caregiver trainings, addressing licensing barriers, improving communication between the Department and licensing agencies, and improving the Department's relationships with families and the community.

Family foster homes can be licensed for up to five children; however, the average foster home in Arizona is licensed for 2.2 children, making it difficult to place larger sibling groups. Most of the older youth needing out-of-home care are placed in group homes. Twenty-five percent of children in out-of-home care are between the ages of 13 and 17. The Department has a need for foster homes licensed for older children and large sibling groups.

TYPE OF OUT-OF-HOME PLACEMENT, CATEGORIZED BY AGE (20D)											
as of 12/31/2023											
	RELATIVE	FAMILY FOSTER	GROUP HOME	INSTITUTION / RESIDENTIAL <sup>11</sup>	INDEPENDENT LIVING	RUNAWAY <sup>12</sup>	MISSING CHILD <sup>12</sup>	TRIAL HOME VISIT	NO IDENTIFIED PLACEMENT <sup>13</sup>	TOTAL	% OF TOTAL
<b>UNDER 1</b>		374	2	2	0	0	2	0	11	<b>842</b>	8.4%
<b>1</b>	446	349	5	1	0	0	2	0	14	<b>817</b>	8.2%
<b>2</b>	366	264	4	0	0	0	0	0	13	<b>647</b>	6.5%
<b>3</b>	258	192	6	1	0	0	1	0	15	<b>473</b>	4.7%
<b>4</b>	241	205	2	1	0	0	0	0	5	<b>454</b>	4.5%
<b>5</b>	255	172	11	0	0	0	0	0	7	<b>445</b>	4.5%
<b>6</b>	263	191	17	0	0	0	1	0	5	<b>477</b>	4.8%
<b>7</b>	270	141	30	0	0	0	0	0	7	<b>448</b>	4.5%
<b>8</b>	211	115	51	1	0	0	2	0	6	<b>386</b>	3.9%
<b>9</b>	227	102	62	0	0	0	0	0	5	<b>396</b>	4.0%
<b>10</b>	164	101	64	4	0	0	1	0	9	<b>343</b>	3.4%
<b>11</b>	181	81	78	7	0	0	1	0	6	<b>354</b>	3.5%
<b>12</b>	175	84	97	3	0	0	1	0	10	<b>370</b>	3.7%
<b>13</b>	169	67	139	11	0	1	0	0	5	<b>392</b>	3.9%
<b>14</b>	178	67	173	26	0	10	2	0	8	<b>464</b>	4.6%
<b>15</b>	168	63	202	35	0	19	2	1	19	<b>509</b>	5.1%
<b>16</b>	181	72	247	56	1	37	3	0	23	<b>620</b>	6.2%
<b>17</b>	183	62	254	65	3	58	4	1	20	<b>650</b>	6.5%
<b>18 &amp; Older</b>	52	19	144	2	629	5	0	0	61	<b>912</b>	9.1%
<b>TOTAL</b>	<b>4,439</b>	<b>2,721</b>	<b>1,588</b>	<b>215</b>	<b>633</b>	<b>130</b>	<b>22</b>	<b>2</b>	<b>249</b>	<b>9,999</b>	<b>100%</b>
<b>% of TOTAL</b>	<b>44.4%</b>	<b>27.2%</b>	<b>15.9%</b>	<b>2.2%</b>	<b>6.3%</b>	<b>1.3%</b>	<b>0.2%</b>	<b>0.0%</b>	<b>2.5%</b>	<b>100%</b>	

<sup>11</sup> This category includes shelter, detention, and hospital placement types.

<sup>12</sup> This category includes children whose parents absconded with the child(ren) or were missing children who could not be located during the process of the investigation.

<sup>13</sup> When children do not have a placement identified in the CHLDS database, this is most often attributable to a lag in data entry or data errors. This data is updated on an ongoing basis through a continuous quality assurance process. The location of the child is known and documented in case notes, court reports and other documentation.

\* Known issues with the Guardian system has been repaired and data will be updated. The Department continues to diligently address data quality issues and will continue to update data as issues are identified and resolved. This data element will be updated and resubmitted in future iterations of this report.

Source: Semi Annual Child Welfare Report, March 2024

### ***Recruitment Strategies, Activities, and Partners***

With the steady decline of its foster care population, the Department understands the importance of not only general recruitment but also increased development of robust targeted recruitment plans. The Department plans to continue its long history of active and diligent recruitment, including general recruitment, child-specific recruitment, targeted recruitment, and collaboration with community and faith-based organizations. Recruitment efforts continue as a partnership between the Department and contracted foster care and adoption services (FAS) agencies. The Department wants to assure all prospective foster/adoptive parents have access to agencies that license and/or certify foster/adoptive families. To support this, the Department has contracted with 21 agencies throughout the state. Those agencies are located in and are familiar with the communities which they serve. Contracted agencies are required to have adequate staff assigned to or located in each area for which they are contracted. Staff should have a minimum of one year of experience working with caregivers or working in child welfare. They should also have experience in cultural diversity and the ability to relate well with families of varied lifestyles, backgrounds, and ethnicities and assess a family's strengths and needs. The contract also stipulates agencies should have the ability to serve non-English speaking families by being able to communicate in the preferred language of the guardian, parent, and/or youth either by employing staff who speak languages other than English or by providing translation and interpretation services. In certain circumstances, the Department can assist with the cost of a certified interpreter.

Fees are not imposed on foster or adoptive families who wish to foster or adopt children in the custody of the Department. The Department ensures agencies licensed by and contracted with 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.

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.

A list of the foster care licensing and adoption agencies and their contact information is maintained on the Department's website. There is a specific landing page for recruitment where potential caregivers can learn more about each organization, the region of Arizona they serve, and access links to their website or put in an inquiry to be contacted by the agency. Families have a choice of which agency they use to become licensed and can select an agency that best aligns with their ideals and family culture.

The Department has an online orientation for prospective foster, kinship, and adoptive parents available to families as soon as their interest in foster or adoption begins, making critical information easily accessible for families to digest whenever and from wherever they choose. Conducting orientation online versus in person provides rural communities more immediate and convenient access to information about the Department and foster parenting. Orientation videos are also available in Spanish and the Department's recruitment website can be easily translated into Spanish using an embedded Google translate tool. In addition to the website, DCS' orientation videos are available via YouTube.

The Department has a nurturing process through iContacts to send regular communication to interested leads following their initial engagement. In the March 2024 FAS contract scope of work, the Department has added touchpoints for providers to contact leads within 2 business days of getting the lead and then again within five business days, thirty days, and sixty days if the family has not already started the process or unless the family asked to not be contacted again.

The Department will continue to explore other ideas to develop a system to increase the number of inquiries and nurture the leads along the pathway to licensure. This will include data related to where the lead was generated, which will determine the effectiveness of campaigns and licensing agencies' collaboration with the Department.

The Department will continue to partner with community organizations such as the AZ Kids Consortium (KIDS), Foster Adoptive Council of Tucson (FACT), and Northern KIDS (formerly FAN) consortium, as well as Arizona Association for Foster and Adoptive Parents (AZAFAP) by attending meetings with the agencies and caregivers directly to discuss and implement strategies to retain and support foster families. The Department will continue to partner with these consortiums on media recruitment campaigns, recruitment events, and answering questions of prospective foster and adoption families.

The Department will expand its engagement with AZ 1.27 and continue the partnership on how to best recruit and care for the members of their congregation who are foster/adoptive parents or are interested in becoming foster and/or adoptive parents. AZ 1.27 is a partnership of churches who move forward a ministry of foster care and adoption. AZ 1.27's mission is to train local churches on how to best recruit



and care for the foster/adoptive members of their congregation. AZ 1.27 facilitates orientations, trainings, and support communities for prospective and licensed foster parents.

The Department also engages with key members of the Family Focused Treatment Association and Therapeutic Foster Care agencies during a monthly meeting to increase therapeutic caregivers. Through this engagement, a specific recruiting landing page for this level of care, information sessions advertised to the existing community of caregivers, and partnership with the DCS CHP behavioral health network were created. In partnership with the DCS CHP behavioral health network, the Department is joining efforts to recruit new licensing agencies and expand the community of providers to better support the demand for therapeutic caregivers. The Department also conducts monthly utilization reviews by payee type for therapeutic foster care to better understand the needs around capacity so children can be supported by that level of care in a family setting.

The Department utilizes and will continue to utilize the Children's Heart Gallery to increase permanent connections for children. 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 many community volunteers, including photographers, hairstylists, and others, who support the children by providing makeovers, clothing, 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 and will continue to be made to specifically invite families who are on the Adoption Registry to be guides to children at the gallery events who meet their desired preferences. By attending a Children's Heart Gallery photoshoot, families and individuals will be given an opportunity to get to know a wide variety of children, and perhaps expand their preferences. Being a guide also 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 contracts with agencies to conduct Child Specific Recruitment (CSR) services to utilize practices to locate an adoptive family or kin placement for children in care needing an adoptive home. CSR agency representatives conduct presentations and facilitate meetings with prospective caregivers about the legally free children for whom they are seeking an adoptive family. Many CSR staff have attended Children's Heart Gallery events to provide additional information about the children to prospective adoptive families in attendance. The CSR contractors will continue to submit documentation of recruitment efforts for any children who have not been matched or found adoptive placement as well as provided supports to caregivers once a child has been placed until the adoption finalizes.

The Department will continue to utilize AdoptUSKids.org to connect children with prospective adoptive parents cross-jurisdictionally. Children available for adoption in Arizona will be continue to be featured on the AdoptUSKids.org using current information and photos taken at the Children's Heart Gallery photoshoots. All inquiries on children featured on the website are responded to by staff within the Department.

When a match between a child and prospective out-of-state adoptive family is identified, no matter which source led to the match, the Interstate Compact on the Placement of Children (ICPC) Unit is engaged and utilized. Adoption promotion funds continue to be available statewide to encourage and promote cross-jurisdictional adoptive placements. These funds can be used to cover unexpected costs that do not qualify as non-recurring adoption expenses. These funds are used to facilitate visitations prior to the placement of the child and are used to assist prospective parents and children build their relationship, ensuring the appropriateness of the placement prior to the finalization of the adoption. The funds are also used for visits with siblings and relatives living out-of-state or in other regions of Arizona in the hopes these

relatives or caregivers of the siblings may consider being an adoptive resource to the child in foster care. Adoption promotion funds are only available prior to adoption finalization.

The Department contracts with the marketing company, LaneTerralerver (LT), to raise awareness and create recruitment campaigns which seek to spread general awareness of the need for foster and adoptive parents, as well as the more targeted specific needs. Campaigns include print media, digital assets, social media, videos, billboards and radio ads. Materials are shared with FAS agencies to feature on their websites and social networks. FAS agencies have the option to build upon the Department's campaigns and also create advertisements and/or campaigns of their own.

The Department's plan for 2025-2029 will include outreach to community partners and stakeholders to help with recruitment efforts. LaneTerralerver has plans to launch a dedicated microsite designed to streamline access to vital marketing assets for partners like FAS agencies, churches, tribes, community resources, advocacy groups, family resource centers, schools, etc. to use and help the Department recruit. This centralized platform will provide easy access to a comprehensive suite of resources from the Department, enabling partners to download materials and gather detailed information about DCS initiatives. These assets will be customizable, allowing partners to place their logos and contact information on them for use. The goal is for collaboration and enhanced communication to ensure the Department's partners have the tools they need to succeed in joint efforts to promote out-of-home care for children in family-like settings.

The comprehensive suite of resources includes:

- past recruitment campaigns,
- testimonials from existing foster parents about what it means to be a foster parent and encouraging others to get involved,
- teens and youth sharing what it means to be in foster care, their experiences in congregate care and desires to be part of a family, and what they wish for in a possible forever home,
- a source to debunk myths about requirements to be a foster and adoptive parent and teens and older youth in foster care, and
- materials promoting shared parenting and working with birth parents toward reunification.

The Department recognizes that word of mouth and positive caregiver experiences are the best recruitment tools, so the Department is looking to also provide existing foster and adoptive parents with the tools and materials to help with recruitment efforts. Marketing campaigns include testimonials from prior or existing foster and adoptive parents. The Department hopes to incentivize referrals from existing foster families for new foster families.

The Department's focus for recruitment for the next five years will be to:

- increase the caregiver array and its diversity so the caregiver population matches the racial and ethnic diversity of children in care,
- increase the population of foster homes serving siblings and teens, and
- promote kinship care in order for more children to be placed with kin and for more children to achieve permanency with kin.

LT and the Department compile data from all inquiries through the campaigns to determine the effectiveness, as well as the cost associated with the recruitment of a family. This data helps the Department focus future formats based on those recruitment campaigns with successful track records.



The Department wishes to collaborate with all vested parties to facilitate the ability of foster/adoptive parents to provide care based on the needs of each child, to provide additional support services, to promote reunification and permanency, and to achieve placement stability.

The Department will continue to use LT to develop campaigns that address the needs identified by the Recruitment Estimator. The Department will study the success of each campaign and determine the most appropriate direction for future campaigns. Data will be analyzed to determine effectiveness and determinations will be made about the continuation of the campaigns.

### *Recruitment Goals*

#### **FFY 2025-2029 Goal: Increase the percentage of foster children in a family-like setting**

Goal Measure: 90% or more of all children age 0 to 17 in out-of-home care will be placed in a family-like setting which includes kinship placements and licensed foster homes.

Current Data: As of May 31, 2024, 77% of all children age 0 to 17 in out-of-home care were placed in a family-like setting (source: Monthly Operational Outcomes Report, May 2024).

The Department believes family-based care is the most appropriate and healthy setting for children who cannot remain safely in their home of origin. In these circumstances, family-based care is achieved through focused recruitment, retention, and enhancing the knowledge and skills of foster and adoptive families, prior to, during, and post placements. Arizona's foster care population and the capacity of licensed foster families continue to evolve as the trends of children entering and exiting care change. This requires continued maintenance and enhancement to ensure that the needs of the children in care are met.

The Department utilizes contracted Foster and Adoption Services (FAS) agencies to recruit and retain foster and adoptive families. The Department's goal with FAS services is to expand the caregiver array to match the demographics of children in care. Recruitment and retention strategies should attract new and support existing families who reflect or show an interest in caring for the cultural, age, gender, and racial population of the children in need of homes. Services should focus on improving the support required to assist families in meeting the needs of the children in their homes while also assisting foster families in navigating the child welfare system.

**Recruitment Objective 1:** Increase the caregiver array and diversity so the caregiver population matches the racial and ethnic diversity of children in care.

Goal Measure: 15% of the foster parents will be Black/African American and 4% will be American Indian.

Current Data: As of May 1 2024, 11.7% of licensed foster parents report being Black/African American and 1.4% report being American Indian (source: OLR Active License Report April 2024).

The Department plans to create campaigns with a focus on recruiting more African American and American Indian families. The Department is enhancing the Foster Effect campaign, which began running in the spring of 2022 and turned into an "evergreen" campaign which continually runs, to feature more African American and American Indian families and will speak to the importance of representation and honoring culture.

In addition to the Foster Effect Campaign, the Department plans to use the framework of One Church One Child, established as a national minority adoption recruitment program, to partner with Black/African

American churches and the community to identify Black/African American foster and adoptive homes for Black/African American children in out-of-home care and build a support system for those families. In 2024, the Department created a racial disparity committee comprised of the stakeholders from the racial groups most impacted by the Department's disparity issues. This committee has been advising the Department not only in regards to its interventions and removals but also in prevention and caregiver recruitment. The racial disparity committee is invested in seeing more children matched to caregivers who share their race and culture. The Department will seek the assistance of the disparity committee in moving forward its One Church One Child campaign. In addition to the disparity committee, Casey Family Programs has offered the Department technical assistance with this initiative.

Over the next five years, the Department will focus on increasing available American Indian homes in order to arrange care for children according to Indian Child Welfare Act (ICWA) placement preferences. The Department's Foster a Future campaign, included images of American Indian children and adults and messaging about fostering native children's connections to culture which are still used on the Department's recruitment website. While these images have garnered leads from American Indian families, the Department plans to expand the "evergreen" and ongoing Foster Effect campaign to include images, testimonials, and stories of how placing children in native homes has a positive effect on their identity and preserving traditions and culture to further enhance American Indian recruitment efforts.

In addition to the campaign, the Office of Tribal Relations and OLR's Foster Supports Team are collaborating to recruit Native American placement resources. By utilizing existing relationships with tribal communities and foster care agencies, the goal is to host recruitment events geared toward native families in the upcoming five years. Events will be state-wide and include in-person and virtual events with the hope of also reaching families on reservations/tribal land. Each event will include information about the Department's need for native homes for children in care and information about the licensing process. Attendees will have the opportunity to meet with a handful of "specialized" FAS agencies who serve American Indian populations. These agencies have experience serving native families, understand the cultural nuances of working with these families, and have a strategy for removing obstacles in order to move families expeditiously through the licensing process.

**Recruitment Objective 2:** Increase the population of foster homes serving sibling groups and older youth.

Goal Measure: Increase the average bed capacity to 3 children and add an additional 50 homes or foster beds for children ages 13-17.

Current Data: The average bed capacity for foster home licenses is 2.2. There are 871 foster homes licensed to serve children 13-17, or some portion of this age range (source: May 2024 OLR Active License Report).

Sibling groups have been featured in prior campaigns and moving forward, the Department plans to continue to focus marketing campaigns on the recruitment for homes for older youth and sibling groups.

The Department intends to utilize Daley Solutions and its TheFosterParent.com web platform to help recruit for the most difficult to place populations, which are teens, siblings, and children with complex medical/behavioral health needs. When prospective foster and adoptive parents visit the website, their information is stored in a database which Daley Solutions uses to target ads and send encouraging messages about caring for children in care. In addition to targeted media, Daley Solutions can assist in making connections and facilitating a "warm handoff" between prospective families and the Department and/or its contracted licensing and adoption agencies. Daley Solutions also hosts periodic information sessions over Zoom which the Department and contracted agencies can attend to connect with prospective

caregivers. Daley Solutions is the brainchild of Mark Daley, a former foster parent, adoptive parent, advocate, and writer who has successfully assisted California and other jurisdictions with their recruitment efforts. Daley Solutions has data to show they are able to successfully recruit and nurture leads for the most difficult populations of children to place.

**Recruitment Objective 3:** Increase the number of children placed with kin

Goal Measure: 65% or more of all children age 0 to 17 in out-of-home care will be placed in a kinship home.

Current Data: As of May 31, 2024, 50% of all children age 0 to 17 in out-of-home care were placed with kin (Source: Power BI OOH Dashboard, May 2024). This includes both licensed and unlicensed relative and fictive kinship caregivers.

The Department believes kinship care is the most preferred and healthy setting for children who cannot remain safely in their home of origin. When children are with kinship caregivers, there is reduced trauma and children are able to thrive. In these circumstances, kinship care is achieved through ongoing support by enhancing the knowledge and skills of families, prior, during, and after a child is in out-of-home care.

In February 2024, the Department launched a Kinship Supports Services (KSS) contract to further increase the number of children in kinship homes, improve the supports to stabilize these living arrangements, and assist kin families in navigating the child welfare system while caring for children placed in their homes. The Department is a “kin first” organization and kinship caregivers should be considered “ruled in” and not ruled out, as placement resources, unless there are safety issues within the homes. Kinship caregivers should be supported and aided in removing barriers to having kin children placed in their homes. The Department continually revisits kinship caregivers who may have been previously ruled out as potential caregivers to see if prior obstacles have been or could be resolved.

KSS is intended to support kinship caregivers from the time the kinship resource is identified through reunification, adoption, or guardianship. The support shall include, but not limited to, home assessments, ongoing family support before and after placement, monitoring of the home environment, initial and ongoing training, retention efforts, initial and renewal licensing, and adoption certification, if necessary.

Kinship caregivers are encouraged to become licensed for increased supports and stability of children residing in kinship homes. The Office of Licensing and Regulation (OLR) has introduced kinship waivers, reduced the requirements for kinship caregivers to become licensed, and created an expedited path for kinship caregivers to become licensed.

Kinship caregivers should be referred for a kinship assessment at the time the kinship resource is identified and/or within 24 hours of an emergency placement of a child is made. Multiple kinship/family members can and should be explored concurrently related to what supports they can provide the child, as this will increase the possible number of supports for the child both for out-of-home care options and other types of support. In addition, there are benefits of having additional family members participate in the home assessment and/or licensing process as support for the primary kinship caregiver.

DCS has expanded its definition of kinship care and eligibility for waivers to include both relatives and fictive kin caregivers. Relatives are familial relatives or those related to a child by marriage, adoption, or title 8 permanent guardianship. Fictive kin includes individuals who maintain/foster the child’s connections to their community and family of origin to reduce trauma and support the permanency goal. Fictive kin are persons who are not familial relatives of the child or related through marriage, adoption, or

guardianship but have a pre-existing relationship with the child and/or child's family including god parents, close friends, neighbors, teachers, coaches, and friends' parents.

The Department has put key metrics in place to determine the efficacy and success of the KSS contract as well as increasing the use of kinship care. Those metrics include the number of kinship home assessment referrals, number of referrals completed and if they are approved or denied, the number of kinship waiver requests received and how many are approved, how many applications for foster care licensure are submitted for kinship caregivers, how many kinship caregivers are licensed, and the average time to licensure for kin.

### *Technical Assistance*

The Department is partnering with The National Resource Center for Diligent Recruitment and the National Center for Enhanced Post-Adoption Support for technical assistance to enhance and progress the Department's recruitment and retention efforts as well as post-permanency supports. The Department is also receiving technical assistance from Casey Family Programs and Annie E. Casey Foundation related to recruitment and to reduce the use of congregate care.



**State of Arizona  
Department of Child Safety**

**Health Care Oversight and Coordination Plan  
FFY 2025-2029**

**June 30, 2024**

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## INTRODUCTION

This Plan is a component of the Arizona Department of Child Safety (DCS or the Department) FFY 2025-2029 Child and Family Services Plan (CFSP) that outlines healthcare coordination to ensure that medical, dental, and behavioral healthcare needs align with best practice and support successful wellbeing outcomes for children and youth in foster care.

The Department is responsible for the provision of covered, medically necessary services for children in out-of-home care. ([A.R.S. § 8-512](#)). The majority of children in Arizona's foster care system receive health care coverage through the Department of Child Safety Comprehensive Health Plan (DCS CHP), which is the health insurance health plan embedded within the Department. DCS CHP operates as a fully integrated health plan under contract, ([ADCS15-074550](#)) with the Arizona Health Care Cost Containment System (AHCCCS), for children who are determined to be Medicaid eligible. Non-Medicaid eligible children are also covered by the health plan and 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).

The Department recognizes the importance of a coordinated oversight and monitoring system for the health and well-being of children in out-of-home care. The Department's previous five-year strategic vision of a child welfare system included the provision of integrated medical and behavioral health services that achieve child well-being and support stability in children's living arrangements. This goal was successfully achieved when the Department contracted with an AHCCCS Managed Care Organization (MCO) with knowledge and experience in integrated physical and behavioral health care and service delivery for this population. This statewide contract was effective April 1, 2021, and serves all Arizona children and youth in out-of-home care. This approach provides a continuum that encompasses the oversight of services, identification of needed services, and the delivery of those needed services for the children in foster care. The subcontracted MCO is expected to support and facilitate delegated administrative functions as specified in the DCS Solicitation/Contract (CTR050520). DCS CHP has ultimate responsibility in meeting the expectations of the AHCCCS contract.

With the successful implementation of a fully integrated health plan, the Department has gained additional knowledge about the medical and behavioral health needs of the children served, available medical resources, and gaps in services in some areas. The Department recognized the need for increased communication and collaboration with its subcontracted MCO partner to strengthen data sharing activities related to improving healthcare and oversight. The Department participates in monthly business review meetings where performance metrics and counter measures are discussed with the subcontracted MCO to identify opportunities to improve children and youth's access to health services.

As new technologies and processes are developed, this relationship continues to evolve, and will remain the cornerstone of the Department's efforts to improve health outcomes for children and youth in foster care.

## INITIAL AND FOLLOW-UP HEALTH SCREENINGS

The Department's Program Policies and Practice Guidelines, in conjunction with required state and federal Medicaid policies and guidelines, outline procedures to be followed when providing children with health screenings and other medical care, dental exams, behavioral health, developmental and

social assessments/screenings, and immunizations. These guidelines also address procedures to be followed for special medical situations.

### Acute Care and Evaluation for Abuse or Neglect

All children who are ill or have signs of abuse or neglect are seen by medical provider within 24 hours of entering the Department's custody. Emergency medical treatment is obtained for any child when necessary as soon as is possible.

### Integrated Rapid Response Assessment

All children entering care, regardless of acute issues or abuse or neglect, are assessed for immediate behavioral health and physical health care needs upon entry into DCS care. Arizona's statewide protocol for children in out-of-home care indicates that within 24 hours of removal, all children are referred for an Integrated Rapid Response (IRR) assessment. The IRR is an initial in-home assessment, conducted by the crisis response system within 72 hours of the IRR referral. Clinicians assess the child's immediate behavioral health needs and triage any crisis or trauma-related issues, including those related to the removal or the reasons for the removal. Additionally, the assessor screens for developmental delays and physical health needs that require immediate support, such as managing acute needs, medications, durable medical equipment, and connection to ongoing services. The child is assigned to a behavioral health home agency depending on the caregiver's preference and location. Within seven days of the IRR, a behavioral health intake assessment is offered to the child's caregiver. If a need which may be remedied through a behavioral health service is identified, the first behavioral health service appointment begins within 21 calendar days of the intake assessment. The IRR clinician may refer the child to a Primary Care Provider (PCP), a specialist, or other services if needed acutely. Barring acute needs, the child will have a comprehensive health care assessment in the form of an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visit at an assigned medical home and a dental visit with a dental provider/home, to assess for dental issues, within 30 days of entry into care.

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.

As the IRR is pivotal in identifying health care needs, DCS CHP with its subcontracted MCO, monitors that children and youth receive the IRR assessment. Specifically, a monthly reconciliation of members entering DCS' care is compared to those who have received an IRR assessment. For children who have not received an IRR, the health plan, in collaboration with the DCS Specialist and caregiver, ensure an IRR assessment is completed and the children receive the needed services.

### Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Department policy requires a comprehensive medical examination that meets EPSDT requirements be performed within 30 days of a child's initial placement into out-of-home care. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services. EPSDT is a comprehensive child health program of prevention and treatment, correction, and improvement (amelioration) of physical and behavioral health conditions for all Medicaid members under the age of 21. The Department requires the EPSDT visit and services for all children regardless of Medicaid enrollment. EPSDT services include vision, dental, and hearing screenings, and all other medically necessary, mandatory, and optional services listed in [Federal Law 42](#)



[U.S.C. 1396d \(a\)](#) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening.

The cornerstone of the EPSDT program is EPSDT visits, commonly referred to as well-child visits. The timing and frequency of these visits are determined by the [AHCCCS EPSDT Periodicity Schedule](#) and the [AHCCCS Dental Periodicity Schedule](#). These periodicity schedules outline the periodic screening minimum requirements in compliance with the periodicity requirements of [42 CFR 441.58](#) and are based on recommendations by the Arizona Medical Association and are closely aligned with the guidelines of the American Academy of Pediatrics (AAP). They are intended to meet reasonable and prevailing standards of medical and dental practice and specify screening services at each stage of the child's life. Examples of screenings required for the children in foster care include but are not limited to:

- Nutritional Assessments
- Vision/Hearing/Speech
- General Developmental Screening
- Autism–Specific Screening
- Psychosocial /Behavioral Assessments
- Alcohol and Drug Use Assessments
- Postpartum depression screening for mother/parent
- Adolescent Suicide Screening
- Adolescent Substance Use Disorder Screening
- Lead screening
- Dyslipidemia Screening
- STI screening
- Cervical Dysplasia Screening
- Oral Health Screening

Health plan staff review EPSDT documentation received from health care providers for completeness, quality of service, and care. Health plan Care Managers assist caregivers and DCS Specialists to coordinate completion of the EPSDT and dental visit as well as the appropriate services and referrals for conditions identified in EPSDT visits.

DCS CHP is embarking on additional processes to identify children who have not had EPSDT and dental services in a timely manner in accordance with the periodicity schedule to work with the caregiver and DCS Specialist to complete these services as required in accordance with the EPSDT and Dental Periodicity Schedule.

Oversight of EPSDT services is conducted through various mechanisms such as health utilization process reviews, prior authorization of services, concurrent hospitalization reviews, and ongoing quality and care coordination mechanisms. More specifically, DCS CHP uses metrics and specific performance measures to track its enrollees' receipt of EPSDT services. For example, DCS CHP monitors children and youth's receipt of EPSDT services within 30 day of entering care through the use of health plan claims data/receipt of EPSDT forms. At times, a child may not receive an EPSDT service within 30 days for extenuating circumstances (hospitalization, kinship caregiver scheduling). For this reason, DCS CHP reviews whether members who remain with the health plan longer than 30 days received services. As such, reviews include if members receive services within 60 days and 90 days of entering care as well, to document completed services.

DCS CHP's Network Administration team also supports EPSDT efforts. This team educates providers during onsite visits on the importance of EPSDT and how providers may access enhanced rates for offering EPSDT services and submitting required documentation to the health plan.

DCS CHP's subcontracted MCO delivers electronic toolkits to its healthcare providers to assist them in the management of healthcare for children and youth. The toolkits include the Healthcare Effectiveness Data and Information Set (HEDIS) Gaps in Care (GIC) Report, tips for successfully leveraging the report, a billing guide, billing codes, HEDIS measure definitions, and patient chart tips which include how to avoid common mistakes.

DCS CHP, through its subcontracted MCO, also monitors the receipt of specialty services noted on the EPSDT tracking form, as appropriate, for its members. Follow-up letters are sent to the DCS Specialist for members who have been identified as getting a referral during an EPSDT visit. Once a member has been identified, the follow-up includes guidance to follow up with their provider.

## CONSULTATIONS FOR HEALTH, WELL-BEING, AND MEDICAL TREATMENT

DCS CHP has developed, managed, and implemented the health plan in collaboration with state, public, and private health officials and child welfare experts. Community physicians and other health care professionals also partner with DCS CHP to provide oversight and coordination of the physical and behavioral health services.

Collaborative State health officials include but are not limited to:

- Arizona Health Care Cost Containment System (AHCCCS) – Arizona's Medicaid Agency
- Arizona Department of Health Services (ADHS)
- Arizona Department of Economic Security, Division of Developmental Disabilities
- Children's Rehabilitative Services

Through structured committees and consultation with professional resources, community physicians and other health care professionals participate in health plan oversight by attending quarterly meetings and providing feedback on quality management through committees such as Quality Management, Medical Management, and Pharmacy and Therapeutics.

The joint integrated committees all play an active role in monitoring, evaluating, and improving performance and quality of healthcare services delivered to DCS CHP members and will be a key factor in the ability to integrate Quality Management (QM) principles within the organizations. The joint multidisciplinary committees serve to formally solicit input from the external experts and customers, hold organizations and departments accountable for meeting consistent performance goals, and integrate functional areas through participation.

## Quality Management

DCS CHP's Quality Management/Performance Improvement (QMPI) Program has been established to monitor, evaluate, and improve the continuity, quality, accessibility, and availability of health care services provided to children in out-of-home care. The program is designed to identify health care service and safety issues by managing performance and promote best practices. The QMPI program has been developed to ensure that ongoing communication occurs between the functional areas of DCS. The program was designed

to collaboratively work to improve care to all DCS CHP members served by assessing the member's care, providing oversight of the delivery systems, and ensuring satisfaction of healthcare services.

The DCS CHP Quality Management program is unique as not only does the plan organize activities that are integrated with other department systems, processes, and programs, it also incorporates the entire child welfare system as well as a partnership with the MCO that provides for an all-inclusive health plan for children in out-of-home care. The QMPI program provides oversight of its contracted managed care organization's Quality Management program which has a plan wide endeavor, integrated by interdepartmental monitoring processes and activities (such as those for referring quality/risk issues, member/healthcare professional complaints, grievances, and appeals), utilizing application systems and databases, and a structure of oversight committees in which DCS CHP participates in to provide recommendations and feedback for what best meets the needs of the DCS CHP population.

DCS CHP ensures ongoing communication and collaboration between the DCS CHP Quality Management Program, its contracted MCO, other functional DCS units, and DCS CHP areas such as Medical Management, System of Care Management, Network Administration, Operations through joint DCS CHP and/or MCO management meetings and participation in QMPI committees, overlapping membership and leadership responsibilities, and integrated reporting requirements.

Committee discussions include, but are not limited to, performance related to health care outcomes (EPSDT visits, dental visits, physical and behavioral health services) and coordination, emergency department utilization, immunization rates, grievances and appeals, appointment availability and provider network adequacy and oversight.

### Medical Management

The DCS CHP Medical Management (MM) Committee meets quarterly to review key MM functions. The committee discusses the results and/or outcomes of recommendations made at previous committee meetings. Members collaborate on issues regarding provider education and interventions, authorization criteria, utilization data and interventions, health education programs, and other MM initiatives. More specifically, EPSDT participation and well-child visits; oral health performance; immunization rates; inpatient stays; medication/prescription monitoring; behavioral health services and coordination; quality of care issues; and controlled substance prescription monitoring program.

### Pharmacy and Therapeutics

The Pharmacy and Therapeutic Committee activities include review of the therapeutic categories, prior authorization data, opioid use and utilization as well as medication monitoring and prescriber behavior and patterns.

### Medical Consultation

DCS CHP also serves as a medical consultation service for the Department. Clinical staff, RNs, MD, System of Care Coordinators, are available to assist DCS if there are any aspects of the child's health care that they are unsure of, or may need additional help understanding. These are not direct services for the child, rather provide review and education. If there are concerns about the validity of diagnoses, the medical consult or DCS CHP can often help the Department obtain a second opinion to clarify the conditions or issues for the child.

## National Participation

DCS CHP Chief Medical Officer (CMO), through cooperative agreement with the National Organizations of State and Local Officials (NOSLO), participates on the National Academy for State Health Policy (NASHP) advisory committee, which supports states in improving public health and health care delivery, builds capacity to address emergent health issues, and promotes health equity to preserve and improve public health. NASHP priorities for this work focus on four key areas over the next review period: health care workforce; maternal and child health (MCH); behavioral health; and social determinants of health (e.g., health and housing) with the overall goal of improving access to care and health outcomes for underserved and vulnerable populations. In addition, NASHP recently released information about two policy academies on behavioral health: the Behavioral Health Workforce Policy Academy and the Children’s Behavioral Health Policy Academy. Commencing in June 2024, these initiatives will bring together state teams of representatives from Medicaid, behavioral health, public health agencies, and other key groups. Through individualized and peer-to-peer technical assistance, participating state teams will have the opportunity to engage with peers, fostering innovation and impactful change in behavioral health.

## CONTINUITY OF HEALTH CARE AND COORDINATION OF SERVICES

Integration and coordination between multiple systems and health care professionals is critical to ensuring the continuity of care for children in foster care and their caregivers. This includes coordination across different tiers of the health care and other systems, where administration, the health plan, providers, and caregivers coordinate to provide the needed services for the children in foster care. Elements of this care coordination system involve the healthcare providers and coordination at the health plans level.

### Children’s System of Care

In 2001, Arizona established the System of Care as a set of values and principles to guide behavioral health service delivery to children in Arizona. In 2016, Arizona incorporated Arizona Department of Health Services, Division of Behavioral Health into the Arizona Medicaid system, AHCCCS, to further integrate physical and behavioral health care within Arizona’s Medicaid health care delivery system. Since then, Arizona has continued to advance the System of Care model to incorporate an integrated health perspective. The goal of the Integrated System of Care is to ensure appropriate, adequate, and timely services for all persons across the lifespan, with a primary focus on improving quality of life throughout all system intersections and service interactions that individuals may encounter.

The system of care is based on the “Arizona Vision,” for children which is built on [twelve principles](#) to which the Department, the Arizona Department of Health Services, and Arizona’s Medicaid system, AHCCCS, are obligated and committed. The Arizona Vision states, in collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services are tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child and family’s cultural heritage.

The [12 Guiding Principles in the Children’s System of Care](#) are:

- |  |  |
|--|--|
| 1. Collaboration with Child and Family | 7. Timeliness                                      |
| 2. Functional Outcomes                 | 8. Services Tailored to the Child and Family       |
| 3. Collaboration with Others           | 9. Stability                                       |
| 4. Accessible Services                 | 10. Respect for Child and Family Cultural Heritage |
| 5. Best Practices                      | 11. Independence                                   |
| 6. Most Appropriate Setting            | 12. Connection to Natural Supports                 |

The DCS CHP System of Care (SOC) team serves children and youth in out-of-home care statewide. The purpose of the SOC team is to provide consultation to Department staff and technical assistance to the Child and Family Team (CFT) and other key stakeholders in order to facilitate collaboration across system partners when challenges arise related to the complexity of member symptoms or circumstances. The DCS CHP SOC team provides:

- Technical assistance to the CFT including
  - Participation in CFT meetings,
  - Service plan development,
  - Facilitation or participation in professional consultations,
  - Hospital consultation/discharge planning,
- Prior authorization and utilization management for DCS funded out of home behavioral health treatment due to court order or suspension of Medicaid benefits;
- Healthcare advocacy at the time of dependency and delinquency court hearings;
- Guidance to DCS Specialists to address behavioral health-related service denials to ensure the provision of appropriate behavioral health services;
- Resolution of court orders;
- Training to DCS staff and community stakeholders;
- Advocacy for children and youth to receive appropriate covered behavioral health services; and
- Identification and escalation of system trends that indicate an opportunity to further enhance the health care delivery system.

### Establishing Health Homes

DCS CHP strives to establish a true behavioral health, medical, and dental home for every child upon entry into out-of-home care. The health home approach provides 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. Coordinated care is delivered through medical, dental, and behavioral health homes in accordance with the requirements of EPSDT and in a manner that is accessible, family centered, continuous, comprehensive, compassionate, and culturally effective. Primary Care Providers (PCP), Behavioral Health Providers and Primary Dental Providers (PDP) play a critical role in establishing medical, behavioral health and dental homes to ensure children receive needed EPSDT screenings, oral health screenings/care, and other medically necessary services.

In addition to the health homes mentioned above, the CFT process conducted by the behavioral health home is an integral part of coordination to maintain the continuity of services as well as identify new services needed for the children in foster care.

Behavioral health homes also provide a service called High Needs Case Management to coordinate the care for children and youth with complex behavioral health care needs.

## Child and Family Team

When children in out-of-home care are enrolled in behavioral health services, a Child and Family Team (CFT) is developed. The CFT framework includes processes of the CFT, behavioral health and other providers, the Department and others invested in a child's behavioral health engaging in the planning and implementation strategies, resources and services for enhancing the success and well-being of a child and their family(ies). As each child is unique and has different needs, the CFT may be composed of different participants including but not limited to:

- Family members,
- DCS Specialists,
- DCS CHP staff,
- Behavioral health service providers,
- Physical health providers and specialists,
- Juvenile justice representatives, and
- Other child-serving agencies and supports as needed for the child.

Typically facilitated by a behavioral health case manager, CFTs are responsible for identifying the strengths and needs of children and families, and developing and monitoring treatment goals and tasks, including needs related to emotional trauma associated with the maltreatment and the removal from the home. CFTs are responsible for obtaining appropriate behavioral health services and may request services requiring prior authorization (i.e. residential treatment) which is subject to medical necessity determination by the health plan.

The DCS CHP System of Care (SOC) team monitors fidelity to the CFT model; that the CFT practice is adhering to the [Arizona Twelve Principles](#) by observing CFT meetings, scoring with a standardized tool; and reporting on the findings to the Department's health plan team for addressing system needs.

## Care Coordination

Care coordination is critical to executing health services and ensuring effective, frequent communication and collaboration between child welfare and health plan professionals, caregivers, and physicians. As part of its resource coordination and care management processes, DCS CHP outreaches caregivers and DCS Specialists to identify and establish a PCP/medical home and a PDP/dental home immediately when children enter out-of-home care. DCS CHP assists with appointment scheduling, referrals to other community/agency resources, care coordination for children with special health care needs, and education regarding the importance of comprehensive wellness and preventative dental exams. Caregivers are introduced to the health plan and informed about general health plan navigation. Caregivers are instructed to contact the health plan with any concerns or to review their rights to access health care for the children in their care.

At the health plan level there are additional care coordination activities and oversight such as:

- High Needs High Cost case review,
- Transplant Coordination and case review,
- Maternity case review,
- CRS case review,
- Inpatient and discharge case review and care coordination,



- Justice Reach in case review,
- Transition age youth case review, and
- Arizona Department of Juvenile Corrections care coordination meeting.

Additionally, all children and youth are enrolled in the subcontracted MCO's Integrated Care Management Program. A Health Risk Questionnaire (HRQ) is completed for all newly enrolled members. Health plan Integrated Care Management (ICM) staff review the findings to determine which members may require care management, disease management or referral for other services. Children and youth in DCS care who are targeted for higher level care management include those with medically complex needs or escalated behavioral health needs, those who are Children's Rehabilitative Services (CRS) enrolled, or those with chronic disease states (e.g. asthma, diabetes). Care Management identification and case finding activities include, but are not limited to:

- Early identification of health risk factors or special care needs;
- Participation in Child and Family Teams (CFTs) and service plan reviews; escalated behavioral health case reviews with Medical Directors;
- Review of Early & Periodic Screening, Diagnostic & Treatment (EPSDT) records, Enrollment Transition Information (ETI) forms and claims data;
- Post Emergency Department (ED) visit analysis by diagnosis for both physical and behavioral health triggers (e.g. asthma, suicide attempt, and diabetes);
- Internal Utilization Review (Prior Authorization, Concurrent Review) identifying multiple readmits and targeted diagnoses;
- Data analyses across payers for High Need/High Cost members; and
- Tracking members with multiple complaints regarding services or the AHCCCS program.

As another measure to attain positive health outcomes for children, DCS CHP identifies children who have not yet verified as receiving the necessary preventative medical or dental services in a timely manner to work with the caregiver and DCS Specialist to complete these services as required in accordance with the EPSDT and Dental Periodicity Schedule.

### Resource Coordination

The DCS CHP Resource Coordination team augments 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 necessary to ensure that children are receiving needed services in a timely manner. Information provided to out-of-home caregivers includes an explanation of member benefits such as EPSDT requirements, dental services including fluoride varnish, sealants and cleanings, vision services including replacement glasses, and behavioral health services.

The DCS CHP Resource Coordination team collaborates regularly with the subcontracted MCO and the Department's child welfare staff to escalate care coordination for children and youth with a chronic or acute condition. The information is communicated through a messaging function within the FamilyCare Central portal directly to the assigned Care Manager. DCS Specialists also have access to a child's health plan information using the FamilyCare Central 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.

### MEDICAL INFORMATION - ELECTRONIC HEALTH RECORD

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 caregivers. Ongoing health plan systems interface enhancements in Guardian, the electronic record for the Department, will provide for the transmission of medical record information. These 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 the Department's subcontracted MCO data system in electronic format. As with DCS CHP data, the expanded data set is included in the Guardian health module which summarizes significant medical, behavioral, and developmental history and status information. DCS Specialists can provide medical history information to the courts and out-of-home care providers through use of Guardian data. The data interface maps 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. Additionally, the DCS CHP System of Care team documents clinically relevant and child-specific healthcare coordination activities in Guardian case notes. These case notes are accessible to anyone within the Department with access to the specific case record. Healthcare information contained within these notes can be utilized by the DCS Specialist for ongoing case management and coordination for that child.

### Health Information Exchange

The DCS CHP also leverages a secure web-based portal to access patient medical histories and clinical results from the state's major health systems and labs. Health information exchange (HIE) is a technology that facilitates the flow of health information among various healthcare providers, including physician practices, hospitals, long-term care facilities, labs, and radiology centers. It facilitates the timely and secure delivery of relevant health data to the appropriate individuals at the right time, enabling safer, more efficient, and patient-centered care.

Arizona's HIE network extends beyond DCS CHP, connecting with major hospitals, health systems, numerous practices, labs, and ancillary providers. The real-time data exchange enables DCS CHP and healthcare providers to stay informed about patient lab results, emergency room visits, hospital admissions and discharges, and other relevant information. This timely access to data supports efforts to reduce hospital readmissions, enhance disease management programs, and inform quality improvement initiatives.

This HIE connection provides DCS CHP with real-time access to the most accurate and up-to-date patient information, allowing for informed decision-making and improved care management.

### FamilyCare Central Portal

FamilyCare Central Portal is a health plan tool for access to health plan information at the child specific level. During the last rating period, the implementation of the FamilyCare Central portal had a significant effect on the availability of medical information for children in foster care. This portal allows DCS Specialists access to healthcare assessments, a child's insurance card, prior authorization for services information, medications, and other health care resource information. DCS Specialists can access historical information as needed, and are able to connect to the child's assigned case manager within the health plan. More readily available, accurate, timely, and comprehensive medical information can then be appropriately shared.



## PSYCHOTROPIC MEDICATION MONITORING AND OVERSIGHT

Concerns nationwide about the opioid epidemic have led to multiple initiatives in Arizona to curb fatalities attributable to opioid overdose. Arizona Medicaid has implemented and directed limitations to opioid prescription fills for all Medicaid health plans, and DCS CHP has implemented these same limitations for the children in foster care. DCS CHP requires prior authorization of all long-acting opioids unless the child has an active oncology diagnosis with neoplasm care, is in hospice or end of life care. DCS CHP also has fill, refill, quantity, and length of therapy limits on short-acting opioids. Both initial and refill prescriptions for short acting opioids are limited to a 5-day supply, except if the child has an active oncology diagnosis, is in hospice or end of life care, is in palliative care, is on an opioid wean at the time of hospital discharge, has a traumatic injury or has a chronic condition for which the prescriber has obtained prior authorization from DCS CHP.

DCS CHP also monitors opioid utilization by monitoring day's supply, quantity limits, early fills and therapeutic duplications in an attempt to identify children who may be at risk for developing opioid use disorder and refer them for appropriate services. DCS CHP also monitors the doses of opioids prescribed and reviews, and has safety edits in place for a Morphine Equivalent Daily Dose (MEDD) is 50 or greater for opioid naïve patients.

DCS CHP monitors prescription information to identify children who may have concurrent use of an opioid(s) in conjunction with a benzodiazepine(s) and/or an antipsychotic(s) with safety edits in place.

Safety edits are programmatic stops that require a review of the medication being dispensed to minimize drug-drug interactions, overdose or duplication of therapy, errors etc. with the goal of ensuring the safety of the child. The safety edits noted above are just a few that are in place for children in foster care through the pharmacy benefit of the health plan.

As part of its oversight, DCS CHP reviews and analyzes pharmacy data on a regular cadence to ensure compliance with policy and programming. DCS CHP complies with Drug Utilization Review (DUR) management activities which include the aspects of opioid and psychotropic prescribing and utilization.

Oversight of psychotropic medication prescribing and related care is conducted through a variety of mechanisms:

- Prior authorization is required for:
  - Psychotropic medications of children under 6 years of age,
  - Clozapine under Age 18,
  - Concomitant Antidepressant Treatment,
  - Concomitant Antipsychotic Treatment,
  - Long Acting Antipsychotic Injectables Under 18 years of age.
- Behavioral Health Chart Audits which includes addressing psychotropic medication prescribing and services received,
- Health plan review of members on multiple concurrent psychotropic medications,
- Performance Measure Reporting on:
  - Metabolic monitoring of children and Adolescents on Antipsychotics,
  - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics,
  - Follow up care after Emergency room visit for alcohol and other drugs of abuse or dependence,
  - Follow up after hospitalization for Mental Illness,

- Follow up care for children prescribed ADHD medication,
- Mental health utilization.

In 2018, Maricopa Juvenile Court was awarded a 3-year grant through the National Quality Improvement Center for Collaborative Community Court Teams to pilot plans of safe care for families impacted by substance use. The resultant SHIFT (Safe, Healthy Infants, Families Thrive) Taskforce was a consolidated effort toward systems change. This program is a collaboration between public and private sector, including the judiciary, healthcare providers, DCS, ADHS, First Things First, AHCCCS, and other Medicaid health plans to help families and expectant parents address substance use and have healthy babies. Since inception and creation of the Maricopa SHIFT program, SHIFT has a second pilot in Yavapai county and is working on expanding pilot sites.

The SHIFT taskforce aims to provide comprehensive support to pregnant families identified as at risk of substance use disorder through community collaboration to build systems of care that:

- Ensure early identification of infants with prenatal substance exposure
- Reduce time to service engagement for parents and infants
- Increase cross-systems coordination and collaboration
- Decrease the overall trauma exposure for the impacted family

The mission of Arizona SHIFT is to identify and support pregnant and postpartum families in Arizona affected by substance use, to provide person-centric, high-quality, trauma-informed, compassionate care. The [Maricopa SHIFT program](#) describes their program as “a collaboration of family support and substance use disorder (SUD) professionals working together to break the stigma of parents with a substance use disorder, and improve the outcomes for children and families. We believe that first relationships are important in improving the quality of life for parents, and results in healthy and safe babies” DCS CHP nurses and CMO have been participants in the SHIFT taskforce since 2019. DCS CHP participate in the SHIFT taskforce at the local level with the Maricopa SHIFT team and at the statewide level as part of the Statewide SHIFT team. DCS CHP staff contribute time and expertise in the varying projects to achieve the mission of the SHIFT program. In addition to the partnerships and service array that have been created by SHIFT, some of the other resources created include a guide to Prenatal Family Care Planning which is a CAPTA/CARA plan of safe care designed for expectant families, as well as the Prenatal Family Care Plan and Binder that have resources and areas for documentation for families

DCS CHP participates in the Young Adult Substance Use Mitigation Project, a strategic initiative to address opioid overdoses, particularly in congregate care settings. Current efforts involve training(s) for caregivers on substance use trends, harm reduction and naloxone administration and distribution of naloxone kits to caregivers. This project is a joint effort between the Department and its subcontracted MCO across several functional areas including foster care licensing, DCS CHP health services, and the MCO children’s system of care and prevention teams. This project also consults with external entities such as the Arizona Department of Health Services and AHCCCS to ensure updated and relevant content is disseminated.

## MONITORING AND TREATING HEALTH NEEDS

Child welfare specialists together with health plan staff continue to play a central and essential role in managing health care services for children and youth in foster care. The Department recognizes the importance of early screenings and assessments to help children get the treatment they need. This

includes screenings for emotional trauma associated with the child's maltreatment and removal from home.

The Department consistently monitors service needs of the families in their community and using that information when assessing whether there is sufficient flexibility and service array to meet the needs of every child, including those with specialized individual needs. Quantitative and qualitative data is used to monitor efforts to assure equitable treatment of all children and families. Additionally, AHCCCS has developed performance measure to ensure the health care needs of children are being met.

The Department of Economic Security (DES), Division of Developmental Disabilities (DDD) provides supports and services that help enable individuals with developmental disabilities to lead self-directed, healthy, and meaningful lives. DCS CHP collaborates with the DDD to coordinate care for the children that qualify for the Arizona Early Intervention Program (AzeIP) and enhance system provision of services. On a case-by-case basis, DCS CHP participates in care coordination of children involved with both DDD and the Department to enhance coordination efforts and service provision.

Children's Rehabilitative Services (CRS) is a designation given to certain Arizona Medicaid members who have qualifying health conditions. AHCCCS Division of Member and Provider Services (DMPS) determines eligibility for a CRS designation. Children with a CRS designation are able to get care in the community, or in clinics called Multispecialty Interdisciplinary Clinics (MSIC) which bring many specialty providers together in one place.

DCS CHP is responsible for screening, evaluating, and providing medical treatment and rehabilitation for children and youth under the age of 18 with a CRS qualifying chronic and disabling condition as defined in A.A.C. R9-22-1303. If a member's application for CRS designation is denied, DCS CHP remains responsible for the delivery and coordination of all physical health services to meet the child's needs.

When a child or youth is approved for the CRS designation, an Initial Service Plan (ISP) is developed within 14 days of the notice of designation. The ISP is used to identify health care needs and to collaborate with the out-of-home caregiver, DCS Specialist, and others involved in the delivery of health services for the child or youth.

DCS CHP monitors the 14-day timeline for developing the ISP. Children and youth receive the first provider service(s) for their CRS condition within 30 days of designation. A comprehensive service plan is developed within 60 calendar days from the date of the first appointment of the CRS qualifying condition. Included in the monitoring is the coordination and communication to manage the transition of children who no longer meet CRS eligibility requirements.

DCS CHP staff participate in Child Family Team (CFT) or Multi-Specialty Interdisciplinary Team (MSIT) meetings as needed so that both the physical and behavioral health needs are represented in the treatment/care planning and integrated into the service plan. The service plan includes, but is not limited to, desired outcomes, community-based resources, priorities, concerns, personal goals, and strategies.

At least every six months, DCS CHP meets with a broad spectrum of peers, family members, and providers, advocacy organizations, and any other individuals that have an interest in creating system enhancements. These meetings are utilized to gather input, identify challenges and barriers, share information, and strategize ways to strengthen the service delivery system.

American Indian children are served through DCS CHP or one of the five Tribal Regional Behavioral Health Authorities (TRBHAs) that have Inter-Governmental Agreements (IGAs) with the Arizona Department of Health Services (ADHS). The Gila River Indian Community, the White Mountain Apache Tribe, the Navajo Nation, and the Pascua Yaqui Tribe each have an IGA for both 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. 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.

## CONTRACT MANAGEMENT AND OVERSIGHT

The Department's health plan, DCS CHP, complies with all reporting requirements contained in Arizona Medicaid policy and in accordance with CMS requirements. AHCCCS monitors DCS CHP through contract performance measures. AHCCCS adopted a set of quality metrics that are used to establish health plan performance in providing care to the children in foster care, improvement projects focusing on areas such as improved prenatal care and well child visits and better preventive dental care for children. DCS CHP reports on measures from the Healthcare Effectiveness Data and Information Set (HEDIS) measures and National Committee for Quality Assurance (NCQA) measures.

The DCS CHP Compliance Unit monitors and directs the health plan on requirements in state law and administrative code. DCS CHP has in effect procedures for monitoring health plan operations and performance to ensure program compliance and identify best practices, including, but not limited to, evaluation of submitted deliverables, ad hoc reporting, and periodic focused and Operational Reviews [42 CFR 438.66(a)]. These monitoring procedures support operations related to the following:

- Member enrollment and disenrollment,
- Processing member grievances and appeals,
- Processing provider claim disputes and appeals,
- Findings from the State's External Quality Review (EQR) process,
- Results of member satisfaction surveys,
- Performance on required quality measures,
- Medical Management (MM) committee reports and minutes,
- Annual Quality Management Performance Improvement (QMPI) plan,
- Audited financial and encounter data,
- Medical loss ratio summary reports,
- Customer service performance data,
- Violations subject to intermediate sanctions, as set forth in Subpart I of 42 CFR 438.
- Violations of the conditions for receiving Federal financial participation, as set forth in Subpart J of 42 CFR 438.

## Key Staff Positions

To ensure full health plan operations to support healthcare service delivery to children in DCS care and in accordance with the Medicaid requirements, the health plan incorporates the following key staff positions:

Administrator/Chief Executive Officer (CEO): directly oversees the entire operation of the health plan on a day-to-day basis, including actively directing and prioritizing work and operations of the health plan.

Chief Financial Officer (CFO): responsible for oversight of the health plan budget and accounting systems, and financial reporting requirements.

Chief Medical Officer (CMO)/Medical Director: Arizona-licensed physician who actively provides oversight and management of the health plan's Quality Management (QM), Quality Improvement (QI), and Programs. The CMO for DCS CHP is a licensed Board Certified Pediatrician.

Children's Healthcare Administrator: Arizona-licensed health care professional with expertise in the children's physical and behavioral health care systems. The Children's Healthcare Administrator is responsible for oversight of both physical and behavioral health programs and reports directly to the Medical Director/CMO. The Children's Health Care Administrator for DCS CHP is a Licensed Master Social Worker.

Children Services Liaison: serves as the primary point-of-contact available to, and works collaboratively with, out-of-home caregivers to coordinate needed crisis services and address barriers to services. The primary functions of the Children Services Liaison include: accepting and responding to inquiries from out-of-home placements, or providers, and addressing concerns related to the delivery of and access to behavioral health services for children in out-of-home placements.

Claims Administrator: ensures prompt and accurate provider claims processing.

Communications Administrator: responsible for media inquiries, public relations, policy development, implementation, and oversight of all social networking and marketing activities.

Continuity of Operations and Recovery Coordinator: responsible for the coordination and implementation of the DCS CHP's Continuity of Operations and Recovery Plan, and training and testing of the Plan.

Contract Compliance Officer: serves as the primary point-of-contact for all health plan operational issues.

Corporate Compliance Officer: implements and oversees the Contractor's Compliance Program. The Corporate Compliance Officer is available to all health plan employees, with designated and recognized authority to access records and make independent referrals to the AHCCCS/Office of Inspector General (OIG).

Credentialing Coordinator: single point of contact to AHCCCS for credentialing-related questions and concerns and provide a detailed, transparent description of the credentialing process to healthcare providers and serve as the single point of contact for the health plan to address provider questions about the credentialing process.

Cultural Competency Coordinator: responsible for implementation and oversight of the Contractor's Cultural Competency Program and the Cultural Competency Plan.

Dental Director: Arizona licensed general or pediatric dentist in good standing and is responsible for leading and coordinating the dental activities of the health plan including review and denial of dental services, provider consultation, utilization review, and participation in tracking and trending of QOC concerns as related to dental services.

Dispute and Appeal Manager: responsible for managing DCS CHP's Grievance and Appeal System processes

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Coordinator: Arizona licensed nurse, physician or physician's assistant. and/or a Certified Professional in Healthcare Quality (CPHQ) or Certified in Health Care Quality and Management (CHCQM) certification. The primary functions of the EPSDT Coordinator are:

- Ensure receipt of EPSDT services,
- Promote preventive health strategies,
- Promote access to oral health care services,
- Identify and coordinate assistance for identified member needs, and
- Interface with community partners.

Information Systems Administrator: responsible coordination of the technical aspects of application infrastructure, server and storage needs, reliability and survivability of all health data and data exchange elements.

Maternal Child Health Coordinator: Arizona licensed nurse, physician, or physician's assistant. The primary functions of the MCH Coordinator are:

- Ensure receipt of maternal and postpartum care,
- Promote family planning services,
- Promote preventive health strategies,
- Promote access to oral health care services,
- Identify and coordinate assistance for identified member needs, and
- Interface with community partners.

Medical Management Manager: Arizona licensed nurse, physician, or physician's assistant. This position manages all Medical Management requirements under AHCCCS policies, State regulations and Contract.

Member Services Manager and staff: coordinates communication with members, coordinates issues with appropriate areas within DCS CHP, resolves member inquiries/problems, and meets standards for resolution, telephone abandonment rates, and telephone hold times.

Network Administrator: manages and oversees the healthcare provider network development, network sufficiency, and network reporting functions.

Office of Individual and Family Affairs Administrator: has lived experience receiving behavioral health services and/or lived experience as a family member who is a primary caregiver or natural support and experienced in navigating a public behavioral health system.

Performance/Quality Improvement (QI) Manager: responsible for QI activities as well as staff conducting QI work. The primary functions of the Performance/QI Manager are:

- Focus organizational efforts on improving quality measure,
- Develop and implement PIPs and QI related CAPs,
- Utilize data to develop interventions/strategies to improve quality outcomes and member satisfaction, and
- Report QI/performance outcomes.

Pharmacy Coordinator/Pharmacy Director: Arizona licensed pharmacist or physician and oversees and administers the prescription drug and pharmacy benefits.

Provider Services Manager: coordinates communications between the Contractor and healthcare providers. This position ensures that providers receive prompt resolution to their problems and inquiries and appropriate education about participation in the AHCCCS Program.

Quality Management Manager: Arizona licensed registered nurse, physician or physician's assistant in good standing or is a CPHQ by the NAHQ and/or CHCQM by the American Board of Quality Assurance and Utilization Review Providers. The QM Manager has experience in quality management and clinical investigations.

Transition Coordinator: Health care professional to effectively coordinate and oversee all member transition issues, responsibilities, and activities. The Transition Coordinator ensures safe, timely, and orderly member transitions.

Transplant Coordinator: Arizona licensed RN and is responsible for the timely review and authorization of transplant services in accordance with AHCCCS policy and State regulations.

Workforce Development Administrator: works to ensure the healthcare provider workforce has the capacity and capability to support children and youth in care. Collaborates with stakeholders, providers, etc. to identify provider workforce development needs, including training and technical assistance.

Care Management Staff: conduct care coordination for members with Special Health Care Needs.

Concurrent Review Staff: conducts inpatient medical necessity reviews. This staff includes Arizona-licensed nurses and/or licensed behavioral health providers.

Prior Authorization staff: authorize health care services. This staff includes Arizona-licensed nurses and/or Arizona-licensed behavioral health providers in good standing. This staff works under the direction of an Arizona-licensed physician.

### Statewide Performance Improvement Projects

DCS CHP identifies and implements clinical and non-clinical focused Performance Improvement Projects (PIPs) that are meaningful to children in foster care and are based on both mandated and self-identified opportunities for improvement, as supported by root cause analyses, external/internal data, surveillance of trends, or other information available to the health plan.

During this reporting period, DCS CHP will continue to report on the Back to Basics PIP, which incorporates metrics in the areas of Developmental Screening, EPSDT, Adolescent Well-visits, EPSDT



specialty referral. Additionally, DCS CHP implemented a self-selected PIP to review data related screening children and youth for depression. Some PIPs were closed during the last reporting period as a result of attaining the goal of the PIP; however, DCS CHP continues to monitor the metrics outlined below:

- **Developmental Screening (incorporated into the EPSDT Back to Basics PIP):** The aim of this project is to demonstrate a statistically significant increase in the number of children receiving developmental screenings followed by an increased sustainment for one consecutive year. During a well-child visit, a pediatrician looks for potential concerns using both developmental surveillance and discussions with parents or caregivers. If any issues are noted, a pediatrician should follow through with a developmental screening, using the AHCCCS approved developmental screening tools. PCPs must be trained in the use and scoring of the developmental screening tools, as indicated by the American Academy of Pediatrics. The developmental screening should be completed for EPSDT members from birth through 3 years of age, during the 9-month, 18 month and 24-month EPSDT visits.
- **Back to Basics PIP:** An essential component of the EPSDT benefit is access to and the receipt of preventative services, especially upon entry into care. This includes a well-child (EPSDT) exam as well as a preventive dental visit. The aim of this EPSDT project is to verify that:
  - Children and youth receive preventative services by a PCP through an EPSDT exam and preventative dental visit, and  
Children, caregivers and/or guardians are able to garner the preventative services for the children in a timely manner through care coordination.

**Screening for Depression:** The aim for this PIP is to increase the number of screenings implemented to children and youth ages 12 to 17 who are screened for depression on the date of the encounter, or 14 days prior to the date of the encounter, using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter.

## Behavioral Health Clinical Chart Audits

The Department supports a model for behavioral health assessment, service planning and service delivery that is strength-based, tailored to the child and family, provided in the most appropriate setting, in a timely fashion and in accordance with best practices that are family friendly, culturally sensitive, clinically sound, and supervised. The model is based on three equally important components:

- Input from the child/youth/family/significant others regarding their special needs, strengths, and preferences,
- Input from other individuals who have integral relationships with the child, and
- Clinical expertise.

Behavioral Health Clinical Chart Audits are conducted using an audit tool and associated processes that satisfy the Arizona Department of Health Services requirements identified under A.A.C. R9-10-10 and A.A.C. R9-21-3 and Arizona Medicaid requirements. The Behavioral Health Clinical Chart Audit includes the completion of a standardized assessment tool which includes four sections to be audited:

- **Section I: The Assessment section -** Designed to evaluate elements within the current assessment for the child. “The assessment” is, defined as the analysis of a child’s needs for physical or behavioral health services to be provided to the child.
- **Section II: The Service Plan –** Designed to evaluate the extent to which the service plan meets the identified needs of the child.



- Section III: The General Clinical Chart – Focuses on requirements in many areas of the clinical chart including assessment, service planning, and progress notes that demonstrates service effectiveness.
- Section IV: Cultural Competency – Indication that the clinical chart reflects the culture and identity of the child and family are honored in service planning and delivery.

AHCCCS approved the use of the audit tool by health plans and provides specific standards for use during the audit including expectations of scoring for each section of the audit tool, so that auditors and healthcare providers can clearly understand what the expectations are for the assessment and service planning for children in foster care.

In addition to the Behavioral Health Clinical Chart Audit, there is a supplemental audit specific to children in foster care. The supplemental audit addresses the timeliness and effectiveness of services, reduction in symptoms, and other additional needs for children in foster care. The behavioral health chart audit results are reviewed with the providers and deficiencies in any areas are addressed and may result in Corrective Action Plans or Performance Improvement Projects designed to improve the services provided.

### Clinical Services and System of Care Practice Oversight

The health plan uses nationally recognized and/or community-developed, evidence-based criteria to make decisions about medical necessity. Staff that make medical necessity determinations are trained on the criteria. The criteria used are applied consistently, considering the needs of the child. The health plan consults with the requesting practitioners or providers when appropriate. This practice provides a basis for consistent decisions for utilization management, member education, coverage of services, and any other areas to which the criteria apply. Clinical guidelines are reviewed, on an annual basis. The guidelines are approved in quarterly Medical Management (MM) Committee meetings and assessed annually thereafter to determine if they remain applicable, represent the best practice standards, and reflect current medical standards. DCS CHP documents the review and adoption of the practice guidelines in the MM Committee minutes, as well as the evaluation of the efficacy of these guidelines.

Criteria for decisions on medical necessity are clearly documented and based on reasonable medical evidence or on a consensus of relevant health care professionals. Consistent application of criteria for prior authorization for non-routine services is confirmed and reinforced through the inter-rater reliability process. All potential service denials are reviewed and approved or denied by either a Chief Medical Officer or Medical Director.

### Utilization Reviews

If a child is placed in a behavioral health residential setting, utilization reviews are conducted by DCS CHP staff who are clinically licensed. Utilization reviews are completed with input provided by the Child and Family Team (CFT) and the residential services provider.

The reviews are completed every 30-60 days, depending on level of care. The purpose of the utilization review is to examine the most current assessments and medical information about the child and ensure that the array of services is of sufficient quality and intensity to meet the child's needs. If it is determined that the services are not having the desired effect or are not appropriate for the child's needs, clinical staff work with the CFT to determine what further assessments are needed or what services need

to be changed in order to meet the child's needs. Clinical staff review the duration the child has been in the identified treatment setting and assist the DCS Specialist to advocate for the needs of the child to ensure the child is not inappropriately kept in residential settings longer than necessary. The utilization reviews also determine when a child is ready to discharge from residential settings into an appropriate caregiver setting.

Utilization reviews are also conducted for children who are admitted both to a physical health and behavioral health setting to review diagnostic criteria as well as determine the need and duration for the member to be at this level of care.

Utilization reviews are also conducted for children who utilize the Emergency Room to determine if the use is excessive, and then coordinate with the caregiver and DCS Specialist to refer them to a Medical Home or assist them with needed services.

Drug and Service utilization is also conducted to review that children are getting needed medical services and that they are medically necessary.

### Additional Oversight

DCS CHP has developed, managed and implemented in collaboration with state, public, and private health officials and child welfare experts. Community physicians and other health care professionals also partner with DCS CHP to provide oversight and coordination of the physical and behavioral health services.

Collaborative State health officials include but are not limited to:

- Arizona Health Care Cost Containment System (AHCCCS) – Arizona's Medicaid Agency
- Arizona Department of Health Services (ADHS)
- Arizona Department of Economic Security, Developmental Disabilities
- Children's Rehabilitative Services

Through structured committees and consultation with professional resources, community physicians and other health care professionals participate in health plan oversight by attending quarterly meetings and providing feedback on medical management, quality management and performance improvement and pharmacy and therapeutic activities.

DCS CHP conducts quarterly:

- Quality Management Performance Improvement (QMPI) evaluations of the services provided to children in foster care. These evaluations are reported to AHCCCS and include all facets of health care for children in out-of-home care as well as the performance of the health plan.
- Medical Management (MM) evaluations that are reported to AHCCCS and include all facets of health care to children in foster care, as well as health plan performance.
- Pharmacy and Therapeutics (P&T) evaluations that are reported to AHCCCS and include prescribing practices and medication trends and costs for the children in foster care.

Quarterly meetings to review the data presented in the QMPI, MM and P&T evaluations are conducted and attended by the Department, community physicians, foster parents, and group home representatives who collaborate on issues regarding:

- Medical and behavioral health;

- EPSDT participation and well-child visits;
- Oral health performance;
- Immunization rates;
- Inpatient stays;
- Medication/prescription monitoring;
- Behavioral health services and coordination;
- Quality of care issues; and
- Controlled substance prescription monitoring program;
- Pharmacy & Therapeutics (P&T)
  - Therapeutic categories,
  - Prior authorization data,
  - Opioid use and utilization
  - Medication monitoring and prescriber behavior and patterns.
- Grievances and appeals;
- Service delivery and provider network;
- Mental health utilization;
- Use of multiple concurrent antipsychotics in children and adolescents;
- Psychotropic utilization, including specific subclasses;
- Behavioral health services per DCS CHP member;
- Hospital follow-up and
- Timely service.

DCS CHP monitors and reviews all contractual deliverables submitted by its subcontracted MCO partner. Should any deficiencies be identified, the DCS CHP initiates and tracks Corrective Action Plans (CAPs) to ensure compliance with contractual obligations. In addition, DCS CHP conducts targeted reviews of activities performed on behalf of the subcontracted MCO to ensure adequate service delivery.

The DCS CHP Chief Medical Officer (CMO), through invitation and cooperative agreement with the National Organizations of State and Local Officials (NOSLO), participates on the National Academy for State Health Policy (NASHP) advisory committee, which supports states in improving public health and health care delivery, builds capacity to address emergent health issues, and promotes health equity to preserve and improve public health. The overall goal of the advisory committee is to improve access to care and health outcomes for underserved and vulnerable populations.

Over the next review period, NASHP priorities for this work will focus on four key areas:

1. Health care workforce;
2. Maternal and child health (MCH);
3. Behavioral health; and
4. Social determinants of health (e.g., health and housing).

Additionally, NASHP recently released information about two policy academies on behavioral health: the Behavioral Health Workforce Policy Academy and the Children's Behavioral Health Policy Academy. Commencing in June 2024, these initiatives will bring together state teams of representatives from Medicaid, behavioral health, public health agencies, and other key groups. Through individualized and peer-to-peer technical assistance, participating state teams will have the opportunity to engage with peers, fostering innovation and impactful change in behavioral health.

## HEALTHCARE TRANSITION PLANNING

DCS CHP works collaboratively with AHCCCS and other Medicaid health plans to maintain continuity and quality of care for all children entering or exiting foster care. Children and youth with special circumstances may require additional or distinctive assistance during a period of transition.

### Enrollment Transition Information (ETI)

DCS CHP gathers relevant information on transitioning members and completes the Arizona Medicaid Enrollment Transition Information (ETI) form for transmission to the receiving health plan during the time of enrollment change. Medicaid-eligible youth aging out of care are automatically enrolled in another AHCCCS (Medicaid) health plan for continuity of care. These youth are eligible for Medicaid up to age 26.

### Transition Age Youth Services

All children enrolled in DCS CHP are eligible for age-appropriate transition to adulthood services. DCS CHP supports clinical practice and behavioral health service delivery that is individualized, strengths-based, recovery-oriented, and culturally sensitive in meeting the needs of youth, adolescents, and their families. As children in DCS custody reach the age of 18 years, they are no longer eligible for health care coverage through DCS CHP. DCS CHP engages in transition age services and coordination which include:

- Transition age services that focus on assisting the member with gaining skills to function as a self-sufficient adult;
- Coordination of behavioral health services which include but are not limited to SMI evaluation at seventeen and a half years of age, and the coordination of services to the adult provider and SMI health plan;
  - Adult system of care team is invited to the CFT and involved in other coordination activities.
- Coordination planning to meet the needs of members with special health care conditions including members with CRS designation;
- Coordination between child and anticipated adult physical and behavioral health providers and other stakeholders.

The health plan has providers who are Transition Age Youth (TAY)/Transition to Independence Process (TIP) Centers of excellence. The goals of these programs are to:

- Ensure Transition-Age Youth (ages 16-21) develop the skills and receive the support needed to successfully transition into adulthood
- Ensure availability of specialty services to achieve goals as stated in their individual service plan,
- Ensure youth in TIP programs achieve positive clinical outcomes in accordance with the Five TIP Domains:
  1. Employment and Career
    - Increasing exploration, placement, and progress in employment and possible careers
  2. Personal Effectiveness & Well-being:
    - Improving emotional coping and self-management skills,
    - Increasing competence and confidence in continuing to advance their life and future,
    - Decreasing interference from mental health and/or substance use problems with their functioning in their school, work, community, and/or relationships.

3. Educational
    - Increasing engagement and progress in schooling and post-secondary education and technical/vocational training
  4. Living Situation
    - Improving stability in living situation in safe, home-like settings
    - Decreasing crisis placements, restrictive residential facilities, and involvement with the criminal justice system and incarceration
  5. Community – Life Functioning
    - Learning and utilizing relevant life skills for functioning in home, school, work, and community settings, including problem-solving & decision-making skills.
- Improve interpersonal skills and expanding relevant social supports and connections.

DCS CHP and its subcontracted MCO participate in monthly Transition Age Youth (TAY) Rounds to provide care coordination for transition age youth with significant behavioral health issues and potential SMI designation. Through these coordination meetings and subsequent care coordination efforts, DCS CHP monitors the availability and implementation of Evidenced-Based Practices for transition aged youth.



**Arizona Staff and Provider Training Plan FFYs 2025-2029**

The Department's Training Unit, Learning & Development (L & D) offers a comprehensive child welfare training program in support of the state's commitment to providing quality services to Arizona's children and families. All L & D Training Officers are certified trainers through the L & D's Instructor Certification Program. L & D staff are also responsible for the majority of the Department's curriculum development and design. DCS curriculum development is overseen by a Manager and developed by Instructional Systems Design (ISD) Specialists. The Manager and ISD Specialists have received formal instruction on how to use and apply the ADDIE Model (Analyze, Develop, Design, Implement, and Evaluate). L & D trains both field operations and support services employees, as well as community caregiver agencies and community service array agencies. Each of the courses trained by L & D is based on current policy and procedure. Training is a tool that brings awareness to the learner, provides opportunities to develop and practice skills, and ask questions to support transfer of learning. This is believed to be crucial to the employee's ability to effectively work with and support families and children. Child safety, permanency, and well-being are at the core of each training subject.

The Department's Policy Unit along with Subject Matter Experts review all newly created and revised training materials to ensure content is aligned with policy. Many opportunities for ongoing and advanced training are offered to Department staff. One-on-one coaching and training on an array of topics, such as the CCWS System, is available upon request. Ongoing and advanced training may be provided in a variety of methods, including a classroom setting, on-site by L & D, or through contracted providers. Additionally, computer-based trainings are developed by L & D upon request. These trainings are considered short-term and the duration varies by topic.

DCS determines the appropriate percentage of IV-E federal financial participation (FFP) rate for trainings based upon federal guidance provided in the Child Welfare Policy Manual, Section 8.1H, 45 CFR 1366.60 and 45 CFR 235.63-235.66. DCS also uses Section 8.1H when assessing the eligibility/ineligibility of certain training topics for title IV-E reimbursement. All new, and at times, revised Case Aides, Specialists, Hotline Specialists, and Program Supervisors are required to complete a Learning Track for their position. Learning Tracks consist of the following elements: Instructor Led in person Core Classroom Training, Quizzes (not applicable to Case Aide Learning Track), Field Training Activity Guide(s), and Computer Based Trainings. Case Aides have 8 weeks to complete the Learning Track. They must complete at minimum the Instructor Led in person Core Classroom Training prior to supervising children alone. Specialist Trainees are in training status for their first 22 weeks of employment. By the end of the 10th week, a Specialist Trainee should have completed all Learning Track requirements, with the exception of the final test, which is assigned during week 20. At the completion of the 10th week, Specialist Trainees begin the suggested Specialist Trainee Assignment Plan (see tab 2). Program Supervisors have 16 weeks to complete their Learning Track.

Title	Course Description	Short/Long Term, Full/Part Time, Initial/Continuing	Venue	# of sessions statewide	Provider	Audience	Location(s)	Length per Topic Area (days unless indicated otherwise)	Estimated Total Expenditures	Cost Methodology: Total Cost/Eligible Topic %/Penetration Rate
<b>Initial Trainings</b>									\$19,924,846	Non title IV-E training topics are not calculated in the total expenditure
DCS 101 New Employee Orientation 45cfr 1366.60(b)(i)	All new DCS employees participate in this course to welcome and introduce new employees to DCS on their first day of employment. Participants are introduced to the primary purpose of the work of the Department, the roles and responsibilities of DCS as an agency, the Department's mission, vision, and values, the population served, and principles that guide child welfare work at DCS. Participants are introduced to the concept of family centered practice and how it relates to core DCS values. Employment benefits and basic employee policy and procedures are covered.	Short Term, Part Time, Initial in-service	In-Person	Continuous	Learning & Development	All New DCS employees	Phoenix	1	\$432,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Specialist Trainee Learning Track 45cfr 1366.60(b)(ii) Learning topics: 45cfr 1366.60(c)(2) (i,ii,iii,iv)	The Specialist Trainee Learning Track is a series of intensive, task-oriented trainings to prepare new DCS Specialist Trainees to assume job responsibilities. The Specialist Trainee Learning Track consists of classroom training, several computer based trainings, four quizzes, three Field Break Activity Guides, and a final test. Classroom training is six weeks and trainees are in training status for 22 weeks. The training includes foundational knowledge in domestic violence, trauma, recognition of child maltreatment, engagement skills, Basic Forensic Interviewing, assessing danger, safety planning, placement of children into foster care, the dependency process, permanency, service array and referral, case planning, case management, parenting time, child well-being, normalcy, partnering with foster parents, after care planning, ICWA, and legal testifying.	Short term, Full time, Initial in-service training	Online/In-Person	Continuous	Learning & Development	All New DCS Specialists	Phoenix	28	\$14,000,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
DCS Program Supervisor Learning Track 45cfr 1366.60(b)(i) Learning topics: 45cfr 1366.60(c)(2) (i,ii,iii,iv,v)	The Department's Supervisor Core Learning Track includes classroom training, computer based trainings, field activities, and quizzes that focus on when and how to have clinical supervision discussions with staff in order to develop strategies for engagement and achievement of positive outcomes for families. The Supervisor Learning Track includes topics such as coaching in child welfare, self-determination, family engagement, sufficient information collection, policy and child welfare laws, staff retention, assessing and supporting DCS Specialist performance, support staffs development of case plans to facilitate the best possible outcomes for families, case reviews, supervision of case work, placement of the child, referral to services, identifying bias, and recognition of secondary trauma.	Short Term, Part Time, Initial Training	Online/In-Person	Continuous	Learning and Development	All New DCS Supervisors	Phoenix	7.25	\$808,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
DCS Case Aide Core Learning Track 45cfr 1366.60(b)(i) Learning topics: 45cfr 1366.60(c)(2) (vi)	Case Aide training includes classroom training, a field activity guide, and a quiz. The topics include family centered practice, staff privacy and safety, cultural and family dynamics, ethics and multiple relationships, the impact of trauma, recognizing child maltreatment, DPS checks, family engagement, caregiver protective capacities, transportation, parenting time, supporting the assigned DCS in case management duties, and documentation.	Short Term, Part Time, Initial Training	Online/ In-Person	Continuous	Learning & Development	All New DCS Case Aides	Phoenix	5.5	\$980,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
DCS Hotline Learning Track	DCS Hotline Specialists participate in classroom training to prepare to process calls received through the Child Abuse Hotline. Hotline training covers a range of topics including report decision making communication types, tracking characteristics, collateral contacts, confidentiality, the Centralized Records Coordination Unit, cross reporting, telephone interview and information collection, call control, criminal conduct, narrative writing, Encounter training, system input of reports, DCS history request, Basic Forensic Interviewing, and practice through mock calls.	Short term, Full time, Initial in-service training	Online/In-Person	Continuous	Learning & Development	All New Hotline Specialists	Phoenix	15	\$3,430,000	0% Cost Allocation to IV-E
Welcome Center Learning Track 45cfr 1366.60(b)(i) Learning topics: 45cfr 1366.60(c)(2) (v)	The Welcome Center Learning Track is a comprehensive training program designed specifically for Case Aides and Specialists who work at the Welcome Center and Placement Center. They must complete the DCS Case Aide or DCS Specialists Trainee Learning Tracks first. This learning track consists of Core training, referred to as the Statewide Placement Administration Core 3 days on the job field activities and Computer Based Trainings as well as online training. The classroom training and is designed to educate the Welcome Center Case Aides and Placement Coordinators. The laws and rules that guide the procedures and daily activities for the care of children who have been removed from the home and are in the search for out of home providers. The Welcome Center duties and requirements for their daily tasks involved with the care of children and youth who have been removed from their homes. The effects of trauma on children and the ways in which staff interact with children who have been removed from their homes. The training includes supporting the assigned DCS in case management duties.	Short term, Full time, Initial training	Online/In-Person	Continuous	Learning & Development	All New Welcome Center Case Aides and Specialists	Phoenix	4	\$121,846	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Extended Foster Care Learning Track 45cfr 1366.60(b)(i) Learning topics: 45cfr 1366.60(c)(2) (i,iv)	This is a Learning Track designed to ensure Foster Care Success Coaches are provided with basic knowledge to support young adults who are about to or have turned 18 years of age while in foster care. Participants will engage in various types of training such as information and referral to services, case and service planning, case management and supervision of the youth, AZ State privacy and security standards, program specific training, and education specific to child and youth care and awareness. This learning track includes mandatory annual training requirements, as well as, optional training opportunities.	Short term, Part time, Initial training	Online/In-Person	Continuous	Learning & Development, Foster Parent College, and various public/community training vendors	Foster Care Success Coaches (contracted staff)	Phoenix	13	\$153,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
<b>Ongoing and Advanced Trainings</b>									\$2,612,902	
Trauma, Empathy and Your Role in Culturally Grounded Practices Learning Track 45cfr 1366.60(b)(i) Learning topics: 45cfr 1366.60(c)(2) (v)	This 8 part Learning Track provides staff with skills to conduct case management activities related to trauma, empathy, and culturally grounded practice. This training is aligned with the DCS mission and objective to provide cultural relevant services to families and children across the State of Arizona. This learning track is required any and all DCS Employees	Short Term, Part Time, Continuing Training	Online/In-Person	continuous	Arizona State University	All DCS employees	Statewide	3	\$382,137	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Team Decision Making for Facilitators 45cfr 1366.60(b)(i) Learning topics: 45cfr 1366.60(c)(2) (i,ii,iii,iv)	TDM facilitators are trained on the different types of TDMs held, the TDM facilitator role, pre-conference preparations, the purpose of the TDM, consensus and collaboration building techniques, family engagement skills, service referrals, placement of a child, preparation for judicial determinations, case management, permanency planning, and strengths based approach.	Short Term, Part Time, Continuing Training	In-Person	Upon Request	Evident Change, DCS TDM Management, and Learning & Development	All New TDM Facilitators	Phoenix	5	\$28,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
SAFE AZ Refresher for TDM Facilitators 45cfr 1366.60(b)(i) Learning topics: 45cfr 1366.60(c)(2) (v)	This course required for all TDM Facilitators to be refreshed on the SAFE AZ Module. Homework is assigned that covers the model and then a live webinar is held to follow up about the online learning. The course provides an overview of the core concepts of the SAFE AZ case management practice model and will apply these concepts to the three different types of TDM Meetings. This training will include activities to assist TDM facilitators in applying the core concepts of SAFE AZ to TDM meeting facilitation.	Short Term, Part Time, Continuing Training	Webinar	3	Action for Child Protection, DCS TDM Management, and Learning & Development	All TDM Facilitators	Statewide Phoenix	1	\$200,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)

Utilizing Coaching Skills in Team Decision Making 45cfr 1356.60(b)(ii) Learning topics: 45cfr 1356.60(c)(2)(v)	This training is designed to introduce participants to coaching skills and to provide opportunities to practice coaching. Implementing coaching skills during facilitation of Team Decision Making meetings (TDMs), will result in improving engagement of participants, as well as the overall outcomes of TDMs. In addition, this will assist in enhancing performance and developing deeper levels of critical thinking for TDM facilitators and DCS attendees. Skills related to supporting the placement of the child and case management and supervision of the case work.	Short Term, Part Time, Continuing Training	In-Person	3	Action for Child Protection, DCS TDM Management, and Learning & Development	All TDM Facilitators	Phoenix and Tucson	2	\$29,169	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Partnering with Families through Team Decision Making 45cfr 1356.60(b)(ii) Learning topics: 45cfr 1356.60(c)(2)(i,ii,iii,iv)	This course is an instructor led classroom training designed to introduce participants to the Team Decision Making (TDM) approach. The TDM approach is utilized by the Department of Child Safety in order to partner and engage with families on solutions to resolve child safety concerns. Participants will gain an understanding of the TDM protocol, their role before, during and after a TDM meeting; how to effectively engage families through the TDM approach; service referrals, placement of the child, preparation for judicial determinations, case management, and how to express safety concerns using behavior-specific language.	Short Term, Part time, Continuing Training	In-Person	87	Evident Change, DCS TDM Management, and Learning & Development	All DCS Field Specialists, Program Specialists, Supervision Coaches, Field Supervisors	Statewide	1	\$250,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Youth Thrive 45cfr 1356.60(b)(ii) Learning topics: 45cfr 1356.60(c)(2)(v)	This training will provide DCS Specialists and community providers skills to conduct case management activities with an understanding of the Youth Thrive framework. The framework utilizes 6 Guiding Premises and 5 Protective and Promotive Factors that can help guide and influence a person's interactions with young people experiencing foster care. The goal is that successfully implementing the Youth Thrive framework will improve young people's relationships with DCS and other professionals, resulting in young people experiencing better outcomes.	Short term, Part time, Continuing training	In-Person and Online	12 per year	Center for Study of Social Policy, Certified Youth Thrive Trainers within DCS and Learning & Development	DCS Specialists, Case Aides, Extended Foster Care Coaches, Group Home contracted staff	Phoenix and Tucson	3	\$90,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Address Confidentiality Program	Address Confidentiality Program (CBT) CH90085 is an introduction to subject matter aimed to meet statutory requirements for State Agencies. Participants will gain necessary preparation to properly address ACP questions, and act in accordance with DCS ACP policy correctly as they intersect with ACP on the job. This training defines ACP and will provide a general understanding and help participants realize the importance of ACP, and applications for meeting best practices.	Short term, Part time, Continuing training	On-line	Continuous	Learning & Development	All DCS Employees	Statewide Phoenix	30 min	\$5,000	0% Cost Allocation to IV-E
Criminal Conduct	The Criminal Conduct CBT aims to enhance the understanding of DCS field staff in the following areas: identification of criminal conduct in a report or investigations, joint investigative protocols, limited safety related interviews, coordination with law enforcement during criminal conduct investigations, the OCWI liaison's role, and the safety determination. Increased familiarity with Criminal Conduct will bring forth fidelity to policy and procedures with greater frequency year after year. Mandatory for the following DCS field positions: Program Managers, Program Specialists, Program Supervisors, Supervision Coaches, OCWI, OLR and Specialists (including Temps, ASUNAU Interns, Placement Administration and Hotline). This course is to be completed within 90 days of hire and annually thereafter. Specialist Trainees will complete after their initial 22 weeks and before their first year of employment.	Short term, Part time, Continuing training	On-line	Continuous	Learning & Development	Specialists, Supervisors and Program Managers	Statewide	30 min	\$5,000	0% Cost Allocation to IV-E
Workplace Safety	This training details Workplace Safety policy and prevention avenues in order to mitigate threats and acts of violence in DCS workplaces.	Short term, Part time, Continuing training	On-line	Continuous	Learning & Development	All DCS employees	statewide	30 min	\$5,000	0% Cost Allocation to IV-E
Limited English Proficiency 45cfr 1356.60(b)(ii) Learning topics: 45cfr 1356.60(c)(2)(v)	This course is designed to provide an overview of case management related to Limited English Proficiency concepts, ways to work with families, and describe what the Department of Child Safety's (DCS) responsibilities are. The course also includes cultural competency concepts related to children and families served.	Short term, Part time, Continuing training	On-line	Continuous	Learning & Development	All DCS employees	Statewide	30 min	\$5,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
DCS Fair Labor Standards Act (FLSA)	The Fair Labor Standards Act (FLSA) establishes minimum wages, overtime pay, record keeping and child labor standards affecting full-time and part-time workers in the private sector and in Federal, State, and local governments.	Short term, Part time, Continuing training	On-line	Continuous	Learning & Development	All DCS employees	Statewide	45 min	\$5,000	0% Cost Allocation to IV-E
Drug and Alcohol Testing Policy	This course introduces the forms and procedures used to determine reasonable suspicion for intoxication in the workplace.	Short term, Part time, Continuing training	On-line	Continuous	Learning & Development	All DCS Supervisors and Managers	Statewide Phoenix	30 min	\$5,000	0% Cost Allocation to IV-E
DCS Records Retention	This course introduces the records management and retention policies and procedures in place at DCS.	Short term, Part time, Continuing training	On-line	Continuous	Learning & Development	All DCS employees	Statewide Phoenix	25 min	\$5,000	0% Cost Allocation to IV-E
Fentanyl 45cfr 1356.60(b)(ii) Learning topics: 45cfr 1356.60(c)(2)(v)	This course helps the learner understand their role in case management to refer for services, what fentanyl is, how to identify signs and symptoms, how to help someone under the influence, and how to communicate this content to others.	Short term, Part time, Continuing training	On-line	Continuous	Learning & Development	All DCS Employees	Statewide	30 min	\$5,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Information Security Awareness and Privacy	This training will allow the employee to understand security and privacy threats, and how to read and mitigate any threats in a manner consistent with policy and Agency protocols. Learner will understand how their actions and adherence to policy can increase the fidelity of the Agency's Information Security and Privacy efforts. Practical application of privacy fundamentals and proper incident response are objectives with this module. Mandatory for all DCS employees and to be completed within 30 days of hire and annually thereafter.	Short term, Part time, Continuing training	On-line	Continuous	Learning & Development	All DCS employees	Statewide Phoenix	30 min	\$5,000	0% Cost Allocation to IV-E
Parenting Time Planning 45cfr 1356.60(b)(ii) Learning topics: 45cfr 1356.60(c)(2)(i,ii,iv)	This training is designed to provide participants with the knowledge and skills necessary during case work to develop natural, refer for services, make decisions related to case planning, least-restrictive Parenting Time Plans that ensure child safety and maintain family relationships.	Short term, Part time, Continuing training	On-line	Continuous	Learning & Development	DCS field PM, PS, Specialists, CA including SVO's OCWI and OLR	Statewide	45 min	\$5,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Human Trafficking 45cfr 1356.60(b)(ii) Learning topics: 45cfr 1356.60(c)(2)(i,ii,iv,v)	The goal of this computer based training (CBT) provides information for case management related to referral to services, placement of a child, development of the case plan to include special service needs, an understanding and knowledge on human trafficking and the types of trafficking our youth and families are at risk of encountering. This training will help DCS employees identify risks, vulnerabilities, stigma and barriers to treatment that trafficking survivors may face as well policies and standard work that must be implemented.	Short term, Part time, Continuing training	On-line	Continuous	Learning & Development	All DCS staff; annual recertification for CA, Spec, PS and PM	Statewide	1 hour	\$5,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Young Adult Program Onboarding 45cfr 1356.60(b)(ii) Learning topics: 45cfr 1356.60(c)(2)(i,ii,iv)	The goal of this training is to improve the understanding of any specialist who will be working Department of Child Safety children who are 14 and older on the procedures and policies associated with this age group. Simultaneously, increase the National Youth in Transition Database services offered to youth involved with DCS. Participants will learn skills related to service referrals, case and service planning, and case management.	Short term, Part time, Continuing training	On-line	Continuous	Learning & Development	Specialists (excluding Hotline)	statewide	1 hour	\$5,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Advanced Joint Investigations	Participants will be able to identify criminal conduct when it is present in a DCS case and follow protocol for contacting and coordinating with Law Enforcement so that the case can be jointly investigated, according to Arizona State Law and DCS policy. It also gives participants an opportunity to review and understand the Criminal Conduct Decision Making Tool.	Short term, Part time, Continuing training	In-Person	8 per year and by request	DCS OCWI and Learning & Development	All Specialists past 22 weeks of hire, before 1st year of employment	Phoenix and Tucson	1	\$27,934	0% Cost Allocation to IV-E

DPS Reading a Rap Sheet 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv)	Participants learn how to review and assess the criminal history of the caregivers of the children involved with DCS, so that appropriate safeguards and services can be made or suggested according to DCS policy, procedures and best practices. Through this training they will understand records are confidential and what secondary dissemination is, understand and decipher the different parts of a background check.	Short term, Part time, Continuing training	In-Person	By Request	Learning & Development	Case Aides, Specialists, Supervisors and Managers	Phoenix	4 hours	\$0	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Engagement Training 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv)	Participants practice and learn case management skills and strategies for improving engagement with the families served. The course will train participants to successfully engage families using effective communications skills, use of open-ended questions, genuineness, empathy and respect, so families will feel empowered to make the needed changes in their lives to provide safety, permanency and well-being for their children.	Short term, Part time, Continuing training	In-Person	11 per year and by request	Learning & Development	All Specialists past 22 weeks of hire, before 1st year of employment.	Phoenix and Tucson	1	\$100,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Intake Allegation Findings CH90049	This course covers Intake Allegation Findings, including finding types, the role of PSRT, alleged perpetrator's appeal process, the PSRT review, and Central Registry. The participants will also learn how to write a quality finding statement for all finding types	Short term, Part time, Continuing training	Online	Continuous	Learning & Development	All New DCS Specialists and current field staff	Statewide	30 mins	\$50,000	0% Cost Allocation to IV-E
Substance Exposed Newborn Safe Environment (SENSE) Overview CH10000 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv,v)	This course provides the participant with information about case management and the SENSE program functions and the roles and responsibilities of those involved. This includes the mission and vision, components of the program, placement considerations, case plan considerations, and referral parameters for the program.	Short term, Part time, Continuing training	Online	Continuous	Learning & Development	All Field Staff	Statewide	45 mins	\$15,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
DCS CHP Fraud, Waste, and Abuse CBT CH90060 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv)	This course is an annual re-certification for CHP staff within DCS. It contains information about the identification, reporting, and claims processing implications of fraud, waste, abuse, data collection, auditing, and reporting.	Short term, Part time, Continuing training	Online	Continuous	Learning & Development	All New CHP Staff	Phoenix	1 hour	\$15,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Leadership Summit 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv)	Various topics which focus on the Supervisor's and Manager's role to support field staff in the areas of assessing safety, case planning, achieving permanency, and promoting the well-being of children and families.	Short term, Part time, Continuing training	In-Person	1 per year	Learning & Development	Supervisors and Managers	Phoenix	2	\$406,240	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Program Manager Retreat 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv)	Various topics with focus on the Program Manager's role to support field staff in the areas of assessing safety, case planning, achieving permanency, promoting the well-being of children and families - all through a culture of safety.	Short term, Part time, Continuing training	In-Person	1x per year	Executive Leadership	Program Managers and Program Administrators	North part of the state	2	\$125,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Nurturing Parenting Program 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv,v)	This training provides an overview of case management and the Nurturing Parenting Program including goals and processes of the program, referrals, case planning considerations, the program's components, timelines, and roles involved with accessing and providing NPP services.	Short term, Part time, Continuing training	Online	Continuous	Learning & Development	All DCS Field Staff	Statewide	30 mins	\$150,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Family Connections 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv,v)	This training provides an overview of case management and the Family Connections program including goals, principles, timeframes, referrals, case planning considerations, and roles involved with accessing and providing FC services.	Short term, Part time, Continuing training	Online	Continuous	Learning & Development, Action for Child Protection, and FC Contracted Agencies	All DCS Field Staff	Statewide	30 mins	\$150,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
DCS Service Array 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv,v)	This course is the overview of case management and the Family Connections, SENSE, and the Nurturing Parenting Program. This training provides information as to when families are to be referred to these prospective programs, case planning considerations, and what outcomes can be expected for the families referred.	Short term, Part time, Continuing training	Online	Continuous	Learning and Development/ Contractors	DCS Field including TDM Facilitators	Statewide	30 mins	\$15,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Arizona Families FRST 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv,v)	This computer based training is designed to provide DCS employees with an overview of case management and Arizona Families F.I.R.S.T. Services, service referrals, and case planning considerations in order to provide timely and quality care and improve outcomes.	Short term, Part time, Continuing training	Online	Continuous	Learning and Development/ Contractors	DCS Field including TDM Facilitators	Statewide	1 hour	\$16,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Clinically Supervised Parenting Time 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv,v)	This course is designed to provide DCS employees with an overview of case management and Clinically Supervised Parenting Time (CSPT) services, information on the referral process, case planning considerations, and how to use CSPT reports to inform parenting time and permanency planning.	Short term, Part time, Continuing training	Online	Continuous	Learning and Development/ Contractors	DCS field PA, PM, Sup. Spec and TDM Fac	Statewide	35 mins	\$15,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
IBS/ICSP Certification 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv)	Participants learn fundamentals necessary for presenting effective instructor-led trainings that encourages learning and facilitates the transfer of that learning to be utilized within case management and supervision.	Short term, Part time, Continuing training	In-Person	6 per year	Learning and Development	various	Phoenix	3	\$24,648	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Instructor Certification 90-Day Observation 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv)	Participants are observed 90 days from the time the Instructor Certification class is completed and evaluated and receive feedback by a Master Instructor in order to assess readiness for classroom instruction. Participants demonstrate skills that encourages learning and facilitates the transfer of that learning to be utilized within case management and supervision.	Short term, Part time, Continuing training	In-Person	6 per year	Learning and Development	various	Statewide	pass/fail	\$8,216	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Instructional Systems Design Certification 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv)	The Instructional Systems Design Certification course teaches new and current Learning & Development Instructional Systems Designers the fundamentals necessary to create formalized DCS training coursework so that learning can be effectively applied to case management and supervision. The five-part ADDIE Model (Analyze, Design, Develop, Implement, and Evaluate) is the prescribed curriculum design model used by DCS. Curriculum Designers will learn what the ADDIE Model is, how the model is used, and why using a structured design model is necessary creating DCS coursework. This CBT is designed to be a prerequisite for the Instructional Design Certification and will be required before attending In Class Instructional Systems Design Certification.	Short term, Part time, Continuing training	Online	Continuous	Learning and Development	L & D Instructional Systems Designers	Statewide	20 min	\$25,000	75% FFP (Specific to the actual requirements for determining Title IV-E eligibility)
Title IV-E Eligibility Determinations 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv)	This training is provided to the Title IV-E Eligibility Determination Specialists as ongoing education for new federal laws affecting title IV-E eligibility determinations and new populations, such as the Extended Foster Care Program, to allow for data collection and reporting.	Short term, Part time, Continuing training	In-Person	As Needed	Title IV-E Program Manager	DCS Centralized Eligibility Unit Specialists	Phoenix	Varies (approximately 2 hours)	\$4,000	75% FFP (Specific to the actual requirements for determining Title IV-E eligibility)
Child Car Seat Safety 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv)	As part of ongoing case management, participants learning the proper way to install each type of car seat/booster seat for the safety of the children being transported.	Short term, Part time, Continuing training	Online	Continuous	Learning and Development	Case Aides, Specialists, Supervisors and Managers	Statewide	30 mins	\$176,370	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
CPRA/ED First Aid 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv)	CPRA/ED First Aid is an instructor led course that is recorded for learners to access on line that teaches students critical skills needed to respond to and manage an emergency until emergency medical service arrives. The students will be led through chest compressions practice that focuses on proper technique, compression depth and pace. Scenario based exercises are provided in the recorded learning. In person practical training includes chest compression practice that focuses on proper technique, compression depth and pace. Scenario based exercises mixed with practical practice ensures the student leaves with a basic understanding of proper first aid techniques.	Short term, Part time, Continuing training	Virtual and In-Person	Continuous	Outside contracted agency (Ormeau)	Welcome Center Employees and Case Aides	Phoenix	4 hours	\$38,500	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Bloodborne Pathogens 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv)	The Bloodborne Pathogens course covers the following topics that are necessary for case management and supervision: The Bloodborne Pathogens Standard, Human Immunodeficiency Virus (HIV), Hepatitis B and C, Viruses, workplace transmission, personal protective equipment, glove removal, management of sharps, blood spills, labeling, hand washing and hygiene, maintenance and housekeeping, Hepatitis B Vaccination, responding to emergencies, universal & standard precautions. DCS policy and procedures related to bloodborne pathogens are reviewed.	Short term, Part time, Continuing training	In-Person	4x per year	Learning and Development	Welcome Center Employees	Phoenix	2 hours	\$4,245	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Quality of Care for CHP 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv)	This training provides the process for referring suspected Quality of Care Concerns (QCC) what it is, when to report, and identifying the steps in the reporting process.	Short term, Part time, Continuing training	Online	Continuous	Learning and Development	All New and current CHP employees and contracted staff within 30 days of hire and annually	Statewide	30 mins	\$25,000	0% Cost Allocation to IV-E
Cultural Competency CHP 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv)	This course is for CHP employees and explores cultural competency as it relates to their jobs. Subjects covered include the meaning of cultural competency, the importance of respect for cultures, and creation of a culturally welcoming environment.	Short term, Part time, Continuing training	Online	Continuous	Learning and Development	All new CHP Staff and on an annual basis	Statewide	30 mins	\$25,000	0% Cost Allocation to IV-E
DCS Caregiver Array introducing Qualified Residential Treatment Program (QRTT) CH160022 45cfr 1356.60(b)(1) Learning topics: 45cfr 1356.60(c)(2)(iv,v)	This course introduces the Qualified Residential Treatment program (QRTT), QRTT as part of the DCS Service Array, QRTT process, appropriate service referrals, referral process for placement of children, and case management roles and responsibilities during those processes.	Short term, Part time, Continuing training	Online	Continuous	Learning and Development	Specialists, Supervisors and Program Managers	Statewide	45 mins	\$25,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)





Court Appointed Special Advocate (CASA) 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(c)(2)(v)ii	Training for CASAs, who are community partners providing support and independent advocacy for children in the child welfare system and report to the court to contribute to best interest decisions	Short term, Part time, Continuing training	In-Person	Continuous	Court Appointed Special Advocate Program	All candidates applying for CASA positions statewide	Statewide	1	\$100,000	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)
Unit Consultation Improvement Process 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(c)(2)(v)vi	This course will cover an overview of DCS case management and how unit consultants fit into the organization. The classroom training will cover types of service referrals, different types of evaluations and services they can offer and a standard for the role.	Short term, Part time, Continuing training	In-Person	Continuous	Learning and Development, DCS Program Development and a contracted Dr.	Unit consulting psychologists	Statewide	4 hours	\$50,000	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)
Substance Exposed Newborn Safe Environment (SENSE) Overview for Providers CH160023 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(c)(2)(v)vi	This course provides the learner with information about the SENSE program functions and the roles and responsibilities of those involved. This includes the mission and vision, components of the program, case management partnerships, and referral parameters for the program.	Short term, Part time, Continuing training	Online	Continuous	Learning and Development	SENSE and AFF contracted Providers	Statewide	45 mins	\$50,000	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)
Criminal Conduct Training for Clinically Supervised Parenting Time Providers CH160026 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(c)(2)(v)vi	The purpose of this training is for Clinically Supervised Parenting Time Providers to gain an understanding of Criminal Conduct cases, understand how these cases are identified and case managed, learn about the different types of abuse that may lead to criminal charges, and know how to provide a protective environment for children during supervised parenting time.	Short term, Part time, Continuing training	In-Person	As Needed	Contracted Trainers	Contracted DCS CSPT Providers	Phoenix	2 hours	\$50,000	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)
Clinically Supervised Parenting Time (CSPT) 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(c)(2)(v)vi	The purpose of this training is to provide CSPT Providers comprehensive information they will require to implement the CSPT Program based upon the requirements outlined in the DCS program scope of work, including case management and case planning considerations.	Short term, Part time, Continuing training	webinar	As Needed	Contracted Trainers	All DCS CSPT Providers	Phoenix	2 hours	\$50,000	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)
Medical Child Abuse Training for Clinically Supervised Parenting Time Providers CH160019 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(c)(2)(v)vi	The purpose of this training is for Clinically Supervised Parenting Time Providers to gain an understanding of Medical Child Abuse (MCA) concepts, understand how MCA cases are identified and case managed, case plan considerations, learn about abuser psychopathology and behaviors, and know how to provide a protective environment for children who are suspected victims of MCA during supervised parenting time.	Short term, Part time, Continuing training	In-Person, on-line, and webinar	As Needed	Contracted Trainers	Contracted DCS CSPT Providers and DCJWI	Phoenix	1	\$50,000	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)
Acknowledgment, Coping, Empathy, Parenting, Taking Charge and Support System (ACCEPTS) Model CH160024 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(c)(2)(v)vi	Assessment of progress of perpetrators of child abuse in the context of Clinically Supervised Parenting Time (CSPT) and treatment including case management and case plan considerations.	Short term, Part time, Continuing training	In-Person	As Needed	Contracted Trainers	Contracted DCS CSPT Providers	Phoenix	4 hours	\$50,000	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)
NPP Nurturing Skills for Families 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(c)(2)(v)vi	NPP Practitioners will learn how to provide nurturing parenting skill lessons to families, which is the core NPP Program for Arizona DCS. Participants will learn how to utilize the Nurturing Skills for Families workbooks when working with families. This training also teaches participants how to administer, measure and analyze the three assessment tools (Adult-Adolescent Parenting Inventory (API), Parenting Attitudes About Raising Teens Inventory (PARTI), Nurturing Skills Competency Scales (NSCS)), as well as utilizing the Family Nurturing Plan and Family Nurturing Journal with families. Case management and case plan considerations are also included.	Short term, Part time, Continuing training	In-Person	Continuous	Contracted Trainers	Nurturing Parenting Program Service Providers for DCS	Phoenix	3	\$45,000	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)
NPP Refresher for the NPP Practitioner- Part One: Assessment and Documentation Review CH160027 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(c)(2)(v)vi	A review of the child abuse risk assessments from the Nurturing Parenting Program; and overview of the documentation that is useful in the field of parent education. Discussion and activities focus on goal and case planning/treatment planning, and case management considerations. An additional segment will be focused on best practice client roles and procedures related to the implementation of the Nurturing Parenting Program.	Short term, Part time, Continuing training	Webinar	9	Contracted Trainers	Nurturing Parenting Program Service Providers for DCS	Statewide	1	\$125,000	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)
NPP Refresher for the FC Practitioner- Part One: Assessment and Documentation Review CH160028 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(c)(2)(v)vi	A review all of the child abuse risk assessments from the Nurturing Parenting Program; and documentation and procedures in the field of parent education. Discussion and activities focus on NPP and FC Partnership and communication, and case planning and case management considerations.	Short term, Part time, Continuing training	Webinar	6	Contracted Trainers	Family Connections Service Providers for DCS	Statewide	4 hours	\$125,000	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)
Overview of The SAFE AZ Model 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(c)(2)(v)vi	This training is designed to have Family Connection Services and the Department of Child Safety case management work in collaboration according to the SAFE AZ Module to achieve the desired goal of safety for all of Arizona's children.	Short term, Part time, Continuing training	Online	Continuous	Learning and Development	SENSE Service Providers, Family Connections Service Providers for DCS - NEW and annually	Statewide	35 mins	\$125,000	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)
Family Connection Coaching CH160008 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(c)(2)(v)vi	This course is designed to train all Family Connections Supervisors on the coaching curriculum required by the Family Connections Program.	Short term, Part time, Continuing training	In-Person	As Needed	Learning and Development	Family Connections Service Providers for DCS	Statewide	2	\$15,692	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)
Family Connections E-Learning 1-14 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(c)(2)(v)vi	This 14 part E-learning series provides basic foundation of the Family Connections Model preparing learners for the in person FC 4 day Core Training, which may include coordination around coordination of service referrals and case management coordination.	Short term, Part time, Continuing training	On-line	Continuous	Contracted Trainers	Family Connections Service Providers for DCS	Statewide	10 hours	\$125,000	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)
Family Connections Core Training 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(c)(2)(v)vi	This course is designed to train all Family Connections Consultants and Supervisors about the Family Connections Service, their roles and expectations, developing family engagement and change-focused intervention skills, and coordination of service referrals and case planning with the case manager.	Short term, Part time, Continuing training	In Person	Continuous	Contracted Trainers	Family Connections Service Providers for DCS	Statewide	4	\$45,000	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)
Mandated Reporter Training - 3 courses (Educators, Medical, and Faith Based) 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(c)(2)(v)vi	This training provides reference to the Mandated Reporter law, and participants role in reporting child abuse or neglect. Three separate recorded videos - Educator Community, Medical Community, and Faith Based Community.	Short term, Part time, Continuing training	Online	Continuous	Learning & Development and Contracted Trainer	Community	Statewide	75-90 mins	\$125,000	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)
AFF Learning Track 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(c)(2)(v)vi	Learning track which requires AFF Service Providers to take a course of their selection on each of the following topics: family engagement, motivational interviewing, substance use, ACES, cultural competency, relapse prevention, domestic violence, suicide risk, and ethics and boundaries. The providers are also required to take the following DCS courses: overview of SAFE AZ and domestic violence CBT. These trainings allow the providers to be aware of, collaborate with the DCS Specialist, and contribute to referrals for services and case management.	Short term, Part time, Continuing training	In-Person/Online	Continuous	Learning & Development and several community resources	AFF Service Providers for DCS	Statewide	1 hour	\$125,000	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)
Foster Parent Training									\$3,212,000	
Foster Parent Pre-Service Training 45cfr1356.60(b)(1) Learning topics: 45cfr1356.60(b)(1)(i)(v)	Foster parent pre-service training presents the Blended Learning Pre-Service Training Program offered by Foster Parent College with additional material developed by DCS training staff. The program consists of five three-hour in-person sessions and 12 online classes, over a four-week training cycle, for a total of 15 hours of combined in-person and classroom hours, and approximately 40 hours of online training content. The online courses cover the following topic areas: the child welfare team, child abuse and neglect, parent-child attachment, referrals and services to meet children's needs, understanding behavior in foster children, child development, cultural issues in parenting, working together with primary families, caring for children who have been sexually abused, reducing family stress, foster care to adoption, supporting normalcy for youth in care, and trauma informed parenting. The five three-hour meetings review the online learning content and introduce new concepts through interactive group activities. The topics covered during the five meetings include: the pre-service 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, the court system, Comprehensive Health Plan (CHP) which includes behavioral health, and the education system.	Short term, part time, Continuing training	In-Person/Online	Continuous	Learning & Development and Foster Parent College Contracted Agencies	All statewide prospective Foster Parents including Child Development Homes from DOD	Statewide	7	\$1,500,000	75% FFP for I-E allowable training topics (multiplied) by I-E eligibility penetration rate (percentage)

Foster Parent College Kinship Train the Trainer	<p>The Kinship Pre-service Train the Trainer (TTT) course is a full day in person classroom training for Kinship Agency Trainers who will train kinship families. This 1 day Kinship Pre-Service TTT reviews the courseware to be used while training kinship families – Facilitator Guides, Participant Workbook and the PowerPoint. This TTT familiarizes Kinship Agency Trainers with the course flow and content. The course will demonstrate portions of the courseware delivery and allows participants opportunities to ask questions and practice delivering the course materials in the classroom.</p> <p>This Kinship Pre-service TTT does not contain an instructor development component. Agency Trainers must have prior experience delivering formal training before taking the Kinship Pre-service TTT course. Agency Trainers are expected to take notes and ask clarifying questions as needed during the TTT session to prepare them to train their Kinship families in their own agency setting. Kinship Pre-service TTT course materials will be provided to Agency Trainers completing this course. Only those attendees who successfully attend and complete Kinship Pre-Service TTT (or who previously completed the full Foster Parent College Train the Trainer) are authorized to train Kinship Pre-service training with families.</p>	Short term, part time, Continuing training	In-Person	As Needed	Learning & Development and Foster Parent College	Kinship Agency Identified Trainers	Phoenix and Tucson	1	\$1,200,000	0% Cost Allocation to IV-E
Arizona Therapeutic Foster Care (TFC) Training 45cfr 1356.60(b)(1)(i) Learning topics: 45cfr 1356.60(b)(1)(i)	This Training is designed to provide the necessary skills to Therapeutic Foster Care Providers, so they may effectively serve as a bridge between therapy and a home environment and assist with service referrals while collaborating with the case manager. Therapeutic Foster Care Training provides the Therapeutic Foster Care Provider with 24 hours of instruction divided into 6 modules that endorses a structured environment that incorporates therapy-based practices. Instruction includes an overview of the Arizona Behavioral Health system and the Therapeutic Foster Care Providers role as an advocate in the Arizona Behavioral Health system, understanding and addressing behaviors, therapeutic interventions, developing healthy relationships with children in care as well as with others involved in the child's life (including biological parents or those who have significant relationships with the child) and promoting professional growth.	Short term, part time, Continuing training	In-Person or Online	Continuous	Learning & Development and Contracted Trainer	All statewide prospective Therapeutic Foster Care Providers	Statewide	3	\$500,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Life Safety Inspection 45cfr 1356.60(b)(1)(vi) Learning topics: 45cfr 1356.60(b)(1)(vi)	This course provides participants with pertinent rules contained in the Arizona Administrative Code that authorize and dictate Life Safety Inspections for foster homes and institutions. The training provides the knowledge and skills to properly conduct a Life Safety Inspection as part of the licensing process using the provided information and worksheet.	Short term, part time, Continuing training	In-Person	4 per year	Contracted Agencies	Facilities providing care to children placed in the custody of DCS	Statewide	3 hours	\$12,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Child Welfare Facility Staff Training									\$44,442	
Group Home Learning Track 45cfr 1356.60(b)(1)(v) Learning topics: 45cfr 1356.60(b)(1)(v), (vi)	Group Home Learning Track lists the training required for DCS Contractors serving specified populations to coordinate and contribute to the referral for services and case management tasks conducted in partnership with the DCS Specialist. Group Home Staff are required to take DCS courses such as Youth Thrive, safe sleep, etc. Group home staff must take courses of their own selection related to topics such as behavioral management in detention, CPR & first aid, LGBTQIA+, maintenance of medical issues, primary functions of child welfare licensing unit, placement of children at group home, professional conduct, SAMHSA opioid overrides look kit, etc. Additional requirements for specific group homes that serve teen parents and youth with sexually maladaptive behaviors are required.	Short term, Part time, Initial in-service training	In-person and Online	continuous	Learning & Development, Foster Parent College, and various public/community training vendors	Group Home Staff	Statewide	7.25	\$28,442	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)
Licensing Issues 45cfr 1356.60(b)(1)(vii) Learning topics: 45cfr 1356.60(b)(1)(vii)	This CBT covers Licensing Issue Investigations. This course provides basic considerations when doing an investigation, information to be gathered, how licensing concerns affect licensure, and example questions to be used to conduct a successful licensing concern investigation.	Short Term (Part Time), Continuing Training	Online	As Needed	Contracted Agencies	Facilities providing care to children placed in the custody of DCS	Statewide	4 hours	\$16,000	75% FFP for IV-E allowable training topics (multiplied) by IV-E eligibility penetration rate (percentage)